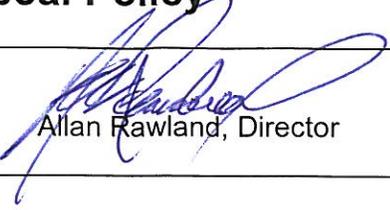


The County of San Bernardino Department of Behavioral Health

Mental Health Outpatient Provider Appeal Policy

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


 Allan Rawland, Director

Policy It is the policy of the Department of Behavioral Health (DBH) to accept, process, and review all Outpatient Provider Appeals, to address specific Provider concerns and to ensure the process complies with California Code of Regulations (CCR) Title 9, Section 1850.315.

Definition **Provider Appeal** is a written concern in response to a denied or modified request for payment authorization, or a dispute concerning the processing or payment of a claim.

Roles and Responsibilities Responsibilities for DBH Outpatient Provider Appeals are as described below:

Role	Responsibilities
Outpatient Provider (Provider)	<ul style="list-style-type: none"> • Addresses an appeal to the DBH Access Unit Supervisor or Program Manager within ninety (90) calendar days of the date the provider receives a notice of a payment non-approval • Addresses an appeal to the DBH Access Unit Supervisor or Program Manager within ninety (90) days of DBH's failure to act on a request for payment authorization or processing a claim • If applicable, submits a revised request for payment to DBH within thirty (30) calendar days following receipt of the decision of the appeal
DBH Access Unit Supervisor or Program Manager	<ul style="list-style-type: none"> • Tracks and logs appeal in Access Unit Provider Appeal Review Log • Designates a staff reviewer to review and draft a decision on the appeal • Forwards the draft decision to the Provider Appeal Review Committee (PARC) within thirty (30) calendar days after receipt for approval • Ensures the draft appeal decision approved from the Provider Appeal Review Committee (PARC) is reviewed by the Deputy Director of Program Services and Supports • Communicates the final written appeal decision to the Provider within sixty (60) calendar days from receipt of the appeal • Ensures the Provider is notified of additional State appeal rights, when the appeal is not granted in full

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Mental Health Outpatient Provider Appeal Policy, Continued

Roles and Responsibilities
(continued)

Role	Responsibilities
Designated Reviewer	<ul style="list-style-type: none"> • May not be involved in the initial denial or modification decision • Reviews the appeal • Writes a draft decision regarding the appeal • Submits a draft decision back to the Access Unit Supervisor or Program Manager within thirty (30) calendar days after receipt of the appeal
DBH Provider Appeal Review Committee (PARC)	<ul style="list-style-type: none"> • Enters receipt of the draft appeal decision into the Provider Appeal Review Log • Assigns a PARC member to review the draft written appeal decision • Sends a copy of the Appeal review result to the Access Unit Supervisor or Program Manager within two (2) calendar days of receipt of the PARC reviewing member's response
PARC Reviewing Member	<ul style="list-style-type: none"> • Reviews the Appeal Decision against the Provider Appeal Review Checklist • Returns the completed checklist review results to the PARC within five (5) calendar days of the Provider Appeal Review Log receipt date
Deputy Director of Program Support Services	<ul style="list-style-type: none"> • Reviews and edits as needed the draft appeal decision after PARC review • Returns the final edited appeal decision back to the Access Unit Supervisor or Program Manager

References

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

Related Policy or Procedure

Standard Practice Manual QM6037-1: [Outpatient Provider Appeal Procedure](#)