

Exhibit N

Oregon Health Plan Prepaid Health Plan Grievance System: Contractor Complaint and Appeal Procedures and Access to Administrative Hearings

The purpose of this Exhibit is to describe Contractor's obligations to create and maintain a Grievance System consistent with the requirements of 42 CFR 438.400 – 438.424.

A. Grievance System Requirements

1. Contractor shall have written policies and procedures for a Grievance System that ensures Contractor's compliance with OAR 410-141-0260 to OAR 410-141-0266.
2. Contractor shall provide information to all DMAP Members that includes at least:
 - a. Written material describing the Contractor's Complaint and Appeal procedures, and how to make a Complaint or file an Appeal; and
 - b. Assurance in all written, oral, and posted material of DMAP Member confidentiality in the Complaint and Appeal processes.
3. A DMAP Member or a DMAP Member's Representative may file a Complaint and a Contractor level Appeal orally or in writing, and may request a DMAP Administrative Hearing.
4. Contractor shall keep all information concerning a DMAP Member's Complaint or Appeal confidential as specified in OAR 410-141-0261 and 410-141-0262.
5. Consistent with confidentiality requirements, the Contractor's staff person who is designated to receive Complaints or Appeals, or both, shall begin to obtain documentation of the facts concerning the Complaint or Appeal upon receipt of the Complaint or Appeal.
6. Contractor shall afford DMAP Members full use of the Grievance System procedures. If the DMAP Member decides to pursue a remedy through the DMAP Administrative Hearing process, the Contractor shall cooperate by providing to DMAP relevant information that may be required for the Administrative Hearing process.
7. Contractor shall treat as an Appeal a DMAP Member's request for a DMAP Administrative Hearing made to DMAP outside of the Contractor's Appeal procedures, or without previous use of the Contractor's Appeal procedures, upon notification by DMAP as provided for in OAR 410-141-0264.

8. Under no circumstances shall Contractor discourage a DMAP Member or a DMAP Member's Representative from using the DMAP Administrative Hearing process.
9. Contractor shall not request Disenrollment of a DMAP Member on the basis of implementation of a DMAP Administrative Hearing decision or a DMAP Member's request for an Administrative Hearing.
10. Contractor shall make available a supply of blank Complaint forms (DMAP 3001) in all Contractor administrative offices and in those medical/dental offices where staff have been designated by the Contractor to respond to Complaints. Contractor shall develop an Appeal form and shall make the forms available in all Contractor administrative offices and in those medical/dental offices where staff have been designated by the Contractor to respond to Appeals.
11. The Contractor shall provide information about the Grievance System to all Participating Providers and Subcontractors at the time they enter into a contract with Contractor.
12. The Contractor shall maintain logs that are in compliance with OAR 410-141-0266 to document Complaints and Appeals received by the Contractor, and Contractor shall review the information as part of its Quality Improvement strategy.
13. A Representative may act for the DMAP Member at any stage in the Grievance System. Contractor shall document the basis on which an individual acts as Representative of the DMAP Member.

B. Contractor Complaint Procedures

1. A Complaint procedure applies only to those situations in which the DMAP Member or Member's Representative expresses concern or dissatisfaction about any matter other than an "Action." Contractor shall have written procedures to acknowledge the receipt, disposition and documentation of each Complaint from DMAP Members. The Contractor's written procedures for handling Complaints, shall, at a minimum:
 - a. Address how the Contractor will accept, process and respond to each Complaint from a DMAP Member or Member's Representative, including:
 - (1) Acknowledgment to the DMAP Member or Representative of receipt of each Complaint;

