

INSTRUCTIONS FOR LOGGING FAMILY CARE, FAMILY CARE PARTNERSHIP, AND PACE APPEALS (F-02466)

The quarterly appeal log, F-02466, is the standard format managed care organizations (MCOs) must use to submit member appeal information to the Department of Health Services (DHS). Refer to the DHS-MCO contract for the report requirements, reporting periods, due dates, and submission email address.

Personal Information

Under Wis. Stat. § 49.45(4), personally identifiable information is kept confidential and is only used for the direct administration of the Family Care program.

General Instructions

1. This is a cumulative annual appeal log divided by quarters. The MCO is to enter each quarterly report on the corresponding quarter tab. The spreadsheet will tabulate the data on the corresponding quarterly analysis tab.
2. **Do not make any changes to the data formulas on the worksheet.** Please submit any suggestions for categories or corrections to the report format to the Bureau of Adult Quality Oversight (BAQO).
3. There are several drop-down menus included in the spreadsheet. Some of these menus contain “other” is an available selection. If the MCO needs to select “other,” add additional detail in the *Comments* column. **Note:** The narrative sections are limited to a maximum of 350 characters.
4. Log every request the MCO becomes aware of:
 - Division of Hearing and Appeals (DHA) request for state fair hearing
 - DHA request for rehearing
 - DHS review concurrent
 - DHS review direct
 - Internal MCO appeal

Even if the hearing is regarding a decision made by an agency other than the MCO (for example, Income Maintenance), please include the appeal on the log and provide as much information as the MCO has available.

5. If a member filed an appeal (i.e., request for fair hearing, internal MCO appeal, or DHS review) but no decision has been issued by the time the MCO submits the report, enter into the *Date of Resolution* column “None” and select in *Resolution Type* “Pending.” Include any notes on the current status in the *Comments* column. If there is a resolution within the 45 days period for the submission of the report, update the appeal log to reflect this.

NOTE: Cell B3 – Enter the MCO Name

Specific instructions

1. Last Date of Quarter of MCO Census (cell E2)

Enter the total number of members enrolled on the last day of the previous quarter.

2. **Appeal # (column A):**
Number individual appeals consecutively for ease of reference starting with number 1 for the first appeal of the calendar year.
3. **Member Name (column B):**
Enter member's name using the following format: Last name, First name, Middle. If needed to distinguish members, you may need to add a full middle name.
4. **Target Group (column C):**
Select an entry from drop-down menu. If the person is in more than one target group select the primary target group. Identify additional target groups in the comments column.
5. **Appeal Type (column D):**
Select an entry from drop-down menu. If the member files more than one type of appeal regarding same issue, enter information about subsequent appeal or appeals on separate lines and select appropriate appeal type on each line.
 - DHA: Request for fair hearing with the Division of Hearings and Appeals
 - DHA-Rehearing: Request for rehearing with the Division of Hearings and Appeals
 - DHS-Concurrent: DHS concurrent review performed automatically when request for fair hearing is filed.
 - DHS-Direct: Request for DHS review
 - MCO: Internal/Local MCO appeal
6. **Date Appeal Filed / Date of Appeal Notice (column E):**
Enter the appropriate date according to the type of appeal:
 - DHA: Enter the date on the DHA Appeal Notice memo.
 - DHA-Rehearing: Enter the date of the scheduled rehearing
 - DHS-Concurrent: Enter the date of the DHA Appeal Notice memo.
 - DHS-Direct: If the member filed a request for review directly with DHS, enter the date included in the letter the DHS Contractor sends the MCO when it begins investigating a case.
 - MCO: Enter the date the member requests an internal MCO appeal. If a member requests an internal MCO appeal both orally and in writing, enter the earlier of those two dates.
7. **Continuing Benefits (column F)**
Select an entry from the drop-down menu:
 - Select "yes" if continuing benefits were requested and granted.
 - Select "no" if continuing benefits were requested but not granted **or** if continuing benefits were never requested.
 - If continuing benefits were requested but not granted, explain briefly in Comments column. For example, member requested continuing benefits after effective date of termination; member requested continuing benefits when issue was dissatisfaction with MCP due to a provider change.
 - Select "N/A" if none of the other drop-down categories apply.
8. **Date MCO Appeal Acknowledged / Date DHA Summary Sent (column G):**
 - Date MCO Appeal Acknowledged: Enter the date the MCO sent written acknowledgment to the member of his or her request for an internal MCO appeal. (Each MCO must send a written

acknowledgement of every request for internal MCO appeal to the member and/or member's representative within five business days of receiving the request.)

- Date DHA Summary Sent: If the MCO is the named party of the state fair hearing, enter the date the "Summary of Action Leading to Appeal" was sent to DHA. The MCO should log every request for fair hearing it is aware of; however, the MCO will not return a Summary of Action to DHA for every fair hearing request (for example, a summary is not returned if the issue is loss of financial eligibility) In these instances, enter "None" in this line..

9. Assisting Representation (column H):

Choose the appropriate item from the drop-down menu. You do not need to indicate when a family member, friend, neighbor, or provider is present with the member in this column. **If the MCO would like to** keep track of appeals in which a provider and/or the member's legal decision maker is present, select "Other" and add the information in the *Comments* column.

Advocate: An individual or organization that a member has chosen to assist in articulating his or her preferences, needs, and decisions.

10. Issue Type (column I):

Choose the appropriate selection from the drop-down menu. If the MCO believes there is more than one issue, select what the MCO perceives as the primary issue in this column and enter additional issues in the Comments column.

