

**ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES
BOARD OF CUYAHOGA COUNTY (ADAMHS BOARD)**

POLICY STATEMENT

SUBJECT: CLAIMS APPEAL POLICY

EFFECTIVE DATE: March 23, 2022

PURPOSE

To provide a consistent method for contract service providers to appeal any denied or disputed claim decision made by the ADAMHS Board.

POLICY

It is the policy of the ADAMHS Board to provide a process for contract service providers to appeal denied and/or disputed claims. Any appeal shall be made in accordance with the procedures and timelines described in this Policy. The ADAMHS Board will ensure that all appeals will be handled in a consistent and efficient manner as outlined.

PROCEDURE

A. NOTICE OF APPEAL


1. The contract service provider will submit to the ADAMHS Board a written request including the reason(s) for the appeal. The written request must be received no later than thirty days after the date on the remittance advice (RA, HIPAA-835).
2. The written request shall be sent via U.S. mail, faxed or emailed with supporting documentation to the attention of the ADAMHS Chief Financial Officer (CFO). If a provider elects to email the notice of appeal, supporting protected health information (PHI) documentation must be sent via U.S. mail, faxed or emailed (only if the email is encrypted).
3. The written request shall include the following documentation:
 - Name and address of the appealing provider agency
 - Name, title, email and telephone number of contact person
 - The reason(s) for requesting an appeal
 - GOSH UCI number(s)
 - Date(s) of service
 - Claim number(s)
 - Procedure code(s)
 - Amount billed
 - Amount paid or amount denied
 - Supporting documentation, i.e. a photocopy of the actual remittance advice for claims being appealed

B. CFO OR HIS/HER DESIGNEE REVIEW:

1. All written requests of appeal, with the exception of emails sent directly to the CFO, will be date stamped upon receipt and routed to the CFO.
2. An email acknowledging the receipt of the appeal will be sent to the contract service provider's contact person designated in the written request of appeal by the CFO or his/her designee.
3. If necessary, the CFO or his/her designee may request additional information before completing the review of the appeal.
4. All requests for additional information will be made via email to the contact service person designated in the written request of appeal.
5. The CFO or his/her designee will resolve all written appeals within thirty days of receipt.
6. The CFO or his/her designee will notify the contract service provider the decision via email.
7. Upon receipt of the decision, the contract service provider may appeal the decision in writing to the ADAMHS Chief Executive Officer (CEO) for final review.
8. The CFO or his/her designee shall provide all necessary documentation to the CEO for final resolution.
9. The CEO shall render a decision on the final step of the appeal process within fifteen days of submission.
10. The contract service provider will be notified via email as to the final resolution of its appeal. All correspondence will be addressed to the contact person named in the written request of appeal with a copy to the Chief Executive Officer or Executive Director.
11. Claims adjustments or payments deemed necessary as a result of the appeal will be processed in GOSH or any other claims/payment adjudication software system utilized by the ADAMHS Board. The ADAMHS Board may determine, under special situations, if another avenue of adjustment or payment outside of GOSH is appropriate.


Supersedes and retires: Claims Appeal Policy, Effective March 22, 2017

Reference: n/a

DocuSigned by:

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 Rev. Benjamin F. Gohlstin, Sr.
 ADAMHS Board Chair

March 23, 2022

Approval date

DocuSigned by:

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 Scott S. Osiecki
 ADAMHS Board Chief Executive Officer

March of 2025

Review date