LAKESHORE REGIONAL ENTITY

| POLICY TITLE: Network Provider Dispute | POLICY # 4.7 | REVIEW DATES | |
|---|---|---|---|
| **Topic Area:** PROVIDER NETWORK<br>**Applies to:** LRE Staff, CMHSP, and Provider Network<br>**Developed and Maintained by:** LRE CEO or Designee | **ISSUED BY:** Chief Executive Officer<br>**APPROVED BY:** Chief Executive Officer | 12/16/21 | 12/15/2022 |
| | | 12/10/24 | |
| **Supersedes:** N/A | **Effective Date:** 12/15/2016 | **Revised Date:** 12/15/2022 | |

## I. POLICY

It is the policy of the Lakeshore Regional Entity (LRE) to provide for a fair and efficient process for resolving disputes between network providers and LRE or Region 3 Community Mental Health Services Program (CMHSP) that complies with State, Federal, and contractual requirements.

LRE and CMHSPs will develop, maintain, and convey policy and procedures whereby network providers may request review of non-clinical disputes related to the provider contract requirements. CMHSP policy and procedure will adhere to the standards and timeliness set forth in this policy and any referenced LRE procedures, and include, minimally, two levels of dispute resolution (i.e. an initial request and a request to review adverse disposition of a dispute request).

Disputes may be filed by a network provider when it is perceived the LRE or the CMHSP have not acted fairly in decisions related but not limited to issues involving:

- Results reported through provider monitoring reviews.
- Compliance issues resulting in a sanction or decision to place the provider on a provisional status.
- Actions related to a suspension or termination of a provider.
- Instances where there is a breach of contract or where there is potential cause for termination of the contract, with or without cause.
- Actions related to a provider's non-compliance, professional competency, or conduct.
- Overall professional conduct related to contract management and oversight.
- Credentialing, recredentialing, or paneling decisions.
- Reduction, suspension, or adjustments of payments, including non-payment of Medicaid claims.

- Material breach of contract.
- Alterations or amendments to the regional common contract boilerplate language.
- Other non-clinical issues.

This policy does NOT apply to the following:

- Medicaid Fair Hearing Appeals and Grievances.
- Medical Necessity Appeals.
- Conditions that result in immediate termination.
- Contracts the LRE holds with CMHSPs.
- Consumer rights regarding appeals and grievances, as defined by Michigan Department of Health and Human Services (MDHHS) Appeal and Grievance Resolution Processes Technical Requirement.

## II. PURPOSE

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

## III. APPLICABILITY AND RESPONSIBILITY

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

## IV. MONOTORING 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

Provider Appeal and Grievance Procedure

4.2 Contract Management

4.4 Credentialing and Privileging

## VII. REFERENCES/LEGAL AUTHORITY

## VIII. CHANGE LOG

| Date of Change | Description of Change | Responsible Party |
|---|---|---|
| 12/9/22 | | |
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