



PROVIDER ALERT

CMS Regulation Changes Related to Member Appeal Rights

May 31, 2017

Dear Provider:

The Centers for Medicare & Medicaid Services (CMS) released new regulations for Managed Care Organization (MCO) related to appeal rights for Medicaid enrollees/members¹. In order to remain compliant with all federal and state regulations, Optum Idaho is making necessary changes to the appeals process, **effective July 1, 2017**. These changes in CMS regulations will apply to requirements of the contract between your agency and Optum Idaho.

The changes are outlined in the table below and will be included on adverse benefit determination letters.

New Changes Effective July 1, 2017	Current Process
Adverse Benefit Determination (ABD) replaces all references to an "Action"	A denial or limited denial of a service authorization request (aka an ABD) is, in some Optum documents, referred to as an "Action" and "Notice of Action"
All Member appeals are defined as an "Appeal"	All Member appeals have been defined as a "Grievance"
"Grievance" follows the 42 CFR §438.400(b)(7) definition - i.e., a complaint	"Grievance" is defined as a member appeal of an adverse benefit determination through Optum
Level of appeals - Optum only has one level of appeal for Members	Level of appeals- Optum has two levels of appeals for Members
Members must exhaust Optum's one appeal option before filing a State Fair Hearing. If Optum fails to adhere to the notice and timing requirements, the Member is deemed to have exhausted the appeal process	Members are able to file a State Fair Hearing at any point after an adverse benefit determination or grievance resolution
Members have 60 calendar days from the date of the adverse benefit determination to file an appeal	Members have 28 calendar days from the date of the adverse benefit determination to file an appeal
Members have 120 calendar days following an appeal resolution to file a State Fair Hearing	Members have 28 calendar days from the date of the adverse benefit determination or appeal resolution to file a State Fair Hearing
Providers must have written consent from Members to file an appeal or State Fair Hearing on behalf of the Member	Providers are able to file an appeal or State Fair Hearing on behalf of the Member without written consent
Expedited resolution of appeals must be completed within 72 hours	Expedited resolution of appeals must be completed within 3 business days

If you have questions, please call the Optum Idaho Provider Line at **1-855-202-0983, option 4**.

Thank you,
Optum Idaho Quality Operations Department

¹ CMS Code of Federal Regulations: Title 42 → Chapter IV → Subchapter C → Part 438 → Subpart D → §438.228