



7.1.28 PROVIDER PROBLEM RESOLUTION AND PAYMENT APPEAL PROCESS

Issue Date: 04/01/1998

Revision History: 01/05/2026, 08/09/2021

- References:
1. Title 22, 51341.1(q)
 2. Title 9, Chapter 11, Subchapter 5, Section 1850.305; 1850.310; 1850.315; 1850.320; 1850.325; 1850.350; 1820.205; Cal. Code Regs. Tit. 9 Section 1820.220.
 3. MHP Contract Exhibit A, Attachment 5, Section 2.c.1
 4. DMC-ODS Contract, Exhibit A, Attachment I

Policy Owner: Behavioral Health Division, Quality Assessment and Performance Improvement (QAPI), Quality Assurance Manager

Director Signature: **Signature on File**

I. Policy Statement

It is the policy of the Sonoma County Department of Health Services – Behavioral Health Division (DHS-BHD), Mental Health Plan (MHP), Substance Use Disorder (SUD) services, and the Drug Medi-Cal Organized Delivery System (DMC-ODS), to maintain a provider problem resolution and payment appeal process to ensure compliance with federal and state regulations. For the purposes of this policy “DHS-BHD” will refer to both the MHP and the DMC-ODS plan, unless otherwise indicated.

II. Scope

This policy applies to all DHS-BHD Covered Persons including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as Covered Persons. Covered Persons do not include Community Based Organization (CBOs) staff.

III. Definitions

Not Applicable

IV. Policy

This policy outlines the process for providers to notify DHS-BHD of problems or concerns regarding authorization of services, payments, or other general issues, and establishes a process through which providers may submit appeals. This process enables providers to resolve payment issues or other complaints and concerns with DHS-BHD. Providers shall not be subject to discrimination or any other penalty for using the provider problem resolution and payment appeal process.

DHS-BHD shall ensure that providers have access to written information regarding the provider problem resolution and payment appeal process (BHD 405 Provider Problem Resolution and Payment Appeal Form). DHS-BHD Quality Improvement (QI) staff will conduct annual reviews of provider payment appeals, as outlined in the QI Work Plan.

V. Procedures

A. Provider Problem Resolution and Payment Appeal Filing:

1. Provider concerns, complaints, or appeals may be submitted to Sonoma County DHS-BHD Provider Relations by telephone, in person, or in writing (mail, fax, or e-mail) by using the Provider Problem Resolution and Payment Appeal form (BHD 405). This form is available at:
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>

The completed form may be returned by mail to:

Sonoma County DHS-BHD
ATTN: Provider Relations
2227 Capricorn Way
Santa Rosa, CA 95407

Phone: (707) 565-4767

Fax: (707) 565-2202 ATTN: Provider Relations

E-mail: SCBHProviderRelation@sonomacounty.gov

All e-mail communications containing member identification or other protected health information must be encrypted to ensure the security of transmitted electronic health information.

B. Provider Problem Resolution and Payment Appeal Process

1. Provider concerns/complaints may address, but are not limited to, the following issues:
 - a. Contracts, including, but not limited to, payment agreements, scope of work, etc.
 - b. Disagreements with monitoring or audit review findings conducted by DHS-BHD Quality Assurance (QA) staff may be appealed. Monitoring or audit review appeals must be submitted **within 15 calendar days** of the provider's receipt of the findings or audit report.
 - c. Disagreements with service decisions made by DHS-BHD staff.
 - d. Any other concerns/complaints.
2. Providers have the right to initiate the provider payment appeal process at any time—before, during, or after the provider problem resolution process has begun. Providers may file a payment appeal only for the following five reasons:
 - a. Denied request for payment.
 - b. Modified request for payment.
 - c. Dispute concerning the processing or payment of a provider's claim including, but not limited to, a delay in payment.
 - d. Appeal regarding Payment Authorizations for Psychiatric Inpatient Hospital or Psychiatric Health Facility Services.
 - e. Appeal concerning the denial or modification of an MHP payment authorization request for the Specialty Mental Health Services (SMHS) provided in an emergency psychiatric inpatient hospital.
3. When responding to concerns **not** related to payment appeals, efforts will be made to resolve the concerns or complaints at the lowest level of DHS-BHD involvement. However, providers have the option to submit a Provider Problem Resolution & Payment Appeal form at any time to formalize their concerns.
4. The QAPI QA Manager will facilitate the processing of the provider's concern or appeal, using the Provider Problem Resolution and Payment Appeal Processing Procedures.

VI. Forms

A. Provider Problem Resolution and Payment Appeal Form (BHD 405)

VII. Attachments

Attachment #1: Provider Problem Resolution and Payment Appeal Procedures