

# Member Appeals: Fee-for-service Benefits

Presented by:

Jessica Chislett, Access Stakeholder Relations Specialist  
Jami Gazerro, Operations Section Manager

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# General Information

- Meeting scope
- Roles
- Participation

# Our Vision

Health First Colorado members can  
access: the right health  
services, at the right time, in the  
right setting, for the right  
duration.

# Appeals

# Member Appeals

- Members may request an appeal when they don't agree with a decision about services that were requested.
- Services may have been partially approved or denied.

# Fee-For-Service Benefits Covered

- Breast & Cervical Cancer Program (BCCP)
- Client Over-Utilization Program (COUP)
- Dental
- Durable Medical Equipment (DME)
- Long Term Home Health (LTHH)
- Non-Emergent Medical Transportation (NEMT)
- Orthodontia
- Physical Therapy/ Occupational Therapy/ Speech Therapy
- Radiology
- Private Duty Nursing (PDN)
- Personal Care
- Surgery
- Women's Health
- Laboratory
- Early and Periodic Screening, Diagnostic, and Testing (EPSDT)

# Other Types of Appeals

- Eligibility
- Pharmacy
- Waivers
- Managed Care

# Appeals Team



# Jami Gazerro

## Operations Section Manager



# Lily Linares

## Appeals Navigator



# Joey Gallegos

## Appeals Representative



# Whitney McOwen

## Compliance & Policy Advisor



Russ Zigler

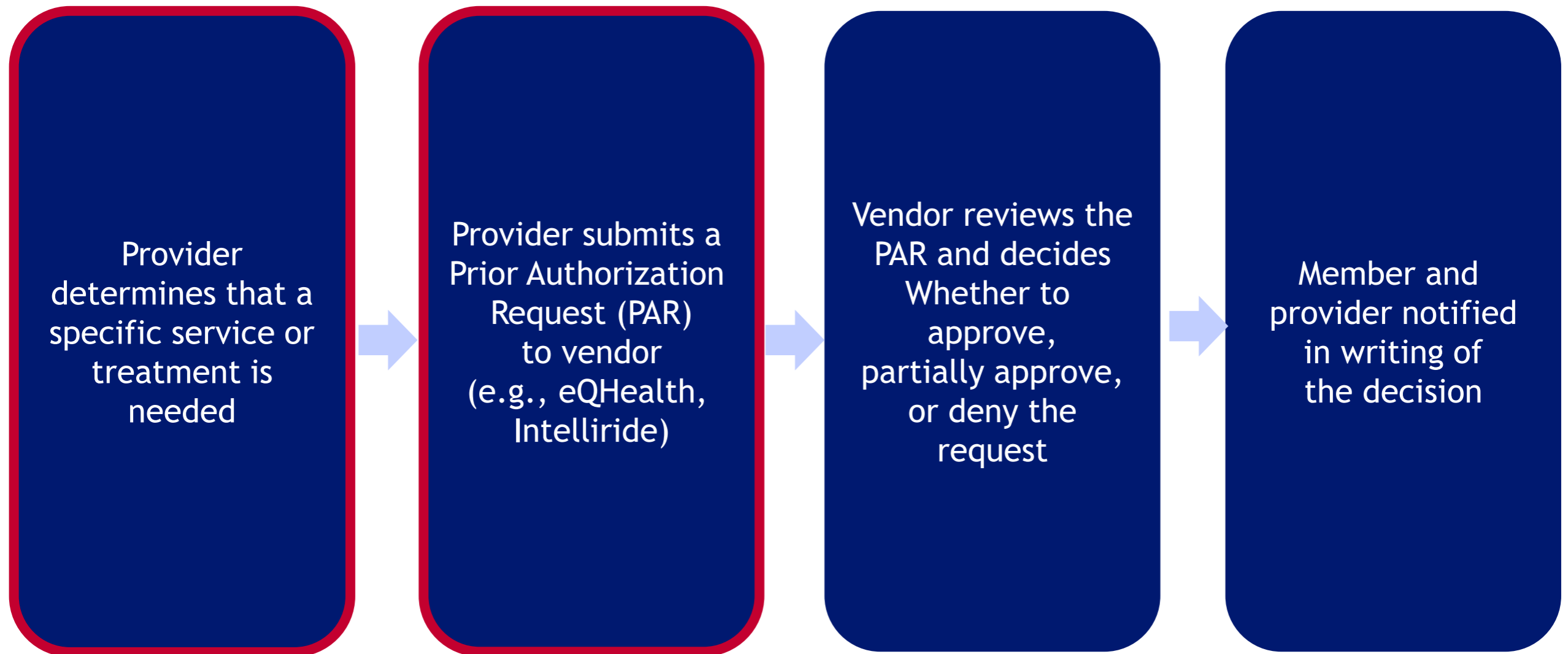
Compliance &  
Policy Advisor



# The Appeals Process

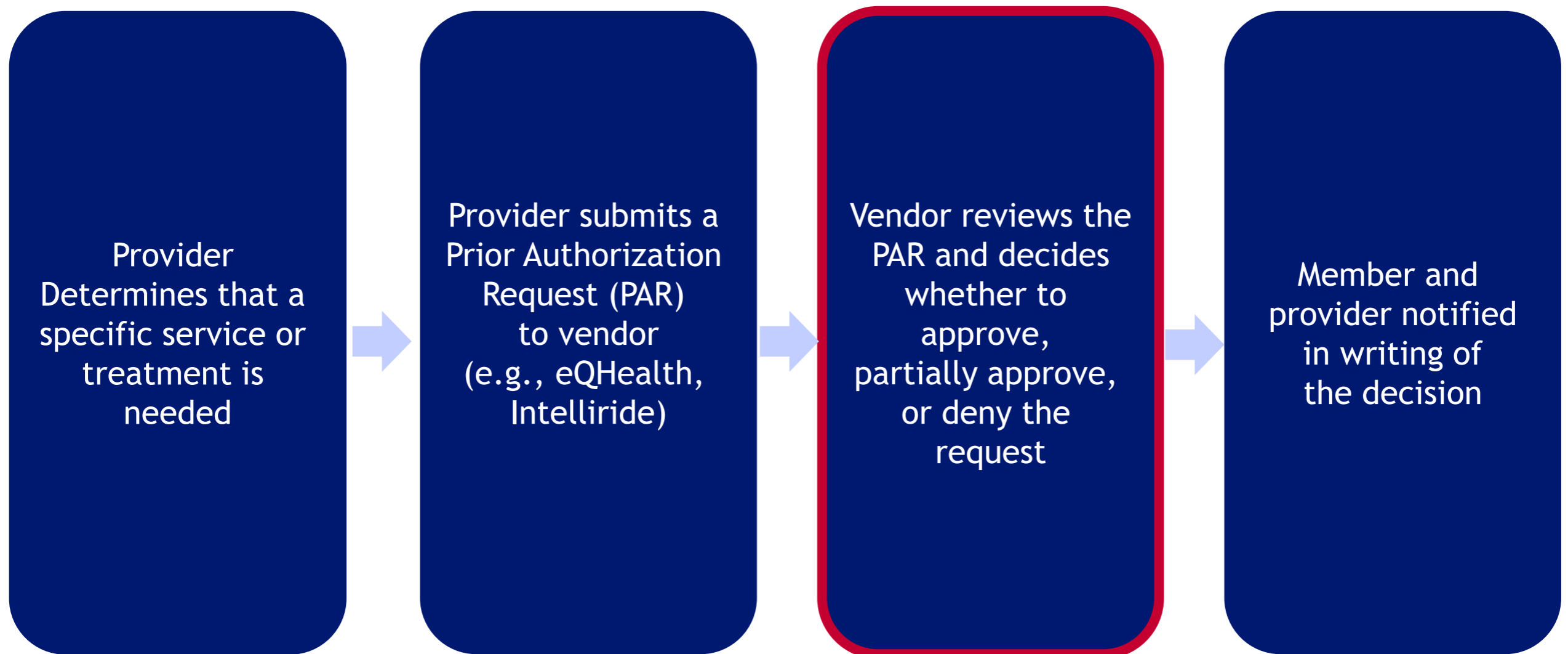
# Request for Service

# Request for Service





# Request for Service



# Medical Necessity

10 CCR 2505-10 Section 8.076(8) - Medical necessity means a Medical Assistance program good or service:

- a. Will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, condition, injury, or disability. This may include a course of treatment that includes mere observation or no treatment at all;
- b. Is provided in accordance with generally accepted professional standards for health care in the United States;

