

Florida Commission for the Transportation Disadvantaged Medicaid Grievance System

A. Overview

1. Description

- a. Complaint process – The Complaint process is the CTD AND STP’s procedure for addressing Medicaid Beneficiary Complaints, which are expressions of dissatisfaction about any matter other than an Action that are resolved at the Point of Contact rather than through filing a formal Grievance.
- b. Grievance process – The Grievance process is the CTD AND STP’s procedure for addressing Medicaid Beneficiary Grievances, which are expressions of dissatisfaction about any matter other than an Action.
- c. Appeal process – The Appeal process is the STP’s procedure for addressing Medicaid Beneficiary Appeals, which are requests for review of an Action.
- d. Medicaid Fair Hearing process – The Medicaid Fair Hearing process is the administrative process which allows a Medicaid Beneficiary to request the State to reconsider an adverse decision made by the CTD AND STP.
- e. Action – **(i)** The denial or limited authorization of a requested service, including the type or level of service, pursuant to 42 CFR 438.400(b). **(ii)** The reduction, suspension, or termination of a previously authorized service. **(iii)** The denial, in whole or in part, of payment for a service. **(iv)** The failure to provide services in a timely manner, as defined by the State. **(v)** The failure of the CTD AND STP to resolve a Complaint within fifteen (15) Business Days, a Grievance within ninety (90) Calendar Days, and an Appeal within forty-five (45) Calendar Days from the date the CTD AND STP receives the Complaint, Grievance, or Appeal.

2. General Requirements

- a. The CTD AND STP shall all have a Grievance System in place that includes a Complaint process and a Grievance process. The STP must also have an Appeal process and access to the Medicaid Fair Hearing System. The CTD AND STP Grievance System shall comply with the requirements set forth in Section 641.511, F.S., if applicable and with all applicable federal and State laws and regulations, including 42 CFR 431.200 and 42 CFR 438, Subpart F, "Grievance System."
- b. The CTD AND STP must develop and maintain written policies and procedures relating to the Grievance System. Before implementation, the AHCA must give the CTD AND STP written approval of the CTD AND STP Grievance System policies and procedures.
- c. The CTD AND STP shall refer all Medicaid Beneficiaries who are dissatisfied with the CTD AND STP or its Actions to the CTD AND STP Grievance/Appeal Coordinator for processing and documentation in accordance with this Contract and the CTD AND STP, AHCA approved policies and procedures.
- d. The CTD AND STP must give Medicaid Beneficiaries reasonable assistance in completing forms and other procedural steps, including, but not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capability.
- e. The CTD AND STP must acknowledge, in writing, the receipt of a Grievance or a request for an Appeal, unless the Medicaid Beneficiary requests an expedited resolution.
- f. The CTD AND STP shall ensure that none of the decision makers on a Grievance or Appeal were involved in any of the previous levels of review or decision-making when deciding any of the following:
 - (1) An Appeal of a denial that is based on lack of Medical Necessity; and
 - (2) A Grievance regarding the denial of an expedited resolution of an Appeal.
 - (3) ***All local Appeals and Grievances shall be heard by the local Transportation Disadvantaged Coordinating Board.***

- g. The CTD AND STP shall allow the Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, an opportunity to examine the Medicaid Beneficiary's case file before and during the Grievance or Appeal process, including all Medical Records and any other documents and records.
- h. The CTD AND STP shall consider the Medicaid Beneficiary, the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate as parties to the Grievance/Appeal.
- i. The CTD AND STP shall maintain, monitor, and review a record/log of all Complaints, Grievances, and Appeals in accordance with the terms of this Contract and to fulfill the reporting requirements as set forth in Section XI, Reporting Requirements.
- j. Notice of Action
 - (1) The STP shall notify the Medicaid Beneficiary, in writing, using language at, or below the fourth (4th) grade reading level, of any Action taken by the STP to deny a Transportation Service request, or limit Transportation Services in an amount, duration, or scope that is less than requested.
 - (2) The STP must provide notice to the Medicaid Beneficiary as set forth below (see 42 CFR 438.404(a) and (c) and 42 CFR 438.210(b) and (c)):
 - (a) The Action the STP has taken or intends to take;
 - (b) The reasons for the Action, customized for the circumstances of the Medicaid Beneficiary;
 - (c) The Medicaid Beneficiary's or the Health Care Professional's (with written permission of the Medicaid Beneficiary) right to file an Appeal;
 - (d) The procedures for filing an Appeal;
 - (e) The circumstances under which expedited resolution is available and how to request it; and
 - (f) The Medicaid Beneficiary's rights to request that Transportation Services continue pending the

