IMPERIAL HEALTH HOLDINGS
MEDICAL GROUP

Policy and Procedure

Subject: Medi-Cal Provider Dispute Resolution	**Policy Manual:** Imperial Health Holdings Medical Group
Effective Date: May 1, 2016	**Policy Number(s):** 05-01-16-07-0017
Reviewed Dates: N/A	
Revision Dates: 04/14/2024	**Department: CLAIMS**
	Title: President/Chief Medical Officer/Medical Director
Last Revised by: N/A	**Approval Signature:** On File

SCOPE

Imperial Health Holdings Medical Group shall follow the procedures set forth in this policy.

This policy applies to the Medi-Cal line of business.

PURPOSE

To set forth the policy and procedure for processing all provider claims disputes.

POLICY

It is the policy of Imperial Health Holdings Medical Group to adhere to requirements specified in Sections 1300.71 and 1300.71.38, California Code of Regulations Title 28, Claims Settlement Practices and Dispute Resolution Mechanism, when processing provider claims disputes. Imperial Health Holdings Medical Group shall not impose a deadline for the receipt of a dispute that is less than 365 days from the last date of action.

PROCEDURE

1. Types of Provider Dispute Resolution (PDR) issues. Provider disputes that are submitted to Imperial Health Holdings Medical Group may contain requests to review the following types of issues:

    a. Claim payment or denial. Provider disputes payment or denial of claim for any reasons including timely submission, request for retroactive authorizations, eligibility, etc., are tracked through the PDR Database within the Claims Department.

b. Disagreement with request for overpayment. Provider disputes a request for reimbursement of an overpayment of a claim. The dispute is logged in the PDR database and acknowledged. The dispute is routed to Claims Revenue Recovery for research. Once it is finalized, it is returned to the Claims Specialist for the resolution letter.

c. Contract/DOFR interpretation disputes. When a provider dispute arises from a difference in understanding of a contractual interpretation, fee schedule or any term and condition of the contract, the dispute is reviewed and researched by the Claims Department and when research complete resolution letter is issued.

d. Denial of authorization for "pre-service" requests. When a pre-service dispute is received within the Claims Department, it is directed to the Network UM Department for review and retro-authorization determination. Once claim is received back from UM Department the Claims department issues a resolution letter.

2. Required submission of information. The provider must utilize the PDR Request Form a written notice that contains, at a minimum, the following information:
    a. Provider's name;
    b. Provider's identification number;
    c. Contract information; and
    d. A clear explanation of the disputed item, the date of service and a clear identification of the basis upon which the provider believes the payment amount, request for additional information, and request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect.

3. Receipt of claims. The Claims Mailroom Unit receives all Claims Department mail and is responsible for the sorting, batching, date stamping and inventory of all claim receipts.
4. Provider dispute must be acknowledged within 2 working days if submitted electronically or 15 working days if submitted in paper
5. IHHMG shall not impose a submission deadline of less than 365 days from action or in case of inaction, no less than 365 days after the time for contesting or denying a claim has expired
6. Resolution of Provider Dispute must be made in writing within 45 working days from the receipt of dispute
7. Whenever a payer contests, adjusts or denies a claim it shall inform the provider of the ability to dispute and include the procedure for obtaining forms, along with mailing address for submission of disputes

Initial Review

1. For paper claim disputes, the Claims department makes the initial determination of provider dispute(s) and sends acknowledgement letter(s) within fifteen (15) working days from date received. For electronic claim disputes an acknowledgement letter is sent within two (2) working days from date received.

2. If the Claims department determines that the submitted information is not a PDR, the information is forwarded to Claims Mailroom Unit for batching to Claims Examiners.

3. The Claims department enters the disputed information into the Imperial Health Holdings Medical Group Provider Web Portal. Information from Imperial Health Holdings Medical Group portal is automatically transferred to PDR Database.

4. The database automatically generates an acknowledgement letter based on the data entered above. Once this letter is issued, the data cannot be altered. Acknowledgment letters are sent the same day they are generated.
5. The Claims Specialist prints a tracking form that is generated by the database for each PDR submission. The tracking number is noted in the claims system history for cross-reference.

6. The Claim Specialist batches the PDRs by received date and enters received date and claims count into Inventory Control Database for inventory tracking.

Final Determination

7. The Claims department reviews PDRs based on oldest date on hand.

8. The Claims department reviews the details submitted by the provider to determine if Imperial Health Holdings Medical Group initial, decision should be overturned or upheld.

9. If a dispute is in favor of the provider, payment is issued to the provider within five (5) working days of determination. All applicable interest owed is included in the payment.

10. If additional information is required from a provider, a letter will be mailed to the provider requesting additional information within 45 days of receipt of the dispute. The PDR is held open for an additional 30 working days in order to receive requested information

11. The Claims department maintains all pended receipts and handles responses and non-responses from providers within the required time frame.

12. All final determinations are noted on the tracking form and if the Provider Dispute is overturned or upheld, a determination letter will be mailed to the provider within 45 working days from the date of receipt of the dispute

13. When batch of PDRs have been completed, the Claims department closes the inventory batch in Inventory Control Database.

PDR Database

1. The PDR Database is an internal device that tracks and stores all provider dispute information outside of the claims processing system. This Access database is used to compile and report details of the Provider Dispute Resolution Mechanism established by Imperial Health Holdings Medical Group.

2. All information entered is “backed up” for security purposes.

3. The database is “field” protected. PDR information entered in the database cannot be deleted or altered once it is saved.

4. Reports can be generated to review all data using the PDR Database**.** These reports are generated on the basis of open or closed disputes.

5. The Claims Manager generates reports for monitoring timely acknowledgements and timely completion of disputed receipts.

Note: *The Provider’s Right to Appeal is indicated at the bottom of every Imperial Health Holdings Medical Group’s Explanation of Payment (EOP) issued to a provider.*

Copies of provider disputes and the determinations, including all notes, documents and other information used to reach its decision, shall be retained for a period of not less than ten years.

Reference(s)

- AB1455
- 42 CFR 405.940, 405.942, 405.962, 405.944, 405.964§1852 (a)(2)(A)

Attachment(s)

None