

Performance Outcome Payment Denial Decision Appeal Process

DCF Reviewer

POCC

W-2 Contractor

W-2 Contract Manager

Division Administrator

Recommends POP claim denial

Reviews denial recommendation

Agrees with denial recommendation.

Stop

Changes state reviewer code on WPOV to Claim Denied (CD) or Denial Initially Questioned (DI)

* Check POP Report 19 Daily

Agrees with the denial decision.

Stop

Within 10 business days, requests an appeal by submitting the POP Claim Denial Decision Appeal Form^a by email

Reviews appeal form and documents for completeness and for timely submission

Appeal form and documents are complete and submitted timely

Stop

Changes State Reviewer code on WPOV to 1st Level Appeal Pending (IP) and reviews the appeal within 10 business days from the date the appeal was received

Agrees with the denial decision

Stop

Changes State Reviewer code on WPOV to 1st Level Appeal Overturned (IO) and adds comments regarding how the decision was reached

Changes State Reviewer code on WPOV to 1st Level Appeal Upheld (IU) and adds comments regarding how the decision was reached.

Within 10 business days requests an appeal via e-mail^b

Agrees with the decision.

Stop

Changes State Reviewer code on WPOV to 2nd Level Appeal Pending (SP) and reviews the appeal within 10 business days from the date the appeal was received

Agrees with denial decision

Stop

Changes State Reviewer code on WPOV to 2nd Level Appeal Upheld (SU) and adds comments regarding how the decision was reached.

All Internal W-2 Contractor Appeals are Exhausted. End

***POP Report 19**

- W-2 Contractor must check POP Report 19 to see DCF reviewer status code
- POP Report 19 refreshes nightly and is available the next business day
- The W-2 Contractor will have 10 business days for the first and second level appeals from the first business day the POP Report 19 WPOV denial data is available on the report

a) The POP Claim Denial Decision Appeal Form will contain the following information:

- Agency Name
- Agency Contact
- Date Appeal Submitted
- Participant Name
- Participant PIN number
- Claim Number
- Claim Type
- Primary/Secondary employment
- 31/93 day period
- Narrative explaining why the W-2 Contractor believes the decision to be incorrect
- Any supporting documentation
- Reference to language from the W-2 Contractor Payment Structure document (POP Document)

b) The following will be required in the e-mail request for the 2nd level appeal:

- Claim Number
- Claim Type
- PIN
- Narrative with basis of disagreement
- Any additional documentation that had not previously been submitted