



MACOMB COUNTY

COMMUNITY MENTAL HEALTH

Subject: Provider Network	Procedure: Provider Dispute Resolution Process	
Last Updated: 07/26/2024	Owner: MCCMH Chief Network Officer	Pages: 3

I. PURPOSE:

To define and describe the dispute resolution processes available to network providers when they disagree with an administrative determination made by Macomb County Community Mental Health (MCCMH).

II. DEFINITIONS:

A. Claim Reconsideration

When a provider discovers an error within their claim's submission, they may contact MCCMH via the claims appeal module in FOCUS with a claim reconsideration request. Refer to Policy 7-010 "Claims Process."

B. MCCMH Coordinator

The MCCMH individual responsible for contract support (i.e., Mental Health Contract Manager, Substance Use Quality Assurance/Finance Coordinator, etc.)

C. Provider Dispute

When a provider disagrees with the administrative actions of MCCMH and is given the option to pursue the respective dispute resolution process. Such disputes may include but are not limited to issues or disputes with administrative processes, audit findings involving financial takebacks, and process requirements related to authorization submissions, i.e., timeliness of authorization submissions. Dispute requests may only be submitted by authorized individuals at the provider location, i.e., supervisors, management, etc.

III. PROCEDURE:

- A. In the event of a dispute related to the administration of a provider's contract with MCCMH, resolution will be managed as outlined below. All dispute requests must be submitted in writing (through secure means) indicating the date of the event/situation related to the dispute, the nature of the dispute, the desired outcome, and documentation to support the request.

1. The provider must provide written notification to their assigned MCCMH Coordinator within seven (7) calendar days of when the provider becomes aware, or should have become aware with reasonable diligence, of the issue or dispute.
 2. When an assigned MCCMH Coordinator receives notice of a dispute from a provider, they provide an initial, written response to the provider within seven (7) calendar days.
 3. If the provider does not accept the MCCMH Coordinator's response, the provider can submit written notification with supporting documentation, along with the summary of the dispute to the assigned MCCMH Administrator for further resolution within five (5) calendar days.
 4. The Administrator reviews the dispute and provides a written response to the provider within five (5) calendar days.
 5. If the provider does not accept the MCCMH Administrator's response, the provider may submit written notification for review, along with rationale for further pursuing the decision and the summary of the dispute to the respective Chief or Director within five (5) calendar days.
 6. The MCCMH Chief or Director reviews the dispute and provides a written final determination to the provider within five (5) calendar days.
 7. If MCCMH or the provider is dissatisfied with the dispute resolution, either party may initiate termination of the Contract in accordance with the Termination Section of their Contract.
- B. In the event a provider has a dispute related to a claim decision made by MCCMH, they may refer to MCCMH Policy 7-010, "Claims Process."
- C. In the event of a dispute by a hospital related to a decision made by MCCMH, retrospective reviews will be managed as described in Attachment B of their contract.
- D. Due process rights for the persons served remain available and can be pursued through the filing of grievances, appeals, and second opinions. MCCMH providers, acting on a persons' served behalf and with their written consent, can file an appeal or grievance to MCCMH or request a State Fair Hearing. For more information on these processes afforded to persons served, refer to the MCCMH Due Process Policies listed below.

IV. REFERENCES:

- A. MCCMH MCO Policy 4-004, "Due Process System"
- B. MCCMH MCO Policy 4-005, "Second Opinion Rights"

C. MCCMH MCO Policy 7-010, "Claims Process"

D. MCCMH Boilerplate Contract

V. EXHIBITS:

None.

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	06/10/2024	Creation of Procedure.	Chief Network Officer
2	07/26/2024	Revision of Procedure.	Chief Network Officer