

**Sonoma County Department of Health Services- Behavioral Health Division  
Provider Problem Resolution & Payment Appeal Form**

**Please attach written statements, chart documentation, and any other materials in support of your appeal.**  
*All e-mail communications containing client identification or other health-protected information must use encryption to secure transmitted electronic health information.*

**Return completed form by:**

**Mail:** Sonoma County Behavioral Health Plan  
Administration ATTN: Provider Relations  
2227 Capricorn Way, Suite #207  
Santa Rosa CA 95407

or

**Phone:** (707) 565-4767

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

**E-mail:** [SCBHPProviderRelation@sonoma-county.org](mailto:SCBHPProviderRelation@sonoma-county.org)

Date:			
Provider Name:		Program Name:	
Contact Person:		E-mail:	
Phone:		Best time(s) to call:	
Name of Client/Consumer:		Client ID #:	
Date(s) of service involving this complaint or appeal:			

**For Provider Concerns/Complaints (select all that apply):**

- Issues related to provider contracts including, but not limited to, payment agreement, scope of work, etc.
- Disagreement with monitoring/audit review findings by DHS-BHD Quality Assurance staff  
(Appeals are due within 15 days of the Provider's receipt of findings/audit report)
- Disagreement with service decisions made by DHS-BHD staff
- Other concerns/complaints:

**For Provider Appeals of Payment (select all that apply):** *All appeals must be received in writing by DHS-BHD Provider Relations within 90 calendar days of receipt or fax date of notification of non-approval of payment, or within 90 calendar days of DHS-BHD's failure to act upon the request.*

- Denied request for payment
- Modified request for payment
- Dispute with DHS-BHD regarding processing or payment of a claim, including but not limited to, a delay of payment

Please explain:

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Provider Signature:		Date:	
Print Name:			

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**(FOR DHS-BHD USE ONLY)**

Received by DHS-BHD Provider Relations

Date:

Received by the BHPA

Date:

Recommendation:  Approve  Modify  Deny

Date:

Received by DHS and BHD Senior

Date:

Decision:  Approve  Modify  Deny

Date:

DHS-BHD Provider Relations Response to Provider

Date:

# Provider Problem Resolution & Payment Appeal Process

RETURN THIS COMPLETED FORM  
TO:

Sonoma County DHS-BHD  
Attention: Provider Relations  
2227 Capricorn Way, Suite 207  
Santa Rosa, CA 95404

Phone: (707) 565-4767  
Fax: (707) 565-2202 ATTN: Provider Relations

E-mail: [SCBHProviderRelation@sonoma-county.org](mailto:SCBHProviderRelation@sonoma-county.org)

## ***Provider Problem Resolution & Payment Appeal Process***

Provider concerns/complaints, or appeals may be submitted to Sonoma County Department of Health Service Behavioral Health Division (DHS-BHD) Provider Relations by telephone, in person, or in writing (mail, fax, or e-mail) by using the Provider Problem Resolution & Payment Appeal form.

The Provider Problem Resolution & Payment Appeal form is located at  
<https://sonomacounty.ca.gov/Health/Behavioral-Health/Forms-and-Materials/>

### ***Provider Problem Resolution Process***

Provider concerns/complaints may address, but are not limited to, the following issues:

1. Contracts, including, but not limited to, payment agreement, scope of work, etc.
2. Disagreement with monitoring/audit review findings by DHS-BHD Quality Assurance (QA) staff (monitoring/audit review appeals are due within 15 business days of the provider's receipt of findings/audit report).
3. Disagreement with service decisions made by DHS-BHD staff
4. Any other concerns/complaints

Efforts will be made to resolve concerns/complaints at the lowest level of DHS-BHD involvement.

### ***Provider Payment Appeal Process***

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 only file a payment appeal for the following three reasons:

1. Denied request for payment
2. Modified request for payment
3. Dispute concerning the processing or payment of a provider's claim including, but not limited to, a delay in payment

Providers **must** submit a completed form to DHS-BHD Provider Relations within:

1. 90 calendar days of the receipt or fax date of notification of payment denial/modification, or
2. 90 calendar days of the DHS-BHD's failure to act upon the request

Providers must include, with the completed Provider Problem Resolution & Payment Appeal form, written statements, chart documentation and/or other materials in support of the provider's claim.

The Behavioral Health Plan Administration (BHPA) committee shall review the appeal and make a recommendation of resolution to DHS and BHD Senior Administrators who will provide the final decision on payment appeals to QA. QA will issue a final written decision concerning the appeal resolution to the provider within (60) calendar days from receipt of the appeal. This written response will 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 action. If a response is not issued to the provider within (60) calendar days from receipt of the appeal, the appeal will be considered denied in full.

### **Revised Request for Payment**

1. If the appeal is approved in full, no further action is required.
2. If the appeal is modified, a provider shall submit a revised request within (30) calendar days of receipt of appeal decision. The DHS Revenue Management Unit will process the provider's revised request for payment within (14) calendar days from the date of receipt of a provider's revised request.
3. For denied or modified appeals associated with requests for payment for Specialty Mental Health Services, or administrative days not met, the provider may appeal the denial or modification to the Department (DHCS). To obtain a "second level appeal" the provider must submit an appeal in writing to DHCS within (30) calendar days of receipt of DHS-BHD appeal determination letter.