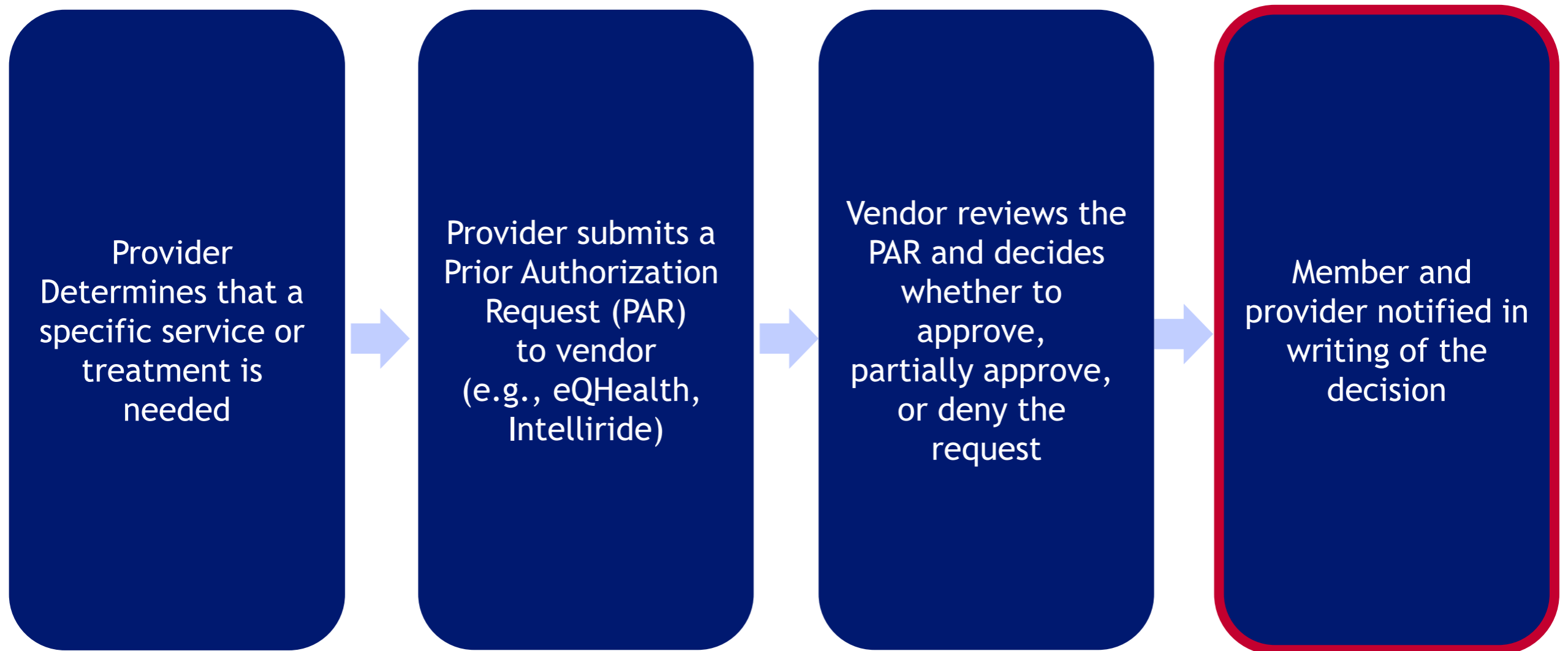
# Medical Necessity

- c. Is clinically appropriate in terms of type, frequency, extent, site, and duration;
- d. Is not primarily for the economic benefit of the provider or primarily for the convenience of the client, caretaker, or provider;
- e. Is delivered in the most appropriate setting(s) required by the client's condition;
- f. Is not experimental or investigational; and
- g. Is not more costly than other equally effective treatment options.

# Early and Periodic Screening, Diagnostic, and Treatment

- Members 20 and younger
- Peer-to-Peer review before a PAR is denied or partially approved.
- Allows additional information to be shared to support medical necessity.

# Request for Service



# Denial or Partial Approval

- If the request is denied or partially approved, the member will receive a letter outlining the decision and the reason why.
- This decision is based on clinical documentation submitted and signed by a physician licensed to diagnose and treat.

