

K. PROVIDER ISSUE RESOLUTION

- The MHP recognizes that at times providers may have or be made aware of complaints, problems or issues with Fee-For-Service Individual Providers. Providers are encouraged to communicate any complaints, problems or issues to Optum which provides oversight for Fee-For-Service Providers. Please report any complaints to Optum Provider Services at 800-798-2254 option 7.
- The MHP recognizes that at times providers may disagree with the MHP over an administrative or fiscal issue and will be happy to work with them to solve the problem. There is both an informal and formal Provider Problem Resolution Process for providers who have concerns or complaints about the MHP.

Informal Process

- Providers are encouraged to communicate any concerns or complaints to the Program Monitor or designee. The Program Monitor or designee shall respond in an objective and timely manner, attempting through direct contact with the provider to resolve the issue. When issues are not resolved to the provider's satisfaction informally, a formal process is available. A copy of complaint materials will be sent to the County Mental Health QA Unit.
- If the provider is not satisfied with the result or the informal process or any time, the formal process below is available:

Formal Provider Problem Resolution Process

1. Providers shall submit in writing any unresolved concerns or complaints to the MHS Contracts Manager Chief, Behavioral Health Services Contracts Support or designee, using the Formal Complaint by Provider form (Appendix located on the [Optum Website](#): BHS Provider Resources > SMH & DMC-ODS Health Plans> *OPOH/SUDPOH*)
2. Written narration shall include all relevant data, as well as attachment of any documents which support the provider's issue(s).
3. Formal complaint shall be submitted within 90 calendar days of original attempt to resolve issue(s) informally.
4. The Contracts Manager Chief, BHS Contracts Support or designee shall have 60 calendar days from the receipt of the written complaint to inform the provider in writing of the decision, using the [Formal Response to Complaint form](#) .

- a. The written response from the Contracts Manager, Chief, BHS Contracts Support or designee shall include a statement of the reason(s) for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.
5. Formal Provider Problem Resolution documentation is to be directed to:
- Mental Health Services Contracts Manager Chief, BHS Contracts Support
P.O. Box 85524
San Diego, CA 92186-5524
Mail Stop: P531-K
6. A copy of all complaint materials shall be sent to the County Mental Health QA Unit.

Formal Provider Appeal Process

1. Provider may submit an appeal within 30 calendar days of written decision to the Formal Complaint.
2. Formal Provider Appeals from an adult services provider shall be submitted in writing, using the [Formal Appeal by Provider form](#).
3. The Appeal Form shall summarize the issue(s) and outline support for appeal. Previous documents on the issue(s) shall be attached.
4. The ADD shall notify the provider, in writing, of the decision within 60 calendar days from the receipt of the appeal and supporting documents, using the [Formal Appeal Response Complaint Form](#).
5. The written response from the ADD shall include a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.
6. Formal Provider Appeal documentation is to be directed to:

Assistant Deputy Director of Adult Mental Health Services
P.O Box 85524 San Diego, CA 92186-5524
Mail Stop: P531-A

Assistant Deputy Director of Children, Youth and Families Services
P.O. Box 85524 San Diego, CA 92186- 5524
Mail Stop: P531-C

7. A copy of all appeals materials should be sent to the County Mental Health QA Unit:

Quality Assurance Unit
P.O. Box 85524 San Diego, CA 92186-5524
Fax: (619) 236-1953
Mail Stop: P531-Q (Children) Mail Stop: P531-G (Adults)

Quality Assurance Process

1. The Quality Assurance Unit shall gather, track and analyze all formal provider problem resolution issues.
2. All Organizational Providers who submit a formal complaint, and/or formal appeal, shall send a copy to the Quality Assurance Unit.
3. All Program Monitors or designees, the Chief, BHS Contracts Support who obtains a formal complaint, and/or the ADD who handles an appeal shall forward a copy to the Quality Assurance Unit, attaching the response.
4. The Quality Assurance Unit will log all formal complaints and appeals as it pertains to issue, timeline compliance, resolution disposition and action plan. This unit will identify opportunities for improvement and decide which opportunities to pursue, design and implement interventions to improve performance, and measure the effectiveness of any interventions.