resolution of the Appeal, how to request the continuation of Transportation Services, and the circumstances under which the Medicaid Beneficiary may be required to pay the costs of these services.

- (3) The STP must provide the notice of Action within the following time frames:
 - (1) **At least ten (10) Calendar Days before the date of the Action or fifteen (15) Calendar Days if the notice is sent by Surface Mail (five [5] Calendar Days if the Vendor suspects Fraud on the part of the Medicaid Beneficiary).** See 42 CFR 431.211, 42 CFR 431.213 and 42 CFR 431.214.
 - (2) For denial of the Trip request, at the time of any Action affecting the Trip request.
 - (3) For standard Service Authorization decisions that deny or limit Transportation Services, as quickly as the Medicaid Beneficiary's health condition requires, **but no later than fourteen (14) Calendar Days following receipt of the request for service (see 42 CFR 438.201(d)(1)).**
 - (4) If the STP extends the time frame for notification, it must:
 - (a) Give the Medicaid Beneficiary written notice of the reason for the extension and inform the Medicaid Beneficiary of the right to file a Grievance if the Medicaid Beneficiary disagrees with the STP's decision to extend the time frame; and
 - (b) Carry out its determination as quickly as the Medicaid Beneficiary's health condition requires, **but in no case later than the date upon which the fourteen (14) Calendar Day extension period expires** (see 42 CFR 438.210(d)(1)).
 - (5) If the STP fails to reach a decision within the time frames described above, the Medicaid Beneficiary can consider such failure on the part of the STP a

denial and, therefore, an Action adverse to the Medicaid Beneficiary (See 42 CFR 438.210(d)).

- (6) **For expedited Service Authorization decisions, within three (3) Business Days (with the possibility of a fourteen (14) Calendar Day extension). See 42 CFR 438.210(d)(2).**

B. The Complaint Process

1. A Medicaid Beneficiary may file a Complaint, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file a Complaint. ***All complaints must begin with an STP response, regardless of where the initial complaint is received.***
2. General CTD AND STP Duties
 - a. The CTD AND STP must:
 - (1) **Resolve each Complaint within fifteen (15) Business Days from the day the CTD AND STP received the initial Complaint, be it oral or in writing;**
 - (a) **The CTD AND STP may extend the Complaint resolution time frame by up to ten (10) Business Days if the Medicaid Beneficiary requests an extension, or the CTD AND STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.**
 - (b) **If the CTD AND STP request the extension, the CTD AND STP must give the Medicaid Beneficiary written notice of the reason for the delay.**
 - (2) **Notify the Medicaid Beneficiary, in writing, within five (5) Business Days of the resolution of the Complaint if the Medicaid Beneficiary is not satisfied with the CTD AND STP resolution.** The notice of disposition shall include the results and date of the resolution of the Complaint, and shall include:
 - (a) A notice of the right to request a Grievance or Appeal, whichever is the most appropriate to the nature of the objection;

- (b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, if appropriate, including the contact information necessary to pursue a Medicaid Fair Hearing (see Section VIII.E., Medicaid Fair Hearing System, below);
- (3) Provide the AHCA with a report detailing the total number of Complaints received, pursuant to Section XI., Reporting Requirements; and
- (4) Ensure that neither the **CTD AND STP** (if applicable), or any Transportation Provider takes any punitive action against a physician or other Health Care Provider who files a Complaint on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's Complaint.

b. Filing Requirements

- (1) **The Medicaid Beneficiary or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent must file a Complaint within fifteen (15) Calendar Days after the date of occurrence that initiated the Complaint.**
- (2) The Medicaid Beneficiary or his/her representative may file a Complaint either orally or in writing. The Medicaid Beneficiary or his/her representative may follow up an oral request with a written request, however the timeframe for resolution begins the date the **CTD AND STP** receives the oral request.

