



Appendix XXI, Creating an Appeal in TIERS

Creating an Appeal in TIERS

Getting Started

This section covers Texas Integrated Eligibility Redesign System (TIERS) generated appeals. There are several ways the Fair and Fraud Hearings Department (FFH) receives appeal requests.


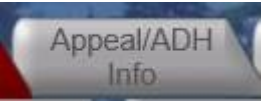
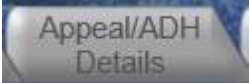
Depending on the action being appealed, appeal requests can be received by the:

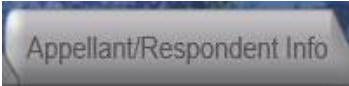

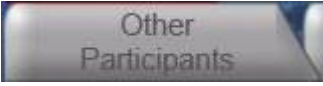

- Texas Integrated Eligibility Redesign System
- State Portal (STP)
- Office of Inspector General’s Webservices (ASOIG).

Access to the “Hearings and Appeals” module is permissions based. Only TIERS users with FFH permissions can enter, edit, and submit information in these logical units of work (LUWs). All other users will only be able to view the information as “read only”. Contact your supervisor if you encounter any issues while creating, submitting, or reviewing an appeal request.

Create Appeal LUW, at a glance:

The “Create Appeal” LUW consists of seven tabs. These tabs are used to collect data for the appeal record and to create the H4800, Fair Hearing Request Summary. These tables include:

<p>Initiate Tab: Here you will capture whether the appeal being requested is a Fair Hearing (FH) or an Administrative Disqualification Hearing (ADH), if it was a TIERS or Non-TIERS action, and agency action date.</p>	
<p>Note: ADHs will default the agency action date, and this cannot be changed.</p>	
<p>Appeal/ADH Info Tab: Here you will enter all information relating to the appellant’s eligibility or Office of Inspector General (OIG) case, how the appeal was requested, important dates, expedite processing, and other information related to the request.</p>	
<p>Appeal/ADH Details Tab: Here you will enter information relating to the Type of Assistance (TOA), Eligibility Determination Group (EDG), program and other eligibility information relating to the appeal.</p>	

Appellant/Respondent Info Tab: Here you will enter all information relating to the appellant/respondent, including identifying information, address, and authorized representative.	
Agency Rep Tab: Here you will enter all information relating to the agency representative, their supervisor, and their address.	
Other Participants Tab: Here you will enter all information relating to other participants, including additional agency witnesses, appellant witnesses, etc.	
Send/Cancel Appeal/ADH Tab: This is the final tab of the "Create Appeals" LUW. Here, you complete the appeal request by sending the appeal request to the FFH staff.	

Note: The tab you are currently working on will show in **red**. All other tabs will be grayed out.

Creating a Fair Hearing in TIERS – Initiate Tab



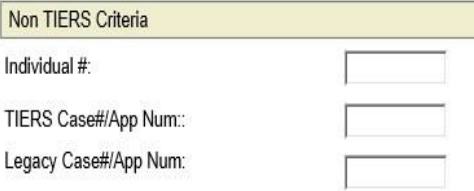
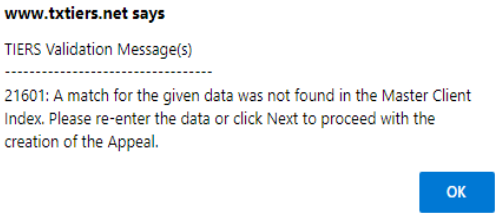

To create a Fair Hearing in TIERS, first you will navigate to the "Hearings and Appeals" module in the Left Nav. in TIERS. Once there, click on the "Create Appeals" LUW. This will automatically open the "Initiate" tab.



Step 1:	Select the "Fair Hearing" hearing type radio button.
Step 2:	Enter the "Agency Action Date" for the appeal. This is the date that the agency took action to reduce, suspend or terminate benefits.
Step 3:	Select "Yes" or "No", as appropriate to the appeal, from the drop-down box for "Was the action taken in TIERS?"
Note:	<ul style="list-style-type: none"> Eligibility denials, meaning those that occur through TIERS, are considered TIERS actions. Only appeals where the denial was generated in TIERS and the applicant

has a TIERS record are considered "TIERS" cases for this question. For TIERS actions, Program Support Unit (PSU) staff must answer "Yes" to this question.