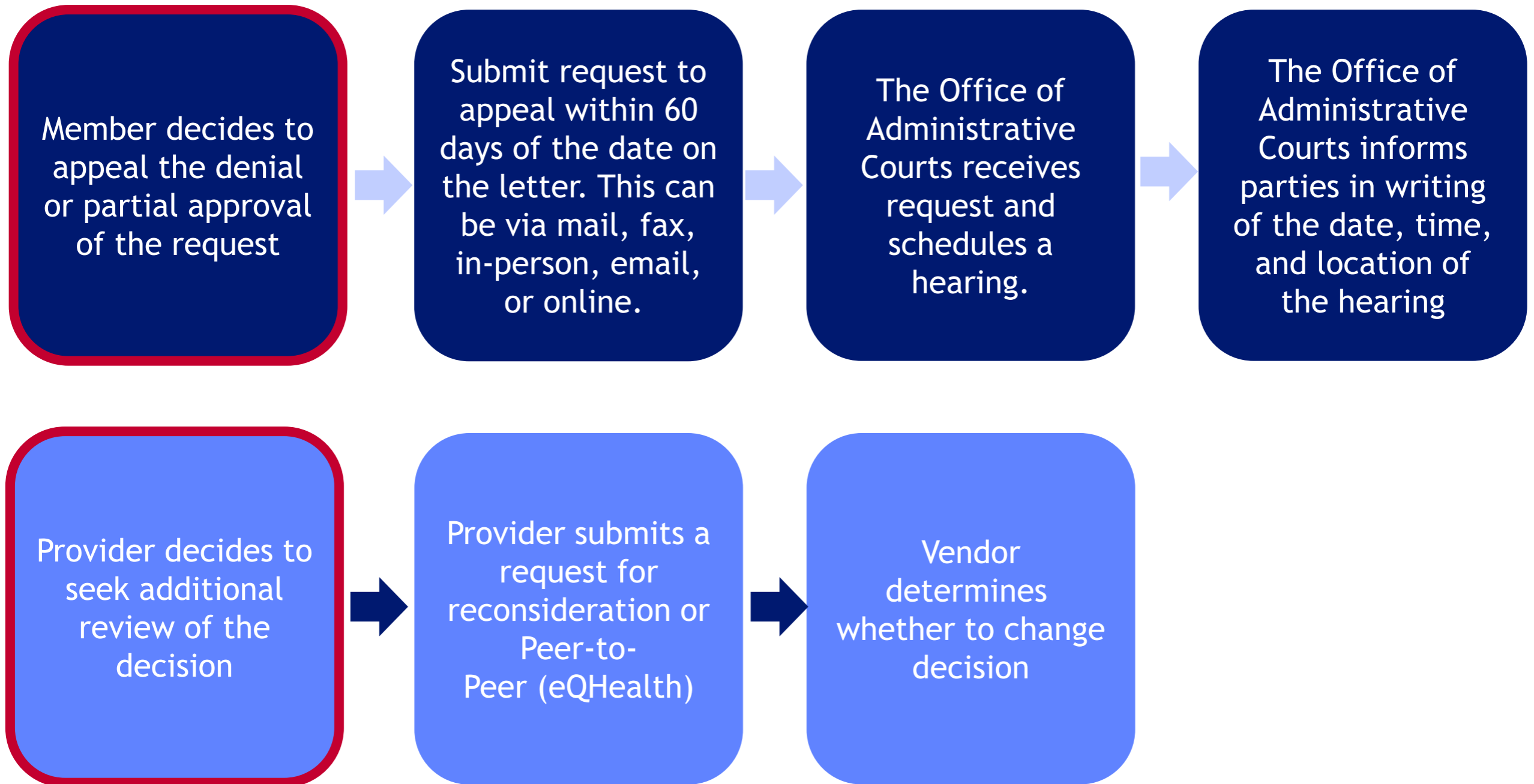
# Denial or Partial Approval

- The request may have been denied because the benefit or service requested:
  - Not a covered benefit
  - Benefit limitations and requirements
  - Does not meet medical necessity criteria
  - Adequate documentation was not submitted to demonstrate needs.