C. The Grievance Process

- 1. A Medicaid Beneficiary may file a Grievance, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file a Grievance.
- 2. General **CTD AND STP** Duties
 - a. The **CTD AND STP** must:
 - (1) **Resolve each Grievance within ninety (90) Calendar Days from the day the CTD AND STP received the initial Grievance request, be it oral or in writing;**

- (2) **Notify the Medicaid Beneficiary, in writing, within thirty (30) Calendar Days of the resolution of the Grievance.** The notice of disposition shall include the results and date of the resolution of the Grievance, and for decisions not wholly in the Medicaid Beneficiary's favor, the notice of disposition shall include:
 - (a) Notice of the right to request a Medicaid Fair Hearing, if applicable;
 - (b) Information necessary to allow the Medicaid Beneficiary to request a Medicaid Fair Hearing, including the contact information necessary to pursue a Medicaid Fair Hearing (see Section VIII.E., Medicaid Fair Hearing System, below);
 - (3) Provide AHCA with a copy of the written notice of disposition upon request;
 - (4) Ensure that neither the CTD AND STP nor any Subcontractors (if applicable), or any Transportation Provider takes any punitive action against a physician or other health care provider who files a Grievance on behalf of a Medicaid Beneficiary, or supports a Medicaid Beneficiary's Grievance; and
 - (5) Provide AHCA with a report detailing the total number of Grievances received, pursuant to Section XI., Reporting Requirements.
- b. The **CTD AND STP may extend the Grievance resolution time frame by up to fourteen (14) Calendar Days** if the Medicaid Beneficiary requests an extension, or the **CTD AND STP** documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.
- (1) If the **CTD AND STP** requests the extension, the **CTD AND STP** must give the Medicaid Beneficiary **written notice** of the reason for the delay.
- c. Filing Requirements
- (1) The Medicaid Beneficiary or provider must file a Grievance within one (1) year after the date of occurrence that initiated the Grievance.

- (2) The Medicaid Beneficiary or provider may file a Grievance either orally or in writing. The Medicaid Beneficiary may follow up an oral request with a written request, however the timeframe for resolution begins the date the CTD AND STP receives the oral request.

D. The Appeal Process

1. A Medicaid Beneficiary may file an Appeal, or a representative of the Medicaid Beneficiary, acting on behalf of the Medicaid Beneficiary and with the Medicaid Beneficiary's written consent, may file an Appeal.
2. General **STP** Duties
 - a. The **STP** shall:
 - (1) Confirm in writing all oral inquiries seeking an Appeal, unless the Medicaid Beneficiary or provider requests an expedited resolution;
 - (2) If the resolution is in favor of the Medicaid Beneficiary, provide the services as quickly as the Medicaid Beneficiary's health condition requires;
 - (3) Provide the Medicaid Beneficiary or provider with a reasonable opportunity to present evidence and allegations of fact or law, in person and/or in writing;
 - (4) Allow the Medicaid Beneficiary, and/or the Medicaid Beneficiary's representative, an opportunity, before and during the Appeal process, to examine the Medicaid Beneficiary's case file, including all documents and records;
 - (5) Consider the Medicaid Beneficiary, the Medicaid Beneficiary's representative or the representative of a deceased Medicaid Beneficiary's estate as parties to the Appeal;
 - (6) Continue the Medicaid Beneficiary's Transportation Services if:
 - (a) The Medicaid Beneficiary files the Appeal in a timely manner, meaning on or before the later of the following:

