

POLICY & PROCEDURE

CHAPTER 03 NUMBER 031.008

RE: EXTERNAL PROVIDER CLAIMS APPEAL PROCESS

APPLICATION: PERSON(S) RESPONSIBLE FOR CLAIMS PROCESSING, FINANCE OFFICER

POLICY: ESTABLISH AND MAINTAIN PROCEDURES FOR TIMELY SUBMISSION AND PROCESSING OF CLAIMS FOR EXTERNAL PROVIDERS THAT MEET REGULATORY STANDARDS AND INCLUDE AN AVENUE FOR CLAIMS APPEAL AND DISPUTE RESOLUTION

POLICY

REFERENCES: MDHHS PIHP CONTRACT REQUIREMENTS SECTION 1.N.7.C

I. GENERAL OVERVIEW

External providers may appeal adverse decisions in which they are being denied full or partial payment for charges on the basis of non-clinical issues. Frequent examples of claim denials are:

- Claim denied due to contract and/or benefit plan limitation(s)
- Claim denied for no authorization
- Claim denied for missing information
- Claim denied for delayed filing
- Claim underpaid due to billing/processing error
- Claim underpaid due to authorized units being exceeded
- Claim conflicts with another claim/service activity log

All provider appeals of claim payment should be made within 30 days of receiving denial. Appeals will not be accepted after 180 days from the denial. Any appeal received beyond 180 days from denial is considered to have reached a final resolution and will remain denied.

All provider appeals should be submitted to: Pines Behavioral Health Services, Attn: Claims Department, 200 Vista Dr., Coldwater, Michigan 49036.

Appeals will be tracked by the Claims Processor via an Excel spreadsheet to ensure timelines are followed by both the provider and the affiliate.

Within 10 days after a provider appeal request is received, a preliminary review of the claim and appeal details will be conducted to determine if additional information from the provider is required. If additional information is required, the provider will be notified in writing. The provider must submit all requested documentation supporting the appeal within 10 days from receipt of the affiliate request for additional documentation.

Final determination of the claim status will be made within 30 days of receipt of all requested information. The final determination will be made in writing and outline the facts upon which the determination was made. This determination can be made by the Claims Processor or Finance Officer.

If the appeal is denied, the provider may submit a written request for an additional review within 30 days of receipt of the denial notification. Written notice of the secondary review of the appeal shall be completed within 30 days of receipt of the request. This determination can be made by the Finance Officer or Chief Executive Officer.

As a final step, the provider may appeal any claims dispute decision to the SWMBH Chief Administrative Officer. The provider should submit a written request for a third level review within 30 days of the secondary denial notification to Pines Behavioral Health Service for it to be forwarded to SWMBH for review.

All time limits for the submission of an appeal are unnegotiable. The failure to meet an appeal deadline at any stage shall result in a final resolution to the claim.

Original: 6/29/11	RNR: 5/29/19
Revised: 5/23/12	RNR: 3/17/20
Revised: 2/6/15	RNR: 4/20/21
Revised: 3/30/16	Revised: 5/12/22
Revised: 3/8/17	Revised: 7/7/22
Revised: 3/13/18	RNR 8/23/23

Approved by: *Sue Germann* Date: 8/23/23
Susan M. Germann, CEO

PINES BEHAVIORAL HEALTH SERVICES PROVIDER APPEALS OF EXTERNAL CLAIM(S)

Provider Information

Provider Name: _____

Contact Name: _____ Contact Phone/Email: _____

Please indicate the level of appeal you are filing: Level 1 Level 2 Level 3 – SWMBH

Claim Information

Consumer ID #: _____ Batch ID #: _____ Claim #: _____

Billing Code (CPT & Modifier): _____

DOS: _____

(If time based code, please include start/stop time for each DOS; attach separate sheet if needed)

Total Amount of Appeal Requested: \$ _____

Reason for Appeal: _____

External Provider Signature _____ Date _____

PINES BHS ADMINISTRATIVE REVIEW

Date Appeal Received: _____ Date of Review: _____

Decision: Full Payment Approved Partial Payment Approved Appeal Denied

Amount approved for reimbursement: \$ _____ Pay from: GF Insurance

Determination notes: _____

Reviewed by: _____ Approved by: _____
Title, Date Title, Date

Send all appeals to: Pines Behavioral Health Services
Provider Appeals
200 Vista Dr., Coldwater, MI 49036
klangworthy@pinesbhs.org, FAX: 517-279-8172