SANDHILLS CENTER

Provider Grievances & Appeals Policy and Procedure for Medicaid Direct

PROVIDER GRIEVANCES

- Sandhills Center will receive and resolve Grievances from Medicaid Direct providers where remedial action is not requested and will accept and resolve all Provider Grievances regarding Sandhills Center that have been referred from the Department.

- Sandhills Center can receive Provider Grievances through at least two different avenues:

  a) Directly through the web-based Provider Grievance and Complaint System via the Grievance Intake Form which will automatically generate a notice and provide the submitter with Grievance ID number;
  b) By printing out the Provider Grievance Intake Form via the Sandhills Center Provider Grievance and Complaint System and submitting it to the Provider Grievance and Appeals Coordinator via:
     1. Mail
     2. Fax

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PROCESSING A PROVIDER GRIEVANCE

- Grievances are classified as one of the following:
  - **Expedited**—If the grievance involves the health and safety of members, the grievance will be classified as Expedited and will IMMEDIATELY be staffed with Network Operations Management and the Network Operations Director will staff the case with the CMO/CCO who will advise a plan of action; CCD may also be contacted if applicable;
  - **Standard**—If the grievance does not involve the health and safety of members, the grievance will be classified as standard and will be processed routinely;

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PROCESSING A PROVIDER GRIEVANCE

Provider submits grievance

Provider Grievance & Appeals Coordinator (PGAC)

- Receives notification of grievance
- Triages for level of need

Expedited Grievance?

NO

PGAC forwards grievance to processing Department

YES

CMO/COO IMMEDIATELY notified for plan of action

PGAC notifies provider that grievance was received within 5 calendar days

Reviewing Department gives PGAC grievance decision within 30 calendar days

PGAC sends notification of grievance decision along with information about submitting an appeal

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RESOLUTION OF A GRIEVANCE

- Once the official determination has been reached by the processing department within thirty (30) calendar days, the following will be sent to the Medicaid Direct provider:
  - Certified letter detailing the decision regarding the grievance decision as well as information regarding submitting an appeal request within thirty (30) calendar days;
  - Secure email with an electronic copy of the letter attached detailing the resolution of the grievance as well as appeal rights within thirty (30) calendar days; the secure email will have a read receipt option.

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RECORDS MANAGEMENT OF PROVIDER GRIEVANCES & COMPLAINTS

– Medicaid Direct providers will be able to check the status of their grievance request throughout the thirty (30) calendar day resolution period via the Grievance and Complaint System or by contacting the Provider Grievance and Appeals Coordinator via email or phone;

- Submitted documentation and form requests will be maintained in both the Provider Grievance and Complaint System and in the Alpha System in the provider's profile with only specified staff maintaining access to the sensitive information.

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DATA STORAGE AND REPORT GENERATION

- Tracking logs regarding the grievance requests, timeline dates, and all related data, will be retained in the Grievance and Complaints System with only specified staff maintaining access to the database;
- Data for monthly reports will be able to be generated from the data maintained in the Grievance and Complaints System.

SANDHILLS CENTER

PROVIDER APPEALS PROCEDURE

Sandhills Center maintains a formal Provider Appeals Process by which Medicaid Direct Providers may dispute certain adverse actions and decisions made by Sandhills Center. It should be noted that Providers may appeal an adverse determination at any time and do not need to participate in the formal Grievance process first in order to initiate the Appeal process. Providers may request an Appeal for the following reasons:

In-Network Providers	Out-of-Network Providers
• Program Integrity related findings or activities • Finding of fraud, waste, or abuse by Sandhills Center • Finding of or recovery of an overpayment by Sandhills Center • Withhold or suspension of a payment related to fraud, waste or abuse concerns • Termination of, or determination not to renew an existing provider contract due to violation of terms between Sandhills Center and Provider • Determination to de-certify an AMH+ or CMA (applicable to Medicaid Providers only)	• An out-of-network payment arrangement • Finding of waste or abuse by the Plan • Finding of or recovery of an overpayment by the Plan

SANDHILLS CENTER

PROVIDER APPEALS PROCESS

- When an adverse action is taken by Sandhills Center against a Medicaid Direct provider, a certified letter will be manually sent to a provider from one of the following three Sandhills Center Departments:
  - Network Management
  - Finance
  - Program Integrity
- Additionally, when a grievance is resolved through Sandhills Center, a notification is also sent to a provider via a certified letter via the Provider Grievance and Appeals Coordinator; If the appeal is being submitted in reference to a previously resolved grievance, the provider will be asked to supply a Grievance ID #.

