

Senate File 2140 - Introduced

SENATE FILE 2140

BY MATHIS

A BILL FOR

1 An Act relating to the provision of an appeals process for
2 Medicaid managed care members following a supports intensity
3 scale assessment, and including effective date provisions.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. MEDICAID MANAGED CARE — SUPPORTS INTENSITY
2 SCALE ASSESSMENT OF MEDICAID MEMBER — APPEALS PROCESS —
3 EXPEDITED FIRST-LEVEL REVIEW. The department of human services
4 shall adopt rules pursuant to chapter 17A and shall amend
5 any existing Medicaid managed care contracts to provide an
6 appeals process, in accordance with contested case proceedings
7 pursuant to chapter 17A, for Medicaid managed care (Medicaid)
8 members for whom an assessment utilizing the supports intensity
9 scale (SIS) is required. The appeals process may be utilized
10 if the Medicaid member, the Medicaid member's authorized
11 representative, or a provider who is acting on behalf of
12 the Medicaid member, disagrees with the results of the SIS
13 assessment or disputes the accuracy of the resulting score,
14 believes the SIS assessment does not adequately reflect the
15 member's needs, or if the member's needs change. The process
16 shall provide that following an SIS assessment, the Medicaid
17 member, the Medicaid member's authorized representative, or
18 a provider who is acting on behalf of the Medicaid member,
19 may appeal the results of the assessment to the department
20 at any time, following the exhaustion of the expedited
21 Medicaid managed care organization first-level review process,
22 when the Medicaid member, the Medicaid member's authorized
23 representative, or a provider who is acting on behalf of the
24 Medicaid member, is dissatisfied with the notice of decision
25 resulting from such review. The rules adopted and the
26 amendment to any Medicaid managed care contract shall require
27 that the expedited first-level review be completed and the
28 notice of decision be issued by the managed care organization
29 within thirty days of receipt by the managed care organization
30 of the request for a first-level review.

31 Sec. 2. EFFECTIVE DATE. This Act, being deemed of immediate
32 importance, takes effect upon enactment.

33

EXPLANATION

34 The inclusion of this explanation does not constitute agreement with
35 the explanation's substance by the members of the general assembly.

1 This bill relates to the provision of an appeals process
2 relating to the results of assessments of Medicaid managed care
3 members utilizing the supports intensity scale (SIS). The
4 bill requires the department of human services (DHS) to adopt
5 administrative rules and amend any existing Medicaid managed
6 care contracts to provide an appeals process, in accordance
7 with contested case proceedings pursuant to Code chapter
8 17A, for Medicaid managed care (Medicaid) members for whom
9 an assessment utilizing the SIS assessment is required. The
10 process may be utilized if the Medicaid member, the Medicaid
11 member's authorized representative, or a provider who is acting
12 on behalf of the Medicaid member, disagrees with the results
13 of the assessment or disputes the accuracy of the resulting
14 score, believes the assessment does not adequately reflect
15 the member's needs, or if the member's needs change. The
16 appeals process may be utilized following the exhaustion of
17 the expedited Medicaid managed care organization's first-level
18 review process.

19 The bill takes effect upon enactment.