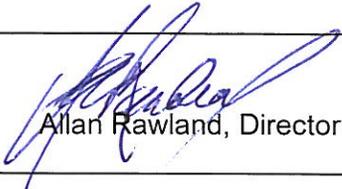


The County of San Bernardino Department of Behavioral Health

Mental Health Outpatient Provider Appeal Procedure

Effective 02/25/10
Approved 02/25/10



Allan Rawland, Director

Purpose To provide guidance to Department of Behavioral Health (DBH) employees regarding Outpatient Provider Appeals.

Appeal Process The process below is to be followed for Outpatient Provider Appeal:

Step	Action
1	Appeal Initiation
2	Appeal Decision
3	Appeal Decision Review
4	Appeal Decision Communication

Please see the attached [flowchart](#).

Appeal Initiation The steps to prepare for an Outpatient Provider (OP) Appeal are:

Step	Action
1	DBH sends a notice of non-payment to an OP OR DBH fails to act on an OP request.
2	The OP addresses an appeal to the DBH Access Unit Supervisor or Program Manager within ninety (90) days of receipt of the notice or failure.
3	The Access Unit Supervisor or Program Manager logs and tracks the OP Appeal in the Access Unit Provider Appeal Log.
4	The Access Unit Supervisor or Program Manager designates a staff member to review the appeal; one who is not involved in the initial payment denial or modification decision.
5	The Designated Reviewer must complete the initial review and draft decision within thirty (30) calendar days from receipt of the appeal.
6	DBH has sixty (60) calendar days to send an written appeal decision to the OP.

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Appeal Decision

The steps to determine a decision on the appeal are:

Step	Action
1	The Designated Reviewer reviews the appeal.
2	The Designated Reviewer writes a draft decision that includes: <ul style="list-style-type: none"> • The decision • A statement of the reasons for the decision, addressing each issue raised by the OP • Advice regarding any action required by the OP to implement the decision
3	The Designated Reviewer sends the draft decision of the appeal back to Access Unit Supervisor or Program Manager.
4	Access Unit Supervisor or Program Manager forwards the draft decision to the Provider Appeal Review Committee (PARC) for review and compliance check.

Appeal Decision Review

The steps below are to be followed to review the appeal decision:

Step	Action
1	PARC enters receipt of the decision into the Provider Appeal Review Log .
2	PARC assigns a committee member to review the decision for statute compliance.
3	The assigned PARC committee member uses the Provider Appeal Review Checklist to ensure the initial appeal decision is compliant with California Code of Regulations (CCR) Title 9, Section 1850.315.
4	The assigned PARC committee member makes recommendations and revises the draft appeal decision if the draft appeal decision is found to be out of compliance with the Appeal Checklist.
5	The assigned PARC committee member writes a review narrative within five (5) calendar days of the Provider Appeal Review Log entry and returns the narrative to PARC.
6	The PARC review is forwarded back to the Access Unit Supervisor or Program Manager within seven (7) calendar days from receipt of the initial PARC review request.
7	The Access Unit Supervisor or Program Manager sends the PARC reviewed draft appeal decision to the Deputy Director of Program Support Services for review and edit and/or approval.
8	The Deputy Director reviews and edits, as appropriate, the PARC review decision within ten (10) calendar days of its receipt.
9	The Deputy Director sends the edited/edited PARC review decision back to Access Unit Supervisor or Program Manager.

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Mental Health Outpatient Provider Appeal Procedure, Continued

**Appeal
Decision
Communication**

The steps below are to be followed to communicate the appeal decision to the OP:

Step	Action
1	The Access Unit Supervisor or Program Manager completes the changes and edits from the Deputy Director, if required.
2	The Access Unit Supervisor or Program Manager sends the final written decision letter to the OP within sixty (60) days of receipt of the appeal.
3	The letter sent to the OP will contain: <ul style="list-style-type: none"> • The decision • A statement of the reasons for the decision, addressing each issue raised by the OP • Advice regarding any action required by the OP to implement the decision • Notification of rights to submit an appeal on the decision to the State Department of Mental Health (DMH), when the appeal is not granted in full
4	The Access Unit Supervisor or Program Manager updates the Access Unit Provider Appeal Log.
5	If applicable, the OP has thirty (30) calendar days from receipt of the appeal decision to submit a revised request for payment to DBH.
6	If applicable, the Access Unit has fourteen (14) calendar days from the date of receipt of the provider's revised request to submit the documentation to the Medi-Cal fiscal intermediary.
7	If DBH does not respond within sixty (60) calendar days to the appeal, the appeal shall be considered denied in full.

