



Alameda County Behavioral Health Care Services
Behavioral Health Plan

POLICY: Provider Problem Resolution and Appeals

POLICY STATEMENT:

Alameda County Behavioral Health Care Services has available for the provider network, including individual and organizational providers, a problem resolution and appeals process which addresses general informal problems and appeals for authorization of services and claims processing and payment problems. The ACBHCS/BHP Provider Relations Specialist will direct all provider calls to the office responsible for handling the inquiry, problem, or appeal.

DEFINITIONS:

Behavioral Health Plan:

ACBHCS is responsible for the administration of Medi-Cal specialty mental health services in Alameda County.

Informal Problem Resolution:

The informal problem resolution process is the identification and resolution of providers' concerns and problems in a quick and easy manner.

Non-Contracting Provider:

Is a mental health provider who does not have a contract with ACBHCS but may do business with the Medi-Cal Mental Health Managed Care Plan for specific reasons, for example, provision of emergency, out-of-county, or one-time client care.

Provider:

A provider is a mental health provider who has a contract with ACBHCS to provide services to Medi-Cal beneficiaries.

Provider Appeals – Services:

A written appeal by the provider that addresses non-approval of their request for authorization.

Provider Appeals – Claims Payments:

A written appeal by the provider that addresses the processing or payment of claims submitted to ACBHCS.



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Provider Relations Representative:

This is the ACBHCS staff member responsible for responding to and attempting to resolve provider complaints and who is the primary liaison between the provider network and ACBHCS.

Services:

Inpatient or outpatient Medi-Cal specialty mental health services.

PROCEDURE:

Informal Problem Resolution: All ACBHCS offices are available for the identification and resolution of provider concerns and problems, however, certain offices are identified to handle specific concerns and problems to enable the provider a quick and easy resolution. The Provider Relations Specialist will direct the provider to the appropriate responsible office. The responsible offices are:

- Claims and Payment Problems:
 - Providers should address claims and payment problems to the ACBHCS Provider Relations Office.
- Contract and Administration Issues:
 - Providers should address all concerns and problems about contract and administrative issues to the ACBHCS Provider Relations Office.

Provider Relations Office:

As part of ACBHCS, the Provider Relations Office's first priority is to ensure accurate, timely claims processing and prompt payment to ACBHCS Network Providers. The Provider Relations Office is the primary liaison between the provider and ACBHCS. The Provider Relations Office is responsible for:

- Establishing and maintaining effective channels of communication between providers and ACBHCS.
- Informing providers about ACBHCS policies and procedures.
- Resolving providers' inquiries.
- Recommending enhancements to increase provider satisfaction with participation in the ACBHCS Provider Network.



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The Provider Relations Representative heads the Provider Relations Office. Her responsibility is to ensure communication between the Provider Relations Office and the Provider Network. There are five ways to accomplish this:

Telephone Inquiries: 510-777-2225

Staff is available to answer and/or direct your inquiry during our business hours of 9:00 AM to 5:00 PM Monday through Friday.

Written Correspondence:

Post Office Box 947, San Leandro, California, 94577

Provider Publications:

Initially, a Provider Manual will be given to all providers in the network. As updates are necessary, Provider Bulletins will be made available to all providers in the network.

Provider Training:

Provider Relations will coordinate regularly scheduled training and seminars. The training will provide basic billing and Medi-Cal eligibility information and be a forum for questions and answers. On an "as needed" basis, training may be scheduled for individual providers or small groups of providers.

On-Site Visits:

If providers' concerns cannot be addressed through telephone calls, written correspondence, or general training, a representative of the Provider Relations Office will be available to visit providers at their sites.

Authorization and Clinical Issues:

Providers should address concerns and problems about authorization to:

Authorization Services
2000 Embarcadero Cove, 1st Floor
Oakland, California 94606
Telephone: 510-567-8141
Fax: 510-567-8147



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Provider Appeals:

Provider Appeals – Services:

Providers may appeal denied requests for authorization directly to ACBHCS Authorization Unit's Administrator. The provider should submit a written appeal to the Authorization Administrator within ninety (90) days of the date of receipt of the non-approval of payment.

ACBHCS will respond within sixty (60) days from the date of receipt of the appeal to inform the provider, in writing, of the decision, along with its rationale.

The Authorization Administrator is responsible for Authorization Appeals.

Provider Appeals – Claims Payment:

Providers who receive payment from ACBHCS should submit all appeals about the processing or payment of its claims within ninety (90) days from the disposition of the original claim to the ACBHCS Provider Relations Officer:

Provider Relations Officer
Post Office Box 947
San Leandro, California 94577

The Provider Relations Officer will reply to the appeal within sixty (60) days of receipt of the appeal. If the appeal is not to the satisfaction of the provider, a request for a second appeal level may be filed with the Director of Fiscal Operations.

Providers who receive payment from EDS are directed to file appeals directly to the fiscal intermediary.