- (2) Ensuring that DMAP Members who indicate dissatisfaction or concern are informed of their right to file a Complaint and how to do so;
 - (3) Ensuring that each Complaint is transmitted timely to staff who have authority to act upon it;
 - (4) Ensuring that each Complaint is investigated and resolved in accordance with all applicable rules; and
 - (5) Ensuring that the Contractor's staff person(s) who make decisions on the Complaint must be persons who are:
 - (a) Not involved in any previous level of review or decision-making; and
 - (b) Health Care Professionals who have appropriate clinical expertise in treating the DMAP Member's condition or disease, if the Complaint concerns denial of expedited resolution of an Appeal or if the Complaint involves clinical issues.
- b. Describe how the Contractor informs DMAP Members, both orally and in writing, about the Contractor's Complaint procedures;
 - c. Designate the Contractor's staff member(s) or a designee who shall be responsible for receiving, processing, directing, and responding to Complaints;
 - d. Include a requirement for Complaints to be documented in the log to be maintained by the Contractor in a manner that is consistent with OAR 410-141-0266.
2. The Contractor shall provide DMAP Members with any reasonable assistance in completing forms and taking other procedural steps related to filing and disposition of a Complaint. This includes, but is not limited to, providing interpreter services and toll free phone numbers that have adequate TTY/TTD and interpreter capabilities.
 3. The Contractor shall assure DMAP Members that Complaints are handled in confidence consistent with ORS 411.320, 42 CFR 431.300 et seq, the HIPAA Privacy Rules, the Oregon counterpart of HIPAA Privacy Rules at ORS 192.518 to 192.524, and other applicable federal and state confidentiality laws and regulations. The Contractor shall safeguard the DMAP Member's right to confidentiality of information about the Complaint as follows:

- a. Contractor shall implement and monitor written policies and procedures to ensure that all information concerning a DMAP Member's Complaint is kept confidential, consistent with appropriate use or disclosure as treatment, payment, or health care operations of the Contractor, as those terms are defined in 45 CFR 164.501 and ORS 192.519. The Contractor and any Provider whose services, items or quality of care is alleged to be involved in the Complaint have a right to use this information for purposes of the Contractor resolving the Complaint, for purposes of maintaining the log required in OAR 410-141-0266, and for health oversight purposes, without a signed authorization from the DMAP Member;
 - b. Except as provided in subsection (a) or as otherwise permitted by all other applicable confidentiality laws, Contractor shall ask the DMAP Member to authorize a release of information regarding the Complaint to other individuals as needed for resolution. Before any information related to the Complaint is disclosed under this subsection, the Contractor shall have an authorization for release of information documented in the Complaint file. Copies of the form for authorizing the release of information shall be included in the Contractor's written process.
4. The Contractor's procedures shall provide for the disposition of Complaints within the following timeframes:
- a. The Contractor shall resolve each Complaint, and provide notice of the disposition, as expeditiously as the DMAP Member's health condition requires, within the timeframes established below;
 - b. For standard disposition of Complaints and notice to the affected parties, within 5 working days from the date of the Contractor's receipt of the Complaint, the Contractor shall either:
 - (1) Make a decision on the Complaint and notify the DMAP Member;
or
 - (2) Notify the DMAP Member in writing that a delay in the Contractor's decision, of up to 30 calendar days from the date the Complaint was received by the Contractor, is necessary to resolve the Complaint. The written notice shall specify the reasons the additional time is necessary.
5. The Contractor's decision about the disposition of a Complaint shall be communicated to the DMAP Member orally or in writing within the timeframes specified in Section B, subsection (4) of this Exhibit:

- a. An oral decision about a Complaint shall address each aspect of the DMAP Member's Complaint and explain the reason for the Contractor's decision;
 - b. A written decision must be provided if the Complaint was received in writing. The written decision on the Complaint shall review each element of the DMAP Member's Complaint and address each of those concerns specifically, including the reasons for the Contractor's decision.
6. All Complaints made to the Contractor's staff person designated to receive Complaints shall be entered into a log and addressed in the context of Quality Improvement activity (OAR 410-141-0200) as required in OAR 410-141-0266.
 7. All Complaints that the DMAP Member chooses to resolve through another process, and that the Contractor is notified of, shall be noted in the Complaint log.
 8. A DMAP Member who is dissatisfied with the disposition of a Complaint may present the complaint to the DMAP Ombudsman.

C. Contractor Appeal Procedures

1. The Contractor shall have a system in place for DMAP Members that includes an Appeal process. An Appeal means a request to the Contractor for review of an Action, as those capitalized terms are defined in the Contract. A DMAP Member must complete the Contractor's Appeal process before requesting a DMAP Administrative Hearing. If the DMAP Member initiates an Appeal, it shall be documented in writing by the Contractor and handled as an Appeal.
2. An Appeal must be filed with the Contractor no later than 45 calendar days from the date on the Notice of Action required under OAR 410-141-0263. For service authorization decisions not reached within the time frames established in 42 CFR 438.210(d) (which constitutes a denial and is thus an adverse Action), an Appeal must be filed within 45 calendar days of the date that the time frames expire. If Contractor failed to provide a timely Notice of Action, the Appeal may be filed no later than 45 calendar days after Contractor actually mails its Notice of Action.
3. The DMAP Member or DMAP Member's Representative, or a Provider acting on behalf of the DMAP Member with the Member's written consent, may file an Appeal with the Contractor either orally or in writing and, unless he or she requests expedited resolution, must follow an oral filing with a written and signed Appeal.
4. Contractor shall adopt written policies and procedures for handling Appeals that, at a minimum, meet the following requirements:

