

Appeals & State Fair Hearing

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Overview

- ▶ What is an appeal? (first level review)
- ▶ What is a State Fair Hearing?
- ▶ Things to Remember



What is an Appeal? (first level review)

Right to Appeal

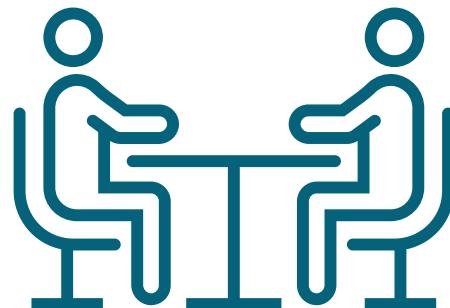
- ▶ A Medicaid member or their representative may file an appeal or State Fair Hearing request.
- ▶ Members who are accessing:
 - Managed Care Plans (MCPs) – Appeal
 - Fee For Service (FFS) – State Fair Hearing

Appeal (first level review)

- When a Managed Care Plan (MCP) has denied, stopped or reduced a service or benefit a member is notified by:
 - Adverse Benefit Determination (ABD)
 - Notice of Decision (NOD)
- If member doesn't agree, the member (or representative) may file an appeal with their assigned MCP.
 - Directions located on ABD or NOD
- Must be submitted to MCP within sixty (60) days from date on the ABD or NOD
 - Mail – Phone – Email

Appeal Cont.

- MCP will have a decision no later than thirty (30) days from date the appeal was received
- Member receives the MCP's Appeal Determination Letter by mail



Scenario #1

Sam received her NOD denial of service in the mail on June 1st.

She appeals the decision with her MCP on June 30th.

MCP made decision on her appeal on July 25th in her favor.

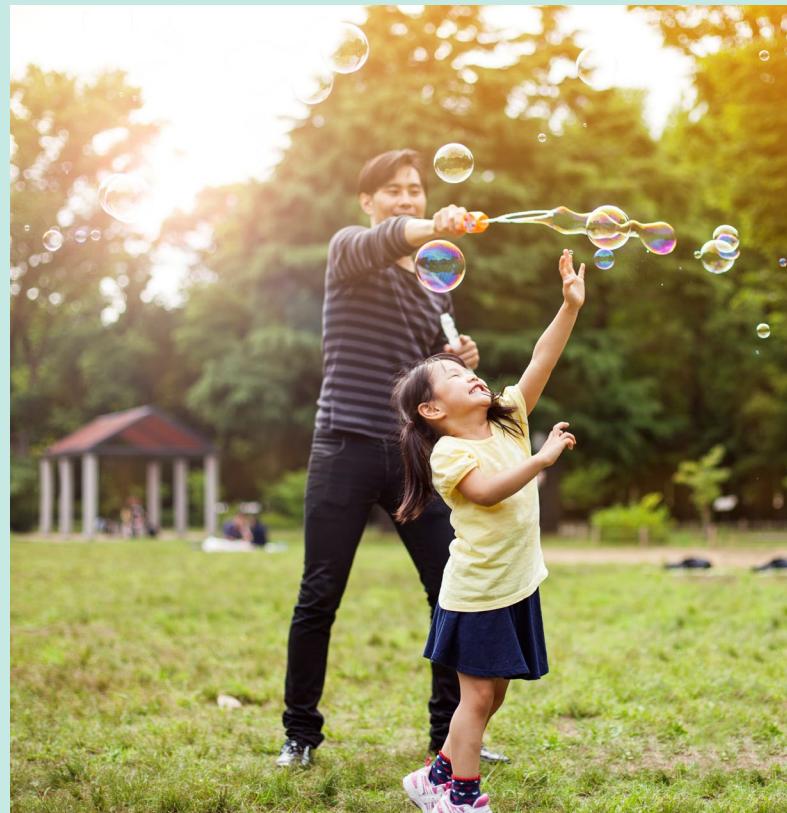


Scenario #2

Joe received his NOD from his MCP on July 10th.

He requested an appeal with his MCP on September 20th.

