

**MADERA COUNTY
BEHAVIORAL HEALTH SERVICES**

POLICY NO.: MHP 34:00

SUBJECT: PROVIDER COMPLAINT AND APPEAL PROCESS

POLICY:

Providers have the right to access the provider appeal process at any time before, during or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for a Mental Health Plan (MHP) payment authorization or the processing or payment of a provider’s claim to MHP.

PURPOSE:

To define and inform providers of the process to register a complaint and appeal a denial or modification for payment.

PROCEDURE:

Good provider relations are essential to the effective delivery of mental health services. The following describes the process by which providers may address their complaints and appeals to the Madera County MHP for resolution.

I. Definitions

- A. Services: inpatient or outpatient Medi-Cal mental health services.
- B. Complaint: a statement registered by a provider regarding a problem that can be resolved informally.
- C. Non-Contracting Provider: a mental health provider who does not have a contract with MHP but may do business with MHP for specific reasons (e.g., provision of emergency, out-of-area or one-time client care).
- D. Provider: a mental health provider who has a contract with MHP to provide services to Medi-Cal beneficiaries.
- E. Mental Health Plan (MHP): responsible for the administration of Medi-Cal mental health services in Madera County.

II. Informal Complaint Process

- A. Provider complaints may address one or more of the following:
 - 1. Lack or level of payment for an authorized or emergency claim.
 - 2. Delay of payments
 - 3. Lack of information or cooperation by MHP staff.
 - 4. Disagreement by the provider with utilization review decisions

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made by MHP staff.

- 5. A dispute with MHP regarding interpretations of provider action which are reasons for contract terminations.
- 6. Other issues as determined by the provider.
- B. A provider may present a complaint to the Managed Care Coordinator by telephone, in person or in writing.
 - 1. The Managed Care Coordinator will attempt to resolve the complaint. Suggested solutions will be provided to the complainant within two weeks from receipt of the complaint.
 - 2. If the provider is not satisfied with the response, the provider may file an appeal under the circumstances listed in section III. below.

III. Appeals: Formal Problem Resolution Process

A provider has the right to access the provider appeal process at any time before, during or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for MHP payment authorization or the processing or payment of a providers claim to MHP.

A. Denial of Authorization for Services

- 1. A provider may file a written appeal concerning the denial for authorization of specialty mental health services directly to the Behavioral Health Services Director, or designee.
- 2. The written appeal shall be submitted to the Behavioral Health Services Director, or designee, within thirty (30) calendar days of the postmark date of the notification of the denial.
- 3. The appeal shall be reviewed and a decision made by the Behavioral Health Services Director, or designee, and other qualified staff as assigned by the Behavioral Health Services Director, or designee.
 - a. MHP shall use personnel not involved in the initial decision to respond to the provider's appeal.
- 4. The Behavioral Health Services Director, or designee, will have thirty (30) days from the post mark or fax date of receipt of the appeal to complete an evaluation of the appeal.
- 5. The provider will be notified in writing if the appeal is upheld or there is a proposed resolution (partial authorization of services or payment) or no basis is found for altering the original decision.
- 6. This formal process may also be utilized by any residential treatment program provider. MHP will respond within 48 hours of receipt of all required materials.

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B. Denial of Claim Payments

1. Providers who receive payment directly from EDS may file a written appeal concerning the denial or delay of claim payments for specialty mental health services directly to the fiscal intermediary (EDS). The fiscal intermediary will have thirty (30) days from the post mark or fax date of receipt of the appeal to respond in writing to the provider.
2. Providers who receive payment directly from MHP may file a written appeal concerning the denial or delay of claim payments directly to the Behavioral Health Services Director, or designee.
3. The written appeal shall be submitted to the Behavioral Health Services Director, or designee, within thirty (30) calendar days of the postmark date of the notification of denial or delay of claim payments.
4. The Behavioral Health Services Director, or designee, shall have ten (10) working days from the post mark or fax date of receipt of the appeal to complete an evaluation of the appeal.
5. The appeal shall be reviewed and a decision made by the Behavioral Health Services Director, or designee, and other qualified staff as assigned by the Behavioral Health Services Director, or designee. Personnel not involved in the initial denial decision will be used to respond to the provider's appeal.
6. The provider will be notified in writing if the appeal is upheld, if there is a proposed resolution (i.e., partial payment) or no basis is found for altering the original decision.
7. If the provider appeal is upheld or partial payment is approved, the Behavioral Health Services Director, or designee, will have fifteen (15) working days to process the claim for payment to the provider.
8. The Behavioral Health Services Director, or designee, shall maintain a log of all MHP Formal Problem Resolution Requests and decisions, including disposition of the problems, which shall be submitted monthly to the County Mental Health Quality Improvement Committee.
9. The Formal Problem Resolution Log information shall include a method for identifying the provider, date of receipt, nature of the problem, time period allowed for resolution, party responsible for addressing the problem, date for resolution or disposition of the problem.
 - a. These records will be open to review by the State Department of Mental Health, State Department of Health

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Services and the Federal oversight agency.

- b. The Log shall document the resolution of the problem within 30 calendar days of its receipt, or the reason why it could not be resolved.
- 10. The formal problem resolution process may be utilized by any residential treatment program provider. MHP will respond within 48 hours of receipt of all required materials.
- 11. MHP may file an appeal concerning the processing or payment of its claim for services paid through the Short-Doyle/Medi-Cal system to the Department of Mental Health.
- C. The contact person for all beneficiary and provider problems and appeals is:

**Mental Health Plan Supervisor
Madera County Behavioral Health Services
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Madera, CA 93639-1288
(559) 675-7850; FAX (559) 675-7758**

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