Step 1: KanCare (MCO) Appeals
Step 2: KanCare (MCO) Hearings

Terms to Know

- Managed Care Organization

MCOs – Managed Care Organizations

aetna

sunflower health plan

UnitedHealthcare

- Adverse Determination

- Notice of Adverse Benefit Determination

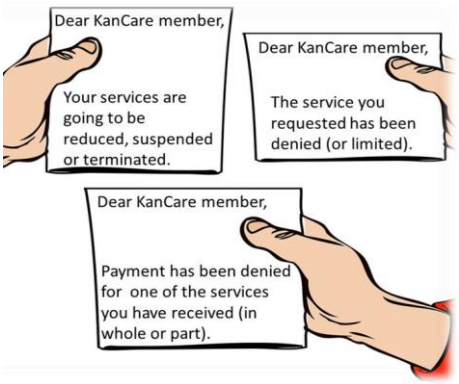
What is a Managed Care Organization or MCO?

- A managed care organization is another term used for health insurance plan.
- There are currently three MCOs that provide benefits and services through *KanCare*:

What is an Adverse Determination?

A negative or adverse decision made by the MCO or by the state regarding your current services or services you have requested.

Why would I receive a Notice of Adverse Benefit Determination?



A **Notice of Adverse Determination** is issued for all:

- Terminations
- Suspensions
- Reduction
- Denials

5

What is a Notice of Adverse Benefit Determination?

It is the letter the MCO or state sends to the KanCare member, notifying them of the adverse determination made regarding their:

- ❑ Current services
- ❑ Requested services
- ❑ Denial of payment for services

  (whole or in part)

6

Example 1: Notice of Adverse Determination

For example:

Your services or benefits have been reduced. Instead of getting 40 hours per week of home health care, you are now only eligible for 25 hours per week of this specific service.

Examples 2-3: Notice of Adverse Determination

- **Example 2:** The MCO has reviewed your request for reimbursement for Botox injections, and we are denying that request for payment in whole.
- **Example 3:** The MCO has reviewed your request for transportation to see a specialist at the Mayo Clinic; the authorization of this service has been denied.

8

Where will these notices come from?

- These **notices** are not limited to enrolled members of a health plan. They are also issued when the State makes the decision to deny initial applications or renewal applications.
- Notices of reduction or termination in services (or denial of a requested service) will generally come from the MCO.
- Notice of denial of eligibility for an initial application or renewals will generally come from the KanCare Clearinghouse.

When Can I Appeal?

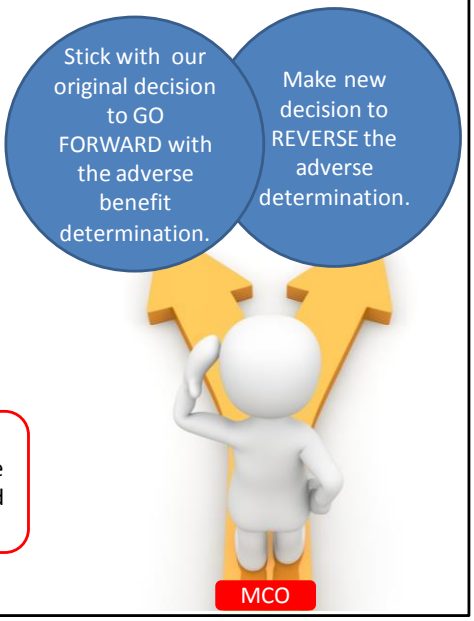
- You must currently be receiving KanCare services.
- You should have received a letter in the mail, notifying you
  - that you are going to lose some or all of your current services or benefits
  - that you have been denied some or all of the services or benefits you've requested or
  - that you have been denied payment (whole or in part) for a service you have received
- Please see the **KanCare (MCO) Appeal Process packet**

KanCare (MCO) Appeals Information Packet, URL: http://www.kancare.ks.gov/kancare-ombudsman-office/appeals-information.

What is an Appeal?

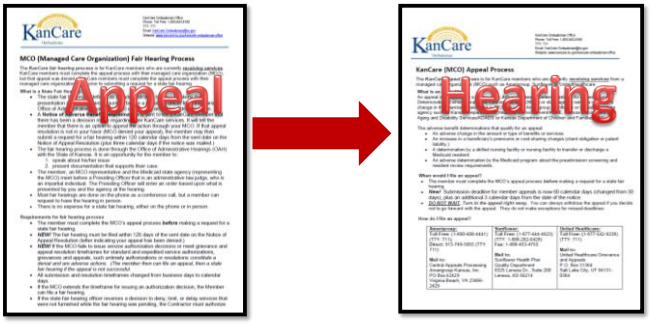
An appeal is the KanCare member's request to the Managed Care Organization (MCO).