# Provider Options and Member Appeal Request



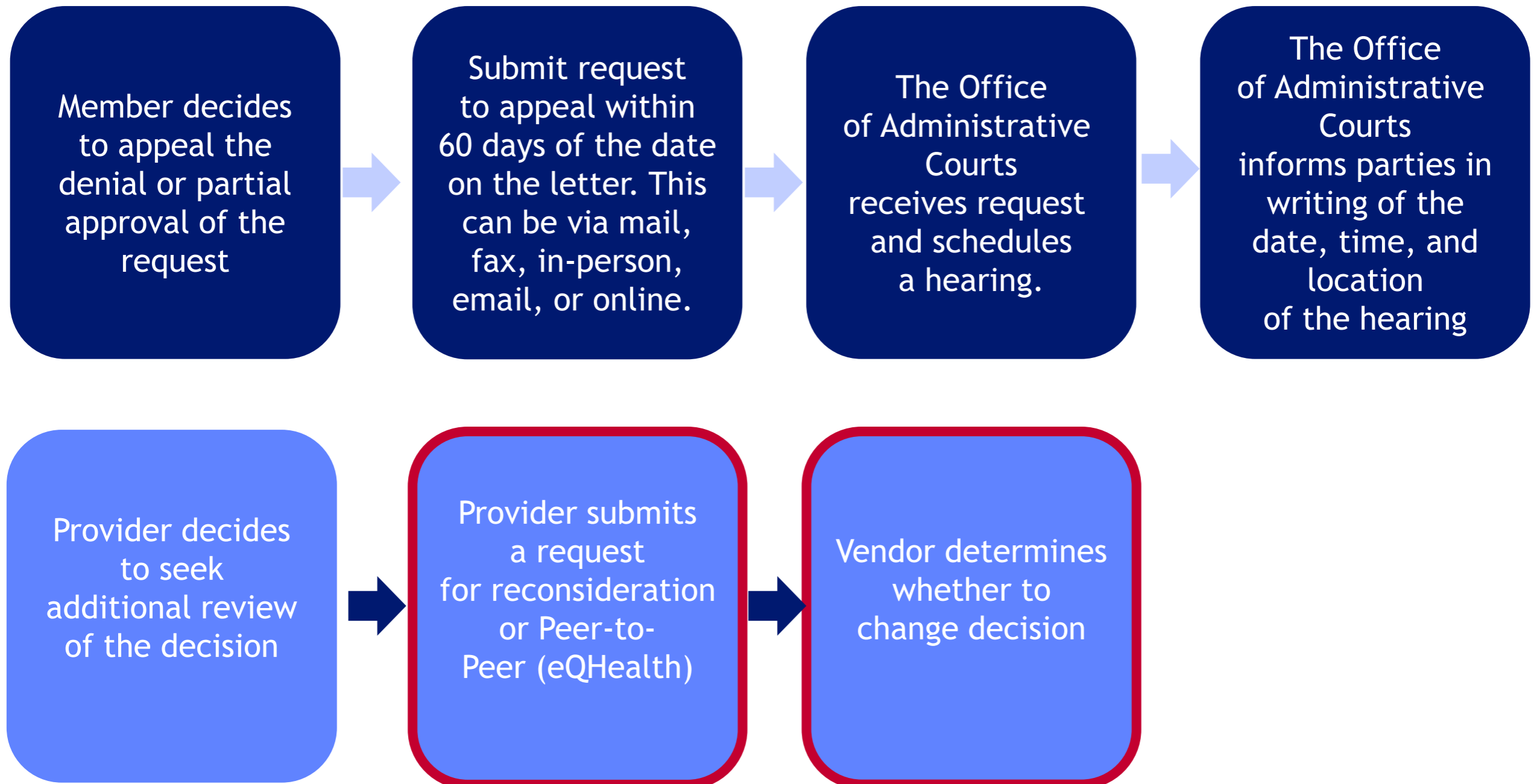
# Initiating the Appeal



# Provider Options

- Peer-to-Peer or Reconsideration
- May result in the PAR decision being changed

# Initiating the Appeal



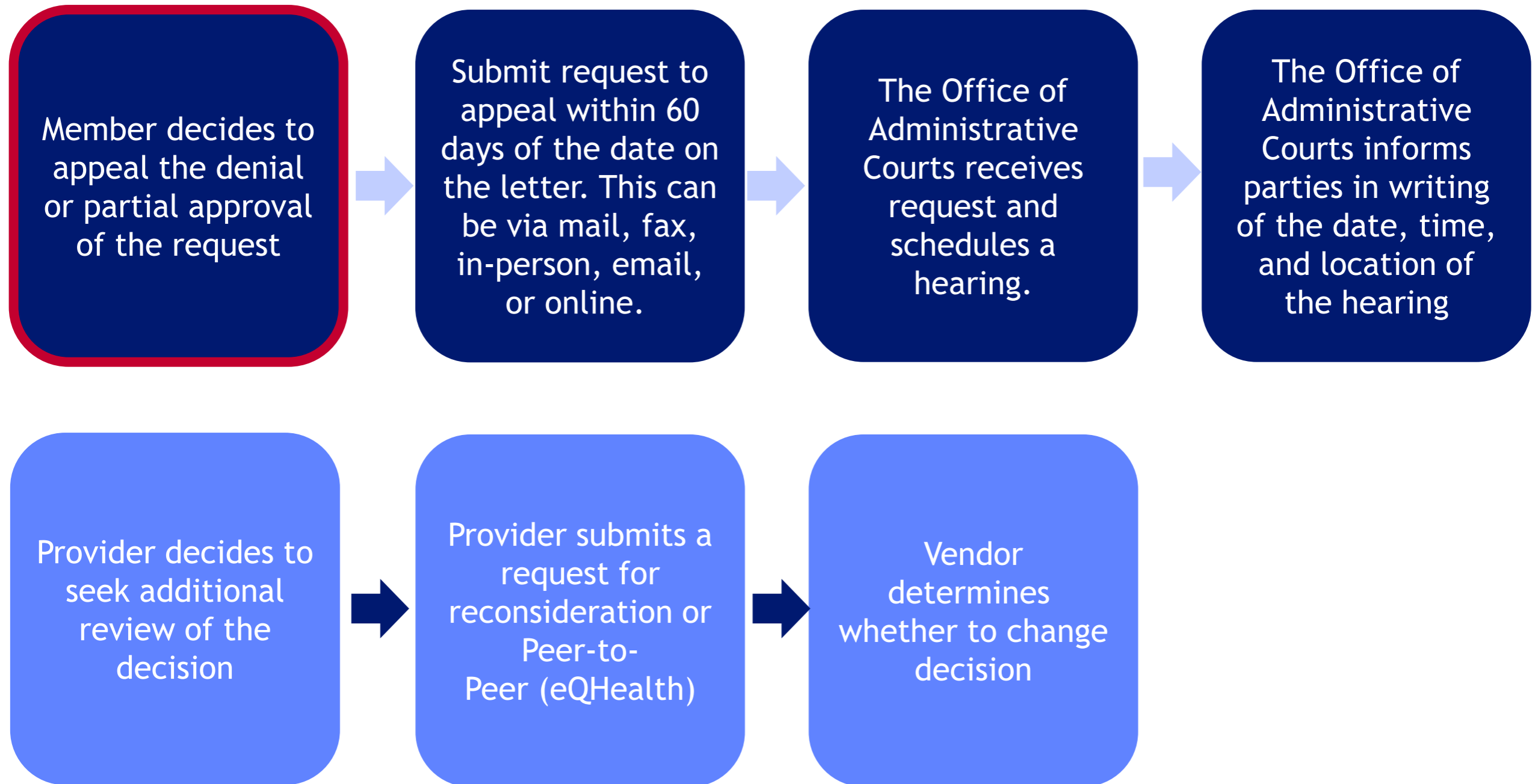
# Provider Peer-to-Peer

- Providers can request a review of a PAR that has been denied or partially approved.
- Reviews requested on the basis of medical necessity or for technical reasons.
- Share additional information and discuss the PAR with the physician reviewer.

# Provider Reconsideration

- Providers can request a review of a PAR that has been denied or partially approved.
- Reviews requested on the basis of medical necessity or for technical reasons.
- If the request was denied for medical necessity reasons, a different physician will conduct the review.

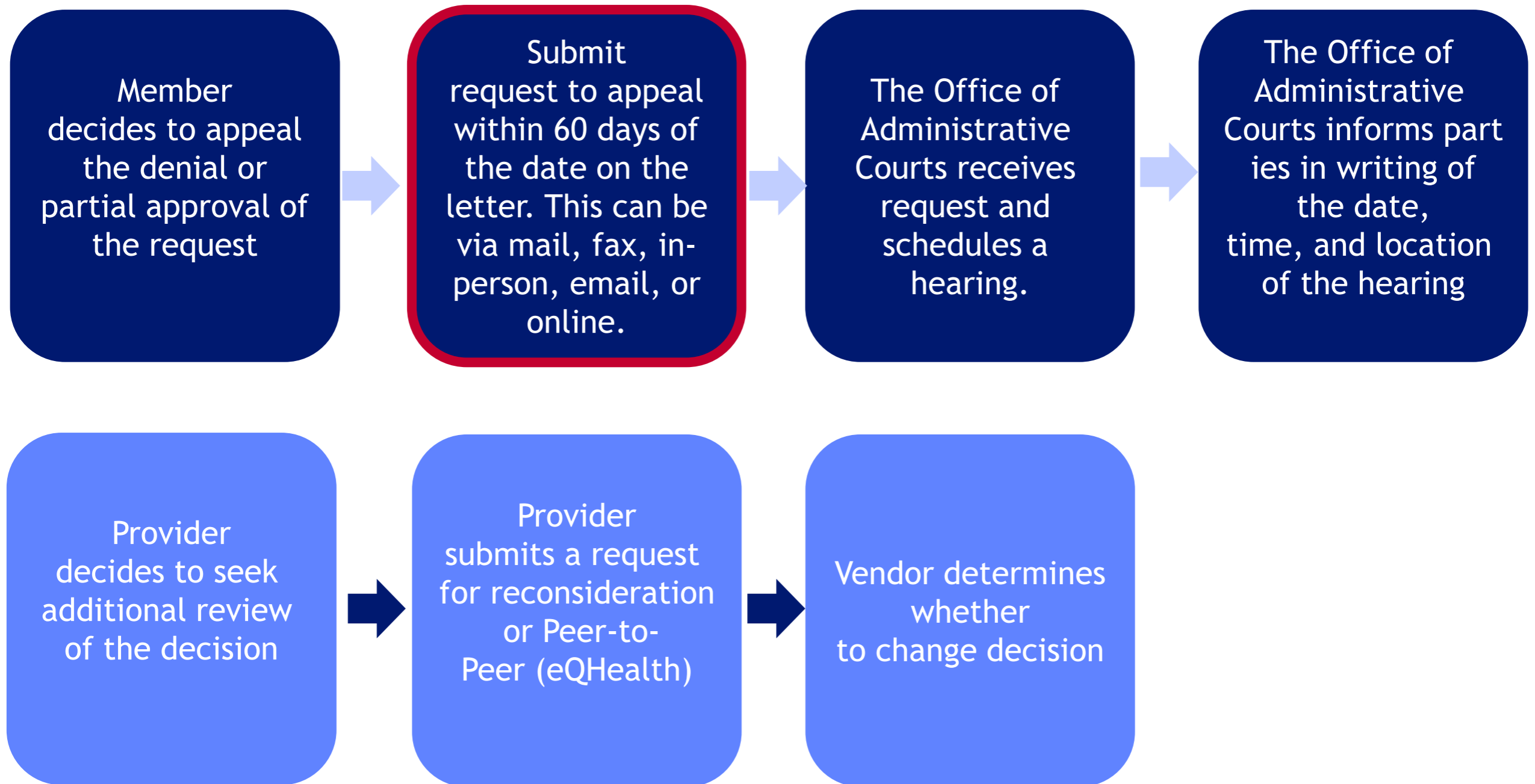
# Initiating the Appeal



# Member Process

- Denial and partial approval letters include:
  - Information about what was denied and why
  - Member Appeal Rights
  - Non-discrimination Notice
  - Language Help
- Member decides whether to appeal
- Providers should not advise members to postpone requesting an appeal

# Initiating the Appeal





# Initiating the Appeal

- If they disagree with the PAR decision, members can decide to appeal.
- Members must ask for an appeal in writing, which must include:
  - Name, address, phone number, and Medicaid number;
  - Why they are requesting a hearing; and
  - What they are appealing.

# Initiating the Appeal

- Mail, fax, online, email, or in-person submission of appeal to:
  - Office of Administrative Courts, 1525 Sherman Street, 4th Floor, Denver, CO 80203
  - Fax: 303-866-5909
  - Courtlink - <http://socgov12-site.force.com/CourtLinkGS>.

# Initiating the Appeal Online

Court Link - General Services

The below forms are for the Office of Administrative Courts - General Services Unit

|   |   |   |
|---|---|---|
| <a href="#">CourtLink Log On Request</a> + New          | <a href="#">Case Initiation Form</a> + New      | <a href="#">Interpreter Request</a> + New               |
| <a href="#">Representative Authorization Form</a> + New | <a href="#">Pleading Submission</a> + New       | <a href="#">Non-Attorney Authorization (HCPF)</a> + New |
| <a href="#">Mediation Initiation Form</a> + New         | <a href="#">Motion to Withdraw Appeal</a> + New | <a href="#">Hearing Recording Form</a> + New            |

# Initiating the Appeal Online

The screenshot shows the 'CASE INITIATION FORM' interface for the Colorado Office of Administrative Courts. The page is titled 'In Progress Instructions' and features a sidebar with navigation options: Instructions (In Progress), Case Details, Case Parties, Documents, and Sign and Submit. The main content area includes a 'Delete & Exit', 'Save', and 'Print PDF' button set at the top. Below this, a paragraph explains the form's purpose: 'The Case Initiation Form should be used to file an appeal and request a hearing before an administrative law judge. If you have an open or existing case at the Office of Administrative Courts (OAC) and wish to submit a document in your open case, please use the Pleading Submission Form and not the Case Initiation Form. The Case Initiation Form should only be used to open a new appeal with the OAC.' A red box highlights the '\* Reason for Case Initiation' dropdown menu, which currently displays 'Public Benefits Case (i.e. Medicaid or Human Services)'. To the right of the dropdown is an information icon and a note: 'Select the reason why you are completing a General Services Case Initiation Form.' A second set of 'Delete & Exit', 'Save', and 'Print PDF' buttons is located below the dropdown, along with a 'Next' button on the far right.

