



## POLICY AND PROCEDURE MANUAL

SUBJECT: Provider Appeal and Post-Appeal Process	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: April 1, 2020	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: Part II(A) 7.8.2; 7.0 Other:	Last Review Date: May 6, 2020	Past Review Date:
Policy: <input checked="" type="checkbox"/>  Procedure: <input type="checkbox"/>	Review Cycle: Annual  Author: NMRE Provider Network manager	Responsible Department: Quality	Reviewers: NMRE Chief Executive Officer

### Definitions

**Community Mental Health Services Program (CMHSP):** For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

**Network Provider:** Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

**Northern Michigan Regional Entity (NMRE):** The PIHP for Region 2, the 21-counties located in Michigan's northern lower peninsula.

**Prepaid Inpatient Health Plan (PIHP):** One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, development disabilities, and substance use.

**Provider Appeal:** An appeal of any adverse action taken by the NMRE against a Network Provider, other than those for which the NMRE has no control. (e.g., exclusion from participation in Medicaid, license revocation, court findings, etc.)

### Purpose

The purpose is to establish a written mechanism to respond to Provider Appeals.

### Policy

The NMRE will ensure that all Network Providers have the right to a fair and efficient process for appealing decisions that adversely affect the Network Provider. The NMRE reserves the right to review its Network Providers' policies and procedures that address Provider Appeals.

Adverse decisions affecting a Provider may include:

- (1) Single service authorization decisions,
- (2) Termination of participation, suspension, revocation, and/or reduction in the level of credentialing or privileging,
- (3) Cited violations of contract obligations or responsibilities
- (4) Sanctions imposed for unnecessary, inappropriate, or poor-quality service provided to NMRE clients,
- (5) Findings on outcomes of performance reviews or investigations related to due process or procedural obligations related to Recipient Rights, Customer Service, etc.,
- (6) Adverse outcome of credentialing/contracting decisions for participation on NMRE Provider Panel,
- (7) Claims and billing disputes.

### Approval Signature



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NMRE Chief Executive Officer

April 1, 2020

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Date

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### Procedure

- A. Within ten (10) business days of receipt of an adverse decision, an NMRE Network Provider may request, in writing, the NMRE Provider Appeal Policy and Procedure. The written request must include the basis for the appeal and include supporting documentation.
- B. Upon receipt of a Provider Appeal, the NMRE will:
  1. Log the appeal.
  2. Contact and document communication with the appealing Provider.
  3. Process the disputed issue by routing to the most appropriate NMRE staff who was not involved in rendering the original decision including the NMRE Medical Director, Managing Director of Quality and Customer Services, or Managing Director of Substance Abuse Services.
  4. Route all appeals of single service authorizations to the NMRE Medical Director who will make the final decision.
  5. The NMRE will take one of the following actions:
    - a. affirm the original decision;
    - b. overrule the original decision;
    - c. request additional written documentation from the Provider;
    - d. request that the Network Provider appear in person to discuss the adverse determination and grounds for appealing that determination.
- C. The NMRE will rule on the disputed issue within thirty (30) days of receipt of the appeal. Written notice of the NMRE's Appeal Decision will be sent to the Network Provider within five (5) days following the decision.
- D. In situations other than a single service authorization appeal, if a Network Provider chooses to further appeal a decision, the Network Provider will inform the NMRE of its intent to utilize the post-appeal process within ten (10) days following receipt of the Appeal Decision. Service authorization decisions are not subject to the post-appeal process.
- E. Upon receipt of a request for post-appeal review, the NMRE will:
  1. Log the post-appeal,
  2. Contact and document communication with the appealing Provider,
  3. Process the dispute, routing the issue to the NMRE Chief Executive Officer,
  4. The NMRE Chief Executive Officer take one of the following actions:

- a. affirm the original decision;
  - b. overrule the original decision;
  - c. request additional written documentation from the Provider;
  - d. request that the Network Provider appear in person to discuss the adverse determination and grounds for appealing that determination.
- F. The NMRE Chief Executive Officer will rule on the post-appeal of the disputed issue within thirty (30) days of receipt of the appeal. Written notice of the NMRE's Post-Appeal Decision will be sent to the Network Provider within five (5) days following the decision.
- G. If an adverse determination by the NMRE results in termination from participation in the NMRE Provider Network, the affected Provider will be barred from reapplying for participation for a minimum of twelve (12) months. If after the twelve-month period the Provider chooses to reapply for participation, the Provider will include in the application reference to the adverse determination, which caused the previous rejection or termination. The NMRE may use information contained in the Provider file to determine whether to readmit the Provider to the NMRE Provider Panel.
- H. The NMRE will ensure the confidentiality of information involved in a Provider appeal or post-appeal by adhering to a strict need-to-know basis and refraining from disclosing or discussing the nature of the situation outside of the process described herein.

Approval Signature



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NMRE Chief Executive Officer

April 1, 2020

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Date