

POLICY AND PROCEDURE MANUAL	BCCMHA	PAGE 1 OF 4
CATEGORY - REIMBURSEMENT	CHAPTER 13	SUBJECT B
PROVIDER CLAIM DISPUTES	REVISED 05/13/08 02/21/14 03/01/11 02/19/15 10/10/16 05/26/17	EFFECTIVE 03/28/06

I. **PURPOSE**

To establish guidelines for the administration of claims and the appeal process established by Barry County Community Mental Health Authority (BCCMHA), incorporating all applicable state and federal regulations relative to the processing of behavioral health services claims.

II. **GOAL**

Resolve provider claim disputes at the lowest level possible.

III. **APPLICATION**

The provisions of this subject apply to administrative staff, billing and accounting at BCCMHA.

IV. **POLICY**

Providers have the right to appeal adverse actions taken by Barry County Community Mental Health Authority (BCCMHA). General reconsideration process can either be an appeal or claim dispute. Client rights can be found in Chapter 10 of the BCCMHA Policy and Procedure Manuals. A copy of this policy shall be given to Providers with each contract.

V. **STANDARDS**

Appeals

PROVIDER DISPUTE

Providers may appeal adverse decisions where they are being held financially responsible for charges on the basis of the following issues:

- Denied service authorization
- Pre-authorization of procedures, hospitalization or medications are denied
- Hospital length of stay denied or reduced
- Medical necessity denial
- Services denied due to contract/benefit plan limitation Provider Claim Disputes

Providers may request that claims denied for administrative reasons be reconsidered. Some examples of these claim denials are:

- Claim denied for member not eligible
- Claim denied for no authorization
- Claim denied for missing information
- Claim denied for delayed filing
- Claim underpaid due to billing/processing error
- Disagreement regarding payment methodology

VI. PROCEDURES

BCCMHA will respond to all calls or written inquiries from providers questioning claim denials or methodology for payment calculations. Resolution of these inquiries should include:

Level 1 Appeal: Provider will contact Reimbursement Officer at BCCMHA

- Documentation of the issue in system notes.
- Research to determine if re-processing is warranted due to error or additional information.
- Identification and correction of eligibility and system issues.
- Reimbursement Officer must reply within 30 days of receipt of Level 1 Appeal request.

Level 2 Appeal: If Level 1 Appeal is denied, provider will contact Reimbursement Supervisor at BCCMHA

- Submission of requests to have claims corrected, where appropriate.
- Involving provider relations, as needed, to resolve contractual issues and provide education.

PROVIDER DISPUTE

- Reimbursement Supervisor must reply within 30 days of receipt of Level 2 Appeal request.

Level 3 Appeal: If Level 2 Appeal is denied:

- Advising the provider of his right to appeal the issue through SWMBH's Director of Operations as the next step for appealing denied claims.

Role of Southwest Michigan Behavioral Health (SWMBH)

Southwest Michigan Behavioral Health will respond to calls or written inquiries from providers who feel their issue has not been resolved at the lower level regarding Medicaid claims. This review process will afford an opportunity to ensure that consistency and fairness have been applied in considering like situations.

REFERENCES

DHHS Master Contract
PA519 Section 424(c)
MDHHS
CMS
BBA
False Claim Act

ATTACHMENTS

Attachment A – BCCMHA Letter of Denial
Attachment B – BCCMHA Appeals

QUALITY IMPROVEMENT

The Quality Improvement Committee on an annual basis to enhance and improve the quality will evaluate this policy/procedure.

At any time employees can request in writing, on the form provided, that the Quality Improvement Committee review this policy or items in this policy. Employee's written requests can be given to any Quality Improvement Committee member.

When an area for improvement is indicated, the process for improvement as identified in the Quality Improvement Plan will be followed.

PROVIDER DISPUTE

APPROVED BY:

Richard Thiemkey

Date

Executive Director

Kelly Jenkins

Date

Chief Operating Officer

Tamie Case, MPA, CHC

Date

Corporate Compliance Officer

PROVIDER DISPUTE

REVIEW DATE

02/22/06

03/14/07

05/07/08

04/22/09 – SA Merger

03/10/10

02/23/11

02/15/12

02/20/13

02/19/14

02/18/15

02/17/16

10/05/16

02/15/17

05/17/17

03/07/18