

## **APPEALS AND HEARINGS FOR PASRR LEVEL II**

### **A. PURPOSE**

The purpose of this chapter is to ensure that individuals who were the subject of WY PASRR Level II evaluations have the right to appeal determinations in a fair and timely manner, consistent with state and federal law. APS Healthcare has established a process policy (in accordance with the Office of Healthcare Financing (OHCF), Wyoming Department of Health Appeal Hearing policy) by which any applicant or their legal representative who is dissatisfied with the outcome of a Level II PASRR can appeal the decision. A copy of this procedure is available to referral sources, applicant or legal representative upon request.

### **B. INITIATING THE APPEAL AND FAIR HEARING PROCESS**

The patient is provided instructions for initiating the appeals process, per the Wyoming Medicaid Rules (Rules for Medicaid Administrative Hearings), in the *Notice of Determination* letter received via mail. The appeal must be requested in writing within 30 calendar days following the date of receipt of the determination letter. As explained in the letter, the request for an appeal should be faxed to 1-866-858-8476 or mailed, addressed to:

APS Healthcare  
FL PASRR/MI Clinical Manager  
2728 Centerview Drive, Suite 201  
Tallahassee, FL 32301  
(866) 880-4080 ext. 8928

Requests for a hearing are referred to the APS Clinical Manager and are date stamped upon receipt. From the date the appeal is received by APS the OHCF has 20 days to review and respond to the appellant. A hearing must occur within 90 days of the PASRR II determination.

### **C. RECONSIDERATION REVIEW**

When a hearing request is received, the APS Clinical Manager conducts a Reconsideration Review in which the documentation available at the time of the initial determination is reviewed for accuracy. If any errors are noted, immediate action is taken to rectify the inaccuracy. The patient or their representative is immediately notified. If the appellant is satisfied with the correction, they may choose to withdraw their request in writing to the address above.

### **D. INFORMAL CONFERENCE**

If no error is detected or if the appellant elects not to withdraw their request following an error correction, the APS Clinical Manager schedules a teleconference with the appellant or their representative. The patient or representative is advised the teleconference is optional and does not replace or delay the hearing process. If during the conference a satisfactory decision is made that satisfies the appellant, the request for a hearing may be withdrawn in writing to the address above.

### **E. FORMAL HEARING**

All requests for a hearing are forwarded by the APS Clinical Manager to Renee Propps, Office of Healthcare Financing, Facilities Manager. The Facilities Manager will then forward all requests to Office of Administrative Hearings (OAH) if reconsideration and/or informal teleconference do not result in resolution (within 7 business days). Only OAH can decide to reject an appeal.

APS Healthcare provides expert, telephone testimony in the event the case proceeds to a hearing. All actions to reduce or cancel benefits or services will be reviewed to determine whether or not the appeal was filed within the required 30 day time frame, thereby allowing any current benefits or services to continue until a decision can be rendered by the Hearing Officer.

The potential decisions at any stage of the Appeal and Fair Hearing process include:

- Upheld: The determining authority concurs with the adverse determination or previous appeal decision
  
- Partially Overturned: The determining authority modifies the adverse determination or previous appeal decision
  
- Overturned: The determining authority does not concur with the adverse determination or previous appeal decision

The final decision is made by the OHCF following the Medicaid Rules (Rules for Medicaid Administrative Hearing) and no further administrative appeals are allowed.