

SECTION 12 - PROVIDER APPEALS

Plan Providers have the right to request reconsideration of payment if payment for Medicare or Medicaid services is denied by PHP. PHP will make every effort to assure matters are resolved in a timely fashion. The Member appeal processes for Medicare and Medicaid covered services are outlined earlier in Section 7 of this Provider Manual.

In the event the Plan Provider has questions or concerns regarding the reimbursement by PHP, the Plan Provider is to first attempt to resolve the matter by contacting PHP's third party administrator, Security Administrative Services at:

Security Administrative Services
1515 St. Joseph's Avenue
PO Box 8000
Marshfield, WI 54449-8000
Website: www.securityhealth.org
Telephone: 1-800-548-1224

If the Plan Provider is not satisfied with the results of this action, it can then forward questions or concerns to:

Community Health Partnership
Attn: Claims Specialist
2240 EastRidge Center
Eau Claire, WI 54701
Telephone: 715-838-2900
Fax: 715-838-2910

Appeal Process

The Service Agreement between Plan Provider and PHP contains terms and conditions of the request reconsideration regarding the payment for Medicaid services provided to enrolled Members.

All claims submitted by a Plan Provider subject to payment by PHP are considered final unless the Plan Provider requests an adjustment in writing within the contractually specified time frame after receipt of the payment from PHP. In the event of any dispute arising from any claim or bill submitted by Plan Provider, each party will have access to all reasonable and necessary documents and records that would, at the discretion of either party, tend to sustain its claim. However, patient health care records will only be released to the extent allowable under applicable Laws.

Plan Providers are to submit appeals in writing via the Provider Appeal Form attached as Appendix 2. The Provider Appeal Form should be sent to:

Community Health Partnership
Attention: Grievance and Appeals Coordinator
2240 EastRidge Center
Eau Claire, WI 54701
Telephone: 715-838-2900 or 800 842-1814
Fax: 715-838-2910

If a provider sends an appeal directly to Medicaid without first filing it with the HMO, Wisconsin Medicaid will return the appeal to the provider.

Final Consideration – Medicaid Services

If PHP fails to respond to, or if the Plan Provider is not satisfied with PHP's response to a request for reconsideration of payment (Provider Appeal Form), the Plan Provider may appeal the decision to the Department of Health and Family Services (DHFS). All appeals must be submitted to the DHFS in writing within sixty (60) calendar days of PHP's final decision. The DHFS has forty-five (45) calendar days from the date of receipt of all written comments to respond to these appeals. PHP agrees to pay the Provider any adjustments within forty-five (45) calendar days of receipt of the DHFS final determination.

Appeals can be sent to:

Department of Health and Family Services (DHFS)
Division of Disability and Elder Services (DDES)
Bureau of Long-Term Support (BLTS)
1 West Wilson, Room 518
PO Box 7851
Madison, WI 53707-7851
Telephone: 608-267-7286
Fax: 608-266-5629

Fraud and Abuse

It is the policy of PHP to comply with all applicable state and federal regulations as they apply to fraud and abuse. Fraud and abuse laws regulate the following payment items that PHP may not perform:

- Make direct, indirect or disguised payments in exchange for the referral of potential Members
- Receive direct, indirect or disguised payments in exchange for referring PHP Members to another entity or program
- Not knowingly submit false, fraudulent or misleading claims to any government entity or third-party payer. False claims include claims for services that PHP did not render, claims that characterize the service differently from the service that PHP actually provided and claims that do not otherwise comply with contractual requirements.
- Make false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service

PHP's Compliance Officer is responsible for developing, operating and monitoring the Fraud, Waste and Abuse Program with authority to report directly to the Board of Directors and CEO. The PHP Compliance Hotline phone number is listed in the Contact information at the beginning of this Provider Manual.