- Denials that occur outside of TIERS or for applicants who don't have a TIERS record are considered non-TIERS actions. For Non-TIERS actions, PSU staff must answer "No" to this question.

<p>Step 4(A):</p>	<p>This step only applies when Step 3 is answered as "Yes".</p> <p>Fill out the TIERS Criteria section, as applicable.</p>	
<p>Step 4(A)(1)</p>	<p>This step only applies when Step 3 is answered as "Yes".</p> <p>Click "Search".</p>	
<p>Step 4(B):</p>	<p>This step only applies when Step 3 is answered as "No".</p> <p>Fill out the Non-TIERS Criteria section, as applicable.</p> <p>Note: PSU staff enters the applicant's Social Security Number (SSN) in the field titled, "Individual #" if the applicant does not have an individual number.</p>	
<p>Step 4(B)(1)</p>	<p>This step only applies when Step 3 is answered as "No".</p> <p>An error message appears when PSU staff enter the applicant's SSN in the "Individual #" field.</p> <p>PSU staff must select "OK".</p>	
<p>Step (B)(2)</p>	<p>This step only applies when Step 3 is answered as "No".</p> <p>PSU staff must select "NEXT".</p>	

Creating a Fair Hearing in TIERS – Appeal/ADH Information Tab

Appeal Information Section

Appeal/ADH Information

Appellant Name:	Appellant Indv #:	Appeal ID:	Type Of Action: TIERS
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Reset
Next ▶

Appeal Information	
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<p>1 Case #: <input style="width: 100%;" type="text"/></p> <p>2 Method of Appeal Request: <input style="width: 100%;" type="text" value="Phone"/></p> <p>4 Appeal Receipt Date: <input style="width: 100%;" type="text" value="mm / dd / yyyy"/></p> <p>6 Action Effective Date: <input style="width: 100%;" type="text" value="mm / dd / yyyy"/></p> <p>Agency Representative Review Date: <input style="width: 100%;" type="text" value="mm / dd / yyyy"/></p> <p>Region of Offense: <input style="width: 100%;" type="text"/></p> <p>7 Does the appeal meet the requirements for expedited resolution?: <input style="width: 100%;" type="text"/></p>	<p>Agency Action Date: <input style="width: 100%;" type="text"/></p> <p>3 Appeal Request Date: <input style="width: 100%;" type="text" value="mm / dd / yyyy"/></p> <p>5 Hearing Telephone Contact#: <input style="width: 100%;" type="text" value="x"/></p> <p>OIG Case Number: <input style="width: 100%;" type="text"/></p> <p>Agency Supervisor Review Date: <input style="width: 100%;" type="text" value="mm / dd / yyyy"/></p> <p>County of Offense: <input style="width: 100%;" type="text"/></p>	<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> E-mail Fax In Person Mail Phone </div>
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Step 1:	<p>Enter or paste the eligibility case number entered in the Initiate page. PSU staff must not enter the Medicaid ID in this field.</p> <p>Note: PSU staff must enter an applicant’s SSN for denials that occur outside of TIERS or for applicants who don’t have a TIERS record.</p>
Step 2:	Select the correct “Method of Appeal Request” from the drop-down box.
Step 3:	Enter the “Appeal Request Date.” This is the date the appellant requested the appeal, not the day it was received by the Texas Health and Human Services Commission (HHSC).
Step 4:	Enter the “Appeal Receipt Date.” This is the date HHSC received the appeal request from the appellant.
Step 5:	Enter the “Hearing Telephone Contact Number.” This is the number where the appellant can be reached on the day of the hearing.

Step 6:	Enter the "Action Effective Date." This is different from the "Agency Action Date." The "Action Effective Date" is the date in which the Agency's action went into effect.
Step 7:	Select "Yes" or "No" from the drop-down for "Does the appeal meet the requirements for expedite processing?"

