

County Medi-Cal Services Program Guide (CMSPG) Letter #29

November 18, 2013

Subject COUNTY MEDICAL SERVICES (CMS) COUNTY ADMINISTRATIVE HEARINGS

Effective Date Upon receipt.

Reference County Policy

Purpose To inform staff of the following:

- Update to Scope of Services and Payment Issue Grievance and Appeal reference site.
- Change in the distribution of CMS eligibility appeal hearing decisions.
- Changed reference to “Health Coverage Access (HCA)” to “CMS eligibility location”.

Background CMS beneficiaries have the right to make a complaint or file an appeal with the Administrative Services Organization (ASO) when they do not agree with the County’s actions concerning access to medical services, quality of care, scope of services, or payment of claims. These procedures are found in the ASO Complaint and Appeal Policy and Procedures Manual.

Workers at Health Coverage Access (HCA) and Family Resource Center (FRC) CMS POD locations evaluate CMS eligibility. Applicants/beneficiaries who disagree with the CMS eligibility determination have the right to appeal the determination by filing a County Administrative Hearing. All CMS County Administrative Hearing decisions are emailed to the HCA Manager and CMS Program Manager.

Highlighted Change Information on how a CMS beneficiary can file a complaint or appeal with the ASO when they do not agree with the County’s actions concerning access to medical services, quality of care, scope of services, or payment of claims is available in the [CMS Patient Handbook](#).

All CMS County Administrative Hearing decisions are emailed to the

Manager for the CMS eligibility location.

The term “HCA” has been removed and replaced by “CMS eligibility location” throughout the CMS County Administrative Hearing section.

Required Action

When a hearing decision is rendered, Appeals staff will:

- Email the hearing decision to the Manager for the CMS eligibility location; and
- CMS Program Manager.

CMS IT System Impact (AuthMed)

No impact.

Appeals Impact

As stated in this letter.

Forms Impact

No impact.

Imaging Impact

No impact.

ACCESS Impact

No impact.

Quality Control (QC) Impact

No impact.

Summary of Changes

The table below shows the changes made to the CMSPG.

Article	Changes
Article 12, Section 1	<ul style="list-style-type: none">• Updated the scope of services and payment issue grievance and appeal reference site.• Replaced reference to “HCA” with “CMS eligibility location”.
Article 12, Section 3	

Approval for
Release

Arthur, Def. Gistner 11-25-13

JP

12.01.01 Policy

12.01.01B Scope of Services and Payment Issues

CMS beneficiaries have the right to make a complaint or file an appeal with the Administrative Services Organization (ASO) when they do not agree with the County's actions concerning access to medical services, quality of care, scope of services, or payment of claims. Information on how to file a complaint or appeal with the ASO is available in the [CMS Patient Handbook](#).

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12.03.01 Monitoring

12.03.01A General

Each CMS eligibility location will monitor decision and compliance deadlines. CMS eligibility staff completes all required actions within 30 calendar days of the decision date.

If there are extenuating circumstances which keep the worker from meeting the deadline imposed per a County Administrative Hearing decision, the worker must notify their supervisor who will contact Appeals to request an extension. The CMS eligibility worker records the supervisor's response to the extension request in case comments. The supervisor takes all required action necessary to ensure the worker is able to comply with the decision by the extended deadline

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