- a. Give DMAP Members any reasonable assistance in completing forms and taking other procedural steps related to filing and resolution of an Appeal. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capacity;
 - b. Address how the Contractor will accept, process and respond to such Appeals, including how the Contractor will acknowledge receipt of each Appeal;
 - c. Ensuring that DMAP Members who receive a Notice of Action described in OAR 410-141-0263 are informed of their right to file an Appeal and how to do so;
 - d. Ensuring that each Appeal is transmitted timely to staff that have authority to act on it;
 - e. Ensuring that each Appeal is investigated and resolved in accordance with all applicable rules; and
 - f. Ensuring that the individuals who make decisions on Appeals:
 - (1) Were not involved in any previous level of review or decision making; and
 - (2) Are Health Care Professionals who have the appropriate clinical expertise in treating the DMAP Member's condition or disease, if an Appeal of a denial is based on lack of Medical Appropriateness or if an Appeal involves clinical issues.
 - g. Documenting Appeals in the log to be maintained by the Contractor in a manner consistent with the requirements of OAR 410-141-0266.
5. The Contractor shall assure DMAP Members that Appeals are handled in confidence consistent with ORS 411.320, 42 CFR 431.300 et seq, the HIPAA Privacy Rules, the Oregon counterpart of HIPAA Privacy Rules at ORS 192.518 to 192.524, and other applicable federal and state confidentiality laws and regulations. The Contractor shall safeguard the DMAP Member's right to confidentiality of information about the Appeal as follows:
- a. Contractor shall implement and monitor written policies and procedures to ensure that all information concerning a DMAP Member's Appeal is kept confidential consistent with appropriate use or disclosure as treatment, payment, or health care operations of the Contractor, as those terms are defined in 45 CFR 164.501 and ORS 192.519. The Contractor and any Provider whose authorization, treatment, services, items, quality of care, or request for payment is alleged to be involved in the Appeal have a right

- to use this information for purposes of resolving the Appeal, for purposes of maintaining the log required in OAR 410-141-0266, and for health oversight purposes by DMAP, without a signed authorization from the DMAP Member. The information may also be disclosed to DMAP if the DMAP Member requests an Administrative Hearing regarding the Appeal without a signed authorization from the DMAP Member, pursuant to OAR 410-120-1360 (4);
- b. Except as provided in subsection (a) or as otherwise permitted by all other applicable confidentiality laws, Contractor shall ask the DMAP Member to authorize a release of information regarding the Appeal to other individuals. Before any information related to the Appeal is disclosed under this subsection, the Contractor shall have an authorization for release of information documented in the Appeal file.
6. The process for Appeals must:
- a. Provide that oral inquiries seeking to Appeal an Action are treated as Appeals (to establish the earliest possible filing date for the Appeal) and must be confirmed in writing, unless the person making the appeal requests expedited resolution;
 - b. Provide the DMAP Member a reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing. (The Contractor shall inform the DMAP Member or the DMAP Member's Representative of the limited time available in the case of an expedited resolution);
 - c. Provide the DMAP Member and the DMAP Member's Representative an opportunity, before and during the Appeals process, to examine the DMAP Member's file, including medical records and any other documents or records to be considered during the Appeals process; and
 - d. Include as parties to the Appeal the DMAP Member and the DMAP Member's Representative, or the legal Representative of a deceased DMAP Member's estate;
7. The Contractor shall resolve each Appeal and provide the Notice of the Appeal Resolution described in subsections (8) and (9) of this section, as expeditiously as the DMAP Member's health condition requires and within the time frames in this section:
- a. For the standard resolution of Appeals, the Contractor shall resolve the Appeal and provide a Notice of Appeal Resolution to the DMAP Member or DMAP Member's Representative no later than 45 days from the day the