- In both instances, the certified letter will specify that any provider wishing to file a formal appeal with Sandhills Center must do so within thirty (30) calendar days from the date on which:
  - The Provider received written notice from Sandhills Center of the decision giving rise to the right to the Appeal; or
  - Sandhills Center should have taken a required action but failed to take such actions.

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APPEAL EXTENSION REQUEST

- An Appeal extension can be requested for an additional 30 days to submit the appeal request if good cause criteria is met; the form to request the extension can be accessed via the Provider Appeal System.
- Once the Appeal Extension Form has been received, the Provider Grievance and Appeals Coordinator will staff the request with management to determine if the request meets the extension criteria and if so, the following will occur:
  - Notification will be given to the Medicaid Direct provider granting them an additional thirty (30) calendar days to submit the appeal request.

PROVIDER APPEAL SUBMISSION

- The certified letter will also specify the method for submitting a formal appeal which can be done via the following:
  a) Directly through the web-based Provider Appeal System which will automatically generates a notice and provide the submitter with an appeal ID number;
  b) By printing out the Provider Appeal Intake Form via the Sandhills Center Provider Appeal System and submitting it to the Provider Grievance and Appeals Coordinator via:

     1. Mail:
        Provider Network Grievance and Appeals Coordinator
        3802 Robert Porcher Way or P.O. Box 9
        Greensboro, NC 27410 West End, NC 27376

     2. Fax: 910-673-7024

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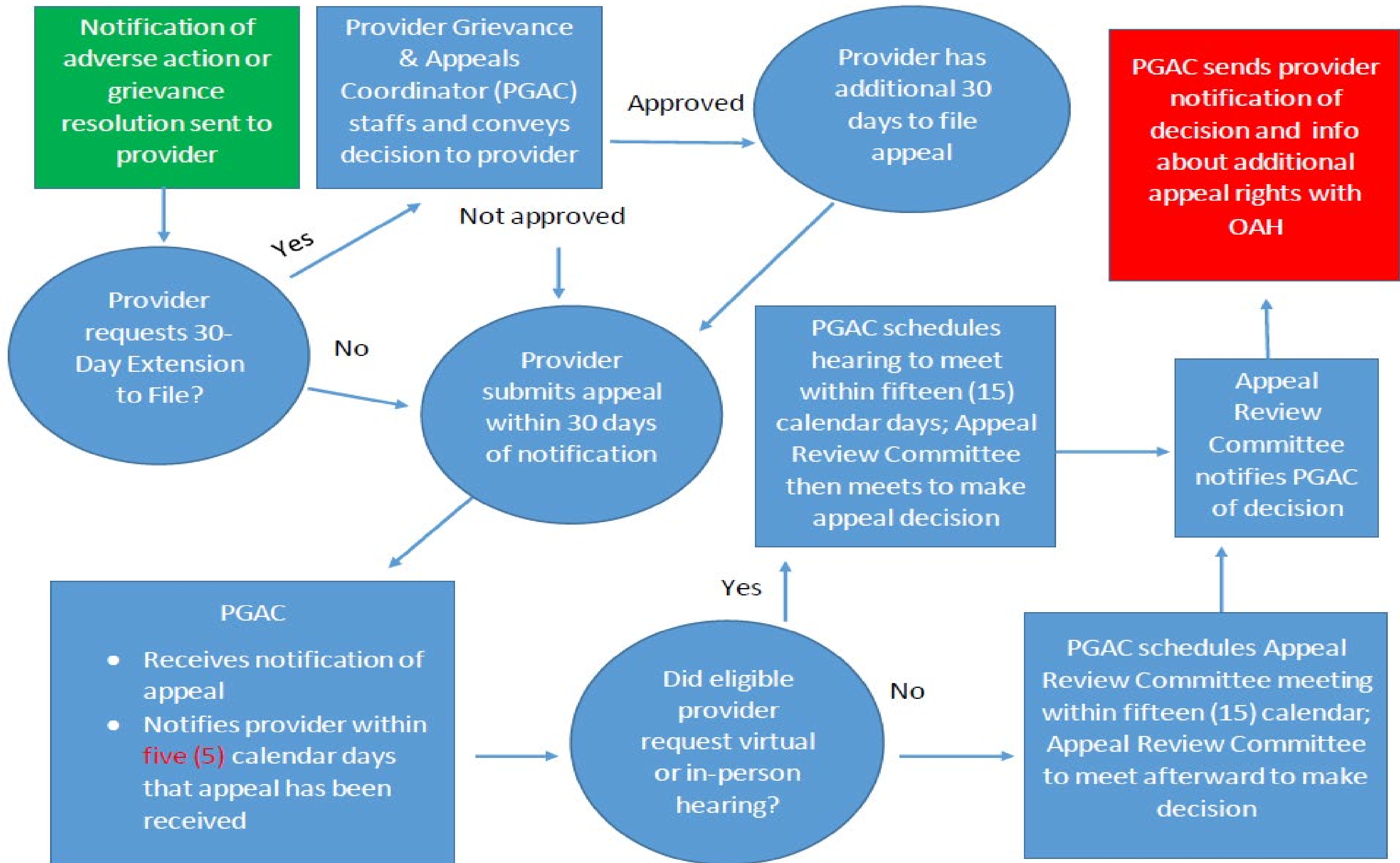
PROCESSING A PROVIDER APPEAL



