

Empathia Pacific, Inc.'s Provider Dispute Resolution Policy for California Plan Business

Dispute resolution policy for contracted and non-contracted providers

Provider disputes may include claims and other billing issues, contract issues and requests for reimbursement of claims overpayment. Empathia Pacific, Inc. intends to process and resolve provider disputes quickly, fairly and cost-effectively. Our policy is the same for both in-network and out-of-network providers and does not include arbitration.

Empathia Pacific, Inc. does not discriminate or retaliate against providers who file a dispute. Filing a dispute is free. However, providers are responsible for any costs they may realize as a result of using our dispute resolution process. These costs may include postage for mailing us information to help us resolve the dispute.

Our Provider Dispute Resolution and Claims Processing staff members are in charge of our provider dispute resolution process. We keep copies of all the information related to a provider dispute for at least five years. This information includes the provider dispute and all related notes, documents and other information that we used to reach our final decision.

Required information for submitting disputes

California regulations require that every provider dispute include the following information:

- Provider's name
- Provider tax identification number
- Provider's contact information

Along with the above information, some disputes require additional information.

Disputes about a claim or a request for reimbursement of a claim overpayment must also include:

- An explanation of the issue, including the original claim number
- The date (s) of service
- An explanation of why the provider believes the payment amount, request for additional information, request for reimbursement of a claim overpayment, or other action we took is incorrect.

Provider disputes that are not about a claim, for example a contract dispute, must also include:

- An explanation of the issue.
- The provider's position on that issue.

Disputes involving multiple claims:

Providers may batch multiple claims, billing or contractual disputes that are similar and file them as a single dispute. We recommend that disputes filed in batches be 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.

Provider disputes that do not include all required information may be returned to the submitter.

Provider disputes submitted on behalf of a member or a group of members treated by the provider will be handled according to the Empathia Pacific, Inc. member grievance process, not the provider dispute resolution process. Member issues may include a clinical appeal of a utilization management decision, a clinical dispute during the concurrent care review process or a provider seeking an expedited review on behalf of a member.

Submission of provider disputes

Providers may submit written disputes to:

Empathia Pacific, Inc.
c/o Empathia, Inc.
N17W24100 Riverwood Drive, Suite 300
Waukesha, WI 53188

Electronic disputes may be submitted to:

Email: DisputeRequest@empathia.com
Fax: 262-523-0175

Written/Electronic disputes may be submitted on the Provider Dispute Resolution Request Form (Attachment ONE and TWO) or in the form of a letter.

Providers may call our Provider Service Center at 1-877-844-8693 #4 with questions about the dispute process.

PROVIDER DISPUTE PROCESS TIMEFRAMES

| DESCRIPTION | TURNAROUND TIMEFRAME | |
|---|---|---|
| DEADLINE FOR PLAN RECEIPT OF PROVIDER DISPUTES | Dispute related to an individual claim, billing dispute, or contractual dispute; OR Dispute related to a demonstrable and unfair payment pattern by the Plan | Deadline: 365 days after the most recent action, or in the case of inaction, 365 days after time for contesting or denying claims has expired. |
| | Dispute regarding a Plan notice of overpayment | Deadline: Within 30 working days of receipt of the Plan notice of overpayment of a claim |
| | Amended Provider Dispute | Deadline: Within 30 working days of the date of provider's receipt of a returned dispute with written Plan notice |
| TIME PERIOD FOR ACKNOWLEDGEMENT | Electronic Provider Dispute (directly into the system) | Provided within 2 working days of the date of receipt of the electronic provider dispute |
| | Paper Provider Dispute (mail, fax, e-mail, physical delivery) | Provided within 15 working days of the date of receipt of the paper provider dispute |
| TIME PERIOD FOR RESOLUTION AND WRITTEN DETERMINATION | Resolution and issuance of written determination for each provider dispute or amended provider dispute. | Plan shall resolve each provider dispute or amended provider dispute and issue written determination within 45 working days after the date of receipt. |
| PAST DUE PAYMENTS AND INTEREST AND PENALTIES | Resolution of a dispute involving a claim, which is determined in whole or in part in favor of the provider, shall include the payment of any outstanding monies determined to be due and all interest due. | Plan goal is to issue payment with the resolution letter and in all cases payment will be made no later than within 5 working days of the issuance of the written determination. Accrual of interest and penalties for the payment of these resolved provider disputes shall commence on the day following the expiration of "Time for Reimbursement" of the complete claim. |

ATTACHMENT ONE

PROVIDER DISPUTE RESOLUTION REQUEST FORM

- 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.
- Mail the completed form to: EMPATHIA PACIFIC, Inc.
c/o EMPATHIA, Inc.
N17W24100 Riverwood Drive, Suite 300
Waukesha, WI 53188

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|---|---|-----------------------------|---|
| Provider Name: | | Provider Tax ID: | |
| Provider Contact Information: | | | |
| *CLAIM INFORMATION <input type="checkbox"/> Single or <input type="checkbox"/> Multiple "LIKE" Claims (complete Attachment TWO) <i>Number of claims:___</i> | | | |
| Claim Number: | | Client Number: | |
| Client Name: | | | |
| 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 |