

Health Source MSO

Provider Notice

I. **Dispute Resolution Process for Contracted Providers**

- a. Definition of Contracted Provider Dispute. A contracted provider dispute is a provider's written notice to Health Source MSO 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 other contractual 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 Health Source MSO 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 Health Source MSO. Contracted provider disputes submitted to Health Source MSO must include the information listed in Section II.A., above, for each contracted provider dispute. All contracted provider disputes must be sent to Health Source MSO to the attention of the Provider Dispute Resolution Department at the following:

Via Mail: Health Source MSO
Attn: Provider Dispute Resolution Department
100 N. Stoneman Ave #202
Alhambra, CA 91801

Via Physical Delivery: Health Source MSO
Attn: Provider Dispute Resolution Department
100 N. Stoneman Ave #202
Alhambra, CA 91801

- c. Time Period for Submission of Provider Disputes.
- i. Contracted provider disputes must be received by Health Source MSO within 365 days from Health Source MSO's 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 inaction, contracted provider disputes must be received by Health Source MSO within 365 days after Health Source MSO's time for contesting or denying a claim (or most recent claim if there are multiple claims) has expired.
 - iii. Contracted provider disputes filed within the time period set forth in (i) and (ii) above that do not include all required information as set forth above in Section II.A. may be returned to the submitter with a description of missing information for completion. An amended contracted provider dispute which includes the missing information may be submitted to Health Source MSO within thirty (30) working days of your receipt of a returned contracted provider dispute.
- d. Acknowledgment of Contracted Provider Disputes. Health Source MSO will acknowledge receipt of all contracted provider disputes as follows:
- i. Electronic contracted provider disputes will be acknowledged by Health Source MSO within two (2) Working Days of the Date of Receipt by Health Source MSO.
 - ii. Paper contracted provider disputes will be acknowledged by Health Source MSO within fifteen (15) Working Days of the Date of Receipt by Health Source MSO.
- e. Contact Health Source MSO 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 the Customer Service Department at Health Source MSO at: (626) 458-9600.
- 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:
- Submit substantially similar disputes with a cover letter which describes the provider dispute and references the attached batch of disputes. Include the following information:
- i. Include a cover letter for each batch of like disputes which references how many disputes are attached which correspond to the cover sheet.
 - ii. Include a separate cover letter for each new dispute type with the corresponding batch attached.
 - iii. Number each page of the batch so that receipt of the entire batch can be confirmed.
 - iv. Follow instructions to submit the batches of provider disputes as described in the provider dispute resolution process above.

- g. Time Period for Resolution and Written Determination of Contracted Provider Dispute. Health Source MSO 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, Health Source MSO 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.
- i. Retention of Records. Copies of provider disputes and determinations, including all notes, documents and other information upon which Health Source MSO relied to reach its decision, and all reports and related information shall be retained for at least the period specified in section 1300.85.1 of title 28.

II. 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 Health Source MSO 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 Health Source MSO 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, request for reimbursement for the overpayment of a claim, contest, denial, adjustment, 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 I.B., I.C., I.D., I.E., I.F., I.G., I.H., and I.I above.

PROVIDER DISPUTE RESOLUTION REQUEST

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- Multiple "LIKE" claims are for the same provider and dispute but different members and dates of service.
- For routine follow-up, please use the Claims Follow-Up Form instead of the Provider Dispute Resolution Form.
- Mail the completed form to: Health Source MSO
100 N. Stoneman Ave #202
Alhambra, CA 91801

*PROVIDER NPI:	PROVIDER TAX ID:
*PROVIDER NAME:	
PROVIDER ADDRESS:	

PROVIDER TYPE MD Mental Health Professional Mental Health Institutional Hospital ASC
 SNF DME Rehab Home Health Ambulance Other _____
(please specify type of "other")

CLAIM INFORMATION Single Multiple "LIKE" Claims (complete attached spreadsheet) *Number of claims:* _____

* Patient Name:		Date of Birth:	
* Health Plan ID Number:	Patient Account Number:	Original Claim ID Number: (If multiple claims, use attached spreadsheet)	
Service "From/To" Date: (* Required for Claim, Billing, and Reimbursement Of Overpayment Disputes)		Original Claim Amount Billed:	Original Claim Amount Paid:

DISPUTE TYPE	
<input type="checkbox"/> Claim	<input type="checkbox"/> Seeking Resolution Of A Billing Determination
<input type="checkbox"/> Appeal of Medical Necessity / Utilization Management Decision	<input type="checkbox"/> Contract Dispute
<input type="checkbox"/> Disputing Request For Reimbursement Of Overpayment	<input type="checkbox"/> Other:

*** DESCRIPTION OF DISPUTE:**

EXPECTED OUTCOME:

Contact Name (please print)	Title	Phone Number
Signature	Date	() Fax Number

[] CHECK HERE IF ADDITIONAL INFORMATION IS ATTACHED
 (Please do not staple)
 ICE Approved 10/5/07, effective 1/1/08

For Health Plan/RBO Use Only

TRACKING NUMBER _____ PROV ID# _____

CONTRACTED _____ NON-CONTRACTED _____

PROVIDER DISPUTE RESOLUTION REQUEST
For use with multiple "LIKE" claims (claims disputed for the same reason)

	* Patient Name		Date of Birth	* Health Plan ID Number	Original Claim ID Number	* Service From/To Date	Original Claim Amount Billed	Original Claim Amount Paid
	Last	First						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

CHECK HERE IF ADDITIONAL
INFORMATION IS ATTACHED
(Please do not staple)
ICE Approved 10/5/07, effective 1/1/08