Children's Physicians Medical Group

Rady Children's Health Network

Provider Link

To: CPMG Providers

From: Children's Physicians Medical Group, Inc. (CPMG)

Date: September 22, 2022

Re: **AB 1455 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 the Provider of their 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 Rady Children's Hospital – San Diego (RCHSD), and Rady Children's Specialists of San Diego, A Medical Foundation (RCSSD) are delegated to perform claims payment and provider dispute resolution processes.

Please see attached for the downstream provider notice for claims settlement practices and dispute resolution mechanism.

Should you have any questions regarding this notification, please contact CPMG Provider Relations at providerrelations@rchsd.org.

EXHIBIT E
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 the Provider of their 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 Rady Children's Hospital – San Diego (RCHSD), and Rady Children's Specialists of San Diego, A Medical Foundation (RCSSD) are 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 RCSSD (Community Health Group (CHG) or Molina Healthcare Members). Claims for services must be sent to the following:

Via Mail:	3020 Children's Way, MC5143 San Diego, CA 92123
Via e-mail:	N/A
Via Fax:	N/A
Via Clearinghouse:	Office Ally For enrollment call 866-575-4120 option 3. Submit electronic claims to PayerID: **CSSD2**

B. Sending claims for California Kids Care (CKC) Members. Claims for services must be sent to the following:

Via Mail:	3020 Children's Way, MC5149 San Diego, CA 92123
Via e-mail:	N/A
Via Fax:	N/A
Via Clearinghouse:	Office Ally For enrollment call 866-575-4120 option 3. Submit electronic claims to PayerID: **CKC01**

C. Sending claims for all other Members (RCHN). Claims for services must be sent to the following:

For services that are the financial responsibility of RCHSD (facility risk):

Via Mail:	3020 Children's Way, MC5099 San Diego, CA 92193-3076

Via e-mail:	N/A
Via Fax:	N/A
Via Clearinghouse:	Office Ally For enrollment call 866-575-4120 option 3. Submit electronic claims to Payer ID: **RCHSD**

For services that are the financial responsibility of RCHN (professional risk):

Via Mail:	PO Box 23076 San Diego, CA 92193-3076
Via e-mail:	N/A
Via Fax:	N/A
Via Clearinghouse:	Office Ally For enrollment call 866-575-4120 option 3. Submit electronic claims to PayerID: **RCHN1**

D. Calling Regarding Claims. For claim filing requirements or status inquiries, you may contact:

CKC by calling: 844-225-5430
RCHSD for all other Members by calling: 877-276-4543

E. Claim Submission Requirements. The following is a list of claim timeliness requirements, claims supplemental information and claims documentation required by RCHSD and RCSSD:

- Contracted Providers have ninety (90) days from DOS to submit a claim, unless otherwise specified in their contract.
- Non-Contracted providers have one hundred and eighty (180) days from DOS to submit a claim.

In some circumstances, a claim may be pended for the following:

- System Hold (Status 2). The system may place a claim on hold for eligibility, duplicate or benefit research
- Manual Hold (Status 3). An Examiner may place a claim on hold for Letter of Agreement, authorization research, documentation review or dollar amount review.

If a claim is considered "incomplete", the claim will be contested.

"Complete claim" means a claim or portion thereof, if separable, including attachments and supplemental information or documentation, which provides: "reasonably relevant information" as defined by Section 1300.71(a)(10) of Title 28 of the California Code of Regulations "information necessary to determine payor liability" as further defined in section (a)(11).

(a)(10) "Reasonably relevant information" means the minimum amount of itemized, accurate and material information generated by or in the possession of the providerrelated to the billed services that enables a claims adjudicator with 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 provider's liability, if any, and to comply with any government information requirements.

(a)(11) "Information necessary to determine payer liability" means the minimum amount of material information in the possession of third parties related to a provider's billed services that is required by a claims adjudicator or other individuals with 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 provider's liability, if any, and to comply with any governmental informationrequirements.

F. Claim Receipt Verification. For verification of claim receipt by RCHSD or RCSSD, please do the following:

- Allow two (2) working days of the receipt of an electronic claim
- Allow fifteen (15) working days of the receipt of a paper claim

Acknowledgement of electronic claims is provided via a 277u file and/or Bowman Interface Log Report to the sender/clearinghouse.

