

Non-Contracted Provider Dispute Resolution Process for CMS Medicare Advantage Plan Members

Effective January 1, 2010, the Centers for Medicare and Medicaid Services (CMS) expanded its independent review provider payment dispute resolution process to include disputes between non-contracted Medicare Advantage HMO providers to follow the same process that is in place for deemed providers in Private Fee for Service Plans (PFFS).

Medicare Advantage (MA) health plans implemented this regulation effective January 2011. CCHP has two Medicare Advantage plans: CCHP Senior Program (HMO) and CCHP Senior Select Program (HMO SNP).

Independent review by CMS is only available after you have completed CCHP's first level dispute process.

Non-Contracted Provider Disputes Subject to CMS Independent Review

If you are a non-contracted provider who has treated a CCHP Medicare Advantage member, the following process is available for disputing the following types of claims payment decisions.

1. The dispute is regarding a claim that has been paid at less than the amount that would have been paid under original Medicare, or
2. The dispute is regarding disagreement with the Plan's decision to pay for a different service than that billed, often referred to as down-coding, or
3. The plan failed to make a decision within 30 calendar days from the date the dispute was received by the Plan.

How to Submit Non-Contracted CMS Provider Disputes to CCHP

If you disagree with CCHP's payment determination, you have 120 days from the date of the initial determination date to file a provider dispute with CCHP.

Providers must use a [Provider Dispute Resolution Request Form \(English\)](#)(PDF)*.

Submit the Provider Dispute Resolution Form along with any supporting documentation by mail or Fax to:

Chinese Community Health Plan
Attention: Provider Dispute Resolution Area
445 Grant Avenue, Suite 700 San Francisco, CA 94108
Fax: 415-955-8815

Review Process and time Frame

CCHP will issue a written determination stating the reasons for the determination within 30 calendar days from the date of receipt of the dispute.

Filing a Request for an Independent Payment Dispute Resolution

If you believe that CCHP has reached an incorrect decision regarding your payment dispute, you may file a request for review of that determination with C2C Solutions, Inc. (C2C), an independent entity contracted by CMS to act as the Payment Dispute Resolution Contractor (PDRC). C2C can receive payment dispute decision requests via the following media:

- E-mail. If the submission and associated documents do not contain any personally identifiable health information (PHI), or all PHI has been redacted, the payment dispute decision request can be submitted to a dedicated e-mail box at PDRC@C2Cinc.com. Otherwise, you may submit payment dispute decision requests (including associated documents such as claims forms that may contain PHI) via the methods outlined below.

- Fax. Fax electronic requests for payment dispute decisions to (904) 361-0551

- Mail. Providers can mail hard copy requests for payment dispute decisions to the following address:

C2C Solutions, Inc.
Payment Dispute Resolution Contractor
P.O. Box 44017
Jacksonville, Florida 32231-4017

Before submitting a request with C2C Solutions, Inc please review their webpage for additional information and a copy of the request form: www.C2Cinc.com/QIC PDRC. Submit all required documentation with your request to avoid having your request dismissed or delayed. If you have questions about CCHP's decision, you may contact us at 415-955-8800, ext. 3215.