

Downstream Provider Notice

CLAIMS SETTLEMENT PRACTICES & DISPUTE RESOLUTION MECHANISM

As required by Assembly Bill 1455, the California Department of Managed Health Care has set forth regulations establishing certain claim settlement practices and the process for resolving claims disputes for managed care products regulated by the Department of Managed Health Care. This information notice is intended to inform you of your rights, responsibilities, and related procedures as they relate to claim settlement practice, claim disputes, and provider dispute resolution processes for commercial HMO health plans. Unless otherwise provided herein, capitalized terms have the same meaning as set forth in Sections 1300.71 and 1300.71.38 of Title 28 of the California Code of Regulations.

I. Claim submission instructions

- A. Sending Claims to MemorialCare Medical Foundation: Claims for services provided to members assigned to *MemorialCare Medical Group* must be sent to the following:

Via Mail: *MemorialCare Medical Foundation
Attn: Claims Department
2742 Dow Avenue
Tustin, CA 92780-7242*

Via Physical Delivery: *MemorialCare Medical Foundation
Attn: Claims Department
2742 Dow Avenue
Tustin, CA 92780-7242*

- B. Calling MemorialCare Medical Foundation Regarding Claims: For claim filing requirements or status inquiries, you may contact *MemorialCare Medical Foundation Claims Department* by calling: 714-665-1730.

- C. Claim Submission Requirements: The following is a list of claim timeliness requirements, claims supplemental information and claims documentation required by *MemorialCare Medical Foundation*:

Professional shall bill Medical Group for all Covered Services rendered to an Enrollee, less any co-payment and deductible collected or to be collected from the Enrollee. Professional shall submit to Medical Group a written statement (standard CMS 1500 form) for all Covered Services rendered by Professional to an Enrollee hereunder within ninety (90) days following the provisions of said Covered Services.

- D. Claim Receipt Verification: For verification of claim receipt by *MemorialCare Medical Foundation* please do the following:

Contact our Claims Department at 714-665-1730

II. Dispute Resolution Process

A. Definition of Provider Dispute: A provider dispute is a provider's written notice to *MemorialCare Medical Foundation* and/or the member's applicable health plan challenging, appealing or requesting reconsideration of a claim (or a bundled group of multiple like claims that are individually numbered) that has been denied, adjusted or contested or seeking resolution of a billing determination or other contract dispute 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:

- i. If the provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from *MemorialCare Medical Foundation* 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.

B. Sending a Provider Dispute to MemorialCare Medical Foundation: Provider disputes submitted to *MemorialCare Medical Foundation* must include the information listed in Section II.A., above, for each provider dispute. All provider disputes must be sent to the attention of *Claims – Provider Dispute Resolution* at the following:

Via Mail: *MemorialCare Medical Foundation*
Attn: Claims Department
2742 Dow Avenue
Tustin, CA 92780-7242

Via Physical Delivery: *MemorialCare Medical Foundation*
Attn: Claims Department
2742 Dow Avenue
Tustin, CA 92780-7242

C. Time Period for Submission of Provider Disputes:

- (i) Provider disputes must be received by *MemorialCare Medical Foundation* within 365 days from "last date of action":
Examples: Date of denial, date of payment or inquiry or adjustment on the claim.
- (ii) 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 *MemorialCare Medical Foundation* within thirty (30) working days of your receipt of a returned provider dispute.

- D. Acknowledgment of Provider Disputes: *MemorialCare Medical Foundation* will acknowledge receipt of all provider disputes as follows:
Provider disputes will be acknowledged by *MemorialCare Medical Foundation* within fifteen (15) Working Days of the Date of Receipt by *MemorialCare Medical Foundation*
- E. Contact MemorialCare Medical Foundation Regarding Provider Disputes: All inquiries regarding the status of a provider dispute or about filing a provider dispute must be directed to *MemorialCare Medical Foundation* at: 714-665-1730.
- F. Time Period for Resolution and Written Determination of Provider Dispute:
MemorialCare Medical Foundation 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.
- G. 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, *MemorialCare Medical Foundation* 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.

III. **Claim Overpayments** *MemorialCare Medical Foundation*

- A. Notice of Overpayment of a Claim: If *MemorialCare Medical Foundation* determines that it has overpaid a claim, *MemorialCare Medical Foundation* 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 *MemorialCare Medical Foundation* 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 *MemorialCare Medical Foundation'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 *MemorialCare Medical Foundation* stating the basis upon which the provider believes that the claim was not overpaid. *MemorialCare Medical Foundation* will process the contested notice in accordance with *MemorialCare Medical Foundation* provider dispute resolution process described in Section II above.
- C. No Contest: If the provider does not contest *MemorialCare Medical Foundation's* notice of overpayment of a claim, the provider must reimburse *MemorialCare Medical Foundation* within thirty (30) Working Days of the provider's receipt of the notice of overpayment of a claim.

- D. Offsets to Payments: *MemorialCare Medical Foundation* may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when:
- i. The provider fails to reimburse *MemorialCare Medical Foundation* within the timeframe set forth in Section IV.C., above; and
 - ii. For contracted providers, *MemorialCare Medical Foundation's Contract* with the provider specifically authorizes *MemorialCare Medical Foundation* 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, *MemorialCare Medical Foundation* will provide the provider with a detailed written explanation identifying the specific overpayment or payments that have been offset against the specific current claim(s).

Contact Persons for Claims Issues

Claims Examiners process claims submitted for MemorialCare Medical Group patients. The examiners have knowledge of existing contracts with HMOs, facilities, and providers. They assess claims to verify authorization and determine the financially responsible party.

They can be reached at (714) 665-1730 at the Business Center.

Notification of Patients upon Contract Termination

If your PSA with MemorialCare Medical Foundation (or a contract with an individual provider in your group) is terminated for any reason, MemorialCare Medical Foundation will notify the affected patients of the termination, and their rights and options for continued care, prior to the effective date of the termination.