# Initiating the Appeal Online

**COLORADO**  
Office of Administrative Courts  
Department of Health Care Policy & Financing

## CASE INITIATION FORM

**Instructions**  
Completed

**Case Details**  
In Progress

**Case Parties**

**Documents**

**Sign and Submit**

**In Progress**  
Case Details

◀ Previous    Next ▶

✕ Delete & Exit    ✓ Save    📄 Print PDF

APPEAL INFORMATION: I request a State Level hearing before an Administrative Law Judge. I am appealing the following adverse action: (Please select all that apply)

|   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Adult Financial Benefit  | <input type="checkbox"/> Aid to Needy Disabled | <input type="checkbox"/> Child Care Assistance      | <input type="checkbox"/> Colorado Works/TANF                   |
| <input type="checkbox"/> Disability Determination | <input type="checkbox"/> Food Assistance       | <input type="checkbox"/> Health First CO (Medicaid) | <input type="checkbox"/> Home Care Allowance                   |
| <input type="checkbox"/> LEAP                     | <input type="checkbox"/> Long Term Care        | <input type="checkbox"/> Old Age Pension            | <input checked="" type="checkbox"/> Prior Authorization Denial |
| <input type="checkbox"/> Subsidized Adoption      | <input type="checkbox"/> Other                 |   |  |

**\* What happened to your assistance?**  
Denial


**\* AGENCY INFORMATION: Please indicate the county or agency that notified you of this adverse action below.**  
State Department of Health Care Policy and Financing

✕ Delete & Exit    ✓ Save    📄 Print PDF

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📘 Select multiple by holding down shift.

# Initiating the Appeal Online

 COLORADO  
Office of Administrative Courts  
Department of Health Care  
Policy & Financing

## CASE INITIATION FORM

In Progress  
Case Parties

◀ Previous    Next ▶

✕ Delete & Exit    ✓ Save    🖨 Print PDF

Add your contact information

+ New

| Action   | First Name | Last Name | Email | CBMS or Health First # |
|--|------------|-----------|-------|------------------------|
| <p>Indicate below whether or not someone is representing you in this case. If Yes then you will be required to complete the case party information for your representative.</p> <p>* Indicate below whether or not someone is representing you in this case.</p> <p>--None--</p> |            |           |       |                        |

✕ Delete & Exit    ✓ Save    🖨 Print PDF


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# Initiating the Appeal Online

New Record ✕

|                      |   |                                 |                                       |
|----------------------|---|---------------------------------|---------------------------------------|
| <b>First Name</b>    | <input type="text"/>                    | <b>MI</b>                       | <input type="text"/>                  |
| <b>Last Name</b>     | <input type="text"/>                    | <b>Suffix</b>                   | <input type="text"/>                  |
| <b>Company</b>       | <input type="text"/>                    | <b>Address</b>                  | <input type="text"/>                  |
| <b>City</b>          | <input type="text"/>                    | <b>State</b>                    | <input type="text" value="--None--"/> |
| <b>Zip Code</b>      | <input type="text"/>                    | <b>Email</b>                    | <input type="text" value="✉"/>        |
| <b>Phone</b>         | <input type="text"/>                    | <b>* CBMS or Health First #</b> | <input type="text"/>                  |
| <b>Date of Birth</b> | <input type="text" value="mm/dd/yyyy"/> |                                 |                                       |

# Initiating the Appeal Online

 **COLORADO**  
Office of Administrative Courts  
Department of Personnel & Administration

## CASE INITIATION FORM

**Instructions**  
Completed

**Case Details**  
Completed

**Case Parties**  
Missing Required Data

**Documents**  
In Progress

**Sign and Submit**


In Progress  
Documents

◀ Previous    Next ▶

✕ Delete & Exit    ✓ Save    📄 Print PDF

Upload any supporting documents for this case below.

No file chosen

 Upload document

| Action | Document Name | Update Date/Time |
|--------|---------------|------------------|
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✕ Delete & Exit    ✓ Save    📄 Print PDF

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# Initiating the Appeal Online

**COLORADO**  
Office of Administrative Courts  
Department of Health Care  
Policy & Financing

## CASE INITIATION FORM

**Instructions**  
Completed

**Case Details**  
Completed

**Case Parties**  
Missing Required Data

**Documents**  
Completed

**Sign and Submit**

**In Progress**  
Sign and Submit

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✕ Delete & Exit Save Print PDF

By typing your name, you certify this information is accurate and certify that this will act as your binding electronic signature.

**\* Signer Name**

I certify I have served all parties.

**\* Signer Email**

**\* Date of Service**

**Signer Attorney Reg Num.**

By submitting this form, I hereby certify that I have served a complete copy of this submission to all parties listed in the Case Parties section of this form. If any party wishes to obtain a date stamped and conformed copy of this form, they must log on or otherwise enter their appearance in this case.

I certify that if an interpreter is required (for language or as an ADA accommodation) that I will also file an Interpreter Request Form along with this Application. Failure to file an Interpreter Request Form may result in a delay in my proceedings.