The member is asking the MCO to review the Adverse Determination (and to change their mind).



Appeal **then** Hearing

1. If the KanCare member would like to ask for that adverse determination to be reversed, they must **FIRST** complete the appeal process with their managed care organization (MCO).
2. If the MCO denies that appeal, they may **then** request a fair hearing (second opportunity to have their case heard).



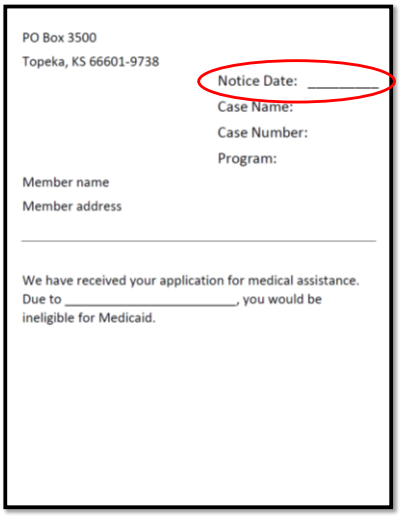
If MCO upholds their denial or limitation on appeal (the consumer's appeal is denied) the member then has the option to request a hearing.

Important Deadlines

1. What is the deadline to submit an MCO appeal?
2. What is the deadline to request a fair hearing (if you lose the appeal)?
3. What is the deadline to ask for the disputed services to continue during the appeal or hearing process?

13

What is important about the Sent Date?


PO Box 3500
Topeka, KS 66601-9738

Notice Date: _____
Case Name:
Case Number:
Program:

Member name
Member address

We have received your application for medical assistance. Due to _____, you would be ineligible for Medicaid.

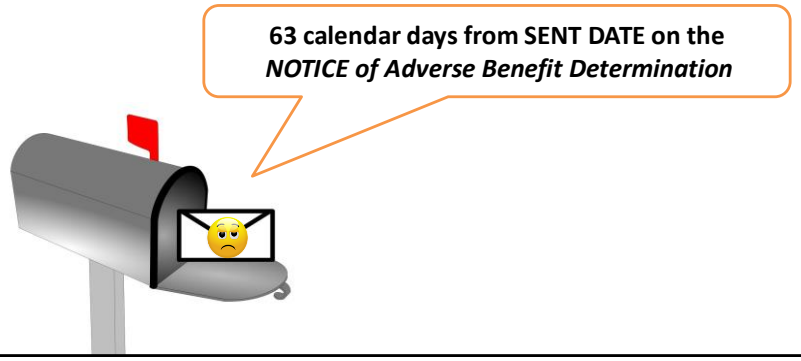
The SENT DATE on these Notices are what determine the deadlines:

- For submitting appeals and hearings
- For asking services to continue during an appeal or hearing

New! **–** There is now a requirement to add the *sent date* to the notices of adverse benefit determination and appeal resolution.

What is the deadline to appeal?

The appeal must be submitted to the Managed Care Organization within 60 calendar days (plus 3 calendar days if the notice was mailed) from the sent date on the *Notice of Adverse Benefit Determination* (letter notifying you of the decision made regarding your KanCare services).



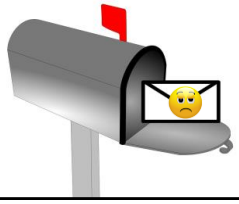
9/2

15

***New!* –** Change in submission deadline for member appeals from 30 calendar days to 60 calendar days plus an additional 3 calendar days from the date notice is sent.

What is the deadline to request a fair hearing?

- If you lose the MCO appeal, you may then request a fair hearing.
- The request for a fair hearing must be submitted to the Office of Administrative Hearings (OAH) within 120 calendar days (plus 3 calendar days if the notice was mailed) from the sent date on the *Notice of Appeal Resolution* (letter notifying you that your appeal was denied).



123 calendar days from SENT DATE on the *NOTICE of Appeal Resolution*

9/2

16

***New!* –** There has been a change from a 30 calendar day deadline to request a hearing from the sent date on the notice of appeal denial to a 120 calendar day deadline.

