


CHAPTER: 9	SECTION: 19	SUBJECT: HUMAN RESOURCES – PROVIDER NETWORK
TITLE: <b>PROVIDER DISPUTE RESOLUTION</b>		
EFFECTIVE DATE: <b>May 1, 2017</b>		REVISED DATE: <b>4/25/18, 3/3/20, 11/04/22</b>
ISSUED AND APPROVED BY:  LYNNE DOYLE, EXECUTIVE DIRECTOR		

**I. PURPOSE:**

To outline a process by which providers contracted with Community Mental Health of Ottawa County (CMHOC) can request dispute resolution for decisions of non-service related issues, including:

- A. Denial or suspension of provider panel status with cause.
- B. Request for Proposal (RFP) awards/denials.
- C. Claims payments and authorizations.
- D. Reduction, suspension or adjustments of payments to providers.
- E. Results from provider monitoring activities and/or results reported on the Provider Summary Report.
- F. A sanction or decision to place provider on provisional status.
- G. Credentialing or re-credentialing decisions.
- H. Other non-services issues.

In accordance with MCL 330.1784, this policy does not apply to recipient rights complaints.

**II. APPLICATION:**

All Community Mental Health of Ottawa County (CMHOC) providers and contract providers as specified by contract.

**III. DEFINITIONS:**

Dispute Resolution: The process for resolving differences between two or more parties or groups.

Grievance: An official statement of a complaint over something believed to be wrong or unfair.

Appeal: A formal process which is established so that providers may request reconsideration of an action or decision that has been made by CMHOC.

Adverse Notification: A notice, by any means, that documents a denial of authorization or claim; a reduction, suspension or adjustment to a claim; or the denial of participation as a panel provider.

**IV. POLICY:**

It is the policy of CMHOC to monitor contracted services to assure that a continuum of quality supports/services are provided by members of the Provider Network. When contract disputes occur between parties, this policy will allow for CMHOC and providers to collaboratively resolve disputes that may arise from the contractual relationship and cannot be resolved within the normal roles between the agency and CMHOC. Providers contracted with CMHOC can submit complaints and request reconsideration (appeal) of decisions rendered by CMHOC through the Provider Dispute Resolution Process.

**V. PROCEDURE:**

- A. Providers shall be notified of their right to request dispute resolution via the RFP decision; sanction notice; notice of change to claims payment and authorizations; notice of reductions, suspension, or adjustments of payments; and in the contractual agreements with CMHOC.
- B. Providers are encouraged to resolve problems and disagreements with the appropriate CMHOC staff person prior to making a formal request for dispute resolution.
- C. When a dispute cannot be resolved informally, the provider has the option of filing a formal written request for dispute resolution. Written request for dispute resolution can be made to CMHOC Contract Manager and submitted to [CMHContractServices@miottawa.org](mailto:CMHContractServices@miottawa.org). CMHOC reserves the right to use on-site claims, utilization, provider monitoring reviews and interviews with involved parties to make decisions.
- D. CMHOC Contact Manager, in conjunction with the Compliance Committee, shall notify the provider in writing of a decision regarding a grievance within 30 calendar days of receipt of the request and offer an option for appeal.
- E. If the provider disagrees with the final CMHOC dispute resolution decision, they may initiate an appeal in writing within 30 calendar days after receiving adverse notification from CMHOC. Written request for an appeal can be made to CMHOC Compliance Office.
  1. First Level Appeal  
The appeal is reviewed by the CMHOC department overseeing the area the appeal addresses. A written decision will be issued within 30 calendar days to the provider by the department making the decision.
  2. Second Level Appeal  
If the provider is dissatisfied with the decision of the Level 1 Appeal, they may file in writing for a Level 2 Appeal within 20 calendar days to the Executive Director. A written decision will be issued by the Executive Director to the provider within 30 calendar days.

3. Third Level Appeal

If the provider is dissatisfied with the decision of the Level 2 Appeal, they may file in writing for a Level 3 Appeal within 20 calendar days to the CMHOC governing board, whose decision will be considered final. A written decision will be issued by the governing board to the provider within 30 calendar days.

- F. If the provider fails to submit a timely request for appeal of the dispute resolution decision, the provider will be deemed to have accepted CMHOC's determination and will have waived all further internal or external processes regarding the issues.

**VI. ATTACHMENT:**

- A. Provider Dispute Resolution Operational Guideline
- B. Contract Dispute Resolution Request Form
- C. Contract Dispute Decision Form
- D. Contract Dispute Appeal Forms
  - a. 1<sup>st</sup> Level Appeal
  - b. 2<sup>nd</sup> Level Appeal
  - c. 3<sup>rd</sup> Level Appeal
- E. Contract Dispute Appeal Decision Forms
  - a. 1<sup>st</sup> Level Appeal Decision
  - b. 2<sup>nd</sup> Level Appeal Decision
  - c. 3<sup>rd</sup> Level Appeal Decision

**VI. REFERENCE:**

- A. Lakeshore Regional Entity Network Provider Appeals and Grievances (Policy 4.7)
- B. Mental Health Code (MCL 330.1784)
- C. Dispute Resolution Contractual Language (3.9)



## CONTRACT DISPUTE RESOLUTION REQUEST FORM

*To be completed by agency filing dispute resolution.*

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Contract issue under dispute is primarily (check which best apply):**

- Claims/Reimbursement Dispute     Rate Dispute  
 Contract/Quality Dispute         Other:

**Describe issue under dispute (attach additional documents as needed):**

- Supporting documentation attached

**Describe actions taken so far to resolve dispute (attach additional documents as needed):**

- Supporting documentation attached

**Sign and submit to CMHOC Contract Manager:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_



**CONTRACT DISPUTE APPEAL FORM**  
**1<sup>st</sup> Level Appeal**

*To be completed by agency filing dispute resolution appeal.*

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Attach copies of the following documents:**

- Contract Dispute Resolution Request form
- Contract Dispute Decision form

**Describe reason(s) why agency disagrees with CMHOC position:**

- Supporting documentation attached

**Sign and submit appeal to CMHOC Compliance Office:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_



**CONTRACT DISPUTE APPEAL FORM**  
**2<sup>nd</sup> Level Appeal**

*To be completed by agency filing dispute resolution appeal.*

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Attach copies of the following documents:**

- Contract Dispute Resolution Request form
- Contract Dispute Decision form
- Contract Dispute Appeal – 1<sup>st</sup> Level form
- Contract Dispute Appeal Decision – 1<sup>st</sup> Level form

**Describe reason(s) why agency disagrees with CMHOC 1<sup>st</sup> Level Appeal:**

- Supporting documentation attached

**Sign and submit appeal to CMHOC Compliance Office:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_



**CONTRACT DISPUTE APPEAL FORM**  
**3<sup>rd</sup> Level Appeal**

*To be completed by agency filing dispute resolution appeal.*

**Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Attach copies of the following documents:**

- Contract Dispute Resolution Request form
- Contract Dispute Decision form
- Contract Dispute Appeal – 1<sup>st</sup> Level form
- Contract Dispute Appeal Decision – 1<sup>st</sup> Level form
- Contract Dispute Appeal – 2<sup>nd</sup> Level form
- Contract Dispute Appeal Decision – 2<sup>nd</sup> Level form

**Describe reason(s) why agency disagrees with CMHOC 2<sup>nd</sup> Level Appeal:**

- Supporting documentation attached

**Sign and submit appeal to CMHOC Compliance Office:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_