- (i) **Within ten (10) Business Days of the date on the notice of Action (add five [5] Business Days if the notice is sent via Surface Mail); or**
 - (ii) The intended effective date of the **STP** proposed Action.
 - (b) The Appeal involves the termination, suspension, or reduction of a previously authorized Transportation service;
 - (c) The Transportation was for a Medicaid compensable service ordered;
 - (d) The authorization period has not expired; and/or
 - (e) The Medicaid Beneficiary requests extension of Transportation Services.
- (7) **Provide written notice of the resolution of the Appeal, including the results and date of the resolution within two (2) Business Days after the resolution.** For decisions not wholly in the Medicaid Beneficiary's favor, the notice of resolution shall include:
- (a) Notice of the right to request a Medicaid Fair Hearing;
 - (b) Information about how to request a Medicaid Fair Hearing, including the DCF address necessary for pursuing a Medicaid Fair Hearing, as set forth in Section VIII.E., Medicaid Fair Hearing System, below;
 - (c) Notice of the right to continue to receive Transportation Services pending a Medicaid Fair Hearing;
 - (d) Information about how to request the continuation of Transportation Services; and
 - (e) Notice that if the **STP** Action is upheld in a Medicaid Fair Hearing, the Medicaid Beneficiary may be liable for the cost of any continued Transportation Services.
- (8) Provide AHCA with a copy of the written notice of disposition upon request;

- (9) Ensure that neither the **STP** nor any Subcontractors (if applicable) or Transportation Providers take any punitive action against a physician or other health care provider who files an Appeal on behalf of a Medicaid Beneficiary or supports a Medicaid Beneficiary's Appeal; and
 - (10) Provide the AHCA with a report detailing the total number of Appeals received, pursuant to Section XI., Reporting Requirements.
- b. If the **STP** continues or reinstates the Medicaid Beneficiary's Transportation Services while the Appeal is pending, the **STP** must continue providing the Transportation Services until one (1) of the following occurs:
- (1) The Medicaid Beneficiary withdraws the Appeal;
 - (2) Ten (10) Business Days pass from the date of the STP's notice of resolution of the Appeal if the resolution is adverse to the Medicaid Beneficiary and if the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of Transportation Services until a Medicaid Fair Hearing decision is reached;
 - (3) The Medicaid Fair Hearing panel's decision is adverse to the Medicaid Beneficiary; or
 - (4) The authorization to provide services expires, or the Medicaid Beneficiary meets the authorized service limits.
- c. If the final resolution of the Appeal is adverse to the Medicaid Beneficiary, the **STP** may recover the costs of the services furnished from the Medicaid Beneficiary while the Appeal was pending, to the extent that the **STP** furnished the services solely because of the requirements of this Section.
- d. If the **STP** did not furnish services while the Appeal was pending and the Appeal panel reverses the **STP** decision to deny, limit or delay services, the **STP** must authorize or provide the disputed services promptly and as quickly as the Medicaid Beneficiary's health condition requires.
- e. If the **STP** furnished services while the Appeal was pending and the Appeal panel reverses the **STP** decision to deny, limit or delay

services, the **STP** must pay for disputed services in accordance with State policy and regulations.

3. Filing Requirements

- a. **The Medicaid Beneficiary or his/her representative must file an Appeal within thirty (30) Calendar Days of receipt of the notice of the Vendor's/Subcontractor's Action.**
- b. **The Medicaid Beneficiary may file an Appeal either orally or in writing. If the filing is oral, the Medicaid Beneficiary must also file a written, signed Appeal within thirty (30) Calendar Days of the oral filing. The STP shall notify the requesting party that it must file the written request within ten (10) Business Days after receipt of the oral request. For oral filings, time frames for resolution of the Appeal begin on the date the STP receives the oral filing.**
- c. **The STP shall resolve each Appeal within State-established time frames not to exceed forty-five (45) Calendar Days from the day the Plan received the initial Appeal request, whether oral or in writing.**
- d. If the resolution is in favor of the Medicaid Beneficiary, the **STP** shall provide the services as quickly as the Medicaid Beneficiary's health condition requires.
- e. **The STP may extend the resolution time frames by up to fourteen (14) Calendar Days if the Medicaid Beneficiary requests an extension, or the STP documents that there is a need for additional information and that the delay is in the Medicaid Beneficiary's best interest.**
 - (1) If the **STP** requests the extension, the **STP** must give the Medicaid Beneficiary written notice of the reason for the delay.
 - (2) **The STP must provide written notice of the extension to the Medicaid Beneficiary within five (5) Business Days of determining the need for an extension.**

