

**Greater Tri Cities IPA  
Downstream Provider Notice  
Claims Settlement Practices and Dispute Resolution Mechanism**

As required by Assembly Bill 1455, the California Department of Managed Health Care has sent 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 practices and claim disputes for commercial HMO, POS and, where applicable, PPO products where Greater Tri Cities IPA is delegated to perform claims payment and provider dispute resolution processes. 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 Greater Tri Cities IPA. Claims for services provided to member assigned to Greater Tri Cities IPA must be sent to the following:

Via Mail: P.O. Box 5059  
Oceanside, CA 92052

Via Physical Delivery: 3923 Waring Rd. Ste. D  
Oceanside, CA 92056

Via Electronic Submission through contracted clearing house

- B. Calling Greater Tri Cities IPA Regarding Claims. For claim filing requirements or status inquiries, you may contact Greater Tri Cities IPA by calling (760) 941-7309.

- C. Claim Submission Requirements. The following is a list of claim timeliness requirements, claims supplemental information and claims documentations required by Greater Tri Cities IPA:

Claims must be submitted within Ninety (90) days for contracted providers and one hundred and eighty (180) days for non contracted providers.

Claims must be submitted on a standard HCFA 1500 or UB92 Form. Invoices and explanation of benefits (EOB's) must be submitted when appropriate.

The minimum amount of itemized accurate and material information generated by or in the possession of the provider related to the billed services that enables a claims adjudicator with the appropriate training, experience, and competence in timely and accurate claims processing to determine the nature, cost, if applicable, and extent of the plan's or the plan's capitated providers liability, if any, and to comply with any governmental information requirements.

- D. Claim Receipt Verification. For verification of claim receipt by Greater Tri Cities IPA, please do the following:

Contact the Client Services Department by phone at (760) 941-7309.

## **II. Dispute Resolution Process for Contracted Providers**

- A. Definition of Contracted Provider Dispute. A contracted provider dispute is a provider's written notice to Greater Tri Cities IPA 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 a bundled group of substantially similar multiple claims that are individually numbered) or disputing a request for reimbursement of an overpayment of a claim. Each contracted 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 contracted provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from Greater Tri Cities IPA to a contracted 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 of other action is incorrect;
  - ii. If the contracted provider dispute is not about a claim, a clear explanation of the issue and the provider's position on such issue; and
  - iii. If the contracted 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 of the dispute, and an enrollee's written authorization for provider to represent said enrollees.

- B. Sending a Contracted Provider Dispute to Greater Tri Cities IPA. Contracted provider disputes submitted to Greater Tri Cities IPA must include the information listed in Section II.A., above, for each contracted provider dispute. All contracted provider disputes must be sent to the attention of Claims Department at the following:

Via Mail: P.O. Box 5059  
Oceanside, CA 92052

Via Physical Delivery: 3923 Waring Rd. Ste. D  
Oceanside, CA 92056

- C. Time Period for Submission of Provider Disputes.
- i. Contracted provider disputes must be received by Greater Tri Cities IPA within three hundred and sixty five days (365) days from Greater Tri Cities IPA action that led to the dispute (or the most recent action if there are multiple actions) that led to the dispute, or
  - ii. In the case of Greater Tri Cities IPA inaction, contracted provider disputes must be received by Greater Tri Cities IPA within three hundred and sixty five days (365) after the provider's time for contesting or denying a claim (or most recent claim if there are multiple claims) has expired.
  - iii. Contracted provider disputes that do not include all required information as set forth above in Section II.A. may be returned to the submitter for completions. An amended contracted provider dispute which includes the missing information may be submitted to Greater Tri Cities IPA within thirty (30) working days of your receipt of a returned contracted provider dispute.
- D. Acknowledgment of Contracted Provider Disputes. Greater Tri Cities IPA will acknowledge receipt of all contracted provider disputes as follows:
- i. Electronic contracted provider disputes will be acknowledged by Greater Tri Cities IPA within to (2) working days of the date of receipt by Greater Tri Cities IPA. *At present GTCIPA is not accepting Contracted Provider Disputes electronically.*
  - ii. Paper contracted provider disputes will be acknowledged by Greater Tri Cities IPA within fifteen (15) working days of the date of receipt by Greater Tri Cities IPA.
- E. Contact Greater Tri Cities IPA Regarding Contracted Provider Disputes. All inquiries regarding the status of a contracted provider dispute or about filing a contracted provider dispute must be directed to Greater Tri Cities IPA at: (760) 941-7309.

- F. Instructions for Filing Substantially Similar Contracted Provider Disputes. Substantially similar multiple claims, billing or contractual disputes may be filed in batches as a single dispute, provided that such disputed are submitted in the following format:
- i. sort provider disputes by similar issue
  - ii. provide cover sheet for each batch
  - iii. number each cover sheet
  - iv. 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 a Contracted Provider Dispute. Greater Tri Cities IPA 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 contracted provider dispute or the amended contracted provider dispute.
- H. Past Due Payments. If the contracted provider dispute or amended contracted provider dispute involves a claim and is determined in whole or in part in favor of the provider, Greater Tri Cities IPA 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. Dispute Resolution Process for Non-Contracted Providers**

- A. Definition of Non-Contracted Provider Dispute. A non-contracted provider dispute is a non-contracted provider's written notice to Greater Tri Cities IPA challenging, appealing or requesting reconsideration of a claim (or a bundled group of substantially similar claims that are individually numbered) that has been denied, adjusted or contested or disputing a request for reimbursement of an overpayment of a claim. Each non-contracted provider dispute must contain, at a minimum, the following information: the provider's name, the provider's identification number, contact information, and:
- i. If the non-contracted provider dispute concerns a claim or a request for a reimbursement of an overpayment of a claim from Greater Tri Cities IPA to 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, contest, denial, request for reimbursement for the overpayment of a claim, or other action is incorrect;

- ii. If the non-contracted 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, provider's position on the dispute and an enrollee's written authorization for provider to represent said enrollees.
- B. Dispute Resolution Process. The dispute resolution process for non-contracted providers is the same as the process for contracted providers as set forth in section II.B., II.C., II.D., II.E., II.F., II.G., and II.H. above.

#### **IV. Claim Overpayments**

- A. Notice of Overpayment of a Claim. If Greater Tri Cities IPA determines that it has overpaid a claim, Greater Tri Cities IPA 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 Greater Tri Cities IPA believes the amount paid on the claim was excess of the amount due, including interest and penalties on the claim.
- B. Contested Notice. If the provider contests Greater Tri Cities IPA'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 Greater Tri Cities IPA stating the basis upon which the provider believes that the claim was not overpaid. Greater Tri Cities IPA will process the contested notice in accordance with Greater Tri Cities IPA's contracted provider dispute resolution process described in section II above.
- C. No Contest. Greater Tri Cities IPA's notice of overpayment of a claim, the provider must reimburse Greater Tri Cities IPA within 30 working days for the provider's receipt of the notice of overpayment of a claim.
- D. Offsets to payments. Greater Tri Cities IPA may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when: (i) the provider fails to reimburse Greater Tri Cities IPA within the timeframe set forth in Section IV.C., above, and (ii) Greater Tri Cities IPA's contract with the provider specifically authorizes Greater Tri Cities IPA 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 the section, Greater Tri Cities IPA 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.