

Providing Appeal Notice: Encompass

Purpose: The appeals process allows the consumer/guardian/Authorized Hearing Representative/Legal Representative the ability to question or challenge a decision made about his/her services, including decisions about whether he/she receives services, and the amount, scope, and duration of the services he/she receives. Additionally, we must provide notice to ensure the constitutional right of due process for all Medicaid and Non-Medicaid consumers.

Our Policy: Consumer Appeal Policy- Affiliation (revision date 4/23/09)

1. Requires Encompass documentation:

All staff will provide notice of appeal rights through the use of/entry into the Appeals Module in the affiliation electronic record (also known as Encompass), which will generate the appropriate forms as described in the procedures of this policy. The only exception to this standard is in cases where staff/providers do not have access to the electronic clinical record; in these cases staff will provide paper/manual notice using the same procedures and forms attached to this policy. If provided paper/manual notice, document in applicant's clinical record that notice was provided in a manner consistent with the local affiliate's procedures; using the Appeals module in Encompass will automatically document this information.

2. Timeliness requirements:

- a. Authorization/Reauthorization: notice given/mailed within 24 hours of determination.
- b. Denial of Services (initial request): notice given/mailed not later than the date of the action.
- c. Denial of Hospitalization: notice given/mailed not later than the date of the action.
- d. Denial or Limited Authorization of a Requested Service (Current Consumer): notice given/mailed not later than the date of the action.
- e. At Time of Person Centered Planning/Treatment Planning: notice given/mailed to the consumer within 24 hours of agreement of the plan. If no agreement on plan, follow d (Denial or Limited Authorization of a Requested Service) or f (Suspension, Reduction, or Termination of Services).
- f. Suspension, Reduction, or Termination of Services: notice given/mailed at least 12 days before the date of the action.

Data Reports: This data will be monitored by AEC and the Board beginning with Quarter 1 09/10 data.

When to Give Notice:

- Approved to enter services.
- Approved for hospitalization.
- Denied entry to services.
- Denied for hospitalization.
- When the PCP is done.
- Denial or limited authorization of a requested service (limited authorization is when a person is authorized for less than requested).
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.
- Failure to provide services within 14 calendar days as authorized by the PIHP.
- Failure to make an expedited authorization decision within three (3) working days from the date of receipt of a request for an expedited service authorization.
- Failure of the PIHP to act within 45 calendar days from the date of a request for a standard appeal.
- Failure of the PIHP to act within three (3) working days from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance within 60 calendar days of the date of the request.

Giving Written Notice of an Adverse (Denial) Decision

Notice in Encompass needs to explain:

- ▣ What service(s) is/are being denied
- ▣ The effective date
 - Adequate Notice required no later than effective date of action when denying a service request or a denial of a new authorization.
 - Advance Notice of Action required 12 calendar days prior to when service currently authorized is reduced, suspended, or terminated.
- Ex: Date of Notice mailed 12/12, Effective Date of Action 12/24
- ▣ The reason (drop down box in Encompass)
- ▣ An explanation of the reason in language that is easily understood
- ▣ Use language from medical necessity criteria (MPM 2.5) and/or the definition of service in the explanation (MPM)

The screenshot shows a web browser window with the URL: <http://encompass/php/report.php?arg1=k0mPs3C&arg2=2BB550BD7D03EFFF73CD7152D6092AF1&arg3=...>

The page content includes:

- Logos for WHO and EnCompass.
- Date: January 22, 2009
- Client: Client Test
- Address: Ann Arbor MI 48108
- Salutation: Dear Client Test
- Text: "This letter is being sent/given to you to let you know that Washtenaw Community Health Organization has made a decision about services you requested or services you already receive from our agency."
- A table with the following data:

