Grievance, Appeals and Fair Hearings

What is the difference between a grievance and an appeal?

An appeal would be filed when the Medicaid managed care organization (also called the "MCO" or "Plan") denies, reduces or terminates a service. For example, if you are receiving 5 hours/day of personal care and your MCO cuts your personal care to 3 hours/day, that is called an "adverse benefit determination (ABD)," and the enrollee can file an appeal.

A grievance would be filed if the enrollee is unhappy with the plan. For example, an enrollee could file a grievance if he or she was treated rudely.

Filing and resolving a grievance or appeal with the Plan

Grievances and appeals can be filed orally or in writing; however, an oral request for an appeal must be followed with a signed appeal within 10 days (unless the request is for an expedited appeal.) The best practice is to file a written request with the MCO.. The enrollee handbook must provide the necessary instructions and information for both grievances and appeals. In addition, any notice of adverse benefit determination should include instructions on how, where, and when to file an appeal, which is discussed below..

Expedited appeal

Enrollees have the right to an expedited appeal if the standard resolution time (30 days) "could seriously jeopardize the enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function."

What are the time standards for grievances and appeals and what notice is required?

- Grievance – can be filed at any time and must be decided within 90 days.
- Standard appeals –filed orally or in writing within 60 days from the date of the adverse benefit determination notice and must be resolved within 30 days.

- Expedited appeals must be resolved within 48 hours after the managed care plan receives the request whether orally or in writing. The plan shall also provide oral notice to the enrollee by close of business on the day of resolution, and written notice to the enrollee within two (2) calendar days of the disposition.

Note that these time frames can be extended if the enrollee requests an extension. However, if the Plan requests an extension, the Plan must demonstrate the need for additional time and why the extension would be in the enrollee's best interests.

How to ensure that benefits are continued during the appeal?

When an enrollee's services are terminated, suspended or reduced, she/he has the right to receive continued coverage of the medical services pending the outcome of an appeal and fair hearing if all of the following occur:

- Appeal involves termination, suspension, or reduction of previously authorized service;
- Services were ordered by authorized provider;
- Period covered by original authorization not expired;
- Enrollee timely files for continued benefits on or before ten calendar days of the plan's notice of adverse benefit determination.

If the beneficiary is provided with continued coverage of the service and ultimately loses the appeal, the cost of the service can be recouped.

Notice of Appeal Resolution

The Plan is required to send a written notice of the appeal resolution that includes:

- Results of resolution process and completion date; and if the result was not completely in favor of the enrollee, the notice must include:
    - Information about the right to request a fair hearing and how to do so, and
    - Information on the right to continued benefits pending a final determination.

To request a Fair Hearing: email or write to:

Email:
MedicaidHearingUnit@ahca.myflorida.com

Mail:

Agency for Health Care Administration;

Medicaid Hearing Unit

P.O. Box 60127

Ft. Myers, Florida 33906

When asking for a Fair Hearing, include the following information:

- Your name.
- Phone number.
- Mailing address, and email (if available).
- The name of the Medicaid recipient.
- Their Medicaid ID number.
- Some details about the services that were denied, reduced or stopped.

You can also submit any notices related to the Hearing Request. It is also important to state your preferred method of contact: mail or email.