- Contractor receives the Appeal. This timeframe may be extended pursuant to subsection (c) of this section;
- b. When the Contractor has granted a request for expedited resolution of an Appeal, the Contractor shall resolve the Appeal and provide a Notice of Appeal Resolution to the DMAP Member or DMAP Member's Representative no later than 3 working days after the Contractor receives the Appeal. This timeframe may be extended pursuant to subsection (c) of this section;
 - c. The Contractor may extend the timeframes from subsections (a) or (b) of this section by up to 14 calendar days if:
 - (1) The DMAP Member requests the extension; or
 - (2) The Contractor shows (to the satisfaction of DMAP, upon its request) that there is need for additional information and how the delay is in the DMAP Member's interest.
 - d. If the Contractor extends the timeframes, it shall, for any extension not requested by the DMAP Member, give the DMAP Member a written notice of the reason for the delay.
8. For all Appeals, the Contractor shall provide written Notice of Appeal Resolution to the DMAP Member or their Representative. For notice on an expedited resolution, the Contractor shall also make reasonable efforts to provide oral notice.
9. The written Notice of Appeal Resolution must include the following:
- a. The results of the resolution process and the date it was completed; and
 - b. For Appeals not resolved wholly in favor of the DMAP Member, the notice must also include the following information:
 - (1) Reasons for the resolution and a reference to the particular sections of the statutes and administrative rules involved for each reason identified in the Notice of Appeal Resolution relied upon to deny the Appeal;
 - (2) The right to request a DMAP Administrative Hearing, and how to do so, which includes attaching the "Notice of Hearing Rights (DMAP 3030) and the Hearing Request Form (AFS 443);
 - (3) The right to request to receive benefits while the hearing is pending, and how to make the request; and

- (4) That the DMAP Member may be held liable for the cost of those benefits if the hearing decision upholds the Contractor's Action.
10. A DMAP Member may request a DMAP Administrative Hearing not later than 45 days from the date on the Contractor's Notice of Appeal Resolution, consistent with section (C)(7)(a) of this Exhibit. The parties to the DMAP Administrative Hearing include the Contractor as well as the DMAP Member and DMAP Member's Representative, or the Representative of the deceased DMAP Member's estate.
11. Contractor shall establish and maintain an expedited review process for Appeals, consistent with OAR 410-141-0265.
12. Contractor shall maintain records of Appeals, enter Appeals and their resolution into a log, and address the Appeals in the context of Quality Improvement activity (OAR 410-141-0200) as required in OAR 410-141-0266.
13. Continuation of benefits pending Appeal:
 - a. As used in this section, "timely" filing means filing on or before the later of the following:
 - (1) Within 10 calendar days after the Contractor mails the Notice of Action; or
 - (2) The intended effective date of the Contractor's proposed Action.
 - b. The Contractor shall continue the DMAP Member's benefits if:
 - (1) The DMAP Member or DMAP Member's Representative files the Appeal timely;
 - (2) The Appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
 - (3) The services were ordered by an authorized Provider;
 - (4) The original period covered by the original authorization has not expired; and
 - (5) The DMAP Member requests extension of benefits.
 - c. Continuation of benefits pending Administrative Hearing – If, at the DMAP Member's request, the Contractor continues or reinstates the DMAP Member's benefits while the Appeal is pending and the Notice of

Appeal Resolution is adverse to the DMAP Member, the benefits must be continued pending Administrative Hearing pursuant to OAR 410-141-0264.

14. If the final resolution of the Appeal is adverse to the DMAP Member, that is, upholds the Contractor's Action, the Contractor may recover from the DMAP Member the cost of the services furnished to the DMAP Member while the Appeal was pending, to the extent that they were furnished solely because of the requirements of subsection (13)(b) of this Section and in accordance with the policy set forth in 42 CFR 431.230(b).
15. The Contractor shall promptly correct the Action taken up to the limit of the original request or authorization, retroactive to the date the Action was taken, if the Contractor decides in the DMAP Member's favor, even if the DMAP Member has lost eligibility or the benefit package has changed after the date the Action was taken, including the following:
 - a. If the Contractor reverses a decision to deny, limit, or delay services that were not furnished while the Appeal was pending, the Contractor shall authorize or provide, and shall pay for, the disputed services promptly, and as expeditiously as the DMAP Member's health condition requires.
 - b. If the Contractor reverses a decision to deny authorization of services, and the DMAP Member received the disputed services while the Appeal was pending, the Contractor or DMAP shall pay for the services in accordance with DMAP policy and rules.

