

SCDHHS MEDICAID APPEAL PROCESS

If the participant, parent of a minor participant, court appointed legal guardian, or Authorized Representative ~~participant, legal guardian or representative~~ fully completes the DDSN reconsideration process and is dissatisfied with the result, ~~the participant, legal guardian or representative~~ has they have the right to request an appeal with the State Medicaid Agency, which is the South Carolina Department of Health and Human Services (SCDHHS).

The appeal request ~~may~~ can be made: 1) electronically using the SCDHHS website indicated below, 2) faxed, 3) mailed, 4) emailed, 5) by telephone or 6) in person ~~or it may be mailed~~ to the SCDHHS Office of Appeals and Hearings. This must be done no later than 30 ~~calendar~~ days after receipt of the DDSN notification. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding.

The purpose of a SCDHHS administrative appeal is to prove error(s) in fact or law pertaining to a decision made and/or action taken by DDSN that adversely affects a Waiver participant. The appeal ~~must~~ should clearly state the specific issue(s) that are disputed and what action is requested. A copy of the reconsideration notification received from DDSN must be ~~uploaded using the SCDHHS website indicated below or included~~ provided to the SCDHHS Office of Appeals and Hearings with the mailed appeal before it will be opened and assigned to a Hearing Officer.

The participant, parent of a minor participant, court appointed legal guardian, or Authorized Representative, ~~participant, legal guardian or representative~~ is encouraged to can file the appeal electronically at www.scdhhs.gov/appeals.

OR

The appeal request may be mailed to:

SC Department of Health and Human Services
Division Office of Appeals and Hearings
P.O. Box 8206
Columbia, SC 29202-8206

OR

The appeal request may be provided in person:

SC Department of Health and Human Services
1801 Main Street
Columbia, SC 29201
Attn: SCDHHS Office of Appeals and Hearings

OR

The appeal request may be faxed directly to the SCDHHS Office of Appeals and Hearings at (803) 255-8206 or emailed at appeals@scdhhs.gov.

~~An appeal request to SCDHHS is valid if filed electronically or mailed to the above address and postmarked no later than the 30th calendar day following receipt of the DDSN reconsideration notification. Unless a valid appeal request is made to SCDHHS, the DDSN reconsideration decision will be final and binding.~~

~~If a valid appeal request is made, the participant, legal guardian or representative will be advised by the SCDHHS Division Office of Appeals and Hearings as to the status of the appeal request, which may include a scheduled hearing.~~

A participant, parent of a parent of a minor participant, court appointed legal guardian or guardian, or Authorized Representative ~~beneficiary~~ may request an expedited appeal if the standard appeal timeframe (90-calendar days) could jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum

function. SCDHHS will grant or deny these requests as quickly as possible. If ~~we~~ SCDHHS grants ~~your~~ the request to expedite, ~~your~~ the appeal will be resolved as quickly as possible ~~instead of the standard 90-calendar day timeframe~~. If ~~we deny~~ the request to expedite is denied, the appeal will follow the standard ~~90-calendar day~~ timeframe.

To avoid delays in the process, any supporting documentation should be submitted with the request for expedited review at the time of filing or immediately thereafter. While supporting documentation is not required, SCDHHS will make its determination based on the information made available at the time the request is considered.

~~SCDHHS may grant expedited review if we it determines the standard appeal timeframe could jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum function. SCDHHS may consider, among other facts:~~

~~The medical urgency of the beneficiary's situation~~

~~Whether a needed procedure has already been scheduled~~

~~Whether a beneficiary is unable to schedule a needed procedure due to lack of coverage~~

~~Whether other insurance will cover most of the costs of the requested treatment.~~

~~You may request that an appeal be expedited, if desired. To avoid delays in the process, please submit any supporting documentation with the request for expedited review at the time of filing or immediately thereafter. While supporting documentation is not required, SCDHHS will make its determination based on the information made available at the time we consider the request.~~

For more information on the DHHS appeals process, please refer to www.scdhhs.gov/appeals.