

**VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY
POLICIES & PROCEDURES**

Title: Network Provider Grievance and Appeal:
Non-clinical

Number: I.06.13

Originated: 4/24/18, 7/7/23, 2/20/24

Approved By: Executive Team

DIRECTIVE:

This procedure shall serve as a guideline for Network Provider complaints (grievances) and requests for reconsideration of decisions (appeal) related to provider network management issues. The intent of VBCMh is to foster a positive and supportive relationship with its provider network.

Definitions:

A Network Provider is both an Organizational Provider and/or a solo Practitioner or Independent Contractor and is not a VBCMh employee.

PROCEDURES:

A. Application

1. The network provider grievance and appeals process applies only to non-clinical related issues including:
 - a. Suspension or termination of a provider with cause
 - b. Credentialing or re-credentialing decisions
 - c. A sanction or decision to place the provider on a provisional status
 - d. Reduction, suspension or adjustments to provider payments
 - e. Results reported to VBCMh on provider performance indicators
 - f. Results reported through Quality Monitoring Reviews
 - g. Other non-clinical issues
2. The appeal of an immediate contract termination shall have no effect on the immediate termination of the contract or any services provided under the contract. If appealed, the termination will remain in effect until the appeal process has been completed and will be rescinded only if the termination is not upheld on appeal.
3. If a network provider would like to file an appeal on behalf of an individual whose access to services or ongoing services are adversely affected, or file a grievance on behalf of an individual, the network provider shall follow the procedures set forth in the VBCMh policy II.21 (Grievance and Appeals).

B. Notification of the Right to Appeal

1. The right to appeal will be included in each provider agreement.
2. Network Providers will be informed of a progressive appeal process as part of the notification of a negative appeal result.

C. Filing an Appeal or Grievance

1. Network Providers within VBCMh may, as a final step, appeal adverse decisions related to:
 - a. Suspension or termination of a provider with cause.
 - b. Credentialing or re-credentialing decisions.Such an appeal must be filed within 20 calendar days with VBCMh CEO.
2. Unless otherwise directed by the CEO, Southwest Michigan Behavioral Health will be asked to address appeals on suspension or termination of a provider with cause and appeals regarding credentialing or re-credentialing decisions.

REFERENCES

Southwest Michigan Behavioral Healthcare Policy

□ Provider Grievances and Appeals [non-clinical]