

County Medical Services Program Guide (CMSPG) Letter #10

March 9, 2012

Subject	COUNTY MEDICAL SERVICES (CMS) APPEALS UPDATE
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Effective Date	Upon receipt.
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Reference	County Policy
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Purpose	The purpose of this letter is to provide staff updated instructions for CMS appeals.
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Background	CMS applicants/beneficiaries who disagree with their CMS eligibility determination have the right to request a County Administrative Hearing.
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Highlighted Change	<ul style="list-style-type: none">• Requirements for situations in which the Hearing Officer may need more information than what was provided in the Hearing and the individual with that information is not available to testify in person or by phone during the Hearing.• Requirements for the admission of evidence.• Identification of the County Hearing Officer.
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Additional Information Needed	If the Hearing Officer determines that additional information is needed from an individual and the individual is not available during the Hearing, the Hearing Officer will request the information in writing and copy the applicant/beneficiary or authorized representative on the request and response. There will be no phone calls or other gathering of information outside of the Hearing. The applicant/beneficiary or the authorized representative will be allowed the opportunity to respond to or refute the additional information that was obtained. If needed, a continued Hearing could be scheduled.
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Admission of Evidence	The Hearing Officer will review the case file and admit items into evidence during the Hearing. Items shall be documented to detail what those items are. Copies of this information may be provided to the applicant/beneficiary or to their authorized representative (with
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exception of the items that by rule are not to be provided).

Hearing Officer

The CMS Hearing Officer is a Program Specialist assigned to the Appeals Section.

ACCESS Impact

No impact.

Appeals Impact

As stated in this letter.

CMS IT System

No impact.

Quality Assurance

Effective with the April 2012 review month, Quality Assurance will cite with the appropriate error any case that does not follow the requirements of this letter.

Summary of Changes

The table below shows the changes made to the CMSPG.

Section	Change
12.01.01D	<ul style="list-style-type: none">• Updated the Table of Contents.• Added Hearing Officer identification.
12.02.01F	Added instructions for obtaining additional information.

Manager Approval



Janya Bowman, Assistant Deputy Director
Health Care Policy Administration
Strategic Planning and Operational Support Division

Article 12 Section 01 Policy

Table of Contents

TITLE	CMS PG CITE
Policy	<u>12.01.01</u>
General	<u>12.01.01A</u>
Scope of Services and Payment Issues	<u>12.01.01B</u>
Eligibility Determination	<u>12.01.01C</u>
Hearing Officer	<u>12.01.01D</u>

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12.01.01 Policy

12.01.01D Hearing Officer

The CMS Hearing Officer is a Program Specialist in the Appeals Section. The Hearing Officer is responsible for conducting the hearing and ensuring that an applicant/beneficiary who has filed an appeal receives an impartial hearing decision.

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12.02.01 County Administrative Hearings

12.02.01F Conducting the Hearing

If the Hearing Officer determines that additional information is needed from an individual and the individual is not available during the Hearing, the Hearing Officer will request the information in writing and copy the applicant/beneficiary or authorized representative on the request and response. There will be no phone calls or other gathering of information outside of the Hearing. The applicant/beneficiary or the authorized representative will be allowed the opportunity to respond to or refute the additional information that was obtained. If needed, a continued Hearing could be scheduled.

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