

Reconsideration: is a plan's review of an adverse or partially favorable Organization Determination.

Policy

If a provider disagrees with an Organization Determination made by UPHP regarding payment for services, they may file an appeal in writing to UPHP, no later than 60 calendar days from the remittance notification date. UPHP may allow more time to file the appeal if the provider provides good reason for missing the timeframe. UPHP will issue its reconsidered determination in writing which will be mailed to the provider no later than 60 calendar days from the date UPHP received the provider's appeal. UPHP designates persons who were not involved in the making of the initial Organization Determination when reviewing Reconsiderations. If the denial is based on lack of medical necessity, the Reconsideration is reviewed by a physician with the expertise in the field of medicine that is appropriate for the services at issue. An inquiry is not subject to the appeals process.

Procedure

To file an appeal, the provider must have submitted a claim for the service and/or supplies in question, and received a denial or reduction in payment from UPHP. The provider must submit a written request explaining the basis for the appeal to UPHP which includes the following:

- Member name
- Member identification number
- Remittance notification showing the denial
- Supporting documentation such as proof of timely filing, medical records, reason for not obtaining authorization, or other information that supports the appeal or is pertinent to the appeal.
- The name, address, and telephone number of the person responsible for filing the appeal

All provider appeal requests are to be mailed or faxed to:

**Upper Peninsula Health Plan
Attn: UM Review and Appeals Coordinator
853 W. Washington Street
Marquette, MI 49855
Fax: 906-225-7720**

If UPHP does not receive the required documentation within 60 calendar days of UPHP receipt of appeal request, the request for appeal will be dismissed. UPHP will send written notification of the dismissal. UPHP will outreach via phone and in writing to the appealing party to obtain the needed information prior to dismissal.

UPHP will process the Reconsideration request and provide a written response within 60 calendar days. This is the final Reconsideration from UPHP.

If a non-contracted hospital disagrees with the UPHP Reconsideration, they may submit a request to MDHHS for Rapid Dispute Resolution (RDR). UPHP must comply with the Hospital Access Agreement for any non-contracted hospital providers. This applies solely to disputes with non-contracted hospital providers that have signed the Hospital Access Agreement. Non-contracted hospital providers that have not signed the Hospital Access Agreement do not have access to the Rapid Dispute Resolution process. When UPHP is notified by MDHHS of a request for RDR, the request will be sent to UPHP General Counsel who will coordinate a meeting with the UPHP Accounts Receivable Reconciliation Group (ARRG) which consists of the UPHP Chief Executive Officer (CEO), Chief Financial Officer (CFO), Director of Population Health, and Director of Claims Administration to review the case a second time to determine if payment should be made or to continue with RDR. The Clinical Services Manager-Utilization Management (UM) will be present to go over the case and appeal determination made by the appeal reviewer. Upon determination by the ARRG, UPHP General Counsel will communicate with MDHHS, be responsible for providing necessary documentation, be present during the RDR hearing and communicate the RDR outcome to the ARRG.

When a non-hospital provider or hospital provider that has not signed the Hospital Access Agreement requests arbitration, UPHP will participate in a binding arbitration process. Providers must exhaust the UPHP internal provider appeal process before requesting arbitration. To request arbitration, non-contract providers must send a written request to:

**Upper Peninsula Health Plan
Attn: UPHP General Counsel- Arbitration Request
853 W. Washington Street
Marquette, MI 49855**

UPHP will contact MDHHS who will provide a list of neutral arbitrators that can be made available to resolve billing disputes. These arbitrators will have 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. Coordination of the arbitration process will be handled by UPHP General Counsel. The party found to be liable will be assessed the cost of the arbitrator. If both parties are at fault, the cost of the arbitration will be apportioned.

Attachments
None

Exception to this policy may be made with the approval of the
Chief Executive Officer or an authorized designee.

/// END OF POLICY & PROCEDURE ///