Other Information Section

Other Information			
8	Was the action on appeal taken by an MCO, PAHP, or PIHP?:	<input type="text"/>	<input type="button" value="v"/>
9	MCO, PAHP, or PIHP:	<input type="text"/>	<input type="button" value="v"/>
10	TMHP:	<input type="text"/>	<input type="button" value="v"/>
11	Is the root cause of the appeal an MEPD action:	<input type="text"/>	<input type="button" value="v"/>
9	Provider Agency:	<input type="text"/>	<input type="button" value="v"/>
10	Acute care under 21:	<input type="text"/>	<input type="button" value="v"/>

Step 8:	Answer this question as "No"
Step 9:	Select the appropriate managed care organization (MCO) for this appeal.
Step 10:	If the Texas Medicaid & Healthcare Partnership (TMHP) involvement is required, PSU staff must answer this question as "Yes".
Step 11:	Answer "Yes" or "No" if the action that gave rise to the appeal was one taken by the Medicaid for Elderly and Persons with Disabilities (MEPD) specialist.

Creating a Fair Hearing in TIERS – Appeal/ADH Details Tab

Appeal Programs, TOA's and Continued Benefits Section

In this section, you are required to enter information specific to the EDG, Program, TOA and Issue code for the appeal being requested.

Appeal/ADH Details - Programs ?

Appellant Name:	Appellant Indv #:	Appeal ID:	Type Of Action: TIERS
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◀ Previous
Next ▶

Appeal Programs, TOA's and Continued Benefits

1 ▶ EDG/Legacy Case #:

2 ▶ Program: **4** ▶ TOA:

3 ▶ Issue Code:

5 Issue Comment:

6 ▶ Summary Of Agency Action and Citation(s):

7 ▶ Is client eligible for continued benefits?: **8** Appeal requested timely for continued benefits :

Step 1:	Select the EDG number from the drop-down box.
Step 2:	Select "Community Care" from the drop-down box.
Step 3:	Select the appropriate issue code for the action on appeal. If multiple issue codes exist for a given EDG, you may enter them separately.
Step 4:	Select the TOA associated to the appeal request.
Step 5:	Enter the issue comments. This field has maximum of 250 characters and can be used to describe the specifics of the issue code.
Step 6:	Enter the individual service plan (ISP) begin and end dates, as applicable, and applicable handbook reference(s) or rules. The begin and end dates must also be mentioned during the state fair hearing, so the hearings officer is aware of when the ISP year ends when rendering a hearing decision regarding the denial. <p>Note: This is also the location where you will notate that you are unable to obtain the appellant's email address, if you are not able to obtain the appellant's email address, as indicated on page 7, Step 1A of this document.</p>

Step 7:	Select "Yes" or "No" from the drop-down box for whether the appellant is eligible for continued benefits.	
Step 8:	Select "Yes" or "No" from the drop-down box for whether the appeal was requested timely for continued benefits.	
The following steps are not required to complete the appeal record, however, should always be answered if steps 7 and 8 are answered as "No".		
Step 9:	Select "Yes" or "No" from the drop-down box for whether there is good cause for the untimely appeal request.	Is there a good cause for non-timely?: <input type="text"/> ▼
Step 10:	Select "Yes" or "No" from the drop-down box for whether the household has waived their continued benefits. If this question is answered as "Yes" you will also answer the "Date Continued Benefits Waived" section.	Has household waived continued benefits?: <input type="text"/> ▼

Creating a Fair Hearing in TIERS – Appellant/Respondent Info Tab

In this tab you **must** enter identifying information for the appellant, their phone number, electronic, physical and mailing address, interpreter or special accommodation requirements, and all information about their appellant representative (AR), if any.

Appellant Information Section

Step 1:	There is only one step required in this section, to select the correct appellant from the drop-down box.
Step 1A:	Complete all fields with identifying information for the appellant. Ensure that the appellant's email address is entered in the "Appellant's Email Address" field.

Note: If you are unable to obtain the appellant’s email address, document that you are unable to obtain the appellant’s email address in the “Summary of Agency Action and Citation(s)” box, located on the “Appeal/ADH Details – Programs”, page.

Appellant Information Section

2 Physical Address

Str. #: Fraction: Dir.:

Str. Name/Rural Addr: Str. Type: Dwelling Type: #.

