



Southwest Michigan Behavioral Health

5250 Lovers Lane, Suite 200
Portage, MI 49002
(800) 676-0423

Barry County • Berrien County • Branch County • Calhoun County • Cass County • St. Joseph County • Kalamazoo County
• Van Buren County

Provider Disputes and Appeals Process

All contracted / participating providers in the Southwest Michigan Behavioral Health (SWMBH) network have the right to appeal actions taken by SWMBH relating to a participating provider's status within the provider network and actions related to a provider's professional competency or conduct.

This appeals process does not apply to medical necessity appeals (which are covered under policy numbers 6.4 and 4.3) or conditions dictated in the provider contract that result in immediate termination such as provider loss of required certification/licensure; listing of the provider by a department or agency the State of Michigan as being suspended from service participation in the Michigan Medicaid and/or Medicare programs; and/or the provider being listed by a department or agency of the State of Michigan in its registry for Unfair Labor Practices.

If an organizational provider, facility provider, group/individually licensed practitioner disagrees with a determination by SWMBH in the application process or during review of a provider's status, and wishes to have the matter reviewed at a higher level, the provider may do so by submitting a written request to the payor's representative within (30) calendar days of disposition. The request must include the following (see attached Appeals Request Form):

1. Reason for dispute;
2. Documentation to support the appeal

The Appeals Request Form and supporting documentation must be sent to SWMBH Manager - Provider Network Development who will begin the process to review the appeal.

Providers can mail the Appeal Request Form to:
Southwest Michigan Behavioral Health
Attn: Manager - Provider Network Development
5250 Lovers Lane, Suite 200
Portage, MI 49002

Or the appeal request can be emailed to Moira Kean at moira.kean@swmbh or Scott VanKirk at scott.vankirk@swmbh.org.

For further information about the process please refer to SWMBH Policy number 2.14.



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APPEAL REQUEST FORM

Provider Name: _____

Today's Date: _____

Date notified of SWMBH's network participation decision: _____

Reason for dispute: _____

Additional information: _____

Please attach any relevant supporting documentation.

Provider Signature: _____

For Office Use Only

Date appeal received: _____

Date appeal reviewed by first level panel: _____

Determination and findings: _____

Date request reviewed by second level panel (if applicable): _____

Determination and findings: _____