No Exceptions for Missed Deadlines!

- **Do Not Wait:** Submit your appeal immediately to the MCO **verbally or in writing** as soon as possible, saying that you "want to appeal." **The initial request for appeal does not have to state all the details of your case.**

- **Provide an explanation** of why this adverse determination is unsatisfactory in your circumstances.

- **Include a *copy* of the "Notice of Adverse Determination" letter** from which you are appealing.

- **Follow up** with documentation showing (1) why you disagree with the MCO's decision to take adverse action concerning your coverage and (2) documentation that will support your case.

9/28/2018

Important Deadlines – Quick Recap

KanCare (MCO) Appeal or Hearing Process	Submit to	Submission Deadline
Appeal	Managed Care Organization (MCO)	63 calendar days from the sent date on the **Notice of Adverse Determination letter**
Fair Hearing	Office of Administrative Hearings (OAH)	123 calendar days from the sent date on the **Notice of Appeal Resolution letter**

What is the deadline to request continuation of services?

If you do not ask your MCO to continue your disputed services on time, you may lose those services during the appeal (or hearing process).

I would like my disputed services to continue during the to appeals process.

19

Asking for Continuation of Services

When it comes to Continuation of Services, there are two important questions you need to clarify.

1. Is this the **appeals process** or the **hearing process**?

2. Are the disputed services **HCBS-related** or **non-HCBS services**?

Will I have to pay if I lose?

What is the deadline to request continuation of services during this dispute?

20

Appeals and **HCBS-related**

- If a member requests an appeal (within the 63 calendar day deadline), **HCBS-related services** must continue throughout the appeal process without interruption.
- The member does **not** need to request **continuation of those disputed services.**
- You will automatically keep getting those services through the conclusion of the appeal.
- You will not have to pay for this care even if the appeal decision is not in your favor (unless fraud is present).

21

Hearings and **HCBS-related**

- If the MCO denies your appeal, and you decide to request a fair hearing (second chance to have your case heard), **continuation of services is not automatic during the hearing process**.
- The member will continue to receive disputed services until the hearing decision, **only if the member requests continuation of services** (from the MCO) **within 10 calendar days of the sent date** on the Notice of Appeal Resolution (notice of appeal denial).
- You will not have to pay for this care even if the hearing decision is not in your favor (unless fraud is present).

22

Clarification:

- ❖ You have a 123 calendar day deadline to request a hearing (from the *sent date* on the notice of appeal resolution/denial letter) –but the disputed services will not continue automatically during the hearing process.
- ❖ If you want continuation of the disputed services during the fair hearing process, you have a 10 calendar day deadline to request the fair hearing and continuation of services (from the *sent date* on the notice of appeal resolution/denial letter)

Requesting Continuation of Services (COS) for HCBS-related services

Type of Disputed Services	Type of Process	Deadline to Request COS
HCBS-related services	MCO Appeal	HCBS-related services continue automatically.
HCBS-related services	MCO Fair Hearing	Member must request COS within **10 calendar days** of the sent date on the Notice of Appeal Resolution.

23

Appeals and Non-HCBS-related

- If disputed services are **Non-HCBS related**, **continuation of services is NOT automatic**.
- If member wants those disputed services to continue without interruption until the conclusion of the appeal…
- The member **must request continuation of those disputed services** (from the MCO) **within 10 calendar days of the sent date** on the Notice of Adverse Determination.
- Please keep in mind that you may have to pay for those disputed services if you lose the appeal.

24

Clarification:

- ❖ You have a 63 calendar day deadline to request an appeal (from the *sent date* on the notice of adverse determination letter) –but the disputed services will not continue automatically during the appeals process.
- ❖ If you want the disputed services to continue without interruption until the conclusion of the appeal, you have a 10 calendar day deadline to request the appeal **and** continuation of services (from the *sent date* on the notice of adverse determination letter)

Hearings and Non-HCBS-related

- If the MCO denies your appeal, and you decide to request a fair hearing (second chance to have your case heard), **Non-HCBS related continuation of services is NOT automatic**.
- The member **must request continuation of those disputed services within 10 calendar days of the sent date** on the Notice of Appeal Resolution (notice of appeal denial) if they want those services to continue during to the conclusion of the hearing decision.
- Please keep in mind that you may have to pay for those disputed services if you lose the hearing.

