

ORGANIZATIONAL PROCEDURE

PROCEDURE # 4.7a	EFFECTIVE DATE	REVISED DATE
TITLE: Network Provider Dispute	12/15/16	12/15/22
<u>ATTACHMENT TO</u>	REVIEW DATES	
POLICY #: 4.7		
POLICY TITLE: Network Provider Dispute		
CHAPTER: Provider Network		

I. PURPOSE

To outline a process by which provider complaints and requests for reconsideration of non-clinical decisions are resolved.

II. PROCEDURES

- A. Prior to initiating a dispute resolution process with Lakeshore Regional Entity (LRE), the Provider must have accessed and completed the contracting CMHSP dispute resolution process.
- B. If the Provider disagrees with the contracting CMHSP dispute resolution final disposition, the Provider may request a review of the dispute resolution process by LRE.
 1. The request must be submitted in writing using the LRE Dispute Resolution Review form and include, minimally:
 - a. Date and disposition of contracting CMHSP Dispute Resolution determination.
 - b. Reason for dispute.
 - c. Documentation to support the dispute claim made.
 2. The LRE Dispute Resolution Review form shall be submitted to:

Lakeshore Regional Entity
 ATTN: Customer Services
 5000 Hakes Dr., Ste 250
 Norton Shores, MI 49441
 Fax: (888) 409- 9320
 3. Any request for LRE review must be submitted within thirty (30) calendar days of the disposition by the CMHSP.
 4. The disposition of the LRE review shall be considered final and there will be no opportunity for reconsideration.
 5. A request to review a contract termination decision shall have no effect on the immediate termination of the contract and services under contract. The termination shall remain in effect until the review process is completed and will be rescinded only if the termination decision is not upheld during the LRE review.
- C. First Level Review shall occur as follows:

1. LRE shall identify, at its sole discretion, a qualified staff in finance, compliance, quality, or provider network to complete this review.
 2. A review, including supporting documentation used in the review, shall be completed within twenty (20) calendar days of receipt of the LRE Dispute Resolution Review form.
 3. A written summary of the LRE First Level Review of the dispute and outcome will be given to the Provider within fourteen (14) calendar days of completion.
- D. Second Level review. Should the Provider remain unsatisfied with the disposition of the dispute, a Second Level Review may occur as follows:
1. Request for Second Level review must be submitted, in writing, to the LRE CEO within fourteen (14) days of receipt of the First Level findings report.
 2. The request will be reviewed within fourteen (14) calendar days of receipt by the LRE CEO. LRE CEO will enlist assistance from LRE Executive and/or Management staff, as needed, to complete the report. Under no circumstances shall any staff involved in the First Level review be part of the Second Level review.
 3. A written summary of the LRE's Second Level review of the dispute and outcome will be given to the Provider within fourteen (14) calendar days of completion.
 4. Upon completion of a Second Level review, the decision of the LRE CEO regarding the dispute shall be considered final.

NOTE: If a provider has been issued a dismissal notice from the network by the contracting CMHSP, the provider is considered a participating provider through the last date of participation as indicated on the notice. If the notice is received on or after the last date of participation as indicated on the notice, the provider must be given reasonable time to initiate the dispute resolution process. Any corrective action plan issued by the contracting CMHSP to the network provider regarding action being disputed by the provider shall be on hold until such time as a final decision is made by the LRE.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to the LRE, CMHSPs, and Network Providers.

IV. MONITORING AND REVIEW

This policy will be maintained by the LRE Chief Executive Officer or designee and reviewed on an annual basis.

V. DEFINITIONS

Dispute: An expression of dissatisfaction by a provider regarding a perceived inequitable issue, aspect of interpersonal relation, or other issue as defined above.

Dispute Resolution: A formal process by which provider concerns and request for reconsideration of non-clinical decisions are resolved.

VI. RELATED POLICIES AND PROCEDURES

4.2 Contract Management

4.4 Credentialing and Privileging

VII. REFERENCES/LEGAL AUTHORITY

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
		CEO/Designee