Joe is outside the window of his 60 days. He will not be eligible for an appeal with his MCP.



How to file an appeal with MCP:

- ▶ On the NOD or ABN there will be directions specific for each MCP
- ▶ MCP Website
- ▶ Detailed information in the MCP Member Handbook
- ▶ Can be submitted by:
 - Phone
 - Mail
 - Email

MCP Resources

► Medical

- Iowa Total Care
 - [Complaints and Appeals | Iowa Medicaid Resources | Iowa Total Care](#)
 - Member Services at 1-833-404-1061
- Molina
 - [How to File an Appeal | Medicaid](#)
 - Member Services at 1-844-236-0894
- Wellpoint
 - [Medicaid Grievances and Appeals in Iowa | Wellpoint](#)
 - Member Services 1-833-731-2140

MCP Resources Cont.

► Dental

- MCNA

- [Members, Parents, and Guardians | MCNA Dental: Iowa Dental Wellness Plan](#)
 - Member Services at 1-855-247-6262

- Delta Dental

- [Dental Wellness Plan Grievance and Appeal Process](#)
 - Member Services at 1-833-721-2892



What is a State Fair Hearing?

State Fair Hearing

- If member disagrees with MCP or HHS (FFS) decision, the member may initiate a State Fair Hearing
 - Mail, Phone, Fax, Website, or in person at HHS office
 - [How to Appeal | Health & Human Services](#)
 - Current online form: [Appeals - Appeal Request](#)
- Must be submitted to the State:
 - MCP members within 120 days from Appeal Determination Letter from the MCP
 - FFS members within 90 days of the NOD from HHS
- MCP Prior to submission of a State Fair Hearing
 1. First Level Appeal must be submitted
 2. MCP Appeal Determination Letter received

State Fair Hearing Cont.

- HHS receives appeal from the member
- HHS will obtain additional information from the MCP and/or reach out to the member
- If appeal is eligible for a hearing, the member (and all parties) are notified of the date and time of the hearing.
 - Notified by mail
 - At least fifteen (15) days in advance
- If appeal is denied, the member is notified by mail.

State Fair Hearing Procedure

- ▶ Most held via phone
- ▶ Each party has their opportunity to:
 - Submit evidence
 - Provide testimony
 - Ask questions
- ▶ Administrative Law Judge (ALJ) issues a Proposed Decision
 - Typically, 30 days from the hearing date
- ▶ All parties are given fourteen (14) days to request a Directors Review, if there is a disagreement
- ▶ If no disagreement, Final Decision is issued on the fifteen (15) day after the date on the Proposed Decision.
 - Not an additional 15 days from the 14 days

Scenario #3

Henry received his NOD by mail from his MCP on March 15th.

Henry files a State Fair Hearing with HHS on May 30th. Henry receives a letter from HHS reporting he isn't eligible for a State Fair Hearing as he didn't file an appeal with his MCP first.

Henry is now outside his window of 60 days with this MCP to appeal.

Henry is unable to file an appeal with his MCP.



Scenario #4

- ▶ Elizabeth received her NOD by mail from her MCP on January 15th.
- ▶ Elizabeth appeals with her MCP on February 10th. She is notified from her MCP their continued denial through the Appeal Determination Letter on March 5th.
- ▶ Elizabeth proceeds with a State Fair Hearing and submits information on May 1st.
- ▶ Elizabeth receives acceptance of her request from the State by mail.
- ▶ Hearing is set for June 1st.

Scenario #4 cont.

- ▶ Elizabeth participates in the hearing.
- ▶ The Proposed Decision is determined by the ALJ on June 15th.
- ▶ Fourteen (14) days are given to allow for a request for Directors Review.
- ▶ There was no disagreement, and Final Decision was issued on July 1st.

Scenario #5

Sally received her NOD from her MCP on August 5th.

Sally filed a State Fair Hearing with HHS on August 10th. Sally receives a letter from HHS reporting she was premature in her State Fair Hearing and needs to go through her MCP first.

HHS communicates with Sally's MCP, letting them know an appeal has been started. MCP will initiate appeal using same data as provided to HHS.