25

Clarification:

- ❖ You have a 123 calendar day deadline to request a hearing (from the *sent date* on the notice of appeal resolution/denial letter) – but the disputed services will not automatically continue during the hearing process.
- ❖ You have a 10 calendar day deadline to request the hearing **and** continuation of services (from the *sent date* on the notice of appeal resolution/denial letter) –if you want continuation of the disputed services during the hearing process.

Requesting Continuation of Services (COS) for non-HCBS related services

Type of Disputed Services	Type of Process	Deadline to Request COS
Non-HCBS related services	MCO Appeal	Member must request COS **within 10 calendar days** of the sent date on the Notice of Adverse Determination.
Non-HCBS related services	MCO Fair Hearing	Member must request COS **within 10 calendar days** of the sent date on the Notice of Appeal Resolution.

What documentation is needed for the MCO appeal?

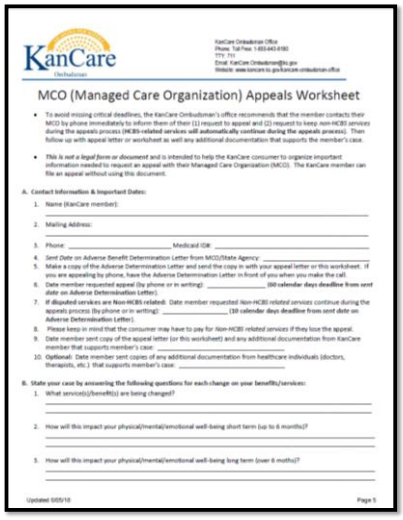
1. You can contact your MCO by phone or in writing to file your appeal. The **Appeals Worksheet** is a tool you may use to get you organized.

2. You need to gather **documentation from you and healthcare individuals** (who have the appropriate clinical expertise) to support your case, explaining why you need the disputed services.

3. If you are representing a member with the appeal, you need to submit **documentation that proves you are their authorized representative**.

27

Appeals Worksheet – An Organizational Tool



KanCare Ombudsman

MCO (Managed Care Organization) Appeals Worksheet

- To avoid missing critical deadlines, the KanCare Ombudsman's office recommends that the member contacts their MCO by phone immediately to inform them of their (1) request to appeal and (2) request to keep non-HCBS services during the appeals process (**HCBS-related services will automatically continue during the appeals process**). Then follow up with appeal letter or worksheet as well any additional documentation that supports the member's case.
- *This is not a legal form or document* and is intended to help the KanCare consumer to organize important information needed to request an appeal with their Managed Care Organization (MCO). The KanCare member can file an appeal without using this document.

A. **Contact Information & Important Dates:**

1. Name (KanCare member):
2. Mailing Address:
3. Phone: _____ Medicaid ID#: _____
4. *Sent Date* on Adverse Benefit Determination Letter from MCO/State Agency: _____
5. Make a copy of the Adverse Determination Letter and send the copy in with your appeal letter or this worksheet. If you are appealing by phone, have the Adverse Determination Letter in front of you when you make the call.
6. Date member requested appeal (by phone or in writing): _____ **(60 calendar days deadline from sent date on Adverse Determination Letter)**
7. **If disputed services are Non-HCBS related:** Date member requested *Non-HCBS related services* continue during the appeals process (by phone or in writing): _____ **(10 calendar days deadline from sent date on Adverse Determination Letter).**
8. Please keep in mind that the consumer may have to pay for *Non-HCBS related services* if they lose the appeal.
9. Date member sent copy of the appeal letter (or this worksheet) and any additional documentation from KanCare member that supports member's case: _____
10. **Optional:** Date member sent copies of any additional documentation from healthcare individuals (doctors, therapists, etc.) that supports member's case: _____

B. **State your case by answering the following questions for each change on your benefits/services:**

1. What service(s)/benefit(s) are being changed?
2. How will this impact your physical/mental/emotional well-being short term (up to 6 months)?
3. How will this impact your physical/mental/emotional well-being long term (over 6 months)?

Updated: 03/5/10 Page 1

Members may want to use the Appeals Worksheet as a script to guide them:

- On the phone
- In writing their letter of appeal, or
- Members may complete and submit this worksheet as an alternative to phone or letter appeals

The Appeals Worksheet is not a required form. It's an organizational tool and guide:

- It's an easy, fill-in-the-blank format to help you organize information
- It explains what type of documentation needs to be gathered and submitted
- It notes important deadline reminders

Why do I need to submit documentation that supports my case?