D. Notice of Action

1. When Contractor (or authorized Subcontractor or Participating Provider acting on behalf of the Contractor) takes or intends to take any Action (including but not limited to denials or limiting prior authorizations of a requested Covered Service(s) in an amount, duration, or scope that is less than requested, or reductions, suspension, discontinuation or termination of a previously authorized service), the Contractor (or authorized Subcontractor or Participating Provider acting on behalf of the Contractor) shall mail a written Notice of Action in accordance with Section D, subsection (2) of this Exhibit to the DMAP Member within the timeframes specified in Section D, subsection (3) of this Exhibit.
2. The written Notice of Action must be a DMAP approved format and it must be used for all denials of a requested Covered Service(s), reductions, discontinuations or terminations of previously authorized Covered Services, denials of claims payment, or other Action. The Notice of Action must meet the language and format requirements in the Contract, entitled "Informational Materials and Education of DMAP Members and Potential DMAP Members," and must inform the DMAP Member of the following:

- a. Relevant information including, but not limited to, the following:
 - (1) Date of Notice of Action;
 - (2) Contractor name;
 - (3) PCP or PCD name;
 - (4) DMAP Member's name and ID number;
 - (5) Date of service or item requested or provided;
 - (6) Who requested or provided the item or service; and
 - (7) Effective date of the Action.
- b. The Action the Contractor or its Subcontractor or Participating Provider has taken or intends to take;
- c. Reasons for the Action, including but not limited to the following reasons:
 - (1) Treatment is not a Covered Service;
 - (2) The item requires pre-authorization and it was not pre-authorized;
 - (3) The service is not Dentally or Medically Appropriate;
 - (4) The service or item is received in an emergency care setting and does not qualify as an Emergency Service;
 - (5) The person was not a DMAP Member at the time of the service or is not a DMAP Member at the time of a requested service; or
 - (6) The Provider is not on the Contractor's panel and prior approval was not obtained (if such prior authorization would be required under the Oregon Health Plan Rules).
- d. A reference to the particular sections of the statutes and administrative rules involved for each reason identified in the Notice of Action pursuant to subsection (b) of this section;
- e. The DMAP Member's right to file an Appeal with the Contractor and how to exercise that right as required in OAR 410-141-0262;

- f. The circumstances under which expedited Appeal resolution is available and how to request it;
 - g. The DMAP Member's right to have benefits continue pending resolution of the Appeal, how to request that benefit(s) be continued, and the circumstances under which the DMAP Member may be required to pay the costs of these services; and
 - h. The telephone number to contact the Contractor for additional information.
3. The Contractor or Subcontractor or Participating Provider(s) acting on behalf of the Contractor shall mail the Notice of Action within the following time frames:
- a. For termination, suspension, or reduction of previously authorized OHP covered services, the following time frames apply:
 - (1) The notice must be mailed at least 10 calendar days before the date of Action, except as permitted under subsections (B) or (C) of this section;
 - (2) The Contractor (or authorized Subcontractor or Participating Provider acting on behalf of the Contractor) may mail a notice not later than the date of Action if:
 - (a) The Contractor, Subcontractor or Participating Provider receives a clear written statement signed by the DMAP Member that he or she no longer wishes services or gives information that requires termination or reduction of services and indicates that he or she understands that this must be the result of supplying the information;
 - (b) The DMAP Member has been admitted to an institution where he or she is ineligible for Covered Services from the Contractor;
 - (c) The DMAP Member's whereabouts are unknown and the post office returns Contractor, Subcontractor or Participating Provider's mail directed to him or her indicating no forwarding address;
 - (d) The Contractor establishes the fact that another state, territory, or commonwealth has accepted the DMAP Member for Medicaid services;