Action	Service	Reason	Effective Date
Reduction	Community Living Supports Old Amount: 20 hour(s) per week	Not medically necessary - Not medically necessary - Your CLS services are being reduced from 20 hours per week to 10 hours per week because you have achieved/completed the parts of your goals that include caring for your own personal hygiene, you can now manage your own money, and you are now able to shop for and prepare your own food. Because you can now do these things by yourself without reminders/help, you do not need the 10 hours per week it took for CLS staff to help you with these areas. New Amount: 10 hour(s) per week	02/03/2009
- Text: "The legal basis for these decisions is 42CFR440.230(d). If you agree with this decision you do not have to do anything. If you do not agree with these decisions, you can do any or all of the following at any time:"
- Checkmark and text: Speak to your case manager or the supervisor; they are happy to help you work out your concerns. They

Generating an Appeals Notice in Encompass

1. From the Consumer Chart View Select the “Appeals Notice” Link under the Legal Section of the Chart.

Demographics/Financial	Court Services
Demographics Emergency Contact/Guardian/Family Relationships Policies	Court Service Activities Court Services Orders ATO Reviews
Emergency Services	Legal
Mission Screenings Policy Notes	Regional Release of Information Regional Release of Information (Old) Appeal Notice
Medication Services	Services
Prescription History Prescriptions PHSP Prescriptions Prescription Review Notes Progress Notes Prescription Administration History Substance Evaluations Psychiatric Evaluations Mental Health Reviews Patient's Personal Health Reviews Chronological Services List	PCPs Progress Notes CAFAS Chronological Services List
Assessment	Admissions
Assessments Cognitive & Language Evaluation Mental Assessment	CMHSP Admissions & Discharges Jail Admissions Outpatient Admissions Private Pay Hospital Admissions
	Budgets
	Licensed Residential Budgets Supported Living Budgets

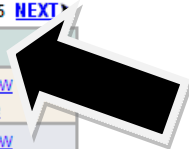


2. Select “Add Notice.”

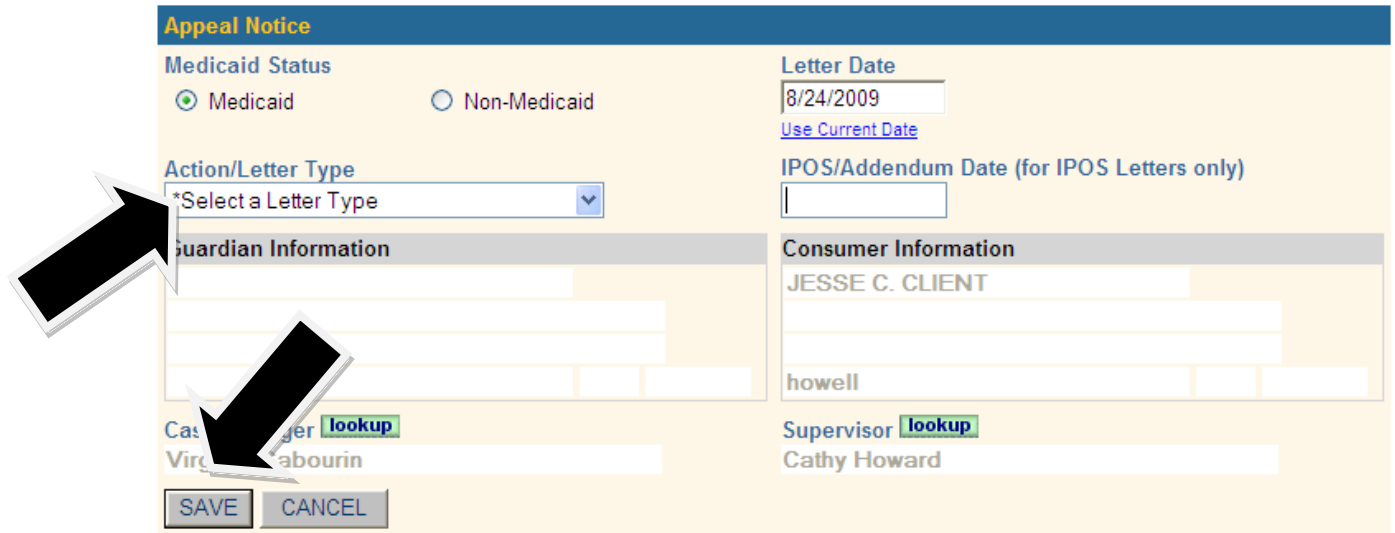
DOB: 56 (Age: 53)	Gender: Male
Phone:	
	Lenawee
	Active
Go to Consumer Chart	

