

WOODLANDS BEHAVIORAL HEALTHCARE NETWORK

FINANCE POLICY

Subject: PROVIDER APPEALS & GRIEVANCES

Originated: 06/23/2015

Reviewed: 03/15/2017, 12/15/17

Revised: 07/25/2018

I. Purpose

To describe Woodlands Behavioral Healthcare Network's (WBHN) Provider claim appeals & grievance policy

II. Policy

WBHN recognizes the right of its Providers to appeal claim denials as articulated in the following procedures:

III. Procedures

1. Providers may appeal claim denials including but not limited to:
 - Denied service authorizations
 - Services denied due to contract/benefit plan limitation
 - Reduction, suspension, or denial of payment
 - Denied for delayed filing
 - Denied for member eligibility
2. Right to appeal information is included with provider contracts.
3. All provider appeals of claim payments should be made within 30 days of denial and will not be accepted after 180 days post denial date. Any claims denied beyond this time frame are considered to have reached a FINAL resolution.
4. Claims submitted beyond 365 days post service date will not be considered for payment or appeal.
5. WBHN Progressive Appeal Process – 3 Steps:
 - 1st appeal to the CFO – 14 days to respond
 - 2nd appeal to the CEO if not satisfied with 1st appeal – additional 14 days to respond
 - 3rd and final appeal to Southwest Michigan Behavioral Health (SWMBH) Director of Operations. Formal appeals for payment made to SWMBH will receive a response within 30 days.