**Policy:** An appeal is defined as the participant's and/or representative's action with respect to LIFE-NWPA non-coverage of, or non-payment for, a service including denials, reductions, or termination of services. LIFE-NWPA's request for an involuntary disenrollment may also be appealed. All requests for appeals will be treated in a confidential manner. Contracted providers will be held accountable to all Appeal Procedures established by LIFE-NWPA, as outlined in the Contracted Provider's Manual. The appeals process will be reviewed with participants/ family members/ representatives upon enrollment, in writing to the participants and/or responsible parties annually, and whenever the Interdisciplinary Team denies a request for service or payment. Upon Enrollment, at least annually thereafter, and whenever the Interdisciplinary Team denies a request for services or payment, LIFE-NWPA will provide the participant oral and written information on the appeals process. Beneficiary notification will include the availability of assistance with completing an appeal.
LIFE-NWPA will observe timely preparation and notice of a written denial of coverage or payment. Notice must include specific reasons for denial or non-payment, instruct Participant how to file an appeal if they do not agree with the action, and advise them of their right to request an expedited appeal process if they believe their life, health or ability to regain or maintain maximum function would be seriously jeopardized absent provision of the service in dispute.
If, during non-center operation hours, the participant/family member/representative wishes to file an appeal, the administrator on-call will be responsible for receiving and then communicating the appeal to the Center Manager the next business day.
The Medicaid participant may request a State Fair Hearing after all attempts have been exhausted to resolve issues through the LIFE-NWPA program.

***Termination, Reduction of Services, or Denials***

If the LIFE Interdisciplinary Team determines that a reduction, termination, or denials of authorized services is indicated for a participant.

**Procedure:**

- The Interdisciplinary Team will discuss the need to reduce, terminate, or denial of a service during its routine team meetings. The team will discuss the reasons for reducing, terminating, suspending or denials of a participant's service, and come to a mutual agreement.
- The Center Manager will assign an Interdisciplinary Team member to complete a Care Plan Cover Page Update which will be signed by all members of the IDT indicating their agreement.
- The assigned team member will notify the participant within seventy-two (72) hours (calendar days) of the team's decision to reduce, terminate or denial of service and will notify the participant of the intended update to his/her care plan.

The Appeal process will be discussed as well and documented into the participant's medical record.

- The reduction, termination, or denial will be reflected in the participant's care plan.
- The Center Manager will send the participant a service denial notice (Attachment 14-1) with appeal rights and information. A copy of the denial notice will be scanned into the Participant's medical record. The notice will include the following attachments:
    - Information of the appeals process via a copy of the LIFE-NWPA Section 14 Appeals process
    - State Fair Hearings and Appeals process (Attachment 14-2a)
    - Medicare External Appeal Review (Attachment 14-2b)
    - Participant appeal request letter (Attachment 14-3)
- The service will not be terminated, suspended, reduced, or denied service until thirty (30) calendar days after the participant is notified of such action, unless the participant identifies a need for more immediate intervention.

### *14.1 Initiating an Appeal*

1. An appeal may be expressed either orally or in writing to any staff member at any time. The Center's receptionist shall forward any incoming appeals via telephone to the Center Manager.
    a. LIFE-NWPA's Center Manager or in the absence of the Center Manager, the Clinical Manager will acknowledge the receipt of the request to the participant within twenty-four (24) hours (calendar days) of receiving. Then will discuss with and provide to the participant in writing the specific steps, including the timeframe for response, which will be taken to resolve the appeal.
2. During the appeal process, LIFE-NWPA will meet the following requirements:
    a. For a Medicaid participant, continue to furnish the disputed services until issuance of the final determination if the following conditions are met:

        1) That LIFE-NWPA is proposing to terminate or reduce services currently being furnished to the participant.
        2) The participant requests continuation with the understanding that he or she may be liable for the costs of the contested services if the determination is not made in his or her favor.

        **NOTE:** LIFE-NWPA must continue to furnish to the participant all other required services.

3. Expedited appeal requests will be brought to the immediate attention of the Center Manager, or, in his/her absence, the Executive Director. An appeal will be

expedited if the participant and/or family believe his or her life, health, or ability to regain or maintain maximum function could be seriously jeopardized. The Center Manager can also determine if the appeal requires an expedited review process due to the health of the participant.

