

## **Section 9**

### **Grievance, Appeals, Claims Resubmission and Reconsideration**

#### **Provider Grievance and Appeals**

Whenever possible, Health Choice Generations (HCG) attempts to informally resolve issues raised by contracted providers at the time of initial contact. If the issue cannot be resolved informally, HCG offers a two-level internal contracted Provider Payment Review process for resolving disputes with contracted providers. Below are the two-level Provider Payment Review processes.

#### **First-Level Contracted Provider Payment Review**

The first level of the contracted provider review process must be initiated by the practitioner/provider within 180 calendar days from the date of the Plan Determination (authorization or payment denial) by HC Generations.

The payment review request will be handled by a reviewer who was not involved in the initial decision. Decisions will be consistent with Medicare rules and regulations, the Provider's contract terms and/or the member's benefit plan.

Contracted Providers who are not satisfied with the first level review decision may request a second level provider payment review.

#### **Second-Level Contracted Provider Payment Review**

The second-level of the contracted provider review process must be initiated by the practitioner/provider within 60 calendar days from the date of the first-level decision. Any request received after the 60<sup>th</sup> calendar day will automatically be upheld without further review.

The payment review request will be handled by a reviewer who was not involved in the initial decision or the first-level review. Decisions will be consistent with Medicare rules and regulations, the Provider's contract terms and/or the member's benefit plan.

To request report a Grievance or request an Appeal write to:

Health Choice Generations  
Attn: Appeals  
410 N. 44<sup>th</sup> St., Ste 510  
Phoenix, AZ 85008

#### **HC Generations Claims Re-submissions**

Providers may resubmit claims that have been previously adjudicated by HC Generations and must be received by HC Generations within eighteen (18) months from the date of service.

HC Generations will re-adjudicate claims re-submitted by providers only if initial claim had been filed within the prescribed submission timeframe.

Claims re-submissions must be designated as such and must consist of the following:

1. Copy of claim
2. Copy of HC Generations remittance advice
3. Supporting documentation; and
4. Written explanation as to reasons for resubmission

Resubmitted claims are to be addressed and mailed to:

Health Choice Generations  
Attention: Adjustments  
410 N. 44<sup>th</sup> St., Ste 510  
Phoenix, AZ 85008

### **HC Generations Claims Reconsideration**

Provider requests for claims reconsideration must be received by HC Generations within eighteen (18 months) from the date of service or from the date of discharge for an in-patient hospital stay. Providers must complete a claims reconsideration form and submit to Health Choice Generations Appeals Department. Included with this form should be a written explanation of the reason for the reconsideration, including a copy of the explanation of payment, documentation if appealing coding, or modifier use and medical records if needed.

The HC Generations Appeals staff shall provide an acknowledgment letter to the provider. HC Generations will make a determination within sixty (60) calendar days following receipt of the completed claims reconsideration form. All decisions rendered by HC Generations are final.

All HC Generations claims for reconsideration must be mailed to the address below:

Health Choice Generations  
Attention: Appeals Department  
410 N. 44<sup>th</sup> St., Ste 510  
Phoenix, AZ 85008

### **Member Grievances and Appeals**

Health Choice Generations adopts Medicare requirements as they relate to member grievances and appeals. HC Generations will advise Providers of any Member grievance or appeal relating to Providers' services under their Contract. Certain requests for service and appeals must be processed by Plan, on an expedited basis, within seventy-two (72) hours of receipt.

Health Choice Generations maintains grievance and appeal processes for Members in accordance with Medicare requirements. Providers agree to cooperate with Plan in the resolution of Member grievances, requests for service and appeals, including, but not limited to, providing any information or records needed to render a decision on a grievance, request for service or appeal.

Providers will provide information and records with sufficient promptness to allow the Plan to meet CMS requirements for the timely processing of grievances, requests for service and appeals. It is understood that certain requests for service and appeals must be processed by Plan, on an expedited basis, no later than seventy-two (72) hours of receipt. Providers will to the extent permitted by law, advise HC Generations of any Member grievance or appeal that relates to services provided under this Agreement.

Contracted Providers submitting an appeal at the request and direction of an HC Generations Member are required to complete and submit an **Exhibit 3-7 HCG Waiver of Liability form** before an appeal will be considered. This would then be considered a Member Appeal and subject to handling in accordance with the Member Appeal policy.

### **Appeals for the Reduction, Suspension, or Termination of an Authorization**

A member may file a Member Appeal with HC Generations in response to an action.

Action means the:

- Denial or limited authorization of a requested service, including the type or level of service;
- Reduction, suspension, or termination of a previously authorized service;
- Denial, in whole or in part of payment for a service;
- Failure to provide services in a timely manner;
- Failure to act within the timeframes required for standard and expedited resolution of appeals and standard disposition of grievances; or
- Denial of a rural member's request to obtain services outside the Contractor's network when the contractor is the only Contractor in the rural area.

The member must forward the Member Appeal (verbally or in writing) within sixty (60) days of the action. Only members can request an appeal of a prior authorization decision. However, a member may give you permission to request the Member Appeal on their behalf; this permission must be in writing.

If your office receives written permission from the member and files an appeal, the appeal must be received by HC Generations no later than 60 days after the date of the prior authorization decision and include a copy of the members written permission. This must be sent directly to the Compliance Department at the address listed below:

Health Choice Generations  
Attention: Appeals Department  
410 N. 44<sup>th</sup> St., Ste 510  
Phoenix, AZ 85008

Once the Appeal process has been initiated, HC Generations will send the Member an acknowledgment letter by regular mail. HC Generations will respond to all Appeals within thirty (30) Calendar days from the date that the Health Plan received the Appeal. HC Generations will mail a final written decision via Certified Mail to the Member. If an extension is necessary, HC Generations will notify the Member. Before we make our decision, your office can provide additional documentation to assist HC Generations in its determination of the Appeal.

If your office is filling the Appeal on behalf of the member and a delay in processing could seriously jeopardize members the life, health or the ability to attain, maintain or regain maximum function your office can request an Expedited Appeal. In these instances the appeal will be decided in 3 working days from the date the appeal is received.

Extensions of up to 14 additional days can be requested by the member's provider or the Health Plan. If your office, the member, or HC Generations establishes the need for the additional days and delay is in the best interest of the member, an extension will be granted. If HC Generations requests the extension, then HC Generations will call your office and the member, to notify you of the time and information needed to make a decision. HC Generations will also document the request in writing. If your office requires an extension to providing HC Generations with additional supporting documentation for the Member's appeal, please contact HC Generations by calling the phone number on the acknowledgement letter.