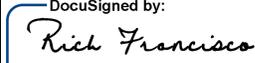




Policy/Procedure Title: Provider Dispute Resolution	Policy and Procedure #: 10-020	<u>Review Dates</u>	
Category: Compliance and Provider Network Subject: The purpose of this policy is to ensure providers contracted with HealthWest or prospective providers can request a dispute resolution regarding a decision made by HealthWest.	Prepared by: Name: Jackie Farrar Title: Network Manager Approved by: DocuSigned by:  Rich Francisco, Executive Director		
	Effective Date: 3/1/2026	Last Revised Date:	

I. PURPOSE

To establish a policy and procedures to ensure potential providers and current paneled/contracted providers with HealthWest (HW) have access to timely dispute resolution on decisions for non-service-related issues including:

- A. Denial or suspension of provider panel status with cause
- B. Request for Proposal (RFP) awards/denials
- C. Claims payments and authorizations
- D. Reduction, suspension or adjustments of payments to providers
- E. Results from provider monitoring activities and/or results reported on the Provider Quality Report
- F. A sanction or decision to place provider(s) on provisional status
- G. Credentialing or re-credentialing decisions
- H. Other non-clinical issues

In accordance with MCL 330.1784, this policy does not apply to recipient rights complaints.

II. APPLICATION

All contracted providers who have applied for or have active status and/or active contract on the HealthWest Provider Panel

III. DEFINITIONS

- A. Dispute Resolution: The process for resolving differences between two or more parties or groups. This process could be informal or formal. The resolution seeks to achieve fairness for all participants.
- B. Grievance: An official statement of a complaint over something believed to be wrong or unfair.
- C. Appeal: A formal process which is established so that providers may request reconsideration of an action or decision that has been made by HealthWest.

- D. Adverse Notification: A written notice that documents a denial of authorization or claim by any means; a reduction, suspension or adjustment to a claim; or the denial of participation as a panel provider.
- E. Active Status: A provider that has submitted their provider application and meets the requirements/accepted to the HW Provider Panel.
- F. Active Contract: A contract that has been signed between the provider and HW for services.
- G. Adverse Action: An action taken by HW which may include a denial of authorization or claim; a reduction, suspension, or adjustment to a claim; or the denial of participation as a panel provider. A determination could be made based upon Medicare/ Medicaid sanctions, state sanctions or limitation licensure, registration or certification or beneficiary concerns.

IV POLICY

It is the policy of HW to monitor contracted services to assure that a continuum of quality supports/services are provided by members of the Provider Network. When contract disputes occur between parties, this policy will allow HW and providers to collaboratively resolve disputes that may arise from the contractual relationship and cannot be resolved within the normal roles between the agency and HW. Providers contracted with HW can submit complaints and request reconsideration (appeal) of decisions rendered by HW through the Provider Dispute Resolution Process.

VI. PROCEDURE

- A. Providers shall be notified of their right to request dispute resolution via the RFP decision; sanction notice; notice of change to claims payment and authorizations; notice of reductions, suspension, or adjustments of payments; and in the contractual agreements with HealthWest. Policy and process will be reviewed with New Providers during Onboarding Orientation.
- B. Providers are encouraged to resolve problems and disagreements with the appropriate HW staff person prior to making a formal request for dispute resolution.
- C. When a dispute cannot be resolved informally, the provider has the option of filing a formal written request for dispute resolution. Written request for dispute resolution can be made to HW Compliance and Contract Department. HW reserves the right to use on-site claims, utilization, provider monitoring reviews and interviews with involved parties to make decisions.
- D. HW Contract or the Compliance Department shall notify the provider in writing of a decision regarding a grievance within 30 calendar days of receipt of the request and offer an option for appeal.

E. If the provider disagrees with the final HW dispute resolution decision, they may initiate an appeal in writing within 30 calendar days after receiving adverse notification from HW. Written request for an appeal can be made to HW Compliance Office.

1. First Level Appeal

The appeal is reviewed by the HW departments overseeing the area the appeal addresses. A written decision will be issued within 30 calendar days to the provider by the department making the decision.