◀PREVIOUS Page 1 of 5 NEXT▶

	Add Notice
	Change View
	Print Notice
	Change View
	Print Notice
	Change View



3. Fill in the required information including Medicaid status, Action/Letter type, letter date, and consumer information and click "SAVE."



Appeal Notice

Medicaid Status
 Medicaid Non-Medicaid

Letter Date
8/24/2009
[Use Current Date](#)

Action/Letter Type
*Select a Letter Type

IPOS/Addendum Date (for IPOS Letters only)
|

Guardian Information

Consumer Information
JESSE C. CLIENT
howell

Case Number [lookup](#)
Virtual Case Number [lookup](#)

Supervisor [lookup](#)
Cathy Howard

4. Select the appropriate service from the drop down menu. Enter the category reason for why you are providing appeal notice and use the Explanation/Notes to specifically address why the decision was made. This narrative should include language from the Medicaid Manual and be easily understood language. Additionally, include the effective date: be sure to refer to when adequate and advance notice is given/effective for this date (shown above). Click "Add to Notice" and then save the letter. You can now print your letter from the main list and immediately give/mail it to the consumer.

[View Current Eligibility/Insurance Information](#)

Appeal Notice

Enter the appropriate information for each service associated with this notice and click the "Add to Notice" button to include the service on the Appeal. When you are finished adding all the services, click "SAVE".

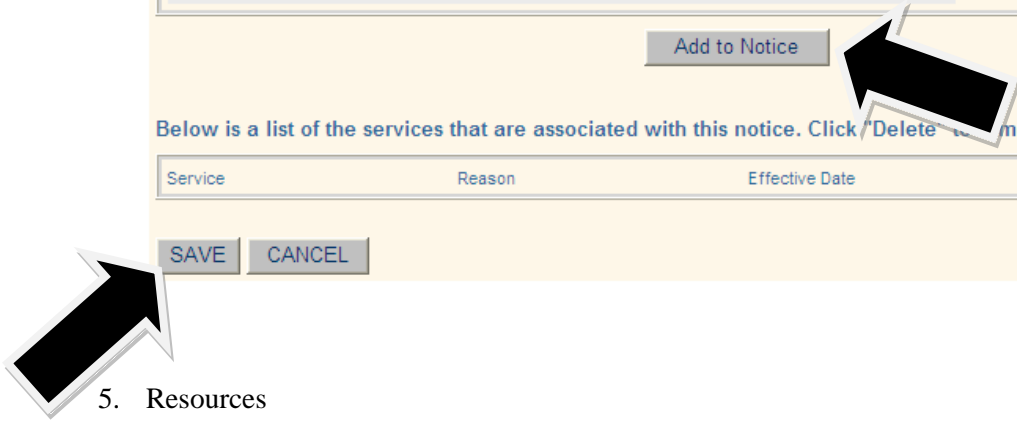
Service	Reason	Effective Date
Hospitalization	Not medically necessary	08/24/2009

Explanation /Notes

characters left: 2048

Below is a list of the services that are associated with this notice. Click "Delete" to remove a service from this notice.

Service	Reason	Effective Date
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5. Resources

- a. Regional Due Process and Appeals Website:

http://www.ewashtenaw.org/government/departments/cmhpsm/committees/grv_apl/index.html

1. Consumer Appeals Policy link
2. Providing CMH Services & Support in a Medicaid Managed Care World power point training
3. Medicaid Provider Manual link
4. UR Manual link

- b. Stephanie Risk at 734-544-6714