

E. Contact CHOC Health Alliance 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 CHOC Health Alliance at: (800) 387-110.

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 disputes 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 Contracted Provider Dispute. CHOC Health Alliance 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, CHOC Health Alliance 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 CHOC Health Alliance 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 reimbursement of an overpayment of a claim from CHOC Health Alliance 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 sections II.B., II.C., II.D., II.E., II.F., D.G., and II.H. above.

IV. **Claim Overpayments**

A. Notice of Overpayment of a Claim. If CHOC Health Alliance determines that it has overpaid a claim, CHOC Health Alliance 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 CHOC Health Alliance 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 CHOC Health Alliance'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 CHOC Health Alliance stating the basis upon which the provider believes that the claim was not overpaid. CHOC Health Alliance will process the contested notice in accordance with CHOC Health Alliance's contracted provider dispute

resolution process described in Section II above.

- C. No Contest. If the provider does not contest CHOC Health Alliance's notice of overpayment of a claim, the provider must reimburse CHOC Health Alliance within thirty (30) Working Days of the provider's receipt of the notice of overpayment of a claim.

- B. Offsets to payments. CHOC Health Alliance may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when; (i) the provider fails to reimburse CHOC Health Alliance within the timeframe set forth in Section IV.C., above, and (ii) CHOC Health Alliance's contract with the provider specifically authorizes CHOC Health Alliance 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, CHOC Health Alliance 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.