

To expedite processing, claim should include complete billing information, including provider name, billing address, tax ID number, appropriate diagnosis (ICD-9) and procedure (CPT-4 / HCPCS) codes, date of service, along with patient information including name, date of birth, health plan name and ID number.

- D. Claim Receipt Verification: For verification of claim receipt by Valley Care, please do the following:

Via Web Site: www.svipa.com

Via Telephone: (805) 604-3308

2. Dispute Resolution Process for Non-Contracted Providers:

Non-contracted providers may submit disputes only as regards payment issues. To do so, the provider would either follow the procedure below for contracted provider disputes, or may use Valley Care's informal process by calling **(805) 604-3325**. For payment disputes involving Medicare Advantage member claims, non-contracted providers have a right to a second-level appeal, under certain conditions, by appealing to CMS's Payment Dispute Resolution Contractor, Coast to Coast Solutions (C2C Solutions). This second-level to C2C Solutions may be pursued if you disagree with our appeal decision or if we fail to respond to your dispute within 30 days. **You must file your appeal with C2C Solutions within 180 days of our appeal decision.** This right applies only under these conditions:

- a. the provider contends that our allowed fee is less than would have been allowed under Original Medicare and/or
- b. that we down-coded services inappropriately.

(Reference: Medicare law allows us to pay non-contracted providers at Medicare payment rates, pursuant to §§ 1852 (a) (2) (A) of the Social Security Act.) The provider does not have the right to appeal to C2C Solutions if our payment denial (or failure to pay) resulted in zero (\$0) payment to the non-contracted provider, nor concerning benefit determinations or medical necessity determinations. Forms, timeframes and instructions for second-level appeals are available at C2C's website, www.C2Cinc.com.

3. Dispute Resolution Process for Contracted Providers:

- A. Definition of Contracted Provider Dispute: A contracted provider dispute is a provider's written notice to Valley Care 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 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 Valley Care, 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 that 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 Valley Care: Contracted provider disputes submitted to Valley Care must include the information listed in Section 3.A, above, for each contracted provider dispute. All contracted provider disputes must be sent to the attention of: **Provider Dispute Resolution / Valley Care** at the following:

Via Mail: 1901 N. Solar Dr. #215
Oxnard, CA 93036

Via Delivery: 1901 N. Solar Dr. #265
Oxnard, CA 93036

Via E-mail: pdr@med3000.com

Via Fax: (805) 988-5161

C. Time Period for Submission of Provider Disputes:

- (i) Contracted provider disputes must be received by Valley Care within 365 days from Valley Care's action that led to the dispute (or the most recent action if there are multiple actions) that led to the dispute (**Special Note for non-contracted provider payment disputes for Medicare Advantage: If your dispute is not filed with us by 125 days after receipt of our payment, you might not have the right to a second level appeal with the CMS contractor, C2C Solutions. This determination will be made by C2C Solutions.**)
- (ii) In the case of inaction on a claim, Valley Care must receive Provider Disputes within 430 days, but no sooner than 60 days, after submission of the claim to Valley Care. (Under our provider contracts, Valley Care has 60 days to process a claim. This allows 365 days plus an additional 5 days beyond the 60 days.)
- (iii) Contracted provider disputes that do not include all required information as set forth above in Section 3.A. may be returned to the submitter for completion. An amended contracted provider dispute, which includes the missing information may be submitted to Valley Care within thirty (30) working days of your receipt of a returned contracted provider dispute.

D. Acknowledgment of Contracted Provider Disputes: Valley Care will acknowledge receipt of all contracted provider disputes as follows:

- (i) Valley Care will acknowledge electronic contracted provider disputes within two (2) working days of the date of receipt by Valley Care.
- (ii) Valley Care will acknowledge paper contracted provider disputes within fifteen (15) working days of the date of receipt by Valley Care.

E. Contact Valley Care 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 Valley Care at:

Via Mail: 1901 N. Solar Dr. #215

Oxnard, CA 93036

Via Delivery: 1901 N. Solar Dr. #265
Oxnard, CA 93036

Via E-mail: pdr@med3000.com

Via Fax: (805) 988-5161

Via Telephone: (805) 604-3325

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 by Health Plan (each plan should be submitted separately)
- (ii) Sort disputes by similar issue / type
- (iii) Provide cover sheet for each batch
- (iv) Number each cover sheet
- (v) 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: Valley Care will issue 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; except in the case of non-contracted provider disputes concerning Medicare Advantage Member claims, in which case we will issue our determination within thirty (30) calendar days of receipt of your dispute. Please see Section 2 above for additional information on non-contracted provider payment disputes and second level appeals.

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, Valley Care 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.

4. Claims Overpayments

A. Notice of Overpayment of a Claim: If Valley Care determines that it has overpaid a claim, Valley Care 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 Valley Care 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 Valley Care'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 Valley Care stating the basis upon which the provider believes that the claim was not overpaid. Valley Care will process the contested notice in accordance with Valley Care's contracted provider dispute resolution process described in Section 3 above.

C. No Contest: If the provider does not contest Valley Care's notice of overpayment of a claim, the provider must reimburse Valley Care within thirty (30) working days of the provider's receipt of the notice of overpayment of a claim.

D. Offsets to payments: Valley Care may offset an uncontested notice of overpayment of a claim

against the provider's current claim submissions if the provider fails to reimburse Group within the timeframe set forth above. 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, Valley Care will provide a detailed written explanation identifying the specific overpayment(s) that have been offset against the specific current claim or claims.