SUBJECT Denial of Claims Payment Appeal Process		**CHAPTER** 04	**SECTION** 03	**SUBJECT** 01
CHAPTER Fiscal Management		**SECTION** Reimbursement		
WRITTEN BY Finance Committee	**REVIEWED BY**		**AUTHORIZED BY**	

I. APPLICATION:

☐ PIHP Board ☒ CMH Providers ☒ SUD Providers
☒ PIHP Staff ☒ CMH Subcontractors

II. POLICY STATEMENT:

Region 10 PIHP is committed to assisting providers resolve disputes resulting from a denied claims payment when those disputes cannot be resolved through normal business activities and interactions.

To ensure timeliness to access of services, these requirements may be waived and provisional approval granted at the discretion of the PIHP CEO.

III. DEFINITIONS: N/A

IV. STANDARDS:

A. Non-Disputable Issues

1. Failure to sign all required documentation.
2. Failure to submit required documentation at the specified time, date, and location.
3. Failure to submit an appeal within the timeline as outlined.

V. PROCEDURES:

A. **The Right to Appeal**

Providers are encouraged to first communicate all concerns and disagreements to the appropriate primary staff person or Region 10 CMH/SUD Provider responsible for oversight of that function. All concerns should be resolved at this level.

If a provider is not satisfied with the result of this intervention, they may file a written appeal following receipt of the denial of payment notice.

B. **Acting on Behalf of an Individual Served**

A provider, acting on behalf of an individual and with the individual's written consent, may file an appeal. However, the provider cannot file a grievance or request a State fair hearing on behalf of the individual. Appeals with an individual's written consent may be filed by contacting the PIHP Fair Hearing Office.

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C. **Filing a Denial of Claim Payment Appeal**

No suit may be commenced by the provider for any claim under the contract prior to the expiration of the ninety (90) days from the date of such final written notification, and no suit shall be commenced by the provider after the expiration of nine (9) months from the date of the termination of this contract.

1. Claims Verification Audit that resulted in a denial:

   a. Formal appeal for denial of claim(s), retrospective or concurrent, through a claims verification audit shall be submitted in writing by the CMH/SUD Provider to the PIHP CEO within thirty (30) days of the denial. The CEO reserves the right to request additional information or direct meetings with the provider to further gather all facts regarding the denial.

   b. The PIHP CEO will notify the provider in writing of the determination of the appeal within thirty (30) calendar days upon receiving the request for appeal. If additional information is required, this time frame may be extended.

2. All other claims denial of payment:

   a. Formal appeals for denial of claim payments, not related to claims verification audits, shall be submitted in writing to the Region 10 CFO within ninety (90) days of the denial. The CFO or designee will attempt to resolve the dispute within thirty (30) days. If additional information is needed from the provider, this time frame may be extended.

   b. The provider will receive a written decision regarding the dispute.

   c. If the issue is not satisfactorily resolved, the provider may, within ten (10) business days of the written decision, file an appeal to the PIHP CEO.

   d. The PIHP CEO reserves the right to request additional information or direct meetings with the provider to further gather all facts regarding the denial/non-approval. The CEO will notify the provider in writing of the determination of the appeal within thirty (30) calendar days upon receiving the request for appeal. If additional information is needed from the provider, this time frame may be extended.

VI. EXHIBITS: N/A