Receipt of paper claims that are then scanned by our outside vendor, Imagenet LLC, Inc. are acknowledged when the file is loaded into EzCap with a system generated claim number using the MRD (mail received date) on the Imagenet file.

You may verify claims receipt by accessing the Provider Portal at: www.eznet.rchsd.org (login credentials are required) or by calling Customer Service at the numbers listed above.

To gain access to EzNet, email **EzNetSupport@rchsd.org** for assistance.

II. Dispute Resolution Process for Contracted Providers.

A. Definition of Contracted Provider Dispute. A contracted provider dispute is a provider's written notice to RCHSD or RCSSD 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 othercontractual disputes 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 RCHSD or RCSSD 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 or 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 on the dispute, and an enrollee's written authorization for provider to represent said enrollees.

B. Sending a Contracted Provider Dispute to RCHSD or RCSSD. Contracted provider disputes submitted to RCHSD or RCSSD 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:

Disputes for RCSSD (CHG or Molina Healthcare Members):

Via Mail:	3020 Children's Way, MC5143 San Diego, CA 92123
Via e-mail:	N/A
Via Fax:	N/A

Disputes for CKC Members:

Via Mail:	3020 Children's Way, MC5149 San Diego, CA 92123
Via e-mail:	N/A
Via Fax:	N/A

Disputes for all other Members (RCHN):

For services that are the **financial responsibility of RCHSD** (facility risk):

Via Mail:	3020 Children's Way, MC5099 San Diego, CA 92123
Via e-mail:	N/A
Via Fax:	N/A

For services that are the **financial responsibility of RCHN** (professional risk):

Via Mail:	PO Box 23076 San Diego, CA 92193-3076
Via e-mail:	N/A

Via Fax: N/A

C. Time Period for Submission of Provider Disputes.

(i) Contracted provider disputes must be received by RCHSD or RCSSD within three hundred and sixty-five (365) days from RCHSD or RCSSD 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 RCHSD or RCSSD's inaction, contracted provider disputes must be received by RCHSD or RCSSD within three hundred and sixty-five (365) days 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 completion. An amended contracted provider dispute which includes the missing informationmay be submitted to RCHSD or RCSSD within thirty (30) working days of your receipt of a returned contracted provider dispute.

D. Acknowledgment of Contracted Provider Disputes. RCHSD or RCSSD will acknowledge receipt of all contracted provider disputes as follows:

Paper contracted provider disputes will be acknowledged RCHSD or RCSSD within fifteen (15) working days of the Date of Receipt by RCHSD or RCSSD.

E. Contacts 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:

CKC by calling: 844-225-5430
RCHSD for all other members by calling: 877-276-4543

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:

- Sort disputes by similar issue.
- Provide a cover sheet for each batch of similar issues. Individually number and list the required information for the type of dispute (refer to the above sections) for each disputed item within the batch.
- Number each cover sheet.
- Provide a cover letter for the entire submission. The cover letter should describe each provider dispute and reference the applicable numbered cover sheets.

G. Time Period for Resolution and Written Determination of Contracted Provider Dispute. RCHSD or RCSSD 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, RCHSD or RCSSD 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 RCHSD or RCSSD 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 RCHSD or RCSSD 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., II.G., and II.H. above.

IV. Claim Overpayments.

A. Notice of Overpayment of a Claim. If RCHSD or RCSSD determines that it has overpaid a claim RCHSD or RCSSD 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 RCHSD or RCSSD 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 RCHSD, or RCSSD's notice of overpayment of a claim, the provider, within Thirty (30) Working Days of the receipt of the notice of overpayment of a claim, must send written notice to RCHSD or RCSSD stating the basis upon which the provider believes that the claim was not overpaid. RCHSD or RCSSD will process the contested notice in accordance with RCHSD or RCSSD's contracted provider dispute resolution process described in Section II above.

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

D. Offsets to Payments. RCHSD or RCSSD may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when; (i) the provider fails to reimburse RCHSD or RCSSD within the timeframe set forth in Section IV.C., above, and (ii) RCHSD or RCSSD's contract with the provider specifically authorizes RCHSD or RCSSD 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, RCHSD or RCSSD 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.