**Submissions that remain unsigned after 24 hours will be deleted from the system.**

Submit

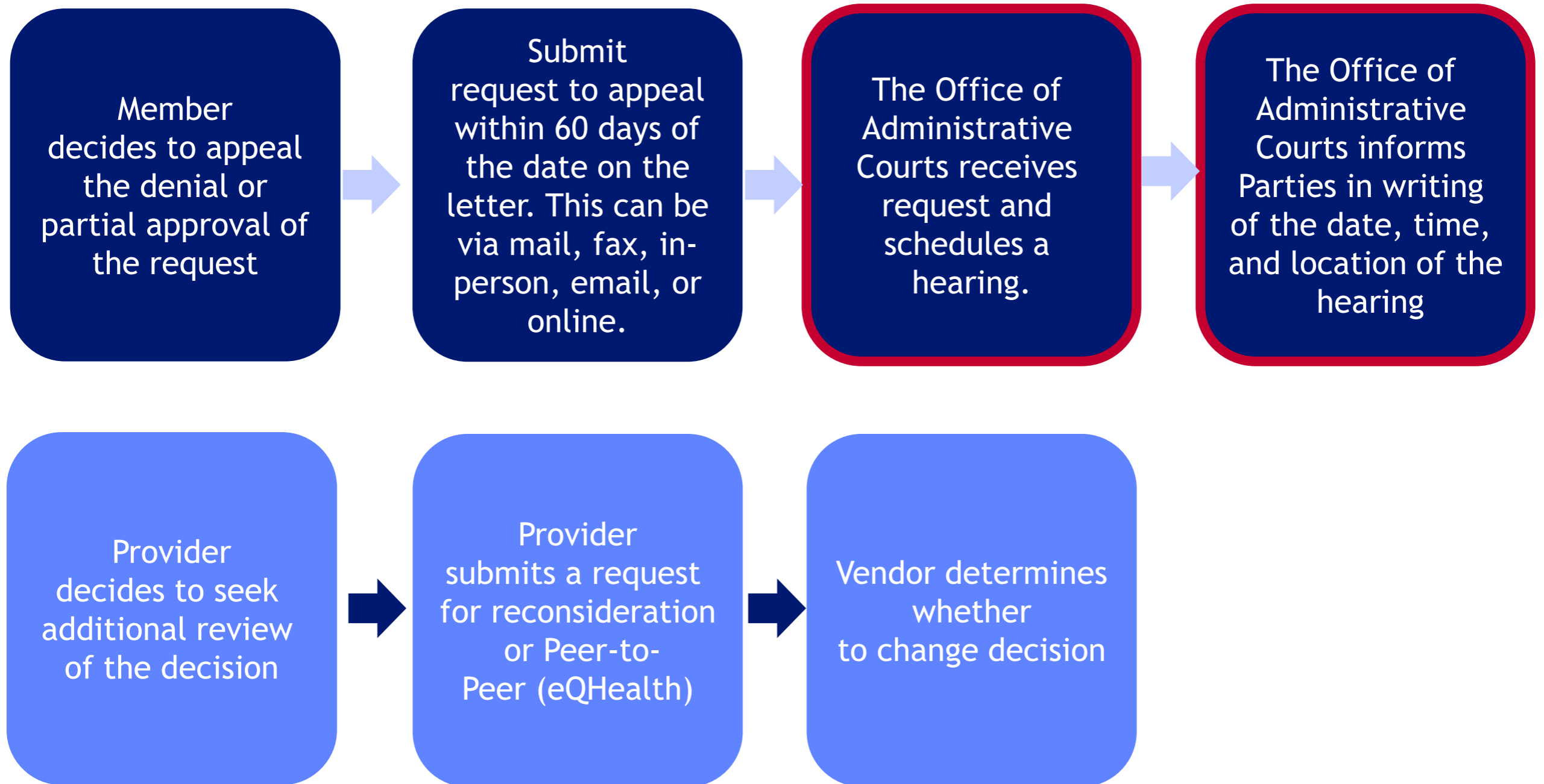
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# Initiating the Appeal Online

The appeal request must be received online by the Office of Administrative Courts within 60 calendar days of the date on the denial/partial approval letter received.

# Initiating the Appeal

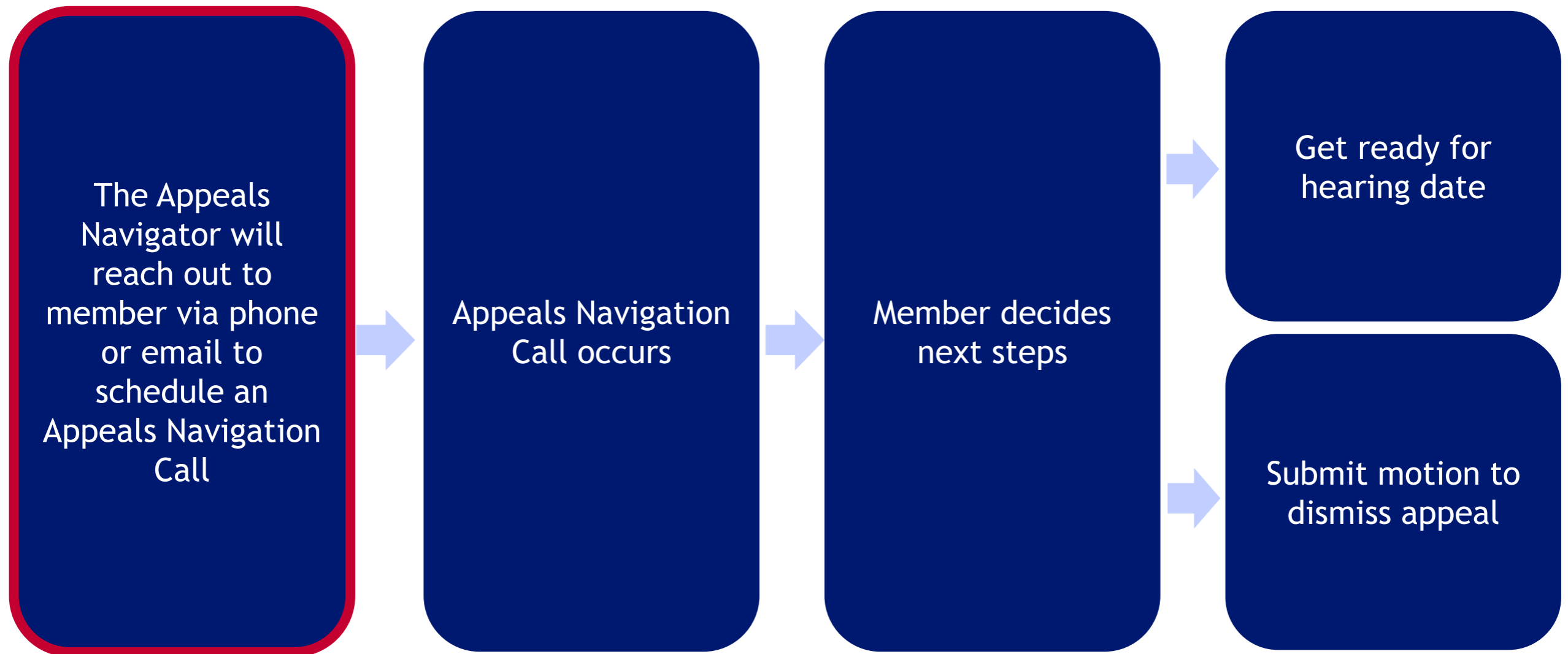


# Continuation of Benefits

- Members may continue receiving services while waiting for a decision on the appeal.
- Should be requested:
  - At time of requesting appeal
  - Within 10 days of receiving denial or partial approval letter to avoid a lapse in services