The MCO will review the member's case information **and any new documentation he or she has submitted** to determine if they agree with the member or the original decision regarding your services or benefits.

Supporting documentation for an appeal should identify:

1) The adverse determination made by the MCO (or state agency) regarding your services or benefits

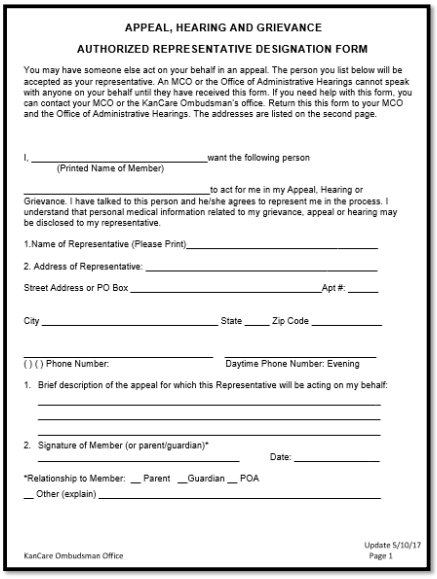
2) Why this should not take place and problems it will cause

3) The effect this action will have both short and long-term on the physical, mental and emotional health of the member

❖ This documentation that supports your case can be in the form of a letter from yourself and other health professionals.

30

Authorized Representative Designation Form



APPEAL, HEARING AND GRIEVANCE

AUTHORIZED REPRESENTATIVE DESIGNATION FORM

You may have someone else act on your behalf in an appeal. The person you list below will be accepted as your representative. An MCO or the Office of Administrative Hearings cannot speak with anyone on your behalf until they have received this form. If you need help with this form, you can contact your MCO or the KanCare Ombudsman's office. Return this this form to your MCO and the Office of Administrative Hearings. The addresses are listed on the second page.

I, _____ want the following person
(Printed Name of Member)

_____ to act for me in my Appeal, Hearing or Grievance. I have talked to this person and he/she agrees to represent me in the process. I understand that personal medical information related to my grievance, appeal or hearing may be disclosed to my representative.

1.Name of Representative (Please Print)_____

2. Address of Representative: _____

Street Address or PO Box _____ Apt #: _____

City _____ State _____ Zip Code _____

_____ _____
( ) ( ) Phone Number: Daytime Phone Number: Evening

1. Brief description of the appeal for which this Representative will be acting on my behalf:
_____
_____
_____

2. Signature of Member (or parent/guardian)*
_____ Date: _____

*Relationship to Member: __ Parent __Guardian __ POA
__ Other (explain) _____

KanCare Ombudsman Office

Update 5/10/17
Page 1

- If you are representing a member through the appeals process, you **must send documentation that proves your are their authorized representative**.
- Submit this form to the MCO with your request for appeal.
- If the person assisting is a DPOA or Guardian, they must also include that verification documentation with this form.

31

Authorized Representative Designation Form, URL: http://www.kancare.ks.gov/docs/default-source/KanCare-Ombudsman/resources/authorized-representative-designation-form.pdf?sfvrsn=0

Can I request copies of my case file?

If you get a Notice of Adverse Determination, you can ask your MCO for a copy of all the documents relevant to that determination.

This information must be provided free of charge and sufficiently in advance of the resolution timeframes for appeals.

Including:

- Medical records
- Other documents and records
- Any new/additional evidence considered, relied upon, or generated by the MCO

32

New! – Member and his or her representative must be provided with copies of all documents relevant to the adverse benefit determination ***free of charge, if requested.***

Appeals Resolution Timeline

- The member must file the appeal within 63 calendar days from the date on the Notice of Adverse Determination.
- The MCO must acknowledge each standard appeal received in writing within 5 calendar days of receipt.
- The MCO must resolve the appeal and provide notice within 30 calendar days.

33

New! Failure of the MCO to send appeal (standard or expedited) notices within the required timeframes means that the member is deemed to have exhausted the MCO's appeal process and the member may initiate a state fair hearing.

Expedited Appeals

- If the adverse action to your services/benefits will **put your health at immediate risk**...
- You may submit an **expedited appeal** verbally or in writing (to the MCO).
- The MCO must resolve each expedited appeal (and issue its notice of resolution) within 72 hours of receipt.
- **Suggestion:** Within 24 hours of submitting an expedited appeal to your MCO, contact the MCO to confirm whether or not it qualifies as a standard or expedited appeal.

