Appendix 2: Summary Integrated Appeals Protocol
Appendix 2: Integrated Appeals

SNP Integrated Health Plan Appeals Process - 12/04/2007

Member Requests a Health Plan Appeal

1. Medicare and Medicaid covered service?
   - Yes: Use the SNP Integrated Reconsideration Process
   - No: Medicaid only covered service OR Mbr only has Medicaid?

2. Medicaid only covered service OR Mbr only has Medicaid?
   - Yes: Follow the Medicaid SPP Health Plan Appeal Process
   - No: Follow the Medicare Advantage Reconsideration Process

3. Appeal can be filed in writing or orally. If oral, send to Mbr for signature
   - Yes: Submit valid CMS 1696, POA, Health Care Proxy, Legal Rep of Estate w/in req Resolution time?
   - No: Request not accepted and case closed

4. Mbr Request: Meets Expedited "criteria"?
   - Yes: Advise of right to an expedited grievance and can re-submit w/MD support - send Notice
   - No: Process the appeal using Medicaid and Medicare coverage rules/guidelines

5. Process the appeal
   - Yes: Review completed w/in the required resolution timeframe?
   - No: Fully Favorable to the Mbr?

6. Expedited Appeal: Verbal notice w/24 hr and follow up Written Notice w/3 days
   - Yes: Inform Mbr that they do not have further Medicare appeal rights. Appeal will be processed under Medicaid appeal process only
   - No: Standard Appeal: Written Notice Inform Mbr that Case is being auto forwarded to the IRE

7. Expedited Appeal: Written notice w/3 days or service: 30 days or as expeditiously as mbr's health requires
   - Yes: Process as expeditiously as health requires but no later than 72 hr
   - No: Service (UR) Appeal and Request for an Expedited Appeal?

8. Physician requesting expedited review due to jeopardy to mbr's health etc.?
   - Yes: Mbr Request: Meets Expedited "criteria"?
   - No: Termination or Reduction of an on-going service (UR) Appeal?

9. Make decision if service or level of service will continue during the appeal
   - Yes: No
   - No: Request not accepted and case closed

10. Standard Appeal Transfer to the standard 30 day appeal process
   - Yes: Expedited Appeal: Written notice w/24 hr and follow up Written Notice w/3 days
   - No: Process the appeal using Medicaid and Medicare coverage rules/guidelines

11. Expedited Appeal: Verbal notice w/24 hr and follow up Written Notice w/3 days
   - Yes: Inform Mbr that they do not have further Medicare appeal rights. Appeal will be processed under Medicaid appeal process only
   - No: Standard Appeal: Written Notice Inform Mbr that Case is being auto forwarded to the IRE

12. Effectuate w/in 30 day time line plus extension if taken
   - Yes: Fully Favorable to the Mbr?
   - No: Advise of right for a State Fair Hearing

Note: The document includes additional text that is not fully visible in the image.
Appendix 2: Integrated Appeals

SNP Integrated Appeal Process
This process is used for services that could be covered under Medicare and Medicaid coverage rules/guidance.

Member sent integrated Medicare/Medicaid Notice of Denial and Appeals Rights

Beneficiary files appeal?

Yes

Health Plan
(Reconsideration decision made within 30 days.)

Appeal processed using both Medicare & Medicaid coverage rules/guidance.
(See Health Plan Process Flow)

Decision favorable to member?

Yes

Pay claim or authorize service.

No

Inform member of option to pursue State Fair Hearing.

State Fair Hearing (SFH)
(Reconsideration made within 90 days)

District Court

Appeal Level 1

Appeal Level 2

MAXIMUS Reconsideration

Appeal Level 3

Administrative Law Judge

Appeal Level 4

Medicare Appeals Council

Appeal Level 5

Federal District Court

Note:
* Medicare-only covered services follow the current Medicare Appeal Process.
* Medicaid-only covered services follow the current Medicaid Appeal Process.

Revised Nov. 12, 2007