Healthfirst

OPERATING POLICY – MM-136v1

Medicaid Advantage and Medicaid Advantage Plus
Adverse Determinations and Adverse Organization Determinations

Date of Initial Issue: September 30, 2011 **Date Last Reviewed:** September 2011

Classification

- ☑ NY Medicare
- ☐ NJ Medicare
- ☐ Corporate
- ☐ Family Health Plus
- ☐ NJ FamilyCare/Medicaid
- ☐ Child Health Plus
- ☐ PHSP Medicaid
- ☐ Commercial

I. Policy Overview

Healthfirst provides a process for members in the event that an adverse determination is made for a service that is a covered benefit under the Medicare, Medicaid Advantage and Medicaid Advantage Plus programs. The process includes their right to select either process or both processes and instructions related to how to make such selection(s).

Applicable policies referenced in this policy:
Operating Policy – P&P **AG-001** Complaints and Appeals Process NYS Department of Health Grievances System Requirements for MMC and FHPlus Programs

II. Responsible Parties and Related Departments

The Care Management Team within the Medical Management Department is responsible for the implementation of this policy.

III. Definitions

See "Medical Management and Appeals and Grievances Definitions for Policies and Procedures"

IV. Policy

A. For services that Healthfirst determines are a benefit under **both Medicare and Medicaid Advantage/Advantage Plus programs,** Healthfirst will
  1. Offer the member the right to pursue either the Medicare or the Medicaid Advantage/Advantage Plus Appeals Process.
  2. Healthfirst provides the Member with a notice that informs them of his/her appeal rights under these programs, and of their right to select either the Medicare or Medicaid Advantage/Advantage Plus appeals process and instructions to make such selection.
  3. Such notice shall inform the Member that:
    a. if he or she chooses to pursue the Medicaid Advantage/Advantage Plus appeal procedures to challenge a service denial, suspension, reduction, or termination,

the Member has up to 60 days from the date of the Notice of Action to pursue a Medicare appeal, regardless of the status of the Medicaid Advantage/Advantage Plus appeal

b. if he or she chooses to pursue the Medicare appeal procedures to challenge a service denial, suspension, reduction, or termination, the Member **may not** pursue a Medicaid Advantage/Advantage Plus appeal and **may not** file a Fair Hearing request with the state; and

c. If a Member chooses to pursue the Medicaid Appeals process please see Operating Policy – AG-001 Complaints and Appeals Process NYS Department of Health Grievances System Requirements for MMC and FHPlus Programs.

d. If the Member files an appeal, but fails to select either the Medicare or Medicaid Advantage/Advantage Plus procedure

V. Sanctions

Violation of this policy will be considered in accordance with the corporate sanction policy.

VI. Approval Date/Signatures

Print Name	Signature/Title	Date
Print Name	Signature/Title	Date

P&P Committee Approval - Print Name	Signature/Title	Date

VII. Procedures/Job Aids/Documents/Forms

VIII. Revision History: