

**Upper Peninsula Health Plan**  
**Policy & Procedure**

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<b>Index #:</b>	<b>300-018</b>	<b>Effective:</b>	09/01/04
<b>Subject:</b>	Provider Post Service Appeals	<b>Revised:</b>	12/01/06; 07/09/07 12/07/07
<b>Authorized By:</b>	_____	<b>Date:</b>	_____ <b>Title: Medical Director</b>
<b>Authorized By:</b>	_____	<b>Date:</b>	_____ <b>Title: CEO</b>

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***Purpose***

To establish an efficient, consistent, and systematic method of managing and resolving provider appeals related to post service utilization management (medical necessity) review decisions and technical denial decisions.

***Definitions***

**Post Service:** Any care or services already received by a UPHP member and the UPHP member is not at financial risk. (Pre and post service appeals, when member is at financial risk, are considered member appeals and handled per UPHP Policy #300-024 Member Appeals Related to Utilization Management Adverse Determinations.) Post Service appeals may be submitted for the following two (2) reasons:

1. **Provider Utilization Management (medical necessity) Appeal:** Request from a provider to change a previous post service utilization management (UM) adverse determination.
2. **Technical Denial Appeal:** Request from a provider to change a previous technical denial determination that was based on the provider's failure to follow Upper Peninsula Health Plan's Utilization Management guidelines. These guidelines include:
  - 1) Submitting requested medical records within 45 days of receipt of request
  - 2) Obtaining prior authorization for services as outlined in UPHP Policy #300-005 Utilization Management Process

***Policy***

In the event that a provider disagrees with a post service determination, they may file an appeal in writing within thirty (30) business days of receipt of the initial determination. A claim must be on file before an appeal can be submitted. A medical necessity appeal is completed by a physician not involved in the original adverse determination. A technical denial appeal is completed by an administrative review panel. The provider will receive a verbal or written decision by UPHP within thirty (30) business days after receipt of the valid appeal request. Verbal notification will be followed by a written decision within seven (7) business days following the verbal notification. UPHP may request an administrative extension of up to fifteen (15) business days to resolve an appeal if the provider agrees to the request. This is the final UM determination by UPHP.

**Please Note:** Technical denials are not subject to review for medical necessity. When filing a technical denial appeal the provider must provide justification as to why their office was unable to follow the specific guidelines of the appropriate UPHP UM process.

### ***Procedure***

To file a Provider Utilization (medical necessity) Management appeal or a Technical Denial appeal a provider must submit a written request to UPHP which includes the following:

- A letter explaining the basis for the appeal request;
- The name, address, and telephone number of the person responsible for filing the appeal;
- Supporting documentation, such as proof of timely filing, medical records, or other information that supports the appeal or is pertinent to the appeal.

A physician to physician phone conference coordinated through UPHP's Clinical Services department may be requested provided all above requirements are met. This is only an option for Provider Utilization Management (medical necessity) appeals and is not an option for Technical Denial appeals.

A request that does not include the required documentation or is received after the stated time frame is not valid for consideration for appeal.

UPHP will document administrative extensions both in the UM review database and in the provider appeal record showing the provider name and date extension was agreed upon.

All verbal decision notifications to the provider will be documented both in the UM review database and in the provider appeal record.

All appeal requests should be mailed or faxed to:

**Upper Peninsula Health Plan  
Clinical Services Department  
Attn: Appeal Coordinator  
228 West Washington Street  
Marquette, MI 49855  
Fax 906-225-7720**

All appeal determinations are final. If a provider disagrees with UPHP's final determination regarding an appeal, the provider may pursue one of the following options:

- Binding arbitration
- Michigan Department of Community Health Rapid Dispute Resolution (Only applies to Out of Network Hospitals that have signed an Access Agreement through the State of Michigan)
- Alternative dispute resolution
- Filing an appeal with the Office of Financial and Insurance Services (OFIS)

Arbitrators will be organizations with the appropriate expertise to analyze medical claims and supporting documentation available from medical record reviews and determine whether a claim is complete, appropriately coded, and should or should not be paid. A model agreement will be developed of which both parties to the dispute will be required to sign. This agreement will specify the name of the arbitrator, the dispute resolution process, a timeframe for the arbitrator's decision, and the method for payment for the arbitrator's fee.