PROCESSING A PROVIDER APPEAL

- Once an appeal has been submitted by a Medicaid Direct provider via the web-based Provider Appeal System, notification is automatically generated and sent to the Provider Grievance and Appeals Coordinator;
- For appeals that are submitted via mail or Fax, notification is sent to the Provider Grievance and Appeals Coordinator of the submission via the Administrative Personnel who monitors the mail and Fax on a daily basis and the appeal is manually put into the web-based Provider Appeal System via the Provider Grievance and Appeals Coordinator;
- Within five (5) calendar days, the Provider Grievance and Appeals Coordinator will send a letter to the submitting provider acknowledging receipt of the appeal submission.

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APPEAL DECISION-MAKING PROCESS

- The Provider Grievance and Appeals Coordinator will schedule the following (as applicable):
  - If the appeal being requested is based on Sandhills Center withholding or suspending payment to the Medicaid Direct provider, an In-Person or Virtual Hearing can be requested by the provider to determine if there was good cause to withhold or suspend payment within fifteen (15) calendar days of the appeal submission;
    - Upon a finding that Sandhills Center did not have good-cause to suspend or withhold payment, Sandhills Center shall reinstate any payments that were withheld or suspended within five (5) Business Days.
    - Sandhills Center will pay interest and penalties for overturned denials, underpayment, or findings it did not have good-cause to suspend or withhold payment from the original Date of Payment, suspension, withhold or denial.
    - Notification will be given to the Department regarding the hearing decision;
  - An Appeals Review Committee meets to review the appeal and determine an outcome within thirty (30) calendar days of the appeal submission.

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RESOLUTION OF AN APPEAL

- Once the official determination has been reached by the Appeal Review Committee, the following will be sent to the Medicaid Direct provider:
  - Certified letter detailing the decision regarding the appeal as well as appeal rights with OAH.
  - Secure email with an electronic copy of the letter attached detailing the decision regarding the appeal as well as appeal rights with OAH; the secure email will have a read receipt option.

SANDHILLS CENTER

RECORDS MANAGEMENT OF MEDICAID DIRECT PROVIDER APPEALS

  - Medicaid Direct providers will be able to check the status of their appeal request throughout the thirty (30) calendar day resolution period via the Provider Appeal System or by contacting the Provider Grievance and Appeals Coordinator via email or phone;
- Submitted documentation and form requests will be maintained in both the Provider Appeal System and in the Alpha System in the provider's profile with only specified staff maintaining access to the sensitive information.

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DATA STORAGE AND REPORT GENERATION

- Tracking logs regarding the appeal requests, timeline dates, and all related data, will be retained in the Provider Appeal System with only specified staff maintaining access to the database;
- Data for monthly reports will be able to be generated from the data maintained in the Provider Appeal System.