

441—7.11(17A) Director’s review.

7.11(1) Time. Parties, including the department, may appeal the proposed decision to the director.

a. A request for director’s review shall be in writing and postmarked or received within 14 calendar days of the date on which the proposed decision was issued, except as provided for under paragraph 7.11(1) “*b.*” A request for director’s review may be accompanied by a brief written summary of the arguments in favor of director’s review.

b. A managed care organization appealing a proposed decision reversing an adverse benefit determination shall request director’s review within 72 hours from the date it received notice of the proposed decision.

7.11(2) Grant or denial of review. The department has full discretion to grant or deny a request for review. In addition, the director may initiate review of a proposed decision on the director’s own motion at any time on or before the thirtieth day following the issuance of the proposed decision.

When the department grants a request for director’s review, the appeals section shall notify the parties and enclose a copy of the request. All other parties shall have 14 calendar days from the date of notification to submit further written arguments or objections for consideration upon review.

7.11(3) Cross-appeal. When a party requests director’s review in accordance with subrule 7.11(1), the remaining parties shall have 14 calendar days from that date to submit cross-requests for director’s review. The party originally seeking director’s review shall have 14 calendar days from the date of the cross-request for director’s review to submit further written arguments or objections for consideration upon review.

7.11(4) Limited record. Director’s review shall be limited to the issues and record before the contested case hearing presiding officer.

7.11(5) Oral arguments. Upon specific request, the director may, at the director’s discretion, permit parties to present oral arguments with the parties’ requests for director’s review.

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