

**North County Health Services
DISPUTE RESOLUTION MECHANISM
COMMERCIAL/MEDI-CAL CLAIMS**

I. Dispute Resolution Process for Providers

- A. Definition of a Provider Dispute. A provider dispute is a provider's written notice to NCHS and/or the member's applicable health plan challenging, appealing or requesting reconsideration of a claim (or a bundled group of substantially similar multiple claims that are individually numbered) that has been denied, adjusted or contested or seeking resolution of a billing determination or other contract dispute (or bundled group of substantially similar multiple billing or other contractual disputes that are individually numbered) or disputing a request for reimbursement of an overpayment of a claim. Each provider dispute must contain, at a minimum the following information: provider's name; provider's identification number, provider's contact information, and:
1. If the provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from NCHS to a provider the following must be provided: a clear identification of the disputed item, the Date of Service and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect;
 2. If the provider dispute is not about a claim, a clear explanation of the issue and the provider's position on such issue; and
 3. If the provider dispute involves an enrollee or group of enrollees, the name and identification number(s) of the enrollee or enrollees, a clear explanation of the disputed item, including the Date of Service and provider's position on the dispute, and an enrollee's written authorization for provider to represent said enrollees.
- B. Sending a Provider Dispute to NCHS. Provider disputes submitted to NCHS must include the information listed in Section II.A., above, for each provider dispute. All provider disputes must be sent to the attention of *Provider Disputes* at the following:

Via Mail:	North County Health Services c/o SCPMCS P.O. Box 7250 La Verne, CA 91750
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- C. Time Period for Submission of Provider Disputes.
1. Provider disputes must be received by NCHS three hundred sixty-five (365) days from NCHS's action that led to the dispute (or the most recent action if there are multiple actions) that led to the dispute, or

2. In the case of inaction, contracted provider disputes must be received by NCHS within three hundred sixty-five (365) days after NCHS's time for contesting or denying a claim (or most recent claim if there are multiple claims) has expired.
 3. Provider disputes that do not include all required information as set forth above in Section II.A. may be returned to the submitter for completion. An amended provider dispute which includes the missing information may be submitted to NCHS within thirty (30) working days of your receipt of a returned provider dispute.
- D. Acknowledgment of Provider Disputes. NCHS will acknowledge receipt of all provider disputes as follows:
1. Electronic provider disputes will be acknowledged by NCHS within two (2) Working Days of the Date of Receipt by NCHS.
 2. Paper provider disputes will be acknowledged by NCHS within fifteen (15) Working Days of the Date of Receipt by NCHS.
- E. Contact NCHS Regarding Provider Disputes. All inquiries regarding the status of a provider dispute or about filing a provider dispute must be directed to NCHS at: (858) 824-7000.
- F. Instructions for Filing Substantially Similar Provider Disputes. Substantially similar multiple claims, billing or contractual disputes, may be filed in batches as a single dispute, provided that such disputes are submitted in the following format:
1. Sort provider disputes by similar issue.
 2. Provider cover sheet for each batch
 3. Number each cover sheet
 4. Provide a cover letter for the entire submission describing each provider dispute with references to the numbered coversheets
- G. Time Period for Resolution and Written Determination of Provider Dispute. NCHS will issue a written determination stating the pertinent facts and explaining the reasons for its determination within forty-five (45) Working Days after the Date of Receipt of the provider dispute or the amended provider dispute.
- H. Past Due Payments. If the provider dispute or amended provider dispute involves a claim and is determined in whole or in part in favor of the provider, NCHS will pay any outstanding monies determined to be due, and all interest and penalties required by law or regulation, within five (5) Working Days of the issuance of the written determination.

II. **Claim Overpayments**

- A. Notice of Overpayment of a Claim. If NCHS determines that it has overpaid a claim, NCHS will notify the provider in writing through a separate notice clearly identifying the claim, the name of the patient, the Date of Service(s) and a clear explanation of the basis upon which NCHS believes the amount paid on the claim was in excess of the amount due, including interest and penalties on the claim.
- B. Contested Notice. If the provider contests NCHS's notice of overpayment of a claim, the provider, within 30 Working Days of the receipt of the notice of overpayment of a claim, must send written notice to NCHS stating the basis upon which the provider believes that the claim was not overpaid. NCHS will process the contested notice in accordance with NCHS's provider dispute resolution process described in Section I. above.
- C. No Contest. If the provider does not contest NCHS's notice of overpayment of a claim, the provider must reimburse NCHS within thirty (30) Working Days of the provider's receipt of the notice of overpayment of a claim.
- D. Offsets to payments. NCHS may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when; (i) the provider fails to reimburse NCHS within the timeframe set forth in Section IV.C., above, and (ii) NCHS's contract with the provider specifically authorizes NCHS to offset an uncontested notice of overpayment of a claim from the provider's current claims submissions. In the event that an overpayment of a claim or claims is offset against the provider's current claim or claims pursuant to this section, NCHS will provide the provider with a detailed written explanation identifying the specific overpayment or payments that have been offset against the specific current claim or claims.