Address Line 2: County: City:

State: Zip Code: -

Is address validation required? [Physical Address History](#) Mailing address same as Physical

3 Mailing Address

Str. #: Fraction: Dir.:

Str. Name/Rural Addr: Str. Type: Dwelling Type: #.

Address Line 2: County: City:

State: Zip Code: -

Is address validation required? [Mailing Address History](#)

Step 2:	Enter the appellant’s physical address information and answer “Is address validation required?” as “Yes”. This will allow the system to verify the address with the USPS database for accuracy.
Note: If the appellant’s mailing address matches their physical, you may select the “Mailing address same as Physical” checkbox. This will prepopulate the mailing address with the physical address.	
Step 3:	If the “Mailing address same as Physical” checkbox was not used, enter the appellant’s mailing address information and answer “Is address validation required” as “Yes”.

Appellant Representative Mailing Address Sections

4 Appellant Representative

Appellant Representative Type:

Prefix: First: Middle: Last: Suffix:

Phone #: x Fax #: E-Mail:

Is interpreter needed?: Interpreter Language:

Language, If Other:

Is special accommodation needed?: Special Accommodation Type:

Permission to release information: Mailing address same as above

5 Mailing Address

Str. #: Fraction: Dir.:

Str. Name/Rural Addr: Str. Type: Dwelling Type: #:

Address Line 2: County: City:

State: Zip Code: -

Is address validation required?

Step 4:	Enter the appellant representative's information if one exists on the appeal record. If not, these fields can be left blank.
Note: If the AR or LAR's mailing address matches the appellant's, you may select the "Mailing address same as above" checkbox. This will prepopulate the AR or LAR's mailing address with the appellant's.	
Step 5:	If the "Mailing address same as above" checkbox was not used, enter the AR or LAR's mailing address information and answer "Is address validation required" as "Yes".

Creating a Fair Hearing in TIERS – Agency Rep Info Tab

In the "Agency Rep Info" tab, you will enter all information about the agency representative assigned to the appeal and their supervisor. Remember to use the employee MOR search feature to enter this information quickly and accurately.

PSU staff will ensure the following staff are listed as 'Agency Representative' and 'Agency Supervisor':

- medical necessity (MN) denials:
 - agency representative: TMHP representative;
 - agency supervisor: TMHP supervisor;
- Supplemental Security Income (SSI) denials:
 - agency representative: PSU staff;
 - agency supervisor: PSU supervisor;
- All other denial reasons, except MEPS or Texas Works (TW) Medicaid financial denials:
 - agency representative: MCO representative; and
 - agency supervisor: MCO supervisor.

PSU staff should contact the MCO if there is doubt as to who to list in the "Agency Rep Info" tab.

Agency Representative ?

Appellant Name:	Appellant Indv #:	Appeal ID:	Type Of Action: TIERS
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Agency Representative

1 **Search**

2 Are you a Texas Works or MEPD Employee?

Prefix: ▸ First: Middle: ▸ Last: Suffix:

Phone #: x Mail Code: E-Mail:

Fax #:

Mailing Address

Str. #: Fraction: Dir.:

Str. Name/Rural Addr: Str. Type: Dwelling Type: #:

Address Line 2: ▸ County: ▸ City:

▸ State: ▸ Zip Code: -

Is address validation required?

Step 1: Click on the MOR Search icon. This opens a new window with the required data fields to search for and select the assigned agency representative. By using this feature, not only will the system automatically enter all the required fields for the agency representative, but it will also enter the information for the agency representative's supervisor as well.

Note: All internal staff are required to use the MOR search function to complete the agency representative information. By using this feature, users will be able to receive electronic notices instead of manual correspondence by the United States Postal Services (USPS).

