

## Instructions for Completing the Fair Hearing Backlog Spreadsheet for Medicaid Managed Care Organizations (MCO)

February 4<sup>th</sup>, 2025

### Series 3: Fair Hearing Backlog Select Cases Aged 1 Year with Aid Continuing

Please review the Series 3 spreadsheet and answer the questions for each member listed to determine if the New York State Department of Health (NYS DOH, the Department) in conjunction with the Office of Temporary and Disability Assistance (OTDA) can resolve any pending Fair Hearings your plan may have by utilizing OTDA's Pre-Hearing Disposition (PHD) process.

The attached Fair Hearing Backlog Spreadsheet for Series 3 excel spreadsheet, which is specific to each MCO, has one (1) **tab** across the bottom using the following name convention: "Plan Name Month Day Year"

The Series 3 Fair Hearing Backlog includes these filters:

- The member's Fair Hearing has Aged one year
- Single Issue
- The fair hearing is about inadequate, discontinued or reduce services. (INAD/DISC/REDU)
- Fair Hearing is not yet scheduled
- The member has retained Aid to Continue (Has AC) while this fair hearing has been backlogged.

As part of an approved compliance plan with Centers for Medicare and Medicaid Services (CMS), plans are now **required** to agree to PHD cases unless the plan can provide an allowable reason why a Series 3 case should not go through PHD.

A plan may not reject a PHD for any of the following reasons:

- Plan believes a PHD is not appropriate
- Plan believes the reduction or rejection of increase is appropriate
- Increase was temporary, including temporary for continuity of care
- Member was not following systems or processes (Not specific enough, see below)
- Member is problematic (Not specific enough, see below)
- Member has recently been assessed
- Member has transferred to another plan since fair hearing was originally filed.

A plan may reject a PHD for the following reasons:

- The member is deceased (the plan should indicate this separately)
- The hearing has been withdrawn
- There is a case specific reason as to why the plan believes a PHD should not proceed, which may include investigations. In this scenario, plans must provide detail in the "notes" column of their spreadsheet explaining the circumstances and rationale for rejecting the PHD. Rejections are subject to DOH review and concurrence.

Plans may indicate other reasons not included above which will be reviewed by the Department. Please note that upon receiving a PHD, a member can still request to continue with the Fair Hearing.

**Information Confirmation:**

**Columns A–E** have case specific information. Please review and confirm the information in **Columns A–E** is accurate by answering the question in **Column G**.

- **Column A** Member's Fair Hearing number.
- **Column B** date the Fair Hearing was requested.
- **Column C** the Plan the consumer was enrolled in on the date the Fair Hearing was requested.
- **Column D** is the specific plan type, Mainstream Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Special Needs Plan (SNP), Partial Capitation, Medicaid Advantage Plus (MAP), or Program of All Inclusive Care for the Elderly (PACE), the consumer was enrolled in at the time the Fair Hearing was requested.
- **Column E** is the Client Identification Number (CIN) of the member
- **Column F and Column G- verify with a “Yes” or “No” Does the Fair Hearing information matches plan records? and the member’s Fair Hearing remains open?**

**Column H:**

If the Member is now deceased, skip remaining questions, and include date of death in **Column M**. If member is still alive, proceed with entering information in **Columns I-M**

**Columns F, G, and I:**

If the response is “Yes” to all questions in **Columns F, G, and I**, proceed to question in **Column J**.

If the response is “No” to any questions in **Columns F, G, or I**, please provide any feedback in **Column M**.

**Column J: Directive to plan**

If the responses to the questions in **Columns F, G, and I** are “Yes”, the plan is directed to maintain the authorized level of services at or above the amount, type, and level of services required under Aid to Continue.

If the plan agrees to comply with the directive in **Column J**, the plan should indicate “Yes” in **Column J** and proceed to the question in **Column L K**. If the plan disagrees with the directive in **Column J**, please provide any feedback in **Column M**.

**Column K: Agreement**

If the response to the question in **Column J** is “Yes”, please indicate in **Column K** that the plan further agrees there are no other reasons to continue the Fair Hearing for the member listed in **Column E**. If the plan indicates “Yes” in **Column K** for any member listed in **Column E**, the plan must send an updated service authorization to the appellant and also sign and return the accompanying MCO Pre-Hearing Disposition Attestation for the Series 3 spreadsheet.

If the plan completes and returns the accompanying MCO Pre-Hearing Disposition Attestation, DOH will notify OTDA of these cases, and ODTA may proceed with the PHD resolution process for each member that the plan indicated “Yes” in **Column K**.

If the response to the question in **Column K** is “No”, please provide any feedback in **Column M**.

**Column L: Is Member still enrolled?**

Plan must answer Yes or No.

**Column M: Additional comments**

This column is a free text box to provide any additional feedback your plan may have regarding the fair hearing for the Member listed in **Column E**.

**Both Mainstream and MLTC plan’s completed Series 3 spreadsheet and Series 3 Attestation are due to be completed and returned via HCS by February 18<sup>th</sup>, 2024.**

➤ Please use the subject line: **FH Backlog Series 3.**

➤ Mainstream plan questions and submission of the Series 3 spreadsheet and attestation should be sent to [ManagedCare.FairHearings@health.ny.gov](mailto:ManagedCare.FairHearings@health.ny.gov)

➤ MLTC plan questions and submission of the Series 3 spreadsheet and attestation should be sent to [MLTCMC.fairhearings@health.ny.gov](mailto:MLTCMC.fairhearings@health.ny.gov).