2. Second Level Appeal

If the provider is dissatisfied with the decision of the Level 1 Appeal, they may file in writing for a Level 2 Appeal within 20 calendar days to the Chief Executive Officer. A written decision will be issued by the Chief Executive Officer to the provider within 30 calendar days.

3. Third Level Appeal

If the provider is dissatisfied with the decision of the Level 2 Appeal, they may file in writing for a Level 3 Appeal within 20 calendar days to the HW governing board, whose decision will be considered final. A written decision will be issued by the governing board to the provider within 30 calendar days.

F. If the provider fails to submit a timely request for appeal of the dispute resolution decision, the provider will be deemed to have accepted HW determination and will have waived all further internal or external processes regarding the issues.

VII. ATTACHMENTS

A. Contract Dispute Resolution Request Form

- a. 1st Level Appeal
- b. 2nd Level Appeal
- c. 3rd Level Appeal

B. Contract Dispute Decision Form

- a. 1st Level Appeal Decision
- b. 2nd Level Appeal Decision
- c. 3rd Level Appeal Decision

VIII. REFERENCES

- A. Lakeshore Regional Entity Network Provider Appeals and Grievances (Policy 4.7)
- B. Mental Health Code (MCL 330.1784)
- C. Dispute Resolution Contractual Language (3.9)

Authors Initials JF/



CONTRACT DISPUTE RESOLUTION REQUEST FORM

*To be completed by agency filing dispute resolution.
(1st Level Appeal)*

Date: _____

Agency: _____

Contract issue under disput is primarily (check which best apply):

- Claims/Reimbursement Dispute Rate Dispute
 Contract/Quality Dispute Other:

Describe issue under dispute (attach additional documents as needed):

- Supporting documentation attached

Describe actions taken so far to resolve dispute (attach additional documents as needed):

- Supporting documentation attached

Sign and submit to HealthWest Compliance and Contract:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE RESOLUTION REQUEST FORM

*To be completed by agency filing dispute resolution.
(2nd Level Appeal)*

Date: _____

Agency: _____

Contract issue under disput is primarily (check which best apply):

- Claims/Reimbursement Dispute Rate Dispute
 Contract/Quality Dispute Other:

Describe issue under dispute (attach additional documents as needed):

- Supporting documentation attached

Describe actions taken so far to resolve dispute (attach additional documents as needed):

- Supporting documentation attached

Sign and submit to HealthWest Compliance and Contract:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE RESOLUTION REQUEST FORM

*To be completed by agency filing dispute resolution.
(3rd Level Appeal)*

Date: _____

Agency: _____

Contract issue under disput is primarily (check which best apply):

- Claims/Reimbursement Dispute Rate Dispute
 Contract/Quality Dispute Other:

Describe issue under dispute (attach additional documents as needed):

- Supporting documentation attached

Describe actions taken so far to resolve dispute (attach additional documents as needed):

- Supporting documentation attached

Sign and submit to HealthWest Compliance and Contract:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE DECISION FORM

*To be completed by HealthWest.
(1st Level Appeal Decision)*

Date: _____

Agency: _____

Date reviewed by Compliance Department: _____

Statement of HealthWest position after Compliance Department internal review of the issue under dispute:

Supporting documentation attached

HealthWest sign and forward to agency with a copy of the Contract Dispute Resolution form.

Supporting documentation attached

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE DECISION FORM

*To be completed by HealthWest.
(2nd Level Appeal Decision)*

Date: _____

Agency: _____

Date reviewed by Chief Executive Officer: _____

Statement of HealthWest position after Executive Team review of the issue under dispute:

Supporting documentation attached

HealthWest sign and forward to agency with a copy of the Contract Dispute Resolution form.

Supporting documentation attached

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE DECISION FORM

*To be completed by HealthWest.
(3rd Level Appeal Decision)*

Date: _____

Agency: _____

Date reviewed by HealthWest Board: _____

Statement of HealthWest position after HealthWest Board review of the issue under dispute:

Supporting documentation attached

HealthWest sign and forward to agency with a copy of the Contract Dispute Resolution form.

Supporting documentation attached

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____