# Appeals Navigation

# Appeals Navigation

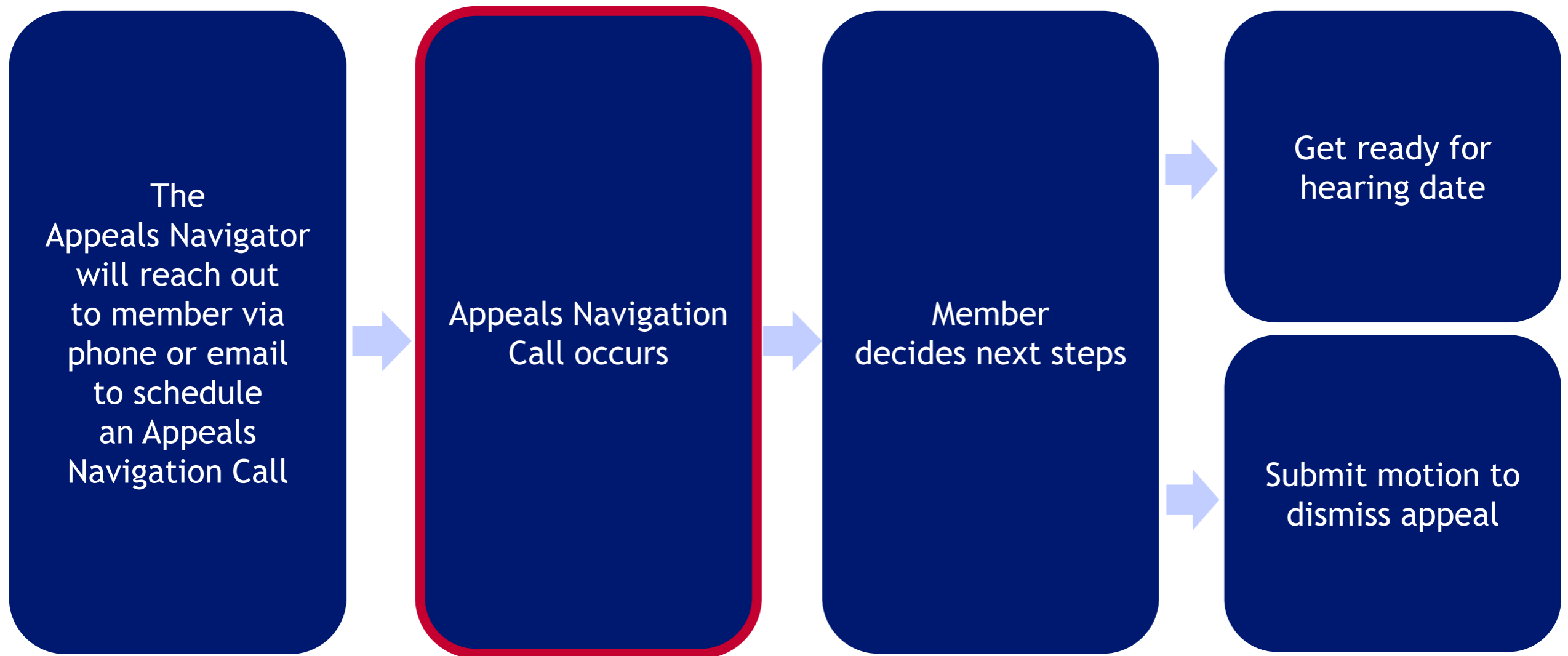


# Appeals Navigation

- The Appeals Navigator will reach out to the member to schedule an Appeals Navigation Call.
- Explain role and what the call will cover.
- Will send member the meeting invite



# Appeals Navigation





# Appeals Navigation

- During the Appeals Navigation Call the Appeals Navigator will help the member navigate the appeals process and will answer any questions regarding the appeal.



# Appeals Navigation

- The Appeals Navigator can:
  - Provide information and resources to support the member during the appeals process
- The Appeals Navigator cannot:
  - Provide legal advice or advise the member on what to do
  - Determine medical necessity or make clinical assessments
  - Interpret or change benefit policy

# Appeals Navigation

- The Appeals Navigator will talk with the member about:
  1. The reason for the denial/partial approval and appeal.
  2. What to expect during the appeal and administrative hearing.
  3. Available legal resources.
  4. Other benefits available.
  5. Questions.
  6. Next steps.

# Appeals Navigation

- The Appeals Navigator has access to the Prior Authorization Request, but not member's health record.
- Members will need to be prepared to talk about the health information related to their appeal.
- The Appeals Navigator provides information to help member advocate for themselves and make an informed decision.

# Appeals Navigation

- Denial reasons and options: illustrative examples
  - Not a covered benefit - help the member understand and share other benefits that may be appropriate if available
    - e.g., cosmetic or rejuvenation procedures
  - Benefit criteria or limitations - help the member understand the criteria or limitations and what criteria must be met for the benefit and what options there are
    - e.g., orthodontia - provider assessment of severe or handicapping malocclusion
    - e.g., denture replacement every X years

# Appeals Navigation

- Discuss considerations and information the member feels is pertinent
- Share whether the information was included in the prior authorization request
- Discuss whether the member would like to work with their provider to submit additional clinical documentation

# Appeals Navigation

- Members may:
  - Ask their provider to share the clinical information that was submitted with the prior authorization request
  - Ask for the Plan of Care to be updated, when applicable
  - Discuss with their provider additional services that may be appropriate to best meet their needs.

# Appeals Navigation

- The Appeals Navigator cannot evaluate the sufficiency of clinical information
- The member can work with their provider to ensure that all necessary evaluations and treatment plans have been included
- Plan of Care (when applicable) is current and comprehensive
  - Demonstrates diagnosis ➡ prescribed treatment ➡ care needed to provide treatment



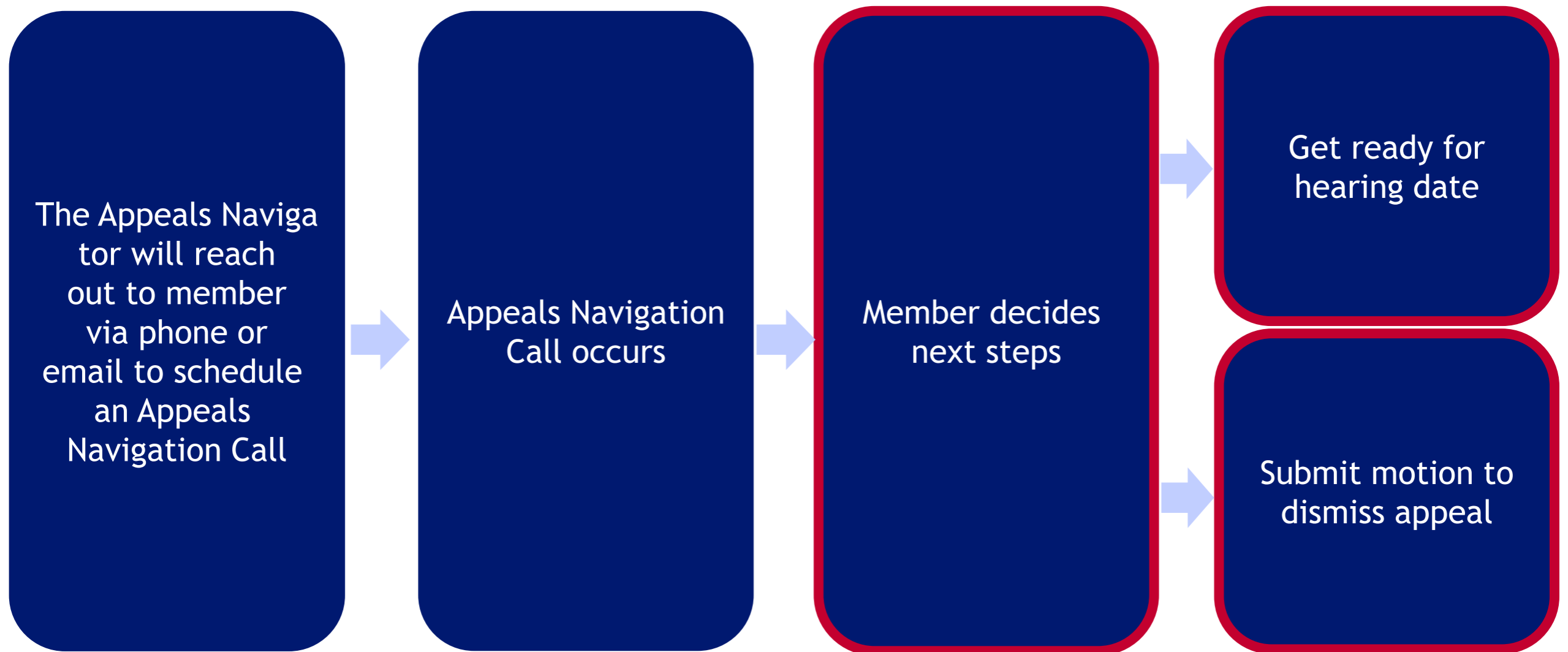
# Appeals Navigation

- Illustrative examples
- Demonstrates diagnosis ➔ prescribed treatment ➔ care needed to provide treatment
- Toewalking & history of falls ➔ prescribed gait belt ➔ requires 1:1 assistance with ambulation
- Scalp condition ➔ prescribed medicated shampoo ➔ requires total assistance to apply

# Appeals Navigation

- Additional clinical information can be submitted to better demonstrate medical necessity
  - Clinical information must be from a licensed clinician
- This can be submitted by your provider to the vendor, or to the Appeals Navigator who will submit it to the vendor.
- The vendor will review the additional clinical information and inform the Department whether the decision has changed.

