

PROCEDURE

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| SOUTHEASTERN CENTER MH/DD/SAS | Section: Care Management |
| Subject: Non-Certification Appeal Process | Procedure No: 416.001.04 |
| | Effective Date: April 14, 2011 |
| | Reference: URAC HUM-30, 31 |
| | Utilization Management Appeals Process & Review Policy |
| | Certification and Appeals Tracking |
| | Application Instruction Manual |
| | Non-Certification Notice Template |
| | Filing an Appeal Instructions & Template |

PURPOSE:

The purpose of this procedure to establish the guidelines for an appeal of the utilization review decision to suspend, reduce, terminate or deny a certification request for a behavioral healthcare service.

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1. Written notification of a non-certification decision is mailed by UM clinical review staff to the consumer no later than the day after the decision is made as long as it is within the appropriate review timeframe. See Prospective, Concurrent and Retrospective Review Timeframes procedures for specific timeframes. It will be mailed immediately if necessary to stay within prescribed timeframes. Only medical necessity/clinical non-certifications are eligible for appeal.
2. The consumer's written notification includes the principle reason for the non-certification decision including information about how to request the clinical rationale in writing using the Non-Certification Notice Template. See Written Notice of Non-Certification decision procedure. .
3. Included in the written notification of the non-certification decision are the instructions on how to file an appeal of the decision using the Filing an Appeal Instructions and Template form. See Written Notice of Non-Certification decision procedure.
4. Correspondence with the consumer is in plain language that is applicable to the consumer's needs and health literacy and linguistic needs of the population.
5. Providers are notified of the non-certification decision electronically through Carelink, the agency's online data management portal for submission and exchange of information related to MH, DD and SA consumers. According to NC state regulations, providers are not allowed to request appeals; only consumers or consumer's guardians are able to request appeals therefore appeal information is not sent to providers.
6. The request to appeal must be submitted by the consumer within ten (10) days of the date of the Non-Certification Decision Notification Letter either by mailing in the appeal

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7. request form or by phone.
8. All appeal requests and appeal related information and documentation is forwarded to the Care Management Director who serves as the Appeals Coordinator.
9. The consumer and/or provider may submit additional information in the form of written comments, documents, records and any other information they find relevant to their case for the appeal.
10. The additional information will be submitted with all of the information that was the basis for the original decision to the appeal reviewer for consideration. All information provided will be considered in the appeal review without regard to whether such information was submitted or considered in the initial decision.
11. The request for appeal will be sent to Prest, a URAC accredited contract agency responsible for the review of Non-Certification Appeals. For all appeal requests, Prest serves as the Appeal Reviewer. The request for appeal and all information related to the case will be sent via fax or secure email to Prest. Prest will follow all Appeal timeframes and will issue a response within the appropriate timeframe so that the consumer can be notified of the decision to uphold or overturn the non-certification decision. See Appeal Types and Timeframes procedure.
12. Once an appeal decision has been received from Prest, the Care Management Director will contact the consumer via telephone to notify them of the decision to uphold the non-certification or to overturn the non-certification.
13. If the appeal reviewer overturns the non-certification decision, the agency will implement the appeal reviewer's determination and UM clinical staff will notify the consumer and provider within 2 days of such to include instructions on how the original certification request will be activated.
14. If the appeal reviewer upholds the non-certification decision, the agency will notify the consumer of their right to appeal the decision to the NC State Division on Mental Health, Developmental Disabilities and Substance Abuse Services. Forms and appeal instructions will be provided to the consumer either by instruction for accessing them online or via postal mail.
15. Appeals are tracked in the Certification and Appeals Tracking Application. See Certification and Appeals Tracking Application Instruction Manual. Information that is tracked is as follows:
 - a. Review Type: Expedited or Standard
 - b. Appeal Reviewer
 - c. Decision- upheld or overturned
 - d. Date and Time Received
 - e. Decision Date and Time
 - f. Due Date for Decision to be made
 - g. Member Notification- Verbal or Written
 - h. Appeal to NC Division- decision and decision date
16. As part of the quality management program, appeals data is analyzed on a quarterly basis to identify trends or opportunities for improvement. This data is reviewed and analyzed

in the QM committee quarterly.

17. The agency's appeal process is available for consumers and providers on the agency's website located through both the Provider tab and the Consumer tab on the homepage. The process is outlined in plain language.

Revision History:

| Revision | Date | Description of changes |
|-----------------|-------------|---|
| 0 | 03/02/2009 | Initial Release as included in Non-Medicaid Appeal Process Procedure |
| 1 | 06/25/2009 | Update language with organizational changes |
| 2 | 10/27/2010 | Updating to comply with URAC standards. |
| 3 | 04/14/2011 | Separated out; revised to provide more detail in compliance with URAC HUM-30, 31 and renamed. |
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