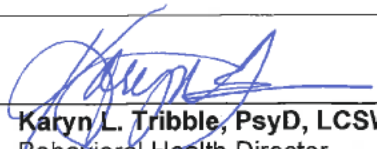




By: 
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Behavioral Health Director

POLICY TITLE

Provider Problem Resolution and Appeals

Policy No: 1303-1

Date of Original Approval: 12/16/19

Date(s) of Revision(s):

PURPOSE

This policy outlines a method for providers to notify Alameda County Behavioral Health (ACBH) of problems or concerns regarding authorization of services, payments, or other general issues and establishes an appeals process.

AUTHORITY

- Title 9, Code of Regulations (CCR), § 1850.305. General Provision
- Title 9, Code of Regulations (CCR), § 1850.310. Provider Problem Resolution Process
- Title 9, Code of Regulations (CCR), § 1850.315. Provider Appeal Process
- Title 9, Code of Regulations (CCR), § 1850.320. Provider Appeals to the Department
- Title 9, Code of Regulations (CCR), § 1850.325. Provider Appeal Process - Claims Processing
- Title 9, Code of Regulations (CCR), § 1850.350. MHP/MHP Subcontractor Client Record Review Findings Appeal Process
- Alameda County's MHP Contract #17-94572 with the California State Department of Health Care Services (DHCS)
- Alameda County's Intergovernmental Agreement (IA) #17-94062 (G)(2-8) with the State Department of Health Care Services (DHCS)

SCOPE

This policy applies to all entities, individuals and programs providing mental health or substance use disorder services under a contract or subcontract with ACBH.

POLICY

The Provider Problem Resolution and Appeals policy establishes the procedure for providers to notify ACBH of problems or concerns, appeal processes and timelines.

PROCEDURE

I. Departmental Contacts For Provider Problems

Providers should follow the process described below to contact the ACBH department directly related to their concern or issue.

Concern or Issue	Department to Contact	Contact Information	Additional information
Contracts or invoicing payment issues	Network Office	Call (510) 567-8296 Fax (510) 567-8290	
Mental Health Plan (MHP) Fee for Service (FFS) claim	Provider Relations - Claims Processing	Call (510) 383-1582 Fax (510) 777-2225	A Claims Inquiry Form along with a copy of the claim may be required. A response will be sent to the provider within 10 calendar days of the receipt of a Claims Inquiry Form.
Payment authorizations for psychiatric inpatient hospital or psychiatric health facility services	Utilization Management	Call (510) 567-8141 Fax (510) 436-9025 Fax (510) 436-9026 Efax (888) 560-8068	
Clinical documentation, Clinical Quality Review Teams (CQRT), audit results/recoupments, credentialing or Medi-Cal site certifications	Quality Assurance (QA) <i>(Providers may also contact their designated QA Technical Support Staff person directly.)</i>	Call (510) 567-8105 Fax (510) 567-8277	
Any other concern or problem	Quality Improvement (QI)	Call (510) 567-8083 Fax (510) 567-8277	

The Quality Improvement (QI) office will keep a log of all provider concerns and problems and their resolution for purposes of quality improvement. The log will be part of the Quality Improvement Committee protocols.

II. Provider Appeals

A. Any provider (organizational, group, or individual) may formally appeal an ACBH decision regarding a dispute only concerning one of the following items:

- Processing or payment of a **provider's invoice**
- Processing or payment of a **provider's claim**
- A denied or modified request for a **payment authorization**

A provider may appeal the decision formally in writing at any time before, during or after initially contacting ACBH regarding the problem or concern. However, the appeal must ultimately be submitted within 90 days of the provider's receipt of the ACBH decision.

III. Provider Appeal Process

A. Appeals Regarding Invoice Submission For Organizational Providers

1. A provider may appeal a denied decision regarding the processing or payment of an invoice submitted to the ACBH Network Office within 90 calendar days of the provider's receipt of the decision.

2. Supporting documentation shall include, but not is not limited to:
 - A copy of the original decision.
 - A summary of reasons why ACBH should have approved payment
 - A contact person(s) name, address and phone number.
3. Submit the appeal to:

ACBH Network Office
Attn: Network Office Director (Appeal)
1900 Embarcadero Cove, Suite 205
Oakland, CA 94606

Or

Contracts@acgov.org

4. Appeals will be reviewed by the Network Office Supervisor or Manager.
5. Providers will receive a written response to their appeal from ACBH no later than 60 calendar days from the time it is received.
6. Denials that are upheld in the appeal process will be submitted to the ACBH Director or designee(s) before a written response is made to the appellant.
7. The written response shall include a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

