

# Quality Improvement

## QuickTip

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**Title: Grievances vs. Administrative Appeals**  
**Levels of Care: All**

To assist Providers in understanding the difference between filing a grievance and submitting an administrative appeal, the information below clarifies each process.

A grievance can be filed when CBHNP issues a denial based on the service not meeting medical necessity criteria. In these instances, CBHNP issues a denial letter to the Member / family as well as the Provider requesting services. The letter notifies everyone of the denial as well as Mental Health Treatment services that have been approved. Families / Members or a Provider with authorization for representation can file a grievance up to 45 days after the date of the denial letter. Continuation rights are granted only if the grievance is filed within 10 days of the denial letter or 24 hours of notification of denial for Inpatient services. The grievance process begins with a *Level I* which is a meeting that provides the Member/family and treatment team an opportunity to discuss and provide information to support the request being approved and meeting medical necessity.

An administrative appeal can be filed when CBHNP issues an administrative denial related to authorization requests or claims payments. The appeal is based on administrative issues (timeliness, credentialing, eligibility, etc.) and is not related to denials of medical necessity criteria. Administrative appeals must be submitted within 60 days of the administrative denial, and all supporting documentation should be submitted with the initial administrative appeal request. The administrative appeal process expects providers to have followed applicable policies and procedures in obtaining authorizations and submitting claims.

The policies for grievances and administrative appeals as well as the forms to be used for both processes can be found on CBHNP's website [www.cbhnp.org](http://www.cbhnp.org) in the Quality Improvement section and on the provider portal in the forms section. If you have any questions, please feel free to contact your Provider Relations Representative.