4. Expedited Process

- a. The **STP** shall establish and maintain an expedited review process for Appeals when the **STP** determines, the Medicaid Beneficiary requests or the provider indicates (in making the request on the

Medicaid Beneficiary's behalf or supporting the Medicaid Beneficiary's request) that taking the time for a standard resolution could seriously jeopardize the Medicaid Beneficiary's life, health or ability to attain, maintain or regain maximum function.

- b. The Medicaid Beneficiary may file an expedited Appeal either orally or in writing. No additional written follow-up on the part of the Medicaid Beneficiary is required for an oral request for an expedited Appeal.
- c. The **STP** must:
 - (1) Inform the Medicaid Beneficiary of the limited time available for the Medicaid Beneficiary to present evidence and allegations of fact or law, in person and in writing;
 - (2) **Resolve each expedited Appeal and provide notice to the Medicaid Beneficiary, as quickly as the Medicaid Beneficiary's health condition requires, within State established time frames not to exceed seventy-two (72) hours after the STP receives the Appeal request, whether the Appeal was made orally or in writing;**
 - (3) **Provide written notice of the resolution in accordance with Section VIII.D., The Appeal Process, of the expedited Appeal to the Medicaid Beneficiary;**
 - (4) Make reasonable efforts to provide oral notice of disposition to the Medicaid Beneficiary immediately after the Appeal panel renders a decision; and
 - (5) Ensure that neither the STP nor any Subcontractors (if applicable) or Transportation Providers take any punitive action against a physician or other health care provider who requests an expedited resolution on the Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for expedited resolution of an Appeal.
- d. If the **STP** denies a request for an expedited resolution of an Appeal, the Vendor/Subcontractor must:
 - (1) Transfer the Appeal to the standard time frame of no longer than **forty-five (45) Calendar Days from the day the STP received the request for Appeal (with a possible fourteen [14] day extension);**

- (2) Make reasonable efforts to provide immediate oral notification of the **STP** denial for expedited resolution of the Appeal;
- (3) **Provide written notice of the denial of the expedited Appeal within two (2) Calendar Days;** and
- (4) Fulfill all requirements set forth in Section VIII.D., The Appeal Process, above.

E. Medicaid Fair Hearing System

1. As set forth in Rule 65-2.042, FAC, the **CTD AND STP** Grievance Procedure and Appeal and Grievance processes shall state that the Medicaid Beneficiary has the right to request a Medicaid Fair Hearing, in addition to, and at the same time as, pursuing resolution through the **CTD AND STP** Grievance and Appeal processes.
 - a. A physician or other health care provider must have a Medicaid Beneficiary's written consent before requesting a Medicaid Fair Hearing on behalf of a Medicaid Beneficiary.
 - b. The parties to a Medicaid Fair Hearing include the **CTD AND STP**, as well as the Medicaid Beneficiary, his/her representative or the representative of a deceased Medicaid Beneficiary's estate.
2. Filing Requirements
 - a. The Medicaid Beneficiary may request a Medicaid Fair Hearing within ninety (90) days of the date of the notice of the **CTD AND STP** resolution of the Medicaid Beneficiary's Grievance/Appeal by contacting DCF at:

The Office of Appeal Hearings
1317 Winewood Boulevard, Building 5, Room 203
Tallahassee, Florida 32399-0700
3. General **CTD AND STP** Duties
 - a. The **CTD AND STP** must:
 - (1) Continue the Medicaid Beneficiary's Transportation Services while the Medicaid Fair Hearing is pending if:

- (a) The Medicaid Beneficiary filed for the Medicaid Fair Hearing in a timely manner, meaning on or before the later of the following:
 - (i) Within ten (10) Business Days of the date on the notice of Action (add five [5] Business Days if the notice is sent via Surface Mail);
 - (ii) The intended effective date of the **STP** proposed Action.
 - (b) The Medicaid Fair Hearing involves the termination, suspension, or reduction of a previously authorized course of treatment;
 - (c) The authorization period has not expired; and/or
 - (d) The Medicaid Beneficiary requests extension of Transportation Services.
- (2) Ensure that neither the **CTD AND STP** (if applicable) or Transportation Providers take any punitive action against a physician, Transportation Provider, or other health care provider who requests a Medicaid Fair Hearing on a Medicaid Beneficiary's behalf or supports a Medicaid Beneficiary's request for a Medicaid Fair Hearing.
- b. If the **STP** continues or reinstates Medicaid Beneficiary Transportation Services while the Medicaid Fair Hearing is pending, the Vendor/Subcontractor must continue said Transportation Services until one (1) of the following occurs:
- (1) The Medicaid Beneficiary withdraws the request for a Medicaid Fair Hearing;
 - (2) Ten (10) Business Days pass from the date of the **STP's** notice of resolution of the Appeal if the resolution is adverse to the Medicaid Beneficiary and the Medicaid Beneficiary has not requested a Medicaid Fair Hearing with continuation of Transportation Services until a Medicaid Fair Hearing decision is reached (add five [5] Business Days if the **STP** sends the notice of Action by Surface Mail);
 - (3) The Medicaid Fair Hearing officer renders a decision that is adverse to the Medicaid Beneficiary; and/or

- (4) The Medicaid Beneficiary's authorization expires or the Medicaid Beneficiary reaches his/her authorized service limits.
4. If the final resolution of the Medicaid Fair Hearing is adverse to the Medicaid Beneficiary, the **STP** may recover the costs of the services furnished while the Medicaid Fair Hearing was pending, to the extent that the **STP** furnished said services solely because of the requirements of this Section.
 5. If services the **STP** did not furnish services while the Medicaid Fair Hearing was pending, and the Medicaid Fair Hearing resolution reverses the **STP** decision to deny, limit or delay services, the **STP** must authorize or provide the disputed services as quickly as the Medicaid Beneficiary's health condition requires.
 6. If the **STP** did furnish services while the Medicaid Fair Hearing was pending, and the Medicaid Fair Hearing resolution reverses the **STP** decision to deny, limit or delay services, the **STP** must pay for the disputed services in accordance with State policy and regulations.

<u>Type</u>	<u>Time Frame to File</u>	<u>Provide Transportation Services During Review</u>	<u>Time Frame to Resolve</u>	<u>Extension Time Frame</u>	<u>Time Frame to Send Notification of Resolution</u>	<u>Next Step (if any)</u>
Complaint	Ninety (90) Calendar Days From the Date of the Incident That Precipitated the Complaint	Yes	Fifteen (15) Business Days	Ten (10) Business Days	Five (5) Business Days From the Date of the Complaint	File a Grievance
Grievance	Ninety (90) Calendar Days From the Date of the Action That Precipitated the Grievance	Yes	Ninety (90) Calendar Days	Fourteen (14) Calendar Days	Thirty (30) Calendar Days from the Date of the Resolution of the Grievance	Medicaid Fair Hearing

Appeal	Thirty (30) Calendar Days of Receiving Notice of Denial or Limitation of Services	Yes	Forty-five (45) Calendar Days	Fourteen (14) Calendar Days	Thirty (30) Calendar Days from the Date of the Resolution of the Appeal	Medicaid Fair Hearing
Medicaid Fair Hearing	Upon Filing a Grievance or Appeal	Yes	Resolution by Administrative Hearing	None	Notification Sent by the Administrative Hearing Office	Legal Recourse