9/28/2018 34

The MCO will notify you whether or not your request for expedited appeal qualifies as an expedited appeal or standard appeal.

MCO Appeal Resolution Timeframes:

- Expedited Appeals – within 72 hours of receipt
- Standard Appeals – within 30 calendar days of receipt

New! Failure of the MCO to send standard appeal notices and expedited appeal notices within the required timeframes (see above) means that the member is deemed to have exhausted the MCO's appeal process and the member may initiate a state fair hearing.

MCO Appeal Recap

1. The MCO sends a **Notice of Adverse Benefit Determination,** telling the member there has been an adverse determination made regarding their current or requested services.

   - There will be a **sent date** on the notice.
   - The notice tells the member that there is **an option to appeal** the adverse determination.
   - The member must file the appeal within **63 calendar days from the sent date** on the notice.

MCO Appeal Recap

2. **Members should file the appeal as soon as possible,** informing the MCO that they want to appeal the adverse determination.

   - Appeals may be made **by phone** or **in writing** (member may use appeals worksheet as a guide).
   - Include a copy of the **Notice of Action letter** from which you are appealing.
   - **Follow up with documentation** that will support your case.

MCO Fair Hearing Recap

3. If the MCO denies the appeal, you may then request a fair hearing.

- The fair hearing is a second opportunity for the KanCare member to have their adverse determination reversed.
- The member must submit a written fair hearing request to the Office of Administrative Hearings (OAH).
- The KanCare member and a state agency employee (representing the MCO) will meet before a Presiding Officer to make their case.

37

Who represents the MCO if my case goes to a Fair Hearing?

- The MCO is represented by the State at the hearing (not by the MCO's lawyer).
- **If the State does not agree with an MCO decision, the issue will be addressed and resolved prior to the hearing date.**
- If a hearing does occur, it is because the State agrees with the MCO's decision and is defending the MCO's decision.

What if I change my mind?

You can always withdraw the request for a fair hearing.

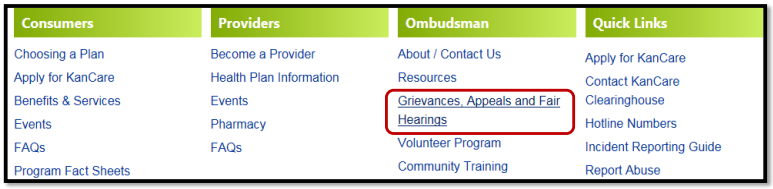
To withdraw your request for a fair hearing, go to URL: https://www.oah.ks.gov/Files/withdraw.html

Where are resources for MCO appeals and hearings?

There are information packets available for:

(1) KanCare (MCO) Appeals Process

(2) Managed Care Organization Fair Hearing Process on the KanCare website.



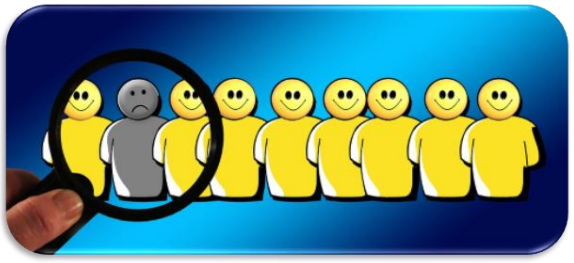
There is an information packet available that defines an appeal, explains the appeals process, what documentation is needed and provides the necessary contact information.

It also provides an "Appeals Worksheet" to help the KanCare member to organize the important information needed.

To find the guide to the Grievance Process:

1. Go to URL: www.kancare.ks.gov
2. Look for the Ombudsman section
3. Click the link to: Grievances, Appeals and Fair Hearings

Will I be treated differently if I file an appeal or hearing?



- You should not be treated differently by your MCO if you file a grievance, appeal or fair hearing.
- If you feel that you are, please contact the KanCare Ombudsman: 1-855-643-8180.

How does a volunteer guide a consumer/applicant through this process?

Volunteers may NOT give legal advice, but we are here to give guidance and assistance:

1. When a consumer needs help filing an appeal or fair hearing, you will provide them with the appropriate **appeals** or **fair hearing process packet.**

2. Depending on the consumer, they may need you to read through it with them, and talk to them about which option they want to pursue.

3. You can also use the forms attached within each packet to guide them in organizing important information they will need to pursue the option they have chosen.

42