- (e) A change in the level of medical or dental care is prescribed by the DMAP Member's PCP or PCD;
 - (f) The date of Action will occur in less than 10 calendar days, in accordance with 42 CFR 483.12(a)(5), related to discharges or transfers and long-term care facilities;
 - (g) There is factual information confirming the death of the DMAP Member;
 - (h) There is an adverse determination made with regard to the preadmission screening requirements for nursing facility admissions; or
 - (i) The safety or health of individuals in the facility would be endangered, the DMAP Member's health improves sufficiently to allow a more immediate transfer or discharge, an immediate transfer or discharge is required by the DMAP Member's urgent medical needs, or a DMAP Member has not resided in the nursing facility for 30 days (applies only to adverse actions for nursing facility transfers).
- (3) The Contractor may shorten the period of advance notice to 5 calendar days before the date of the Action if the Contractor has facts indicating that an Action should be taken because of probable fraud by the DMAP Member. Whenever possible, these facts should be verified through secondary sources.
- b. For denial of payment, at the time of any Action affecting the claim;
- c. For standard prior authorizations that deny a requested service or that authorize a service in an amount, duration, or scope that is less than requested, the Contractor shall provide Notice of Action as expeditiously as the DMAP Member's health condition requires and within 14 calendar days following receipt of the request for service, except that:
- (1) The Contractor may have a possible extension of up to 14 additional calendar days if the DMAP Member or the Provider requests the extension; or if the Contractor justifies (to DMAP upon request) a need for additional information and how the extension is in the DMAP Member's interest;
 - (2) If the Contractor extends the timeframe, in accordance with subsection (1) above, it shall give the DMAP Member written notice of the reason for the decision to extend the timeframe and

inform the DMAP Member of the right to file a Complaint if he or she disagrees with that decision. The Contractor shall issue and carry out its prior authorization determination as expeditiously as the DMAP Member's health condition requires and no later than the date the extension expires.

- d. For prior authorization decisions not reached within the timeframes specified in subsection (c) of this section, (which constitutes a denial and is thus an adverse Action), on the date that the timeframes expire;
- e. For expedited prior authorizations, within the timeframes specified in OAR 410-141-0265.

E. Contractor Responsibilities in Relation to DMAP Administrative Hearings

1. An individual who is or was a DMAP Member at the time of the Notice of Action is entitled to an Administrative Hearing by DMAP regarding a Notice of Appeal Resolution by Contractor that did not resolve the appeal wholly in favor of the DMAP Member. The DMAP Member must go through the Appeal process with Contractor before requesting an Administrative Hearing. The decision in the Notice of Appeal Resolution is the document that will trigger the right to request an Administrative Hearing.
2. If, at the DMAP Member's request, the Contractor continued or reinstated services while the Appeal was pending, the benefits must be continued pending the Administrative Hearing until one of the following occurs:
 - a. The DMAP Member withdraws the request for an Administrative Hearing;
 - b. Ten calendar days pass after the Contractor mails the Notice of Appeal Resolution, providing the resolution of the Appeal against the DMAP Member, unless the DMAP Member within the 10-day timeframe, has requested a DMAP Administrative Hearing with continuation of benefits until the DMAP Administrative Hearing decision is reached;
 - c. A final order is issued in a DMAP Administrative Hearing adverse to the DMAP Member; or
 - d. The time period or service limits of a previously authorized service have been met.
3. Contractor shall immediately transmit to DMAP any Administrative Hearing request submitted on behalf of a DMAP Member, including a copy of the DMAP Member's Notice of Appeal Resolution.
4. If the DMAP Member files a request for an Administrative Hearing with

DMAP, DMAP will send a copy of the hearing request to the Contractor.