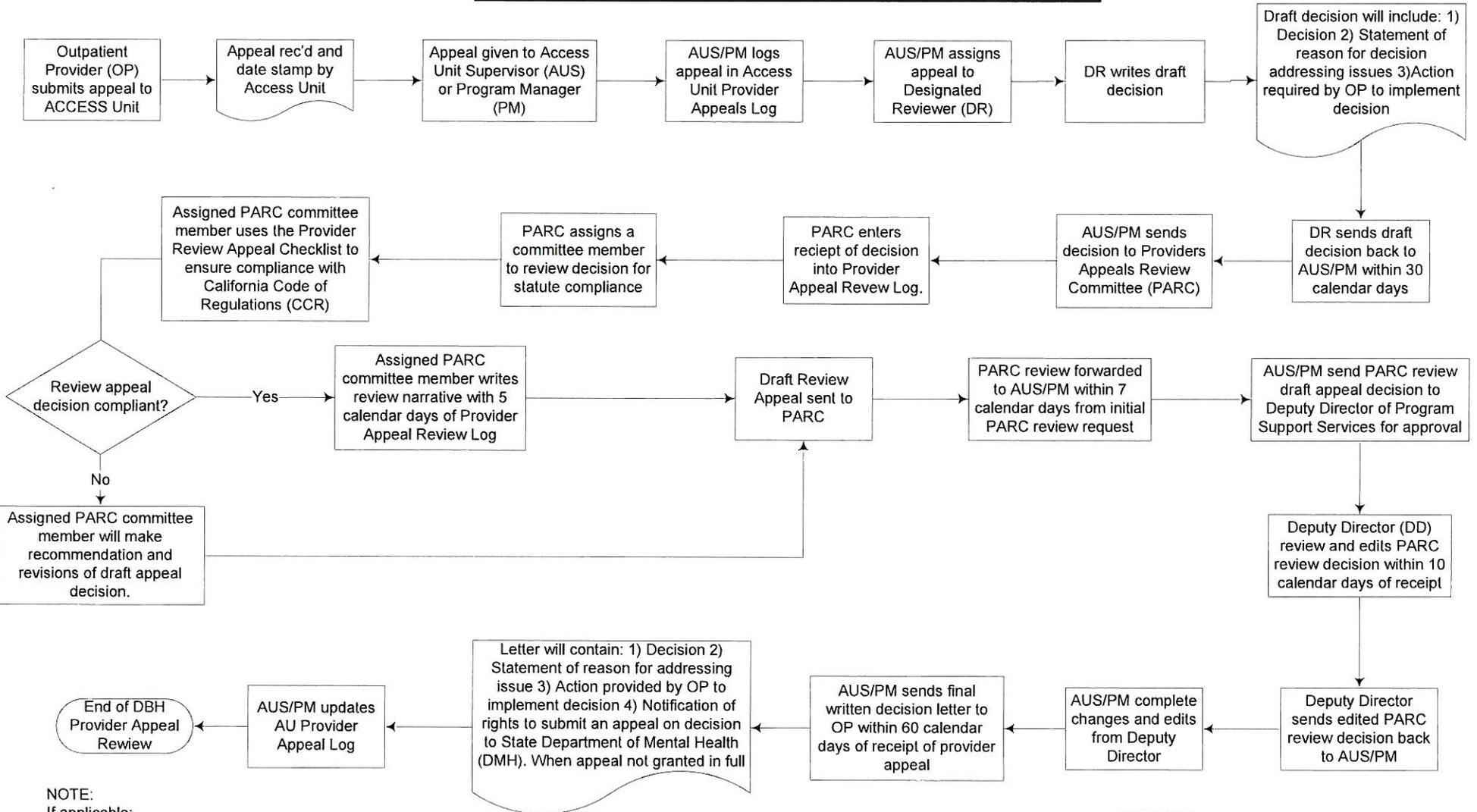
References

California Code of Regulations, Title 9, Sections 1850.315 and 1850.320

**Related Policy
or Procedure**

DBH Standard Practice Manual QM6037: [Outpatient Provider Appeal Policy](#)

Outpatient Provider Appeal Process



NOTE:

If applicable:

- OP has 30 calendar days from receipt of the appeal decision to submit a revised request for payment to Department of Behavioral Health (DBH)
- Access Unit has 14 calendar days from the date of receipt of the provider's revised request for MHP payment authorization to submit the documentation to the Medi-Cal fiscal intermediary.

If Access Unit does not respond within 60 calendar days to the appeal, the appeal shall be considered denied in full by the MHP.

TIMELINE

Step 1 DR	30 days (to issue draft decision)
Step 2 PARC	7 days (5 days for the PARC member review for compliance)
Step 3 DD approval	10 days (approve draft decision)
Step 4 AUS/PM	13 days (to send out the final written appeal decision to provider)