



PROVIDER APPEAL PROCESS

OVERVIEW

Total Health Care providers, both contracted and non-contracted, have the right to submit an appeal to resolve issues or disputes in a timely and reasonable manner. Providers must follow established procedures and processes. Appeals could be involving claims, credentialing or recredentialing, or adverse determinations (denials). If you believe you have a dispute, you have the right to submit an appeal to Total Health Care. For all questions on appeals, please contact the Medical Director at (313) 871-7801 or Provider Relations at (313) 871-7809 or (313) 871-7806.

PROCEDURE:

1. Types of Appeals

There are generally 3 types of appeals that providers may have. They are as follows:

- Claims Appeals

Providers who do not receive payment within required time frames have the right to request an appeal to Total Health Care.

If a provider believes that he/she has not received a payment to which he/she is entitled, an appeal may be submitted to either the Provider Relations Department or the Claims Department for Total Health Care. This request can be either in writing or verbally. Total Health Care must process the appeal in a timely manner, which will always be within 30 days.

MEDICAID ONLY CLAIMS DISPUTES:

If the appeal decision is not acceptable to you as a non-contracted hospital and you have signed the Hospital Access Agreement, you can request for Rapid Dispute Resolution. Upon receipt of the request, Total Health Care will follow the Rapid Dispute Resolution Guidelines in the Medicaid Provider Manual.

If the appeal decision is not acceptable to you as a provider, you have the right to participate in a binding arbitration process with regard to Medicaid members only. The Department of Community Health will provide a listing of neutral arbitrators who resolve billing disputes that Total Health Care will use to resolve the issue.

To submit an appeal either write to Total Health Care or call:

Medical Director:	(313) 871-7801
Provider Relations Department:	(313) 871-7809
	(313) 871-7806

- **Credentialing/Recredentialing Decision Appeals**

As a provider, you may not agree with a credentialing or recredentialing decision rendered by the Credentialing Committee of Total Health Care and have the right to appeal. This process is outlined in detail in the Credentialing and Recredentialing Section of the Provider Manual.

- **Adverse Determination Appeals (denials, authorizations)**

If an authorization or request for inpatient, continued stay, or other care for a member is denied, you as the provider have a right to appeal the denial. You may serve on behalf of a member or may appeal the decision yourself. It is important that you submit your request in a timely manner to avoid any unnecessary problems for the member. If a provider appeals on behalf of the member, the member timeframes will be followed and not the provider timeframes (P&P AD 19-1, AD 19-2). Expedited appeals are available for circumstances when waiting would be expected to jeopardize the well-being of the member.

Your appeal should include the necessary medical documentation for the inpatient, continued stay, or other care that you are requesting. There are two levels for the appeal process. Total Health Care will review your appeal and render a decision within 30 days of receipt of the oral or written appeal for first level appeals. On the second level appeal, Total Health Care will notify you of the decision within 30 days of receipt of the second level of appeal.

Expedited appeals decisions will be rendered within 72 hours of receipt of the request for appeal.

Appeals of this type should be submitted to the attention of either the Medical Director or the Utilization Management Department either in writing or verbally. The telephone numbers are as follows:

Medical Director:	(313) 871-7801
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Utilization Management Department: (313) 871-7883
(313) 871-7884
(313) 871-7890

2. Arbitration Option to Settle Medicaid Claims Disputes

If the appeal decision is not acceptable to you as a provider (contracted and non-contracted), you have the right to participate in a binding arbitration process with regard to Medicaid members only. The Department of Community Health will provide a listing of neutral arbitrators who resolve billing disputes that will be used by you and Total Health Care to resolve the issue.

To submit an appeal either write to Total Health Care or call:

Medical Director: (313) 871-7801
Provider Relations Department: (313) 871-7809
(313) 871-7806