

Appeals

CLINICAL APPEAL PROCESS

Prior to a denial, the Collaborative staff will phone the provider to seek clarification and offer consultation and/or education and, as necessary, discuss alternative services that may meet the consumer's needs. A denial will only be made by a board certified psychiatrist licensed in the State of Illinois. If the requested service is not authorized, a letter will be mailed to the requesting provider.

1. If the provider, consumer, or designated representative disagrees with the clinical decision, an appeal may be initiated in writing or by phone.
2. There are two levels of appeals:
 - The first level of appeal must be requested within 30 days after the denial and will be reviewed directly by the Collaborative's Medical Director who will not be the same physician nor be a subordinate of the physician who issued the original denial. The appeal will result in either a reversal of the denial decision or in upholding the denial decision. The appeal review and notification by phone will be completed by the Collaborative within 72 hours of the receipt of the appeal.
 - If the provider, consumer, or designated representative disagrees with the outcome of the first appeal, a second level appeal may be filed within 30 days of receipt of the outcome of the first appeal. This second level of appeal will be reviewed by a physician contracted only for this purpose and not otherwise employed by the Collaborative. The physician contracted for the second level review shall not receive increased compensation based on the outcome of the appeal. The second level appeal review and notification by phone will be completed by the Collaborative within 30 days of the receipt of the second level appeal.
3. Should the appealing party disagree with the outcome of the second level of appeal, a DHS/DMH Director's (or designee) administrative review may be requested within 30 days of the denial. This review shall not be a clinical review but rather shall review to ensure that all applicable appeal procedures have been correctly applied and followed. This level shall be considered a terminal or final level of review and no other review option is available. The request for an administrative review must be submitted in writing to the Director of the DHS Division of Mental Health by the appealing party. The Division will respond within 30 days of the request for the administrative review.

If the consumer is in care at the time of the appeal, the Collaborative will continue to authorize the service while the appeal is pending until:

1. the appeal is withdrawn or
2. fifteen (15) days transpires after the appeal was upheld, allowing for transition to other services.