



## PROVIDER APPEALS

### SCOPE

This policy applies to all providers enrolled in the Georgia Medicaid EHR Incentive Program.

### APPEALS GENERALLY

The Commissioner of the Department of Community Health (DCH) shall appoint the Administrative Hearing Officer(s) for the Medicaid EHR Incentives Program appeal process. The appeals shall generally conform to and be comparable with the process and procedures for Georgia Medicaid provider appeals as set forth in O.C.G.A. § 50-13-19 and in accordance with 42 C.F.R. § 495.370 and 42 C.F.R. § 447.253 (e). The failure to comply with the requirements set forth in the appeal process below will result in the provider's waiver of appellate rights.

### PROCEDURES

#### *Initial Administrative Review*

(a) A provider shall file a Request for Initial Administrative Review of the decision to deny eligibility for an incentive payment, the decision as to the amount of an incentive payment, or suspension or termination from the program within thirty (30) calendar days from the date of such decision by submitting a written Request for Initial Administrative Review to the following address:

Georgia Department of Community Health  
DCH Medicaid EHR Incentives Program  
Request for Initial Administrative Review  
2 Peachtree Street, N.W., 32<sup>nd</sup> Floor  
Atlanta, Georgia 30303

(b) Any appeal of an action for recoupment of Medicaid incentive funds initiated by the Office of Inspector General will be handled in accordance with the procedures set out in Part 1, Policies and Procedures for Medicaid/PeachCare for Kids®, Chapter 500.

1. After review by the Medicaid Incentive Program staff of the Request for Initial Administrative Review, DCH will issue an Initial Administrative Review



Determination in writing within thirty (30) calendar days from the date of receipt of the Request for Initial Administrative Review. In the event that DCH needs an extension of time before issuing this determination, DCH is authorized an additional period of time not to exceed thirty (30) days. In addition, in Medicaid EHR Incentive Program staff request additional information from the provider, then the time for issuing the Initial Administration Review Determination shall be extended thirty (30) calendar days after receipt of the complete additional information so requested. The failure of the Medicaid EHR Incentive Program staff to issue an Initial Administrative Review Determination within the time period allowed shall constitute an automatic affirmation of the original decision. Thereafter, the provider may file a Request for Hearing.

Review by an Administrative Hearing Officer

1. A provider who is dissatisfied with the Initial Administrative Review Determination shall have thirty (30) calendar days from the date of the Initial Administrative Review Determination to file a Request for Hearing. The hearing will be conducted by an Administrative Hearing Officer in the DCH offices in Atlanta. The issues for appeal of the Initial Administrative Review Determination regarding the Medicaid EHR Incentives Program include the following:
  - a. Incentive payments
  - b. Incentive payment amounts
  - c. Provider eligibility determinations
  - d. The demonstration of adopting, implementing, upgrading certified EHRs, and meaningful use eligibility for incentive payments under this program
  - e. The sufficiency of the documentation submitted with the application for payment
  - f. Other adverse actions including, but not limited to, termination or suspension
  
2. The provider's Request for Hearing shall be filed with the Commissioner at the following address:

Georgia Department of Community Health  
Office of the Commissioner  
Medicaid EHR Incentives Program Hearing Request  
2 Peachtree Street, N.W., 6<sup>th</sup> Floor  
Atlanta, Georgia 30303

3. An Appeal Hearing shall be scheduled within thirty (30) calendar days from the date upon which the Commissioner receives the Request for Hearing. The Request for Hearing filed by the provider must include all issues and justification for reversing the Initial Administrative Review Determination. The provider (whether an individual or an entity) shall have an opportunity to challenge the determination of the DCH Medicaid EHR Incentives Program by submitting documents or data or both to support the provider's claim(s) when filing a Request for Hearing. The provider shall also include an explanation



of each and every claim including a statement explaining why the provider believes that the Initial Administrative Review Determination is wrong and a concise statement of the relief sought. If, in the opinion of the Administrative Hearing Officer, the Request for Hearing is not accompanied by the required supporting documentation, data, or proper explanation of the claim(s), the Administrative Hearing Officer will afford the provider ten (10) additional calendar days to provide the incomplete information. The provider's failure to timely submit the information requested by the Administrative Hearing Officer shall result in dismissal of the Request for Hearing and shall terminate any further review.

4. In cases involving an audit of a provider, any documentation submitted with either a Request for Initial Administrative Review or Request for Hearing may, at DCH's sole discretion, toll the time frame set out herein, to allow adequate time to re-audit the provider or for a referral to the Program Integrity Unit for the purpose of consideration of the newly submitted documentation. Such determination shall be made by the Initial Reviewer or the Administrative Hearing Officer in writing.
5. Failure to comply with the procedural requirements of the Initial Administrative Review and/or a Request for Hearing set out herein, including the requirement to timely submit necessary documentation, data or proper explanation shall constitute a waiver of any and all further appeal rights, including the right to an administrative hearing and/or judicial review.
6. The Initial Administrative Review process must be completed in order for a provider to be entitled to file a Request for Hearing.
7. The Administrative Hearing Officer shall render the written Final Administrative Decision of DCH as soon as practical after the completion of the hearing and the close of the record. Failure of the Administrative Hearing Officer to issue a Final Administrative Decision within ninety (90) calendar days of the close of the record shall constitute an affirmation of the Initial Administrative Review Decision. If the Administrative Hearing Officer requests additional information from the provider then the time for issuing the Final Administrative Decision shall be extended to be thirty (30) calendar days after receipt of the complete information so requested. Thereafter, the provider may seek judicial review as authorized by law.

### Judicial Review

Any provider who has exhausted all administrative remedies within DCH as set forth above and who is aggrieved by the Final Administrative Decision may seek judicial review in accordance with the provisions of O.C.G.A. § 50-13-19.

Note: DCH may obtain assistance with an appeal from a Myers and Stauffer staff member who did not perform the pre-payment and/or post-payment auditing procedures.