First Level Appeal initiated.



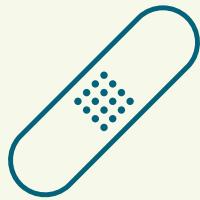
Things to Remember

MCP Members

Members start with your
MCP

If unable to reach a resolution with
MCP, then submit a State Fair
Hearing to HHS.

No Wrong Door



**Appeal
(first level
review)**



MCP



**State Fair
Hearing**



**ALJ
Decision**

HHS Tracking & Dashboard



Health and
Human Services

Program Performance & Process Improvement

- ▶ HHS tracks and reviews first-level appeals and State Fair Hearings (SFHs).
- ▶ Data insights help inform and guide process and program improvements.
- ▶ The [HHS Dashboard](#) offers data on appeals and SFHs

First-Level Appeals – Dashboard Insights

- ▶ Available on the HHS Dashboard
- ▶ Appeals outcomes split by:
 - Member
 - Managed Care Plan (MCP)
 - Withdrawn Appeals
 - Reasons for decisions:
 - Medical Services
 - Filing Issues

Appeals - MCO Only

 Medical Dental

Reporting Period

SFY25 Q3 (Jan-Mar 2025)

Published

7/2/2025

Total Counts

1,187

Date

SFY2025

Plan

All

Medical Services

All

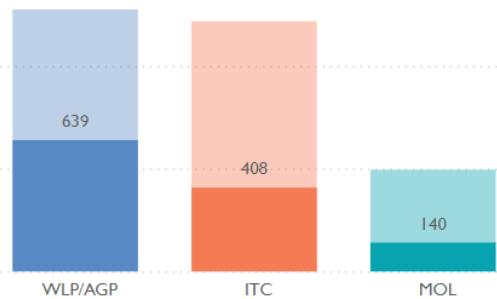
Std/Exp

All

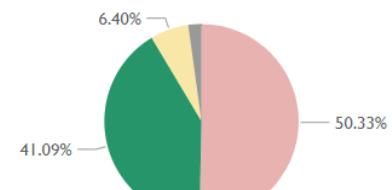
Data defaults to all. Try changing the filters to get the data you need.

Reset

Received Counts by State Fiscal Year



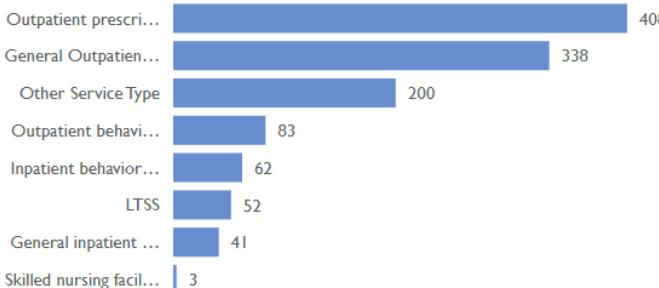
Results Favoring

● Member ● Plan ● Withdrawn ● Split


Trending Status

By Medical Services

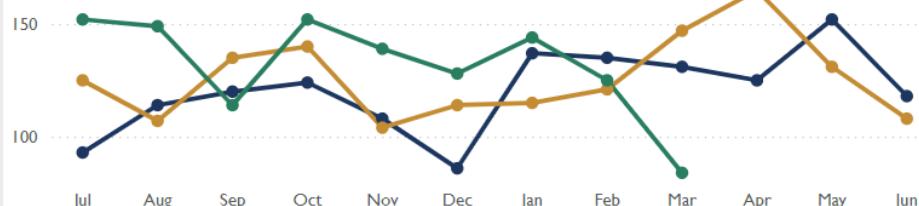
Filing Reasons



Total Appeals Received by State Fiscal Year

● Standard ● Expedited


Total Appeals Received by State Fiscal Year

● SFY2023 ● SFY2024 ● SFY2025


How HHS Uses Appeals Data

- ▶ Identifies trends and opportunities for improvement.
- ▶ Helps address systemic issues in appeals processing.
- ▶ Drives quality and performance across managed care plans.

