



## 2.02 OPERATING POLICY & PROCEDURE

Subject: <b>Provider Grievance and Appeals (non-clinical)</b>		Application: <b>All Departments</b>
First Effective 02/19/13	Revised 3/27/17	Review 2/13/2023

### PURPOSE

To outline the mechanism for providers to lodge complaints (grievances) and request reconsideration of (appeal) decisions related to non-clinical issues.

### DEFINITIONS

#### **Adverse Notification**

A notice, by any means, that documents a denial of authorization or claim, a reduction, suspension or adjustment to a claim, or the denial of participation as a panel provider.

#### **Appeal**

A formal process which is established so that providers may request reconsideration of an action or decision that has been made by Pivotal.

#### **Grievance**

An expression of dissatisfaction by a provider regarding a perceived inequitable issue, aspects of interpersonal relation or other related issues.

### POLICY

It is the intent of Pivotal that relationships with providers be positive and mutually supportive. Therefore, exploration of problems and disagreements is welcomed.

### PROCEDURE

- A. Application
  1. The 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. Claims payment and authorizations
    - e. Reduction, suspension or adjustments to provider payments
    - f. Results reported to Pivotal on provider performance indicators

- g. Results reported through Quality Monitoring Reviews
    - h. 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 If appealed, the termination will remain in effect until the appeal process has been completed and will be rescinded only if the termination is not upheld on appeal.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 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 provider shall follow the procedures set forth in the Pivotal policy 6.05 (Second Opinion/Grievance and Appeal/Dispute Resolution).
- B. Notification of the Right to Appeal
  1. The right to appeal will be included in each provider agreement and/or referenced in the contract
  2. 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. Providers within Pivotal 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.
    - c. Denial of claims.Such an appeal must be filed within 20 calendar days with Pivotal's Executive Director.
  2. Unless otherwise directed by the Executive Director, the 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

MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract – 6.4.B.  
Medicaid and General Fund Specialty Supports and Services Contract with the Michigan Department of Health and Human Services.

Southwest Michigan Behavioral Healthcare Policy

- Provider Grievances and Appeals [non-clinical]

## EXHIBIT

- [02.02A Provider Appeal Process \(non-clinical\) Flow Chart](#)