



Cree NIHB Appeals Process Procedure

Source: Administration	Initial date in effect: April 1, 2001
Approved by: Executive Director and Executive Committee on April 2, 2019	Code: TBD
	Last revised on April 1, 2019
Other relevant policies or references:	<ul style="list-style-type: none">▪ CNIHB Appeals Process Policy (source policy)▪ Cree Non-Insured Health Benefits Policies

1) PRINCIPLES AND LEGAL FRAMEWORK

- 1.1 The Cree NIHB Appeals Process Policy (**Policy**) establishes mechanisms to appeal CBHSSJB decisions regarding coverage of non-insured benefits under the Cree Non-Insured Health Benefits (**CNIHB**) program and its policies (**CNIHB Program**).

The present procedure is subject to the Policy, and in the case of any conflict or inconsistency between this procedure and the Policy, the latter shall prevail. This procedure is intended to implement the Policy, by further defining steps and conditions applicable to these appeals.

- 1.2 The legal representatives of a client who may appeal a decision on his behalf are:
- a parent;
 - a legal guardian; or
 - a representative of the client with a written, signed authorization of the client.

2) PROCESS / INFORMATION AND DOCUMENTATION

Level 1 Appeal

- 2.1 In accordance with the Policy, a Level 1 appeal may be made regarding coverage of CNIHB by a relevant person in writing or verbally to the CBHSSJB. This Level 1 appeal must be addressed to the CNIHB Program Coordinator within the time limit set out in the Policy. A verbal appeal may be made to the CNIHB Program Coordinator in person, by telephone or by other means of communication which allows the persons to speak with one another.

Level 2 Appeal

- 2.2 In accordance with the Policy, a person whose Level 1 appeal has been denied by the CBHSSJB and who is dissatisfied with that decision may request a final, Level 2 appeal of the decision. The person may make such a Level 2 appeal if:
- he does not agree with the Level 1 appeal decision; or
 - there is new information available for review since the time of the Level 1 appeal, which, if it had been known at the time, might have justified a different decision.

A Level 2 appeal must be made by a relevant person, in writing, to the Assistant Executive Director-Administration of the CBHSSJB (**AED-Administration**) within the time limit set out in the Policy, and should include any additional or new supporting information.

Information and Documentation

2.3 An appeal review pursuant to the Policy often involves an assessment of supporting information provided by the prescriber (i.e., medical or other professionals). In accordance with the Policy, review by relevant professionals is required whenever the appeal questions whether or not the benefit should have been issued on the basis of medical necessity.

At any time during the appeal process, the appellant may, as applicable, have to provide the following information to the CNIHB Program office, upon request:

- clarifications regarding reasons for the dissatisfaction with the decision in question;
- reasonable evidence of the eligibility of the appellant under the CNIHB Program; and
- additional information regarding the condition for which the benefit is being requested.

Additionally, and depending on the reason of the appeal, the appellant may have to provide, or authorize the provision of, the following information to the CNIHB Program office, upon request:

- relevant diagnosis and prognosis, including what other options are available or have been tried;
- relevant test results;
- reason for the proposed treatment; and
- any additional supporting information, such as in relation to case notes from the relevant professional.

A person wishing to make an appeal relating to medical necessity pursuant to the Policy must consent to the disclosure of all relevant information concerning the appeal in question, in the form determined by the CBHSSJB, to relevant professionals and CBHSSJB personnel involved in the appeal process.

If the person chooses not to consent to the disclosure of such information, or does not provide information requested by the CNIHB Program office pursuant to this section 2.3 in a reasonable time, the matter will be considered to be closed and the person will not have any further right of appeal with respect to the decision in question. The person must be advised in advance and in writing by the CNIHB Program office of the consequences of not consenting to the disclosure of information, or of not providing requested information in a reasonable time, as applicable.

A decision to terminate the appeal process pursuant to this section 2.3 is made by the Director of Finance in the case of a Level 1 appeal, and by the AED-Administration in the case of a Level 2 appeal.

3) Role of the CNIHB Program Coordinator

- 3.1 The CNIHB Program Coordinator is responsible for ensuring that:
- a) the Policy and this procedure are explained to relevant staff and professionals of the CBHSSJB, as well as to potential appellants who make enquiries;
 - b) supporting documentation and information in respect of appeals are duly prepared;
 - c) necessary medical or other professional opinions are obtained, documented and stored, as required;
 - d) documentation is properly compiled, and filed in a secure manner that ensures confidentiality;
 - e) impacted staff and professionals are advised of appeal decisions, as required.

4) MAINTENANCE OF RECORDS AND CONFIDENTIALITY

- 4.1 Certain appeal-related documentation may contain confidential and protected client medical information. All appeal-related documentation will be considered confidential and protected information for internal use only, in accordance with applicable CBHSSJB policies and procedures relating to such information.

Subject to the preceding paragraph, the Assistant Executive Director-Administration ensures that statistics on the number and nature of appeals are maintained namely to assist the Executive Director in the reporting required by section 5 of the Policy.

5) APPEAL DECISIONS AND TIMELINES

- 5.1 Subject to the Policy and to the nature of the appeal, an appeal decision pursuant to the Policy will be based on:
- the client's eligibility and entitlement to the relevant benefit pursuant to the CNIHB Program;
 - the client's specific condition, as determined by relevant professionals;
 - medical necessity, as determined by relevant professionals;
 - supporting documentation and information provided;
 - availability of other options; and
 - the relevant Cree NIHB Program policy, and as applicable, related procedures.
- 5.2 Any decision of the CBHSSJB regarding an appeal is provided in writing to the appellant in a timely manner and supported with reasons, in accordance with section 5 of the Policy. The CNIHB Coordinator will ensure the follow-up within the CBHSSJB on the application of any appeal decision made pursuant to the Policy and this procedure.
- 5.3 If the person does not submit his appeal with relevant information within the applicable time limit set out in the Policy, the matter will be considered to be closed and the person will not have any further right of appeal with respect to the decision in question.

6) APPLICATION OF THE PROCEDURE

- 6.1 The CNIHB Program Coordinator provides general guidance with respect to the Policy and this procedure, as and when required.
- 6.2 The Director of Finance is responsible for providing support in the interpretation of this procedure and the Policy and to propose revisions to same, when necessary. However, any person referred to in these documents must abide by all its provisions and all managers of the CBHSSJB are responsible for ensuring that all its provisions are applied and respected.
- 6.3 The official version of this procedure is kept by the Director of Corporate Services of the CBHSSJB.