### *14.2 Timeframes*

1. To appeal a LIFE Interdisciplinary Team decision, the participant must notify LIFE-NWPA within fourteen (14) calendar days of receiving the denial notice.
    - Record of the appeal will be documented in the Appeal Request Universe
    - LIFE-NWPA will confirm with the participant of the receipt of an appeal notice within twenty-four (24) hours (calendar days) of receiving the appeal notice.
    - LIFE-NWPA will discuss with and provide to the participant in writing the specific steps, including the timeframe for response.
2. Non-expedited requests will be resolved as expeditiously as the participant's health condition requires, but no later than fourteen (14) calendar days after receipt of the appeal.
3. LIFE-NWPA must respond to and resolve an expedited appeal as expeditiously as the participant's health condition requires, but no later than seventy-two (72) hours (calendar days) after LIFE-NWPA receives the appeal request.
    - LIFE-NWPA may extend the seventy-two (72) hour (calendar days) timeframe by up to fourteen (14) calendar days for either of the following reasons:
        i. The participant requests the extension.
        ii. LIFE-NWPA justifies to LTCCAP/DHS the need for additional information and how the delay is in the interest of the participant.

### *14.3 Third Party Review*

**Policy:** Impartial Third parties appropriately credentialed not involved in the original decision and having no stake in the outcome will review the participant's appeal. These third parties may include but are not limited to, Medical Advisory Board Members, Ethics Committee Members, other community physicians, or others as may be appropriate. The service in question will be reviewed for appropriateness taking into consideration the medical, social, and functional needs of the participant.

1. Reasonable advance written notice to all parties of the third-party review. Notice shall inform them of the opportunity to present evidence related to the dispute in person and in writing as well as the right for the Participant/representative to examine pertinent documents and records. (Attachment 14-5)

2. The participant/family member/representative will have the opportunity to present evidence both personally and in writing as it relates to the appeal.

3. Upon completion of the third-party review, the third party will complete a written report summarizing findings. Report must include description of the appeal, actions taken by provider to address the issues, and outcome of the third-party review. (Attachment 14-6)

4. Notification to Participant of resolution of appeal as expeditiously as the Participant's health condition requires, but no later than fourteen (14) calendar days after receipt of the appeal with a possible extension of up to fourteen (14) additional calendar days, if the Participant, or the Provider requests an extension or the Provider justifies (to the State agency upon request) a need for additional information and how the extension is in the Participant's best interest. Notice to Participant must include date of appeal resolution and additional appeal rights through Medicare and Medicaid if the outcome is wholly or partially adverse to Participant

    a. For a determination in favor of a participant, LIFE-NWPA will furnish the disputed service as expeditiously as the participant's health condition requires. LIFE-NWPA will inform the participant/family member/representative in writing of the favorable decision.

    b. Any determinations that are averse to the participant either wholly or in part will require notification at the same time the decision is made to the participant, LTCCAP, HPMS and DHS. Notification of the decision shall be orally and in writing.

    c. For any determination that are adverse to the participant either wholly or in part, LIFE-NWPA will inform a participant orally and written of his or her appeal rights under Medicare or Medicaid managed care, or both, assist the participant in choosing which to pursue if both are applicable, and will forward the appeal to the appropriate external entity.

5. Copy of third-party report and copy of notification to Participant forwarded to CMS, Department and local ombudsman if outcome is wholly or partially adverse to Participant

### *14.4 Withdrawal of Request*

A LIFE participant has the right at any time during the appeal process to withdraw his or her request due to an alternative resolution being satisfactory, or changes in circumstances. The Center Manager will document any appeal withdrawals in the participant's medical chart and scan in a signed and dated statement from the participant confirming his or her desire to withdrawal the appeal request. The Center Manager will notify DHS and OLTL of all appeal withdrawals.

### *14.7 Quality Improvement*

1. LIFE-NWPA Quality Improvement Coordinator will maintain, aggregate, and analyze information on the appeal proceedings and use this information in the organization's internal quality improvement program. A written record of all appeals shall be maintained, including the initial date, identification of the appeal, and the date of resolution, along with the resolution. Information obtained through analysis regarding the number and types of grievance and internal appeals and how quickly they are resolved will be utilized to recognize opportunities for improvement and develop measures to improve and modify the identified areas of care. All appeals will be reviewed at least quarterly by the QI committee, Management Team, and, through minutes, the Board of Directors at their routine meetings. The Quality Improvement Coordinator will maintain, aggregate, and analyze this information in order to foster an environment of continuous quality improvement. Reports of grievances and appeals will include the number filed, specific issues, resolution measures, and timeframe. The data will be reported to the DHS and CMS and will be available for review at any DHS and/or CMS site review
2. Trends and patterns will be identified by the Quality Improvement Coordinator and reported to Management Team quarterly. In addition, identified trends and patterns will be reported quarterly to the Interdisciplinary Team. This information will be incorporated as a formal part of the LIFE-NWPA Quality Improvement Plan and QI Committee who recommends an action plan for resolving the negative trend.
3. All progress of the Center's activities towards resolution of a trend in appeals will be monitored by the Management Team on a monthly basis or earlier in emergency situations.