BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

SUBJECT: Provider Grievance and Appeals Process – Administrative Matters, Professional Competence or Conduct	SECTION: 07-06-09 Page 1 of 4
APPLICATIONS: BMHA Contract Providers EFFECTIVE DATE: 10/2011 APPROVED BY: Chief Executive Officer REVISED: 07/14, 2/17, 3/18, 2/2020, 2/2023, 2/2026	REQUIRED BY: SWMBH #2.14

PURPOSE:
To set forth the process for appealing decisions made by BMHA that affect Provider rights.

POLICY:
It is the policy of Berrien Mental Health Authority (BMHA) that all contract providers have access to a fair and efficient process to appeal actions relating to the provider's status within the provider network and actions related to a provider's professional competency or conduct.

APPLICATION:
The Provider dispute and appeals process applies to clinical and non-clinical issues including but not limited to:

a. Suspension or termination of a provider with cause (issues of quality of care/service).
b. Credentialing or re-credentialing decisions.
c. Contract compliance issues resulting in a sanction or decision to place the provider on a provisional status.
d. Material breaches of contract terms.
e. Results reported through Provider Monitoring Reviews.
f. Other issues related to quality of care or contract compliance.
g.

DEFINITIONS:
Appeal a formal process which is established so that Providers may request reconsideration of an action or decision that has been made by BMHA.

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

Organizational Provider: Ancillary health agencies.

Behavioral Health Practitioners: Physician (MD/DO), Physician Assistant, Psychologist (Licensed, Limited License, or Temporary), Professional Counselor (Licensed or Limited Licensed) Licensed Master's Social Worker (Licensed or Limited Licensed), Licensed Bachelor's Social Worker (Licensed or Limited Licensed), Registered Social Service Technicians, Nurse Practitioner, Register Nurse (RN), Licensed

Practical Nurse (LPN), Occupational Therapist (OT), Certified Occupational Therapist Assistants (COTA), Physical Therapist (PT), Physical Therapist Assistants, Speech-Language Pathologist (SLP) Registered Dietitian (RDN), Board Certified Behavior Analyst (BCBA) and Board Certified Assistant Behavior Analyst (BCaBA).

Specialized Residential Providers: Licensed foster care homes operating with a specialized certification from the Department of Health and Human Services.

Other Providers: BMHA Provider: Any provider of specialized mental health services that has an executed contract with BMHA. This does not include contracts that are beyond the scope of clinical care, such as maintenance, transportation, and security.

PROCEDURE(S)

I. REQUESTS FOR REVIEWS OF DISPUTES BY CONTRACTED PROVIDERS

A. If a provider disagrees with a determination by Berrien Mental Health Authority in the application process or during review of a provider's status and wishes to have the matter reviewed at a higher level, the provider may do so by submitting a written request to the Director of Provider Network within thirty (30) calendar days of decision by utilizing the Appeals Request Form. The request must include the following:
   (1) Reason for dispute,
   (2) Additional information if applicable, and
   (3) Documentation to support the appeal (e.g. emails, notes or letters).

B. Notification of the Right to Appeal -The right to appeal will be included in each provider agreement and/or referenced by BMHA policy

C. When BMHA takes action against a practitioner for quality reasons (contract termination for quality concerns, or denial, restriction, or reduction of credentialing privileges for quality concerns may include, but are not limited to: evidence of substandard treatment rendered to consumers, consumer complaints or grievances related to quality concerns, malpractice judgments/settlements related to quality concerns), BMHA will provide written notification to the provider of the review action, reasons for the action, and a summary of the appeal, rights and process.

II. APPEAL PROCESS

A. Director of Provider Network will follow the process below for Individual Practitioners and Other Providers:

(1) First Level Panel Review

(a) Three individuals will be appointed by BMHA Chief Executive Officer to sit on the First Level Panel Review.

(b) One of the three individuals appointed must be a participating provider not otherwise involved in network management, and who is in a practice similar to that of the Provider but not in direct competition to the Provider.

(c) The Panel will review the Provider's request and forward their decision to the Director of Provider Network.
(d) The Director of Provider Network will communicate their decision, in writing, to the appealing Provider within 30 days from receipt of the Provider's Appeal Request.

(2) Second Level Panel Review: Disputes that are not resolved at the first level panel will have access to additional consideration from a second level panel.
(a) Provider is required to submit a written request for Second Level Panel Review on the Appeal Request Form to the Director of Provider Network within 30 calendar days from the decision by the First Level Panel.
(b) Three individuals will be appointed by BMHA Chief Executive Officer to the Second Level Panel who were not otherwise involved in the First Level Panel Review.
(c) One of the three individuals appointed must be a participating provider not otherwise involved in network management, and in a practice similar to that of the Provider but not in direct competition to the Provider.
(d) The Second Level Panel will review the provider's request and make a determination on the issue.
(e) The Director of Provider Network will communicate the decision, in writing, to the appealing Provider within 60 days from receipt of the Second Level Appeal Request.

(B) An appeal of contract termination shall have no effect on the immediate termination of the contract and services under contract. The termination will remain in effect until the appeal process is completed and will be rescinded only if the termination is not upheld on appeal.

III. DOCUMENTATION REQUIREMENT

A. All panel review meeting minutes will document proceedings. The minutes will clearly indicate the attendees and will identify which participant is the clinical peer of the provider who is the subject of the dispute.
B. This policy will be reviewed annually by the Credentialing Committee with the involvement of participating providers. The Credentialing Committee meeting minutes will reflect and provide documentation of the annual review of the policy.

IV. PROCEDURES / STANDARDS Disputes Involving Administrative Matters

a. Administrative appeals (other than medical necessity and clinical competency) shall be submitted to the Director of Provider Network using the Appeal Request Form.
b. The Director of Provider Network will consult with the Chief Executive Officer to determine who will review the appeal and render a determination. The individual(s) conducting the review shall not have been involved in the initial decision that is subject of the dispute.
c. The individual(s) will complete the review and provide a written determination to the CEO within 10 days of the original request. The provider will be notified of the determination within 15 days of the original request.

FORMS *Appeal Request Form 07-06-09*

Reviewer: Credentialing Committee
Reviewed: 11/12, 7/13, 7/14, 9/15, 4/16, 2/17, 3/18, 6/19, 2/2020, 2/2022, 2/2023, 2/2024, 7/2025, 2/2026