Employee Profile Search

Search Criteria 1					
Associated Office:	<input type="text"/>	Employee #:	<input type="text"/>	Job Title:	<input type="text"/>
First:	<input type="text"/>	Middle:	<input type="text"/>	Last:	<input type="text"/>
Experience Level:	<input type="text"/>	Language(s):	<input type="text" value="English"/>	Program(s):	<input type="text" value="Food Stamps"/>
Mail Code:	<input type="text"/>	Unit Name:	<input type="text"/>	Sub Program:	<input type="text"/>

Employee Profile Search Results

Employee Name	Employee #	Job Title	Unit Name	Experience Level
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Step 1.1:	<p>After clicking on the MOR Search icon, a new pop-up window will open labeled "Employee Profile Search".</p> <p>In the sub-menu labeled "Search Criteria" you will enter any relevant information regarding the person you wish to include and click on "Search". By entering their first and last name you will have a match.</p>
<p>Note: It is possible that multiple TIERS users share the same name. When this occurs, it is advised to enter an additional parameter such as the "Unit Name" or "Employee ID".</p>	

Employee Profile Search

Search Criteria					
Associated Office:	<input type="text"/>	Employee #:	<input type="text"/>	Job Title:	<input type="text"/>
First:	<input type="text"/>	Middle:	<input type="text"/>	Last:	<input type="text"/>
Experience Level:	<input type="text"/>	Language(s):	<input type="text" value="English Spanish Vietnamese"/>	Program(s):	<input type="text" value="Food Stamps Medicaid TANF"/>
Mail Code:	<input type="text"/>	Unit Name:	<input type="text"/>	Sub Program:	<input type="text"/>

Employee Profile Search Results

Employee Name	Employee #	Job Title	Unit Name	Experience Level

Step 1.2:	Once the query has run, all matches will display in the "Employee Profile Search Results" section. Here, you will see the employee's name, number, job title, unit name, and experience level.
Note:	Ensure the data matches who you intended to include into the hearing record before making your selection.

Employee Profile Search

Submit

Search Criteria					
Associated Office:	<input type="text"/>	Employee #:	<input type="text"/>	Job Title:	<input type="text"/>
First:	<input type="text"/>	Middle:	<input type="text"/>	Last:	<input type="text"/>
Experience Level:	<input type="text"/>	Language(s):	<input type="text"/> English <input type="text"/> Spanish <input type="text"/> Vietnamese	Program(s):	<input type="text"/> Food Stamps <input type="text"/> Medicaid <input type="text"/> TANF
Mail Code:	<input type="text"/>	Unit Name:	<input type="text"/>	Sub Program:	<input type="text"/>

Reset **Search**

Employee Profile Search Results

Employee Name	Employee #	Job Title	Unit Name	Experience Level
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Submit

Steps 1.3 and 1.4:	After reviewing the information shown in the "Employee Profile Search Results" section, select the radio button beside their respective information and click "Submit". By doing so, you will be taken back to the main "Agency Rep" tab and will be allowed to review the prepopulated information before continuing.
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Step 2:	Once the search has been completed, and the correct agency representative been selected, answer "Are you a Texas Works or MEPD Employee?" question.
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Note: If the MOR Search feature is not functioning or the assigned agency representative or external TIERS user cannot be found, you will enter their information manually. By entering their information manually, electronic notices will not be generated, only manual correspondence.

Remember to always answer "Is address validation required?" as "Yes".

Step 3:	Verify the agency representative supervisor information and mailing address. If correct, proceed to the next LUW. If blank or incorrect, data will be entered manually.
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Note: Using this feature will also populate the individual's supervisor information.

If a discrepancy is found, and you are an internal HHSC TIERS user, correct your employee, unit, or office profile before submitting the request. Once complete, use the MOR Search feature again and verify that the data now displays the correct information.

If a discrepancy is found and you are an external TIERS User or MCO, contact the Fair and Fraud Hearings TIERS Coordinator for corrections before submitting the appeal request.

If you identify a discrepancy after submitting the appeal request, submit a form H4800-A, Fair Hearing Request Summary (Addendum), to the Fair and Fraud Hearings mailbox of the assigned hearings officer's area. This information can be found in the H4803, Notice of Hearing.

Creating a Fair Hearing in TIERS – Other Participants Tab

In this tab you will enter the information for all other individuals participating in the appeal, if any. This may include additional agency representatives and staff, witnesses, attorneys or other interested parties.

