

PROVIDER ISSUES IN CABINET FOR HEALTH AND FAMILY SERVICES ADMINISTRATIVE HEARINGS

Brescia University
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A VERY BRIEF HISTORY OF ADMINISTRATIVE HEARINGS

CHFS

ADMINISTRATIVE HEARINGS

- F&C AHB: Eligibility and Other Hearings
 - ✓ 2012: 1957 cases
 - ✓ 2012: 593 Medicaid eligibility cases

- HS AHB: Service and Other Hearings
 - ✓ 2012: 1472 cases
 - ✓ 2012: 696 Medicaid service cases;
485 MCO cases;
211 FFS cases;
59 Provider Repayment cases; and
7 Provider Termination cases

CHFS ADMINISTRATIVE HEARINGS: OUR GOALS

- Expert
- Timely
- Responsive
- Fair

HEARINGS and TRIALS

- Legislative Branch: Enact Law
- Judicial Branch: Adjudicate Law
- Executive Branch: Enforce Law
Promugate Law and
Adjudicate Law

DUE PROCESS IN ADMINISTRATIVE HEARINGS

- Constitutional Protections
- Fundamental Fairness
- KRS Chapter 13B

DUE PROCESS IN ADMINISTRATIVE HEARINGS

- Timely and Adequate Notice
- Meaningful Opportunity to be Heard
- Impartial Decision Maker

Hearings Basics

1. Service Denial: Cabinet or MCO sends Adverse XN Letter
2. Patient Request for a Grievance Review
 - ✓ w/i 30 days of event: 907 KAR 17:005 Sec. 4(2)
 - ✓ Grievance Process is now Mandatory:
907 KAR 17:005 Sec. 5(1)
3. MCO Grievance Procedure
 - ✓ 30 days for decision: 907 KAR 17:005 Sec. 4(2)(b)
 - ✓ Expedited decision if standard time would jeopardize patient's life, health, or ability to achieve maximum functioning: 907 KAR 17:005 Sec. 4(14)

Hearings Basics

4. Adverse XN Letter

- ✓ Must provide law and facts in sufficient detail to allow adequate preparation: 907 KAR 17:005 Sec. 4(20)

5. Patient Request for a Hearing

- ✓ w/i 45 days in MCO cases: 907 KAR 17:005 Sec 5(3)(b)
- ✓ w/i 30 days in FFS cases: 907 KAR 1:563 Sec 4(2)

6. Hearing before AHO

- ✓ w/i 30 days of Req for Hrg: 907 KAR 1:563 Sec 6(2)

Hearings Basics

7. Hearing Officer's Recommended Order
 - ✓ w/i 30 days of Hearing: 907 KAR 1:563 Sec. 6(2)

8. Exceptions to Recommended Order/ Request for Cabinet Level Review
 - ✓ w/i 15 days of Rec Order: 907 KAR 1:563 Sec. 6(2)

9. Review by Secretary/Final Order
 - ✓ w/i 90 days of Req. for Hrg: 907 KAR 1:563 Sec. 9(3)

10. Appeal to Circuit Court and beyond
 - ✓ w/i 30 days of Final Order: 907 KAR 1:563 Sec. 10(2)

Providers as Authorized Representatives (effective now)

- Provider must have member's "written consent"
 - ✓ 907 KAR 17:010 Sec. 4(4)(a)

- For the "specific action" being appealed
 - ✓ 907 KAR 17:010 Sec. 4(4)(a)

- Consent form must be signed and dated by member "no earlier than date of MCO action"
 - 907 KAR 17:010 Sec. 4(4)(b)

Providers as Authorized Representatives (effective soon)

- Provider must have member's "written consent"
 - ✓ 907 KAR 17:010 Sec. 4(4)(a)
- For the "specific action" being appealed
 - ✓ 907 KAR 17:010 Sec. 4(4)(a)
- "Written consent must be "unique to an appeal or state fair hearing."
- A single written consent qualifies for only one "hospital admission, provider visit, or treatment plan."
 - ✓ 907 KAR 17:010 Sec. 4(4)(b)(2)(a), (b), and (c)

MEDICAL NECESSITY

- "Clinical appropriateness"
 - ✓ Definition found at 907 KAR 3:130 Sec. 1(1)
 - ✓ "Nationally recognized clinical criteria known as Interqual"
 - ✓ Only one factor considered in determining medical necessity
- "Medical necessity determination": 907 KAR 3:130 Sec. 2(1)
 - ✓ Must consider program criteria (e.g., EPSDT, 907 KAR 11:034, or Psychiatric Hospital Services, 907 KAR 10:016, etc.)
 - ✓ Reasonable and required to identify, diagnose, treat, palliate, or prevent disease, illness, injury, or disability
 - ✓ Appropriate service in amount, scope, and duration based on "generally accepted standards of good medical practice"

MEDICAL NECESSITY

- Determination of what is a covered benefit or medically necessary must be based on an individualized assessment of member's medical needs
 - ✓ 907 KAR 3:130 Sec. 2(1)(a)

Thank You