

GAU APPEAL PROCESS & TIMELINES

<u>Product – LOB</u>	<u>Internal Appeal Level</u>		<u>Next Level Appeal</u>
	<u>Filing</u>	<u>Decision</u>	<u>Filing</u>
Medicaid	60 Calendar Days from Decision (1 Level of Internal Appeal)	72 Hours for Expedited 30 Days for Standard	<ul style="list-style-type: none"> Qualified Cases: Request External Appeal within four (4) months of Appeal Denial Letter and/or: Request a State Fair Hearing within 120 Calendar Days of Appeal Denial Letter
HBE	180 Calendar Days from Decision (1 Level of Internal Appeal)	<u>Rx</u> :24-72hrs for Expedited (OHIC Rules determine TAT**) <u>Medical</u> : 72hrs for Expedited 72hrs -30 Days for Standard	<ul style="list-style-type: none"> Qualified Cases: Request External Appeal within four (4) months of Appeal Denial Letter <p><i>HBE members must include a check or money order, payable to Neighborhood Health Plan of Rhode Island in the amount of \$25, to satisfy their share of the external filing fees.</i></p>
MMP Part C	65 Calendar Days From Decision (1 Level of Internal Appeal)	72 Hours for Expedited 30 Days for Standard	<p><u>For Medicare Only and Overlap Services:</u></p> <ul style="list-style-type: none"> Appeals are auto-forwarded to MAXIMUS if Upheld by GAU. <p><u>For Overlap and Medicare Only Services:</u></p> <ul style="list-style-type: none"> Request External Appeal within four (4) months of Appeal Denial Letter and/or: Request a State Fair Hearing within 120 Calendar Days of Appeal Denial Letter
MMP Part B Pre-Service Appeals (Part B = “buy and bill” drugs)	65 Calendar Days from Pharmacy Decision Letter (1 Level of Internal Appeal)	72 Hours for Expedited 7 Days for Standard	<ul style="list-style-type: none"> All Part B Appeals are auto-forwarded to MAXIMUS if Upheld by GAU
MMP Part D (Handled by CVS Caremark)	65 Calendar Days from Decision	72 Hours for Expedited 7 Days for Standard	Member or Provider must request External Appeal <u>directly</u> with MAXIMUS within 60 Calendar Days of Appeal Denial Letter
Provider Claim Disputes	60 Calendar Days from the date of Claim/Recon Denial* <small>*Unless provider contract states 365 days (CNE, Prospect)</small>	60 Calendar Days	<ul style="list-style-type: none"> One level only.

IMPORTANT For all LOBs: External Appeal process is **only** available when clinical decision is rendered on Internal Appeal Level.

- If the appeal is submitted by anyone other than the Member, their legal representative (legal documentation MUST be on file), or their Treating Physician: an Appointment of Representative (AOR) is required. GAU is responsible for sending the appropriate AOR form to the members. Absence of the required form or no response to the requests sent by GAU will result in the dismissal of the appeal.

**Per OHIC, TAT for appeals for non-formulary medications is 24hrs for Expedited and 72hrs for Standard. TAT for Appeals for formulary medications are to be completed within 72hrs for Expedited and 30 days for Standard.