Note regarding financial liability – enter information as follows:

- Issue Type – Financial Liability
- Service Type – N/A Financial Liability
- Date of Resolution - None
- Resolution Type – Pending
- Enter in Comments a brief explanation, as needed

Note regarding functional eligibility – Use this option to describe the following types of appeals:

- Loss of functional eligibility
- Reduction of level of care from nursing home to non-nursing home level

If a reduction of level of care from nursing home to non-nursing home results in a loss of financial eligibility, select "functional eligibility" and under "Summary of Issue" (column K), indicate "LOC reduction resulted in loss of financial eligibility."

11. Service Type, if applicable (column J):

Choose the appropriate selection from the drop-down menu. If the MCO believes there is more than one issue, select what the MCO perceives as the primary issue and enter additional issues in the Comments column. There is one **exception to this rule**: If the MCO reduced the member's personal care **and** supportive home care, select "PC and SHC." If only PC or SHC was reduced, select either "PC" or "SHC."

Complete this column when the appeal is regarding a denial of a service, denial of a payment, reduction of a service, or termination of a service, or if the appeal is related to financial liability (including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities), functional eligibility, or Medicaid.

Abbreviations:

- Acute/Primary Medical Services-P/P Only: Applies (only) to Partnership and PACE appeals
- AODA: Alcohol and other drug abuse
- DME / DMS: Durable medical equipment / Durable medical supplies
- ONS: Oral Nutritional Supplement
- OT / PT / SLP: Occupational therapy / physical therapy / speech language pathology
- PC: Personal care
- SHC: Supportive home care
- SNF: Skilled nursing facility

12. Summary of Issue (column K):

Briefly describe the action the member is appealing and state the ALJ's or MCO Grievance and Appeal Committee's reasoning behind the decision. If the member withdrew the appeal, explain the reason why, if known.

13. Date of Resolution (column L):

Enter the date using the following format: MM/DD/YYYY. Record the date according to appeal type:

- DHS review: Use the date on the letter the DHS Contractor sends indicating the outcome of the review.
- Internal MCO Appeal: Use the date of the **decision**. Do not use the date of the Appeal and Grievance Committee **meeting** unless that happens to be the same as the date of the written decision.
- DHA Fair Hearings: Use the date the ALJ signs the hearing decision, which is located on the last page of the decision.

Note: Enter into this column "None" if a decision on the member's appeal (i.e., request for fair hearing, internal MCO appeal, or DHS review) has not been issued by the end of the quarter reported. Do not re-enter the appeal on a later quarter.

14. Resolution Type (column M):

- Choose the appropriate selection from the drop-down menu. Select "DHA-Member withdrew," "DHS Contractor-Member withdrew," or "MCO Committee-Member withdrew" in the following types of situations:
 - The member requested a withdrawal of his or her DHA fair hearing request, DHS review, or MCO internal appeal.
 - The member was absent from a scheduled DHA fair hearing and therefore the hearing was dismissed.
 - The MCO was unable to contact the member to process a request for internal appeal (for example, unable to reach a member to schedule a time with the Appeal and Grievance Committee meeting).
- Select "Member Did Not Pursue" if the member did not follow through with the appeal process. If known, include information in the Comments column to briefly explain why the member chose this option.
- Select "Disenrolled: if the member disenrolled. If known, include information in the Comments column to briefly explain why the member disenrolled.

Note: If a member filed an appeal (i.e., request for fair hearing, internal MCO appeal, DHS review, or request for rehearing) but a decision has not been issued by the end of the quarter being reported,

select “Pending” from the drop-down menu. The pending status should be removed and updated information should be entered in subsequent quarterly reports. If there is a resolution within the 45 days period for the submission of the report, update the Appeal Log to reflect this.

15. Summary of Resolution / Reason for withdrawal (column N):

- **When there is a written formal resolution** made by the MCO Appeal and Grievance Committee, DHS Contractor (i.e., a description of outcome letter(?), or the Administrative Law Judge renders a written decision, please provide a brief synopsis of the decision maker’s (or reviewer’s) ruling and the reasoning. This should be brief but provide sufficient information to be meaningful. The narrative sections are limited to a maximum of 350 characters.
- **When the member withdraws his or her appeal request**, and the MCO knows the reason why, indicate whether the MCO:
 - Changed its initial decision
 - Maintained its initial decision
 - Reached a compromise with the member (and if so, describe compromise).

If a compromise or alternative solution is found, describe the terms of that compromise or solution rather than making a general statement like, “Member agreed with second assessment and withdrew.” See examples below which are brief but provide enough specificity to be meaningful.

Examples of possible reasons for withdrawal:

- Member disenrolled from program and decided to join IRIS.
- IDT reversed its initial decision to reduce SHC hours from 20 to 10.
- IDT maintained its initial decision to reduce SHC hours from 20 to 10, but arranged for member to go to senior center two days/week to achieve an alternative that member was satisfied with.
- IDT conducted second in-home assessment and partially reversed its initial decision; initial assessment reduced member’s SHC hours from 20 to 10 hours per week; second assessment reduced member’s hours from 20 to 15 hours per week and member thought her neighbor and adult daughter could make up the difference.

16. Reason for Disenrollment, if applicable (column O):

Complete this column if the member disenrolled during the course of the appeal or within fourteen calendar days of receipt of a decision from the MCO Appeal & Grievance Committee, DHA, or the DHS Contractor. If applicable, briefly state, to the best of your knowledge, the reason the member disenrolled.

17. Comments (column P):

Examples of information to include in the *Comments* column:

- Any additional services if the member appealed more than one service.
- Explanation of why there was a delay if the MCO did not acknowledge the hearing within 5 days of filing, resolve the appeal within 20 days, or provide a summary to DHA within 10 days.
- Whether the MCO extended or expedited the standard appeal timeframe.
- Explanation of why benefits were not continued if the member requested continuing benefits, but the request was not granted, and explain why benefits weren’t continued.
- Any other information the MCO would like to report to BAQO or would like to track.