

VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY POLICIES & PROCEDURES

Title: Provider Claim Disputes
Originated: 02/09/10

Number: I.06.11
Approved By: Executive Team

PURPOSE: To establish guidelines for the administration of claims and the appeal process established by Van Buren Community Mental Health Authority (VBCMHA), incorporating all applicable state and federal regulations relative to the processing of behavioral health services claims. To resolve provider claim disputes at the lowest level possible.

POLICY:

Providers have the right to appeal adverse actions taken by VBCMHA. General reconsideration process can either be an appeal or claim dispute. Providers may appeal adverse decisions where they are being held financially responsible for charges on the basis of the following issues:

- Denied service authorization
- Pre-authorization of procedures, hospitalization or medications are denied
- Hospital length of stay denied or reduced
- Medical necessity denial
- Services denied due to contract/benefit plan limitation

Providers may request that claims denied for administrative reasons be reconsidered. Some examples of these claim denials are:

- Claim denied for member not eligible
- Claim denied for no authorization
- Claim denied for missing information
- Claim denied for delayed filing
- Claim underpaid due to billing/processing error
- Disagreement regarding payment methodology

PROCEDURES:

VBCMHA will respond to all calls or written inquiries from providers questioning claim denials or methodology for payment calculations. Resolution of these inquiries should include:

- Documentation of the issue in system notes.
- Research to determine if re-processing is warranted due to error or additional information.
- Identification and correction of eligibility and system issues.
- Submission of requests to have claims corrected, where appropriate.
- Involving provider relations, as needed, to resolve contractual issues and provide education.
- Ensuring provider is advised of the outcome of the dispute.
- Advising the provider of his right to appeal the issue through the VBCMHA Executive Director.

REFERENCES:

DCH Master Contract – Section 6.6.3.1., PA519 Section 424(c), MDCH, CMS, BBA, False Claim Act