



SUMMIT POINTE POLICY AND PROCEDURE MANUAL

Section: Provider Network	Policy Name: Provider Network Grievances and Appeals	Policy Number: 1.2.11
Owner: Director of Provider Network	Applies To: <input checked="" type="checkbox"/> Summit Pointe Staff <input checked="" type="checkbox"/> Summit Pointe Contract Providers <input checked="" type="checkbox"/> Summit Pointe CCBHC Services <input type="checkbox"/> Summit Pointe CCBHC DCO Providers	
Approved By: <i>Jean M. Soodick</i>		
Version Number: 3	Revised Date: 02/22/2024	First Effective Date: 03/01/2024

I. **PURPOSE:**

To outline the mechanism for provider complaints, grievances, and requests for reconsideration of decisions related to provider network management issues. This policy does not apply to medical necessity appeals or claims payment appeals, which are addressed in separate Summit Pointe policies.

II. **DEFINITIONS:** Refer to the “Summit Pointe Policy and Procedures Definitions Glossary.”

III. **POLICY:**

Summit Pointe Provider Network strives to create a positive and mutually supportive relationship with its network of providers. When problems or disagreements arise, this policy shall be used for provider grievances and appeals. Summit Pointe will appropriately notify any regulatory organization including Southwest Michigan Behavioral Health.

IV. **PROCEDURE:**

General Standards and Applications:

The provider grievance and appeal process apply to the following:

- Suspension or termination of a provider with cause.
- Denial, restriction, or reduction of credentialing privileges.
- Contract compliance issues resulting in a sanction.
- Material breaches outlined in the contract.
- Results reported through monitoring reviews.
- Other issues related to quality care or contract compliance.

The appeal of contract termination shall have no effect on the immediate termination of the contract and services under the contract. The termination will remain in effect until the appeal process is completed and will be rescinded only if the termination is not upheld in on appeal.

The right to appeal will be included in each provider agreement and referenced by policy.

All provider appeals must be received, in writing, within 30 days of notification of the action that is being appeals. Supporting documents, written statements, and other documentation that support the appeal should accompany the request.



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First Level Appeal:

Summit Pointe Provider Network Director or alternate Leadership designee who was not involved in the initial action and is familiar with the subject matter will review the appeal. Dependent on the appeal, leaders to be considered to review the appeal include, but are not limited to: Compliance Director, Operations Director, Finance Director and/or Chief Executive Officer. A determination will be made in writing within 30 days of receipt of the appeal. The documentation provided will explain the facts upon which the determination was made.

Second Level Appeal:

If the appeal was denied the appeal may be reviewed at a second level. The provider may request a second level appeal up to thirty (30) days after the receipt of the determination of the first level appeal. A Summit Pointe Leader who was not involved in the initial action and who is familiar with the subject matter will review the appeal. Dependent on the appeal, leaders to be considered to review the appeal include, but are not limited to: Compliance Director, Operations Director, Finance Director and/or Chief Executive Officer.

A written disposition of the second level appeal will be provided. This documentation will include the specific reason(s) for the decision and will explain the facts upon which the determination was made. This will be provided to the provider within sixty (60) days of receipt of the second level appeal.

Third Level Appeal:

Providers may engage in a third level appeal to Southwest Michigan Behavioral Health as a final step. The provider must submit a written request for the final appeal within thirty (30) days of receiving the second level disposition. Provider shall include Director of Summit Point Provider Network in the request for final review to Southwest Michigan Behavioral Health. Failure to meet outlined deadlines will result in the second level appeal outcome determination standing. After this time the matter will be considered closed.

Southwest Michigan Behavioral Health will provide the final determination in writing within thirty (30) days as outlined in their respective non-clinical Provider Grievances and Appeals Policy (02.14).

After the final review the matter will be considered closed.

V. **REFERENCES:**

Southwest Michigan Behavioral Health Policy 02.14: Non-Clinical Provider Grievances and Appeals

VI. **ATTACHMENTS:**

None