Office of Long-Term Living

Complaints, Grievances, and Fair Hearings Process
Introduction:

This presentation is designed to provide an overview of the internal OLTL MCO Services Complaints, Grievances, and Fair Hearing Process that is in place to ensure CHC Participants’ Complaints, Grievances and requests for a Fair Hearing are being addressed and processed accordingly and timely.

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What is a Complaint?
What is a Grievance?
What is a Fair Hearing?
Standard or Expedited Fair Hearing?
Fair Hearing Process
Data Analysis
Questions
What is a CHC-MCO Services Complaint, Grievance, and Fair Hearing?

- **Complaint**: A dispute or objection regarding a participating Health Care Provider or the coverage, operations, or management of a CHC-MCO, which has not been resolved by the CHC-MCO and has been filed with the CHC-MCO or with the Department of Health or Pennsylvania Insurance Department.

- **Grievance**: A request to have a CHC-MCO or utilization review entity reconsider a decision concerning the Medical Necessity and appropriateness of a Covered Service. A Grievance may be filed regarding a CHC-MCO’s decision to 1) deny, in whole or in part, payment for a service or item; 2) deny or issue a limited authorization of a requested service or item, including a determination based on the type or level of service or item; 3) reduce, suspend, or terminate a previously authorized service or item; 4) deny the requested service or item but approve an alternative service or item; and 5) deny a request for a Benefit Limit Exception.

- **Fair Hearing**: A hearing conducted by the Department’s Bureau of Hearings and Appeals (BHA) or a Department designee.
Standard or Expedited Fair Hearing

- **Standard Fair Hearing**: The Participant or the Participant’s representative may request a Fair Hearing within one hundred and twenty (120) days from the mail date on the written notice of the CHC-MCO’s first level Complaint decision or Grievance decision.
  
  - BHA will issue an adjudication within ninety (90) days of the date the Participant filed the first level Complaint or the Grievance with the CHC-MCO, not including the number of days before the Participant requested the Fair Hearing.

- **Expedited Fair Hearing** - A Participant or the Participant’s representative may file a request for an expedited Fair Hearing with the Department either in writing or orally. A Participant must exhaust the Complaint or Grievance process prior to filing a request for an expedited Fair Hearing.
  
  - BHA will conduct an expedited Fair Hearing if a Participant or a Participant’s representative provides the Department with a signed written certification from the Participant’s Provider that the Participant’s life, physical or mental health, or ability to attain, maintain, or regain maximum function would be placed in jeopardy by following the regular Fair Hearing process or if the Provider provides testimony at the Fair Hearing which explains why using the usual time frames would place the Participant’s health in jeopardy.
Bureau of Quality Assurance & Program Analytics (BQAPA)
CHC-MCO Services Fair Hearing Process

1. CHC MCO makes Complaint/Grievance decision and sends notice to the Participant.
2. OLTL receives a Fair Hearing request from Participant and submits request to BHA and CHC MCO.
3. BHA holds the Fair Hearing.
4. BHA communicates the decision to the Participant.

- Participant
- OLTL BQAPA Appeals Unit
- BHA and CHC MCO
- BHA
- Participant, OLTL BQAPA Appeals Unit and CHC MCO
BQAPA CHC-MCO Services Fair Hearing Process (cont.)

- CHC-MCO makes complaint/grievance decision and sends notice of the decision to the Participant.

- Participant submits standard Fair Hearing request to OLTL or calls OLTL to request an Expedited Fair Hearing.

- Participant’s request is entered into the OLTL internal tracking log.

- Participant must submit:
  - Completed signed Fair Hearing Request Form or letter
  - Complaint/Grievance originally submitted to CHC-MCO
  - Copy of CHC-MCO decision notice
  - Authorized Representative’s signature page, if applicable
Participant’s information will be sent in original format (hard copy) to the Bureau of Hearing & Appeals:

- Completed signed Fair Hearing Request Form or letter
- Complaint/Grievance originally submitted to CHC-MCO
- Copy of CHC-MCO decision notice
- Authorized Representative’s signature page, if applicable

OLTL internal Fair Hearing tracking log is updated upon receipt of the BHA fair hearing final decision.
BQAPA Data Analysis

BQAPA will perform data analysis on:

- CHC-MCO OPS 3 - Quarterly DOH Complaint & Grievance Report
- CHC-MCO OPS 4 - Quarterly Complaints and Grievances Detail
- OLTL Internal Fair Hearing tracking Log

BQAPA will report on identified trends to the CHC-MCO Monitoring team and other internal OLTL groups.
On-line Resources

2018 Final CHC Agreement
Refer to Exhibit G - Complaint, Grievance, and Fair Hearing Processes beginning on Page 270.

Participants should also refer to the Participant Handbook, Section 8 -- Complaints and Grievances, provided by their CHC-MCO.

Fair Hearings and Appeals - General Counsel Third Thursday Webinar - 1/18/18
On-line Resources (cont.)

AmeriHealth Caritas (Keystone First) CHC Participant Handbook

PA Health & Wellness CHC Participant Handbook

UPMC CHC Participant Handbook
https://p.widencdn.net/yfta5v/chc_participant-handbook_web
On-line Resources (cont.)

AmeriHealth Caritas(Keystone First) Complaint, Grievances and Fair Hearings
https://www.amerihealthcaritaspa.com/member/eng/info/grievances/index.aspx

PA Health & Wellness Complaint, Grievance, and DHS Fair Hearing Process
https://www.pahealthwellness.com/members/ltss/member-resources/complaints-appeals.html

UPMC Complaint and Grievance Process
https://www.upmchealthplan.com/docs/providers/COMPLAINTS_&_GRIEVANCES.pdf
On-line Resources (cont.)

AmeriHealth Caritas (Keystone First)
https://www.amerihealthcaritaschc.com/participants/eng/index.aspx

PA Health & Wellness
https://www.pahealthwellness.com/members/ltss.html

UPMC
https://www.upmchealthplan.com/chc/members/documents-and-resources/
Questions?