State Fair Hearing (SFH)

- ▶ Similar data elements to appeals:
 - Outcome by member and MCP
 - Withdrawals and decision reasons
- ▶ Provides transparency and accountability

State Fair Hearings

 Medical Dental

Reporting Period

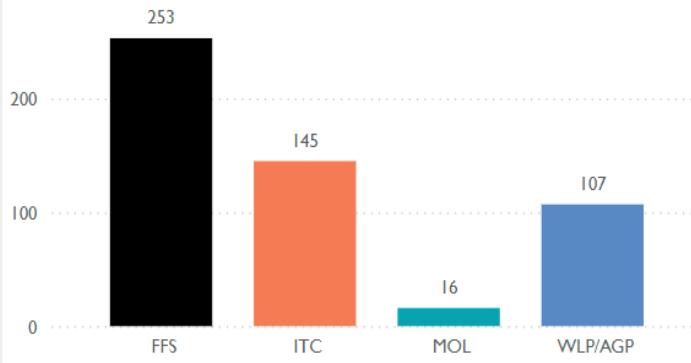
SFY25 Q3 (Jan-Mar 2025)

Published

7/2/2025

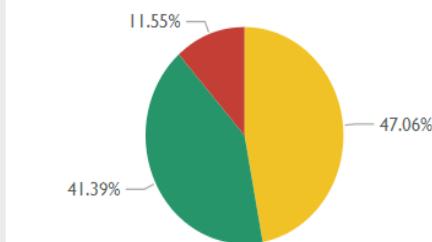
Total Counts	Date	Plan	Medical Services	Data defaults to all. Try changing the filters to get the data you need.	
521	SFY2025	All	All		Reset

Received Counts by State Fiscal Year



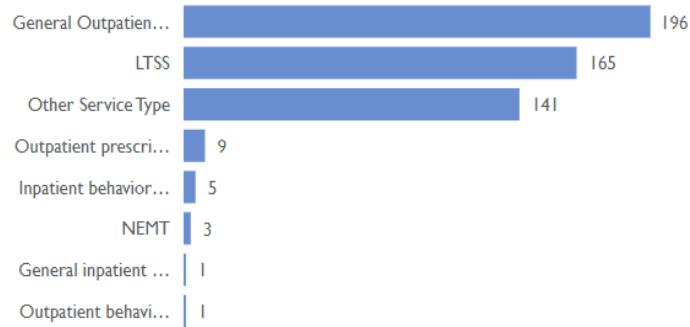
Results Favoring

Yellow: Withdrawn, Green: Plan, Red: Member



By Medical Services

Filing Reasons

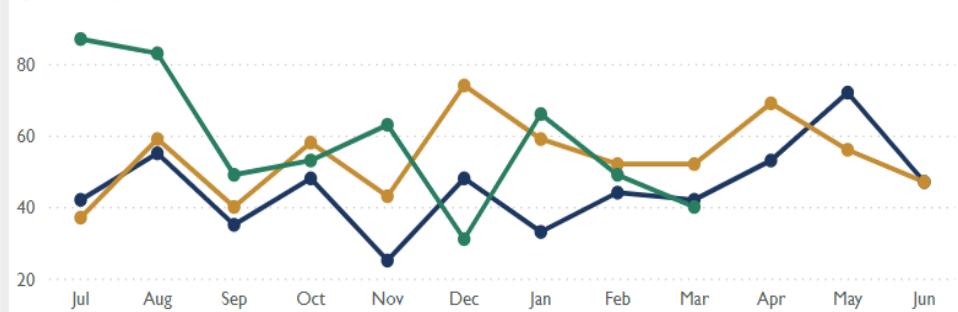


Total State Fair Hearings Received by State Fiscal Year



Total State Fair Hearings Received by State Fiscal Year

SFY2023 SFY2024 SFY2025



SFH Insight – High Withdrawal Rate

- **47.06%** of SFHs result in withdrawal
- Withdrawals likely occur because:
 - The issue was resolved during the appeal with the MCP
- Further research underway to confirm this pattern



Health and
Human Services

Questions
