**WOODLANDS BEHAVIORAL HEALTHCARE NETWORK**

**POLICY & PROCEDURE**

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| **Title:** | | | | **Section:** |
| **Provider Appeals & Grievances** | | | | **Finance/Claims** |
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| **Applies to:** | | | | **Page:** |
| WBHN Staff WBHN Contract Providers | | | |  |
| **Doc. Number:** | **Effective Date:** | **Revised Date:** | **Annual Review:** | **Responsible Staff:** |
| 7-013 |  | 02/22 | 05/2023 | Finance/Claims |

**PURPOSE**

To articulate the standards and procedures of Woodlands Behavioral Health Network (WBHN) regarding claims appeals made by providers that are not related to medical necessity criteria regarding claims.

**POLICY**

Providers have the right to appeal adverse actions taken by WBHN in regard to claims

denials.

**PROCEDURE**

1. Appeals
2. Providers may appeal adverse decisions where they are being held financially responsible for chargers on the basis of the following non-clinical related issues, including but not limited to:
   1. Denied service authorizations
   2. Services denied due to contract/benefit plan limitation
   3. Reduction, suspension, or denial of payment
   4. Denied for delayed filing
   5. Denied for member eligibility
   6. Denied for failure to provider Third Part Liability information
3. Notification of the Right to appeal information is included in each provider contract.
4. All provider appeals of claim payments should be made within 30 days of denial and will not be accepted after 180 days post denial date. Any claims denied beyond this time frame are considered to have reached a FINAL resolution.
5. Within 10 days after a provider appeal request, a preliminary review of the claim and appeal to determine if additional information from provider is required will be done by the claims processing department. If additional information is required, the provider will be notified of the request.
6. The provider must submit all documents, written statements, and other documentation that supports the appeal within 10 days from receipt of the request. The provider should also include a copy of any denial notice/remittance advice and the dollar amount of the claim for each disputed claim.
7. Claims processors will review the appeal and added information and determine if the denial should be overturned. If the denial is upheld, the appeal and documentation will be directed to the CEO for final review and determination.
8. Final determination of appeal will be completed within 30 days of receipt of requested information. The final determination will be made in writing and explain the facts upon which the determination is made. The decision of the Chief Administrative Officer is considered final.
9. WBHN Progressive Appeal Process – 3 Steps:
   1. 1st appeal to the CFO – 14 days to respond
   2. 2nd appeal to the CEO if not satisfied with 1st appeal – additional 14 days to respond
   3. 3rd and final appeal to Southwest Michigan Behavioral Health (SWMBH) Director of Operations. Formal appeals for payment made to SWMBH will receive a response within 30 days.
10. Claims submitted beyond 365 days post service date will not be considered for payment or appeal.
11. Role of Woodlands
    1. Woodlands is required to have a Provider Grievance and Appeal policy and procedure that comports with the contract between Woodlands and the PIHP/Southwest Michigan Behavioral Health (SWMBH) and Medicaid regulations. Woodlands will convey its procedure for provider appeals to each of its contracted providers. The process must include timeframes to appeal and at least two levels to submit appeals and identify the individuals/staff responsible to respond to appeals and the timeframes by which responses to appeals must be made.
    2. Upon resolution of a provide claims appeal, documentation must be present within the claim system and made available upon request during site reviews.
    3. Woodlands may, as a final step, appeal any Medicaid claims dispute decisions to the SWMBH Chief Administrative Officer.
12. Role of SWMBH
    1. SWMBH will respond to calls or written inquiries from providers who feel their issue has no been resolved at the CMHSP level. This review process will afford an opportunity to ensure that consistency and fairness has been applied in considering situations across the region.
    2. Formal appeals for payment made to SWMBH will receive response within 30 days.