



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division
Health Care Services Branch
Quality and Member Relations Improvement Section
P.O. Box 700190
Kapolei, Hawaii 96709-0190

April 1, 2019

MEMORANDUM

MEMO NO.

QI-1904

CCS-1901

[Supersedes QI-1405,
QI-1405A, QI-1707,
CCS-1803]

TO: QUEST Integration (QI) Health Plans
'Ohana Community Care Services (CCS)

FROM:  Judy Mohr Peterson, PhD
Med-QUEST Division Administrator

SUBJECT: REVISED GRIEVANCES AND APPEALS TEMPLATES

The Department of Human Services, Med-QUEST Division (MQD) is issuing this memorandum to provide QUEST Integration (QI) and Community Care Services (CCS) health plans with revised grievances and appeals templates. Recent changes to 42 CFR §438 have modified language and timeframe requirements that occur in the program.

The revisions include the following:

- 1) Added language to inform the member of their right to request a State administrative hearing if the health plan fails to make a decision within 30 calendar days (1A/1B);
- 2) Added language to inform the member to sign and validate a form based on receiving an oral grievance (2A/2B);
- 3) Added language to inform the member of their right to file a grievance if they disagree with the health plan's decision to extend their appeal resolution (5A/5B);
- 4) Added language to inform the member of their right to file an appeal if they disagree with the health plan's decision to deny a payment/payments and who may file the appeal (6A/6B);
- 5) Added language to inform the member of their right to request copies of all documents that were part of the review at no cost to them (6A/6B, 10A/10B, 11A/11B and 12A/12B);
- 6) Titles were changed from Notice of Action to Notice of Adverse Benefit Determination, 42 CFR §438.404 (6A/6B, 11A/11B, and 12A/12B);

- 7) Timeframe for member to file a standard appeal has been changed from thirty (30) calendar days to sixty (60) calendar days, 42 CFR §438.408 (6A/6B, 11A/11B, and 12A/12B);
- 8) Timeframe to resolve an expedited appeal has been changed from three (3) business days to seventy-two (72) hours, 42 CFR §438.408, for the denial of payment, denial of service authorization and denial of service (6A/6B, 11A/11B, and 12A/12B);
- 9) Timeframe for a member to request a State Fair Hearing has been changed from thirty (30) calendar days to one hundred twenty (120) calendar days, 42 CFR §438.408 (7A/7B and 8A/8B);
- 10) Added 'calendar' to all timeframes that included a number of days (1A/1B, 2A/2B, 4A/4B, 5A/5B, 6A/6B, 7A/7B, 8A/8B, 10A/10B, 11A/11B and 12A/12B);
- 11) Minor grammatical and content changes were made to forms 6A/6B, 7A/7B, 8A/8B, 10A/10B, 11A/11B and 12A/12B.

The attached templates are to be implemented effective immediately and include both the letter and memo formats to be used at your discretion. Health plans must ensure that all MQD requirements are maintained if revising the templates.

Health plans shall perform the 6.9 or below readability check on only the sections of the template that require insertion of information to complete the section. The template wording issued from MQD should not be included in the readability check.

Please contact Jon Fujii via e-mail at jfujii@dhs.hawaii.gov or call him at 692-8083 should you have any questions.

Attachments:

- 1A Acknowledgement of Appeal – Letter
- 1B Acknowledgement of Appeal – Memo
- 2A Acknowledgement of Grievance – Letter
- 2B Acknowledgement of Grievance – Memo
- 3 Appointment of Representative
- 4A Denial of Fast Appeal – Letter
- 4B Denial of Fast Appeal – Memo
- 5A Extension of Appeal Resolution – Letter
- 5B Extension of Appeal Resolution – Memo
- 6A Notice of Adverse Benefit Determination – Denial of Payment Template – Letter
- 6B Notice of Adverse Benefit Determination – Denial of Payment Template – Memo
- 7A Resolution of Appeal – Letter
- 7B Resolution of Appeal – Memo
- 8A Resolution of Fast Appeal – Letter
- 8B Resolution of Fast Appeal – Memo
- 9A Verbal Verification – Letter
- 9B Verbal Verification – Memo
- 10A Resolution of Grievance – Letter

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10B Resolution of Grievance – Memo

11A Notice of Adverse Benefit Determination – Denial of Service Template – Letter

11B Notice of Adverse Benefit Determination – Denial of Service Template – Memo

12A Notice of Adverse Benefit Determination – Denial of Service Authorization – Letter

12B Notice of Adverse Benefit Determination – Denial of Service Authorization – Memo