Wellvance

Grievance and Appeal training

What is an Adverse Benefit Determination (ABD)?

A decision that adversely impacts a Medicaid beneficiary's claim for services due to (42 CFR 438.400):

~Denial or limited authorization of a requested service

~Reduction, Termination, Suspension

~Denial of payment for a service



What do we do with an Adverse Benefit Determination?

- Give timely and adequate notice
  - Adequate Notice: Decision to delay or limit authorization of a requested service, denial of payment
    - Notice on same date it takes effect
  - Advance Notice: Decision to reduce, terminate, or suspend
    - 10 days before the effective date
- Denial or limitation of existing services
  - As quickly as beneficiary's condition requires, no more than 14 days





What if the beneficiary doesn't agree?

File an appeal with Wellvance through the Chief Quality Officer (T.Otremba)

Handling Appeals

Request for Appeal can be oral or written
Wellvance CQO will send acknowledgement of receipt of Appeal
Reviewer was NOT part of the previous level of review and has appropriate clinical expertise
Reviewer considers all documentation submitted by beneficiary or representative
Reviewer provides a reasonable opportunity for the beneficiary to present evidence
Reviewer provides notice of resolution within 30 calendar days

Expedited Appeal

- Beneficiary may request expedited "fast" appeal if it is believed that waiting the standard 30 days will cause harm
- Must be completed within 72 hours of request



Requirements for State Fair Hearings



- May only request after receiving notice that Wellvance is upholding the adverse benefit determination appeal
- If Wellvance fails to adhere to notice and timing requirements, the beneficiary may initiate a State Fair Hearing.
- Beneficiary has 120 calendar days from the date on the appeal resolution to ask for a State Fair Hearing

What is a Grievance?

- Beneficiary's complaint about Wellvance/Provider issues, other than an Adverse Benefit Determination
- Grievance examples:
  - Interpersonal relationships
  - Quality of care or services
  - Issues with environment



Grievance Examples

- “I don’t get along with my therapist, I would like a new one.”
- “I have a long wait time for appointments.”
- “The clerical staff was really rude to me.”
- “It is always cold in the waiting room.”



Handling Grievances

- Grievance can be made to Wellvance or NMRE Customer Services orally or in writing (or to any Wellvance staff member)
- Wellvance or NMRE will assist the beneficiary in completing forms, send an acknowledgement letter
- Grievance will be investigated





Resolution and Notification

- Wellvance or NMRE will resolve each grievance within 90 calendar days of the receipt of the grievance request.
- Notice of Grievance Resolution sent to beneficiary
- No appeal rights on grievances

References

- BBA Section: 81 CPR 27853, 42 CFR 430-481
- Bureau of Licensing and Regulatory Affairs (LARA)
- Medicaid Manages Specialty Supports and Services FY20, Attachment 6.3.1.1
- Managed Care Rules
- Act 258 of 1974, Mental Health Code

For further information, please contact:

Wellvance

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