B. Appeals Regarding Claim Submissions For Mental Health Plan Fee-For-Service Providers (Both Individual And Group)

1. A provider may appeal a denied decision regarding the processing or payment of a claim within 90 calendar days of the provider's receipt of the decision.
2. The appeal must be submitted in writing using the "ACBH MHP Appeal Form" per the MHP FFS Provider handbook instructions. Supporting documentation shall include, but not is not limited to:
 - A copy of the original claim submitted to ACBH
 - A copy of the ACBH denial and any previous correspondence with the ACBH
 - Any Medicare or insurance denial or Explanation of Benefits (EOB) documentation
 - Any pertinent documentation supporting the appeal
 - A contact person(s) name, address and phone number.
3. Submit the appeal to:

ACBH-MHP Provider Relations Dept.
P.O. Box 738
San Leandro, CA 94577-0738

4. Appeals will be reviewed by the Claims Unit Supervisor or Manager.

5. Providers will receive a written response to their appeal from ACBH no later than 60 calendar days from the time it is received.
6. Denials that are upheld in the appeal process will be submitted to the ACBH Director or designee(s) before a written response is made to the appellant.
7. The written response shall include a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

C. Appeals Regarding Payment Authorizations For Psychiatric Inpatient Hospital Or Psychiatric Health Facility Services

1. A provider may appeal a denied or modified request for payment of psychiatric inpatient hospital or psychiatric health facility services within 90 calendar days of the date of the denial or modification decision. The appeal must be in writing and include supporting documentation.
2. Supporting documentation shall include, but is not limited to:
 - A copy of the original written ACBH decision.
 - Any documentation supporting allegations related to timeliness, if an issue, including copies of fax records, phone records or memos.
 - Clinical records supporting the existence of medical necessity, if an issue.
 - A summary of reasons why you feel ACBH should have approved the requested payment, including type, for either psychiatric inpatient hospital or psychiatric health facility services.
 - A contact person(s) name, address and phone number.
3. Submit the appeal to:

Utilization Management Program (UM)
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

4. Appeals will be reviewed by the ACBH Utilization Management Program.
5. Providers will receive a written response to their appeal from ACBH no later than 60 calendar days from the time it is received.
6. The written response shall include a statement of the reason(s) for the decision that addresses each issue(s) raised by the provider, and any action required by the provider to implement the decision.
7. If the decision involves a modification to an existing authorization the provider may be required to submit a revised Treatment Authorization Request (TAR) within 30 Calendar Days.
8. If the appeal is approved and the response so indicates, the provider may be asked to submit a revised TAR to the ACBH Utilization Management Program within 30 calendar days of receipt of the approval.
9. The ACBH Utilization Management Program will submit a copy of the approved TAR to the provider and submit the TAR to the Medi-Cal Fiscal Intermediary (FI) within 14 calendar days from receipt of the provider's revised request.

10. Hospital Providers May Appeal the First Level ACBH Denial of an Appeal for Payment Authorization of Emergency Services to the Department of Health Care Services (DHCS). This is referred to as a Second Level Appeal.
11. State regulations define an emergency psychiatric condition as one which requires voluntary or involuntary hospitalization and meets the criteria for medical necessity for psychiatric inpatient hospital services.
12. Within 30 days after receiving denial of an appeal for payment authorization of emergency services, a provider may file an appeal with DHCS. This process is described in Chapter 11, Title 9, Division 1, California Code of Regulations, section 1850.305 Provider Problem Resolution and Appeal Processes referenced in the Authority section above and in the ACBH Utilization Management Policies & Procedures: IP1 Appeal Procedures: First and Second Level for Psychiatric Inpatient Hospital Service Reimbursement Denials (Attachment A).

NON-COMPLIANCE

If ACBH does not respond within 60 calendar days to any appeal referenced above, the appeal shall be considered denied in full by ACBH.

If no response or untimely response providers may contact the ACBH director or their designee at (510) 567-8100 or may contact DHCS directly to file a grievance.

CONTACT INFORMATION

ACBH Office	Current as of	Email or Phone
Network Office	September 3, 2019	Contracts@acgov.org
Provider Relations Claims Processing	September 3, 2019	(510) 383-1582
Utilization Management	September 3, 2019	(510) 567-8141
Quality Assurance	September 3, 2019	QAOffice@acgov.org
Quality Improvement	September 3, 2019	QITeam@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Lisa Moore, Karen Capece, Rickie Lopez, Wendi Vargas, Jeffery Sammis, Sharon Loveseth, and Sophia Lai

Original Date of Approval: 12/16/19

Date of Revision:

Revise Author	Reason for Revise	Date of Approval by (Name)

DEFINITIONS

Term	Definition
Appeal	A request for review and reconsideration of a decision made regarding the processing or payment of a provider's invoice/claim or a denied/modified request for a payment authorization.
Problem or Concern	An issue or a decision that a provider disagrees with that requires discussion or a solution
Provider	Organization, group or individual entity contracted with or employed by ACBH to provide specialty mental health or substance use disorder services

ATTACHMENT

- A. ACBH Utilization Management Policies and Procedures: IP1 Appeal Procedures: First and Second Level for Psychiatric Inpatient Hospital Service Reimbursement Denials