PSU staff ensures the following staff are listed as 'Agency Witness;' 'Observer' or 'Other Participants,' as applicable:

- medical necessity (MN) denials:
 - agency witness: MCO representative and MCO supervisor;
 - observer: PSU staff and PSU supervisor;
 - other participants: N/A;
- Supplemental Security Income (SSI) denials:
 - agency witness: N/A;
 - observer: MCO representative and MCO supervisor;
 - other participants: no other participants may be listed unless otherwise specified (e.g., family member);
- All other denial reasons, except MEPD or TW denials:
 - agency witness: N/A;
 - observer: PSU staff and PSU supervisor; and
 - Other Participants: MCO representative.

PSU staff should contact the MCO if there is any doubt as to who to list in the "Other Participants" tab.

Step 1:	Select the type of participant being added from the "Other Participant Type" drop-down box.
Step 2:	Select the appropriate organization the participant is representing from the "Participant Organization" drop-down box.

Step 3: If available, enter all remaining information for the participant including their:

- Name, phone #, address, mail code, e-mail, fax #, interpreter requirements and language.

Mailing Address

Str. #: Fraction: Dir.:

Str. Name/Rural Addr: Str. Type: Dwelling Type: #:

Address Line 2: County: City:

State: Zip Code: -

Is address validation required?

Reset **Add**

Type	Name	Interpreter Language	Special Accommodation Type

Note: For agency representatives you may use the MOR search feature. This will automatically complete the required information for these participants. By entering their information manually, electronic notices will not be generated, only manual correspondence.

Step 4: Verify all information entered is correct and click on "Submit". If additional participants need to be added to the appeal record, repeat these steps for all.

Creating a Fair Hearing in TIERS – Send/Cancel Appeal Tab

This is the last step in creating an Appeal in TIERS. In this tab you finalize the appeal request by sending it to FFH staff. You may also cancel appeal requests through this tab if, for example, the appeal was added in error.

Submitting the Appeal Request

Send/Cancel Appeal/ADH

Appellant Name:	Appellant Indv #:	Appeal ID:	Type Of Action:

Previous **Submit**

1 **Send/Cancel**

Do you want to send the Appeal Information to Hearing Staff?

Do you want to cancel the appeal?

Cancellation Date: / /

Cancellation Reason:

Cancellation Comments:

Previous **Submit** **2**

Step 1:	Answer "Do you want to send the appeal information to Hearings Staff" as "Yes" from the drop-down box.
Step 2:	Click "Submit".
Step 3:	Once you click the submit button, you will receive the following message "Press OK to submit appeal or cancel to review before submitting." If you have completed your review of the record and are ready to submit the appeal request, click on "OK". If not, click "Cancel" and submit your request once ready.
Once you have submitted your appeal request and clicked "OK", the following validation message will appear: "Submit successful."	
When entry of all information is complete, TIERS assigns the appeal identification (ID) number. With this, you have completed the create appeal process.	

Canceling the Appeal Request

The screenshot shows a web form titled "Send/Cancel Appeal/ADH" with a help icon. At the top, there are four input fields: "Appellant Name:", "Appellant Indv #:", "Appeal ID:", and "Type Of Action:". Below these are "Previous" and "Submit" buttons. The main form area is titled "Send/Cancel" and contains two dropdown menus. The first dropdown is labeled "Do you want to send the Appeal Information to Hearing Staff?" and is circled with a red "1". The second dropdown is labeled "Do you want to cancel the appeal?" and is circled with a red "2". To the right of the second dropdown are three fields: "Cancellation Date:" (circled with a red "3"), "Cancellation Reason:" (circled with a red "4"), and "Cancellation Comments:" (circled with a red "5"). At the bottom right of the form are "Previous" and "Submit" buttons, with a red "6" circled next to the "Submit" button.

If you determine the appeal does not need to be sent to hearings staff or if information is incorrect and no changes can be made, you may cancel the request following the steps below:

Step 1:	Answer "No" to "Do you want to send to Hearings Staff?"
Step 2:	Answer "Yes" to "Do you want to cancel the appeal?"
Step 3:	Enter the cancellation date.

Step 4:	Select the cancellation reason from the drop-down box.
Step 5:	Enter cancellation comments if there is additional information related to canceling the appeal.
Step 6:	Click "Submit" then "OK".
Once you have cancelled your appeal request and clicked "OK", the following validation message will appear: "Submit successful."	