***Attachments***

Post Service Appeal Letter - Upheld

Post Service Appeal Letter - Overturned

Technical Denial Appeal Letter – Upheld

Technical Denial Appeal Letter – Overturned

Exception to this policy may be made with the approval of the chief executive officer or an authorized designee.

**///END OF POLICY & PROCEDURE ///**

**UPPER PENINSULA HEALTH PLAN  
POST SERVICE UM MEDICAL NECESSITY APPEAL LETTER - UPHELD**

Date

Facility Name  
Address  
City, State Zip

RE: Member name  
Member ID#  
Facility name  
Date of service  
Initial physician review decision: **(Reduce to Observation or Deny)**  
Date facility notified of decision

Dear Provider:

This is to notify you that an appeal review has been completed on the **(describe post service request)** services on the case listed above. The original physician review determination on this case has been *upheld* based on the following reasons:

**(List of reasons)**

This information has been forwarded to our claims department who will make any necessary payment adjustments.

If you have any questions regarding reimbursement, please contact UPHP Claims department toll free at 1-888-904-7526 or 1-906-225-7500.

Sincerely,

Medical Director Name  
Medical Director Title

Originator initials/typist initials

Review #xxxxxx

**UPPER PENINSULA HEALTH PLAN  
POST SERVICE UM MEDICAL NECESSITY APPEAL LETTER - OVERTURNED**

Date

Facility Name  
Address  
City, State Zip

RE: Member name  
Member ID#  
Facility name  
Date of service  
Initial physician review decision: **(Reduce to Observation or Deny)**  
Date facility notified of decision

Dear Provider:

This is to notify you that an appeal review has been completed on the **(describe post service request)** services on the case listed above. The original physician review determination on this case has been *overturned* based on the following reasons:

**(List of reasons)**

This information has been forwarded to our claims department who will make any necessary payment adjustments.

If you have any questions regarding reimbursement, please contact UPHP Claims department toll free at 1-888-904-7526 or 1-906-225-7500.

Sincerely,

Medical Director Name  
Medical Director Title

Originator initials/typist initials

Review #xxxxx

**UPPER PENINSULA HEALTH PLAN  
POST SERVICE TECHNICAL DENIAL APPEAL LETTER - UPHELD**

Date

Facility Name  
Address  
City, State Zip

RE: Member name  
Member ID#  
Facility name  
Date of service  
Initial review decision: **(Medical Records Not Received Timely or No Authorization)**  
Date facility notified of decision

Dear Provider:

This is to notify you that an appeal review has been completed on the **(describe post service request)** services on the case listed above. The original determination on this case has been *upheld* based on the following reasons:

**(List of reasons)**

This information has been forwarded to our claims department who will make any necessary payment adjustments.

If you have any questions regarding reimbursement, please contact UPHP Claims department toll free at 1-888-904-7526 or 1-906-225-7500.

Sincerely,

TBD Name  
TBD Title

Originator initials/typist initials

Review #xxxxxx

**UPPER PENINSULA HEALTH PLAN  
POST SERVICE TECHNICAL DENIAL APPEAL LETTER - OVERTURNED**

Date

Facility Name  
Address  
City, State Zip

RE: Member name  
Member ID#  
Facility name  
Date of service  
Initial decision: **(Medical Records Not Received Timely or No Authorization)**  
Date facility notified of decision

Dear Provider:

This is to notify you that an appeal review has been completed on the **(describe post service request)** services on the case listed above. The original determination on this case has been *overturned* based on the following reasons:

**(List of reasons)**

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Sincerely,

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Review #xxxxx