

<b>POLICY AND PROCEDURE MANUAL</b>	<b>BCCMHA</b>	<b>PAGE 1 OF 6</b>
<b>CATEGORY – CORPORATE COMPLIANCE</b>	<b>CHAPTER 12</b>	<b>SUBJECT E</b>
<b>PROVIDER NETWORK DISPUTE AND APPEALS</b>	<b>REVISED 05/27/08 03/12/14 10/26/11 03/06/17</b>	<b>EFFECTIVE 08/24/06</b>

**I. PURPOSE**

The purpose of the provider network is to enroll competent and qualified providers to meet the needs of the population served by Barry County Community Mental Health Authority (BCCMHA). The policy establishes guidelines to address provider disputes and appeal decisions effecting the provider and enrollment within the provider network.

**II. APPLICATION**

The provisions of this policy apply to administrative staff of BCCMHA and contract providers.

**III. POLICY**

It shall be the policy of BCCMHA that all contractual providers have a right to appeal any decisions made in the network credentialing or re-credentialing process pursuant to actions related to a provider’s professional competency and conduct. These actions may include decisions made in the network credentialing or re-credentialing process, or instances when BCCMHA has chosen to discontinue a provider’s participating status with the network based on issues of quality of care/service. It also may include action taken as a result of any other breaches highlighted in the contract as a “material breach” and a potential cause for termination such as non-discrimination, non-compliance with applicable laws, non-compliance with client recipient rights and client grievance procedures, etc.

This appeals process does not apply to medical necessity appeals or conditions dictated in the provider contract that may result in immediate termination such as provider loss of required certification/licensure; listing of the provider by a department or agency of the State of Michigan as being suspended from service participation in the Michigan Medicaid and/or Medicare programs; listing of the provider by a department or agency as being suspended from service participation by the federal government; and/or the provider being listed by a department or agency of the State of Michigan in its registry for Unfair Labor practices. See the provider contract for a full listing of conditions for immediate termination.

PROVIDER DISPUTE & APPEAL

This policy will be provided to all applicants. BCCMHA reserves the right to limit the number of providers of any particular service. Should the denial of network status be based upon the lack of need for additional capacity there is no untoward effect, thus the decision is final.

**IV. DEFINITIONS**

**Adverse Notification:** A notice, by any means, that documents the denial of participation as a panel provider.

**Appeal:** A formal process which is established so that providers may request reconsideration of an action that has been made by BCCMHA and/or by Southwest Michigan Behavioral Health.

**Organizational Provider:** Entities that directly employ and/or contract with individuals to provide behavioral health care services. Examples of organizational providers include, but are not limited to: Community Mental Health Services Programs; homes of the aged; and home health agencies.

**Facility Provider:** A qualified treatment system, facility, or organization providing or seeking to provide behavioral health support or direct care services that is authorized for contracting through the credentialing and privileging process as evidenced by appropriate degree, licensure, certification, registration or accreditation and standards of quality.

**Group/Individually Licensed Provider:** An individual contracted with by BCCMHA to provide behavioral health care, support, or services who has met the qualifications evidenced by education, training, certification, registration, or experience. The provider is required to hold a professional licensure, certification, or registration (i.e., OTR, LLP, etc.).

**Independent Contract Provider:** An individual contracted with BCCMHA to provide behavioral health care, support, or services, who has met the qualifications as evidenced by education, training, or experience. The provider is not required to hold a professional licensure, certification, or registration (i.e., SLP, BSW, etc.)

**Specialized Residential Providers:** Licensed foster care homes operating with a specialized certification from the Department of Health and Human Services.

## PROVIDER DISPUTE & APPEAL

### **V. PROCEDURES/STANDARDS**

#### REQUEST FOR REVIEWS

If an organizational provider, facility provider, licensed provider, or specialized residential provider disagrees with a determination by BCCMHA in the application process, and wishes to have the matter reviewed at a higher level; provider may do so by submitting a written request to BCCMHA Contract Manager within 30 calendar days of disposition. The request must include the following:

- Area of dispute;
- Justification for the appeal; and
- Documentation to support the appeal, including a copy of the results/descriptions for each service.

#### APPEAL PROCESS

The BCCMHA provider appeal process contains a reconsideration review at two levels. The provider has the right to present relevant information at each review level of appeal. BCCMHA's Executive Director shall appoint a liaison to serve as a liaison/representative to the provider's liaison/representative. All disputes concerning professional conduct or competence will be referred to a first-level panel. See Attachment A, Appeal Request Form.

BCCMHA's liaison/representative will refer the provider appeal to a first-level panel for review. Panel members will be appointed by the Executive Director. This panel will contain at least three qualified individuals, of which one shall be a participating provider not otherwise involved in network management, including participation on other committees, and who is a clinical peer of the participating provider filing the dispute. The panel will review the provider's request and forward their decision to the payer's liaison/representative. BCCMHA's liaison will communicate their decision, in writing, to the appeal provider within 30 days from receipt of the provider request.

Disputes that are not resolved at the first level panel will have access to additional consideration from Southwest Michigan Behavioral Health (SWMBH) acting as a second level panel. The provider will need to submit a written request for additional consideration to the Behavioral Health Provider Network Manager within 30 calendar days of the decision by BCCMHA's appeal panel. The second level of panel will consist of at least three individuals that were not involved in the first panel, one of which will be a clinical peer participating provider not otherwise involved in Network Management. The panel will review the provider's request and make determination on the issue.

## **PROVIDER DISPUTE & APPEAL**

BCCMHA'S representative will communicate the decision, in writing, to the appealing provider within 30 days from receipt of the second-level appeal request. SWMBH will provide BCCMHA with a copy of the appeal determination.

## **SANCTIONS**

When a provider has been approved for the BCCMHA network, the provider agreement will be subject to the following:

1. Termination of the agreement will automatically occur if the facility or individual provider's accreditation/certification/licensure is impaired, suspended, or lost, or if the facility or individual provider is convicted of a felony effecting the provision of behavioral health care.
2. Either party may, without cause, terminate the agreement upon 30 days written notice, except in the event of automatic termination.

## **REFERENCES**

BCCMHA  
CARF  
BBA 438.214  
DHHS Cred. Technical Guide

## **ATTACHMENTS**

Attachment A - Appeal Request Form

## **QUALITY IMPROVEMENT**

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

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 & APPEAL

**APPROVED BY:**

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Richard Thiemkey  
Executive Director

Date

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Jill Bishop, MA, LLP, CMHP, QMHP, QIDP  
Clinical Director

Date

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Fay Featherly, MA, LLP, CAADC, CMHP, QIDP, QMHP  
Clinical Services Coordinator

Date

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Amanda Hiltz, MA, LLP, CAADC, QMHP, CMHP, QIDP  
Case Management Supervisor

Date

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Jayne Eaton  
Positive Directions Operations Manager/Safety Officer

Date

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Emily Whisner, MA, LLP, QMHP  
Chief Clinical Officer

Date

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Tamie Case, MPA, CHC  
Corporate Compliance Officer/Contract Manager

Date

PROVIDER DISPUTE & APPEAL

REVIEW DATE

02/28/07  
04/23/08  
04/22/09 – SA Merger  
03/10/10  
02/23/11  
08/24/11  
09/14/11  
02/15/12  
02/20/13  
02/19/14  
02/18/15  
02/17/16  
02/15/17  
03/07/18  
02/13/19  
10/21/2020