Policy & Procedure

ACCMHS

Allegan County Community Mental Health Services
P.O. Box 130, 3283 122nd Avenue, Allegan, MI 49010

POLICY/PROCEDURE TITLE: Provider Dispute Resolution **POLICY/PROCEDURE #:** 704 **Section:** Provider Network **Developed and maintained by:** Administrative Services Director **Scope:** ☒ ACCMHS Staff ☐ MH/IDD, ☐ Housing, ☐ SUD, ☐ Integrated Health, ☒ ACCMHS Contract Providers ☐ Other _____	**Approved By:** _____ (Executive Director) **Approved By:** _____ (Medical Director; *as applicable*)

DATES	
First Effective	06/2005
Revised	12/2020
Supersedes	12/2019

PURPOSE

To outline a process where providers contracted with Allegan County Community Mental Health Services (ACCMHS) can request a dispute resolution for decisions for non-service related issues.

POLICY

Allegan County Community Mental Health Services (ACCMHS) shall monitor contracted services to assure that a continuum of quality supports/services are provided by members of the Provider Network. When contract disputes occur between parties, ACCMHS will work to effectively resolve such disputes in an equitable manner. Providers contracted with ACCMHS can lodge complaints and request reconsideration (appeal) of decisions rendered by ACCMHS through the Provider Dispute Resolution Process.

PROCEDURES

A. Application

1. The Provider Dispute Resolution applies to the following*:

a. Denial or suspension of provider panel status with cause
b. Request for Proposal (RFP) awards/denials
c. Claims payments and authorizations
d. Reduction, suspension or adjustments of payments to providers
e. Results from provider monitoring activities and/or results reported on the Provider Summary Report
f. A sanction or decision to place provider on provisional status
g. Credentialing or re-credentialing decisions
h. Other non-clinical issues

* In accordance with MCL 330.1784, provider grievance and appeals do not apply to recipient rights complaints.

B. Informal Complaints

Providers are encouraged to resolve problems and disagreements with the appropriate ACCMHS staff person prior to making a formal request for dispute resolution. ACCMHS staff can be contacted regarding the disputes:

Dispute	ACCMHS Contacts 269.673.6617
Denial or suspension of provider panel status with cause	Provider Network Manager and/or Executive Director
Request for Proposal (RFP) awards/denials	Provider Network Manager
Claims payment and authorizations	Finance & Reimbursement Departments
Reduction, suspension or adjustments of payments to providers	Finance & Reimbursement Departments
Results from provider monitoring activities and/or results reported on the Provider Summary Report;	Provider Network Manager and/or Credentialing Committee
A sanction or decision to place provider on provisional status	Provider Network Manager and/or Credentialing Committee
Credentialing or re-credentialing decisions	Provider Network Manager and/or Credentialing Committee

C. Right to Dispute

Providers shall be notified of their right to request dispute resolution via the RFP decision; sanction notice; notice of change to claims payment and authorizations; notice of reductions, suspension, or adjustments of payments; and in the contractual agreements with ACCMHS. Providers will be informed of a progressive appeal process as part of the notification of a decision by ACCMHS.

D. Dispute Resolution

1. When a dispute cannot be resolved informally, the provider has the option of filing a formal written request for dispute resolution. ACCMHS reserves the right to use on-site claims, utilization, provider monitoring reviews and interviews with involved parties to make decisions. Requests for Dispute Resolution can be made to the Provider Network Manager or ACCMHS Customer Service.
2. ACCMHS must notify the provider in writing, of a decision regarding a grievance within 30 calendar days of receipt of the request, and offer an appeal request.
3. If the provider fails to submit a complete and timely request for reconsideration or a request for dispute resolution, the provider will be deemed to have accepted the ACCMHS's determination of the issues raised by the provider and to have waived all further internal or external processes regarding the issues.

E. Appeals

Appeals of decisions made by ACCMHS through the dispute resolution process must be filed in writing within 30 calendar days after receiving adverse notification from ACCMHS. Written request for appeal can be made to the Provider Network Manager or Customer Service. All claims are permanently denied after one year (365 days) from the date of service.

1. Level 1 Appeal
   The Appeal shall be reviewed by the ACCMHS department overseeing the area the appeal addresses. A written decision will be issued within 30 calendar days to the provider by the

department making the decision. Appeals involving more than $5000 will automatically be moved to a Level 2 Appeal.

2. Level 2 Appeal
   The provider has the option of filing a Level 2 Appeal, if dissatisfied with the decision of a Level 1 Appeal. A level 2 Appeal must be filed in writing within 20 calendar days to the Executive Director. A written decision will be issued by the Executive Director to the provider within 30 calendar days.
3. Level 3 Appeal
   The provider has the option of filing a Level 3 Appeal, if dissatisfied with the decision of a Level 2 Appeal. A level 3 Appeal must be filed in writing within 20 calendar days to the ACCMHS governing board, whose decision will be considered final. A written decision will be issued by the governing board to the provider within 30 calendar days.

F. Monitoring

Data will be collected and reviewed at least quarterly by the ACCMHS Quality Improvement Council on the type, frequency, and resolution of appeals to affect changes within ACCMHS, if necessary. Additional reporting requirements of this data may be necessary.