

Policies & Procedures

TIME FRAME FOR EXPEDITED APPEALS

Section: Grievance Policies

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Subject: Time Frame for Expedited Appeals

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POLICY

DBH will set time frames to expeditiously resolve each Expedited Appeal of an Adverse Benefit Determination.

PROCEDURE

1. DBH will resolve each Expedited Appeal of an Adverse Benefit Determination and provide written notice to all affected parties, as expeditiously as the Enrollee's health condition requires, but no later than 72 hours after DBH receives the Expedited Appeal Request. An additional 14 calendar days may be allowed if:
 - A. The Enrollee requests an extension, or
 - B. DBH shows that there is a need for additional information.
 - C. DBH states how the delay is in the Enrollee's interest (upon request from the Utah Department of Health)
 - D. DBH extends the time frame (and the extension was not requested by the Enrollee), and DBH gives Enrollee written notice of the reason for the delay.
2. For expedited appeals resolved within the required time frames, DBH will make reasonable efforts to provide oral notice of the expedited resolution in addition to providing a written Adverse Benefit Determination, Appeal Resolution and Right to Medicaid Hearing. When DBH determines that the time frame for the resolution of the Expedited Appeal will not be met, DBH will make reasonable efforts to give the enrollee prompt oral notice of the delay. In addition, written notice of the reason for the delay will be given within 2 calendar days. DBH will give the Enrollee a Adverse Benefit Determination, Appeal Resolution and Right to Medicaid Hearing.
3. By declaring DBH's failure to provide resolution of the appeal within the defined time frame, the enrollee may now file a request for a state Fair Hearing as the enrollee has already exhausted DBH's internal appeals process. The enrollee need not go through DBH's internal appeals process again.