5. Contractor shall review an Administrative Hearing Request, which has not been previously received or reviewed as an Appeal, using the Contractor's Appeal process as follows:
 - a. The Appeal shall be reviewed immediately and shall be resolved, if possible, within 45 calendar days, pursuant to OAR 410-141-0262;
 - b. The Contractor's Notice of Appeal Resolution shall be in writing and shall be provided to the DMAP Member.
6. When an Administrative Hearing is requested by a DMAP Member who has exhausted the Contractor's Appeal process, the Contractor shall cooperate with providing relevant information required for the Administrative Hearing process to DMAP, as well as the results of the review by the Contractor of the Appeal and the Administrative Hearing request, and any attempts at resolution by the Contractor.
7. If the final resolution of the Administrative Hearing is adverse to the DMAP Member, that is, if the final order upholds the Contractor's Action, the Contractor may recover the cost of the services furnished to the DMAP Member while the Administrative Hearing is pending, to the extent they were furnished solely because of the requirements of this section, and in accordance with the policy set forth in 42 CFR 438.420.
8. The Contractor shall promptly correct the Action taken up to the limit of the original request or authorization, retroactive to the date the Action was taken, if the Administrative Hearing decision is favorable to the DMAP Member, or DMAP or the Contractor decides in the DMAP Member's favor before the Administrative Hearing even if the DMAP Member has lost eligibility or the benefit package has changed after the date the Action was taken, including the following:
 - a. If the Contractor, or a DMAP Administrative Hearing decision reverses a decision to deny, limit, or delay services that were not furnished while the Administrative Hearing was pending, the Contractor shall authorize or provide, and shall pay for, the disputed services promptly, and as expeditiously as the DMAP Member's health condition requires;
 - b. If the Contractor, or the DMAP Administrative Hearing decision reverses a decision to deny authorization of services, and the DMAP Member received the disputed services while the Administrative Hearing was pending, the Contractor shall pay for the services in accordance with DMAP policy and regulations in effect when the DMAP Member made the request for services.

F. Request for Expedited Appeal or Expedited Administrative Hearing

1. Contractor shall establish and maintain an expedited review process for Appeals, when the Contractor determines (upon request from the DMAP Member) or the Provider indicates (in making the request on a DMAP Member's behalf or supporting the DMAP Member's request) that taking the time for a standard resolution could seriously jeopardize the DMAP Member's life, health, or ability to attain, maintain or regain maximum function.
2. The Contractor shall ensure that punitive action is not taken against a Provider who requests an expedited resolution or supports a DMAP Member's Appeal.
3. If the Contractor provides an expedited Appeal, but denies the services or items requested in the expedited Appeal, the Contractor shall inform the DMAP Member of the right to request an expedited Administrative Hearing and shall provide the DMAP Member with a copy of both the AFS Form 443 and Notice of Hearing Rights (DMAP 3030) with the Notice of Appeal Resolution.
4. If the Contractor denies a request for expedited resolution on Appeal, it shall:
 - a. Transfer the Appeal to the time frame for standard resolution in accordance with OAR 410-141-0262; and
 - b. Make reasonable efforts to give the DMAP Member prompt oral notice of the denial, and follow-up within two calendar days with a written notice. The written notice must state the right of a DMAP Member, who believes that taking the time for a standard resolution of a request for an Administrative Hearing, could seriously jeopardize the DMAP Member's life or health or ability to attain, maintain or regain maximum function, to request an expedited Administrative Hearing.
5. The Contractor shall submit relevant documentation to DMAP's Medical Director within, as nearly as possible, two working days following the DMAP Member's expedited Administrative Hearing request for a decision as to the necessity of an expedited Administrative Hearing.

G. The Contractor's Responsibility for Documentation and Quality Improvement Review of the Grievance System

1. The Contractor's documentation shall include, at minimum, a log of all oral and written Complaints and Appeals received by the Contractor. The log shall identify the DMAP Member and the following additional information:
 - a. For Complaints, the date of the Complaint, the nature of the Complaint, the disposition and date of disposition of the Complaint;

- b. For Appeals, the date of the Notice of Action, the date of the Appeal, the nature of the Appeal, whether continuing benefits were requested and provided, the resolution and date of resolution of the Appeal. If an Administrative Hearing was requested, whether continuing benefits were requested and provided, and the effect of the final order of the Administrative Hearing.
2. The Contractor shall also maintain a record for each of the Complaints and Appeals included in the log. The record shall include records of the review or investigation and resolution, including all written decisions and copies of correspondence with the DMAP Member. The Contractor shall retain documentation of Complaints and Appeals for the term of the OHP Demonstration Project plus two years to permit evaluation. This requirement survives the termination or expiration of the Contract.
3. The Contractor shall have written procedures for the review and analysis of the Grievance System, including all Complaints and Appeals received by the Contractor. The analysis of the Grievance System shall be forwarded to the Quality Improvement committee as necessary to comply with the Quality Improvement standards:
 - a. Contractor shall monitor the completeness and accuracy of the written log, on a monthly basis; and
 - b. Contractor's monitoring of Complaints and Appeals shall include, at minimum, review of completeness, accuracy, timeliness of documentation, and compliance with written procedures for receipt, disposition, and documentation of Complaints and Appeals, and compliance with Oregon Health Plan rules.