# Appeals Navigation



# Appeals Navigation

- The member determines what they prefer for next steps and timelines
- Whether they would like any additional follow-up and when
- An Appeals Navigation Call Summary is sent to the member
  - High-level summary of what was discussed
  - Links to Office of Administrative Courts resources
  - Links to additional benefits that may be appropriate, when applicable

# Frequently Asked Questions

# Do members need an attorney?

- Members do not need an attorney and can represent themselves.
- Members may choose to have attorney or non-attorney representation.
- Attorneys must provide documentation demonstrating representation before the case can be discussed.
- Members can find more information about legal assistance at Colorado Legal Services  
<https://www.coloradolegalservices.org/>

# What about a non-attorney representative?

- Members can choose to have another person participate in the appeals navigation and appeals process with them or on their behalf, and represent them at the hearing (e.g., family member, guardian, friend, advocate).
- The Department must have the non-attorney representation form before the case can be discussed.
- The form is mailed to members by the Office of Administrative Courts with the Notice of Hearing and can also be found online.

# What if a provider has prior authorization or benefit policy questions?

- The provider may contact the appropriate vendor for prior authorization request questions in relation to a specific request, or for general questions.
- Vendors provide educational provider prior authorization resources. Additional information can be found at [www.ColoradoPAR.com](http://www.ColoradoPAR.com)
- Additional benefit policy information can be found on the Department's website.



# What if a member's provider changed since the PAR?

- Providers should review vendor provider resources on how to submit a request to change providers.

# What if a member's condition has changed?

- Providers should submit a new prior authorization request whenever a member's condition has changed, in accordance with Department and vendor policies.

# Can my provider(s) participate in the Appeals Navigation Call?

- Yes, if that provider is directly involved with the service that was requested.
- The Appeals Navigation Call is not intended to aid providers, and is structured to only be beneficial to the member.
- The Appeals Navigation Call is not intended to discuss benefit policy in-depth, or clinical opinions.

# Why can't the Appeals Navigator discuss benefit policy or clinical assessments?

- The Appeals Navigator:
  - is not a licensed clinician
  - does not have clinical education or expertise in relation to the service requested
  - did not review the prior authorization request or issue the decision
  - is not the benefit policy advisor within the Department for that service

# What should be submitted in an evidence packet?

- Attorneys representing members will use their legal expertise.
- Non-attorney representatives and members can use their judgement.
- For example, may include:
  - Clinical documentation from licensed clinicians
  - Rules or regulations for reference

# What are considerations when submitting in an evidence packet?

- Prior authorization requests are intended to evaluate needs at a point in time - clinical documentation that was originally submitted with the request represents that point in time
- The Office of Administrative Courts may limit the total number of pages
  - For example 1000 pages, or an entire medical history, rather than just information related to the prior authorization request, can make complete or timely review difficult

# What if a member can't make the scheduled hearing date?

- Members can request a change of hearing date to the Office of Administrative Courts by fax, mail, email, online, or in-person.
- The request must include the reason why a date change is being requested.

# What if a member doesn't want to proceed with an appeal?

- Members can request for it to be dismissed by filing a motion to dismiss with the Office of Administrative Courts by fax, mail, email, online, or in-person.
- The Appeals Navigator can assist the member with process and can submit the motion on their behalf when requested.
- The judge can choose to allow the dismissal, deny it, or defer ruling until the hearing.
- Members should plan to attend the hearing unless or until the motion is approved.



# Hearing & Initial Decision

# Hearing & Initial Decision

Hearing occurs on the scheduled date via telephone or in-person.



The judge gives instructions and next steps at the end of the hearing.



The judge issues a written Initial Decision within 20 days of the hearing. This decision contains findings of fact and conclusions of law.

# Hearings

- The appeal will be heard by an Administrative Law Judge at the hearing.
- Hearings generally occur via phone but can be in-person when requested.
- Telephone hearings: provided with a number to call, and the judge, member, and Department participates by phone.
- In-person hearings: held at the Office of Administrative Courts, 1525 Sherman St, 4<sup>th</sup> Floor, Denver, CO

# Hearings

- The Appeals Navigator will have provided information on how court proceedings operate and what types of information the member may want to prepare.
- It is important to note that the judge does not issue a written initial decision at the time of appeal. They have 20 days to issue a decision.
- The judge will give instructions and next steps then will conclude the hearing.

# Hearing & Initial Decision

Hearing occurs on the scheduled date via telephone or in-person.



The judge gives instructions and next steps at the end of the hearing.



The judge issues a written Initial Decision within 20 days of the hearing. This decision contains findings of fact and conclusions of law.

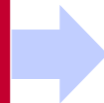
# Initial Decision

- The judge issues a written Initial Decision within 20 days of the hearing.
- The Initial Decision includes finding of facts and conclusions of law.
- The Initial Decision is not the final decision in the case.
- The Office of Appeals will consider the Initial Decision before issuing a Final Agency Decision

# Exceptions & Final Agency Decision

# Exceptions & Final Agency Decision

Decide if disagree with a finding of fact or conclusion of law in the Initial Decision and if want to file an exception with the Office of Appeals.



The Office of Appeals reviews the Initial Decision and considers any exceptions.



The Office of Appeals issues a written Final Agency Decision.



The Final Agency Decision must be implemented within 3 days.



# Exceptions

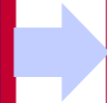
- The Department and the member have the right to file exceptions if they do not agree with the judge's Initial Decision based on either a finding of fact or conclusion of law.
- Exceptions should:
  - be specific in listing the reasons why the party disagrees with the Initial Decision.
  - Include a copy of the hearing transcript when disputing a finding of fact.
  - Cite regulations and applicable law when disputing a conclusion of law.

# Exceptions & Final Agency Decision

Decide if disagree with a finding of fact or conclusion of law in the Initial Decision and if want to file an Exception with the Office of Appeals.



The Office of Appeals reviews the Initial Decision and considers any exceptions.



The Office of Appeals issues a written Final Agency Decision.



The Final Agency Decision must be implemented within 3 days.

# Final Agency Decision

- The Office of Appeals:
  - reviews the Initial Decision to ensure it complies with federal and state law, including regulations.
  - reviews any exceptions.
  - issues a written Final Agency Decision.
- The Final Agency Decision can uphold, modify, or overturn the Initial Decision or can send the matter back to the Administrative Law Judge for further findings.

# Exceptions & Final Agency Decision

Decide if disagree with a finding of fact or conclusion of law in the Initial Decision and if want to file an Exception with the Office of Appeals.



The Office of Appeals reviews the Initial Decision and considers any exceptions.



The Office of Appeals issues a written Final Agency Decision.



The Final Agency Decision must be implemented within 3 days.

# Review of Final Agency Decision

- Members have the right to seek judicial review of a Final Agency Decision
- Members can also ask the Office of Appeals to reconsider the Final Agency Decision if they can:
  - show good cause for failing to file an exception to the Initial Decision within the allowed 15 day allowed period; or
  - show that the Final Agency Decision is based upon a clear and plain error of fact or law.



# Questions?

# Feedback

# Feedback

- Appeals Navigation is an evolving process.
- After going through the Appeals Navigation process, we would value feedback on how it could be improved.



# Contact Details

**Jami Gazerro**  
Operations Section Manager  
[Jami.gazerro@state.co.us](mailto:Jami.gazerro@state.co.us)

# Next Steps

- Webinar recording added to the Special Interest Meetings page.
- Post-engagement survey to get feedback on this presentation.
- In-person information sessions will be rescheduled once the coronavirus risk subsides.
- The Department will work to improve the appeals process based on feedback received.
- A Q & A document will be created to include responses to questions that were not answered during today's webinar.

# Thank You!