



Dear Provider:

Enclosed you will find a copy of the Annual Disclosure Letter between Choice Physicians Network/Choice Medical Group and [Provider] for your review.

**Choice Physicians Network/Choice Medical Group** Claim Information, Policies and Procedures are available upon request to providers and members by calling our Customer Service department at (760) 242-7777 Opt. 1, Monday-Friday between 8:00 AM - 5:00 PM.

**Contracting Contact Information**

**Val Vetack**

Director of Provider/Member Services

18564 US Highway 18, Ste. 105~Apple Valley, CA 92307-2312

Phone: (760) 242-7777 Ext. 242 ~ Facsimile: (888) 847-5757

Email: [Contracting@ChoiceMG.com](mailto:Contracting@ChoiceMG.com)

Please feel free to contact me at my contact information listed below if you have any questions or concern:

Sincerely,

A handwritten signature in dark ink, appearing to read "Val Vetack", with a stylized flourish at the end.

Val Vetack, *Director of Provider and Member Services*

Choice Physicians Network/Choice Medical Group/Horizon Valley Medical Group

18564 US Hwy 18, Suite 105, Apple Valley, CA 92307

Phone (760) 242-7777 Ext. 242 Fax (888)847-5757

Email: [VVetack@ChoiceMG.com](mailto:VVetack@ChoiceMG.com)



**Choice Physicians Network/Choice Medical Group**

**ATTACHMENT A**

**Downstream Provider Amendment**

**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 you of your 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 18564 US Highway 18 Suite 105, Apple Valley, CA 92307 is 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 Choice Physicians Network/Choice Medical Group. Claims for services provided to members assigned to *Choice Physicians Network/Choice Medical Group* must be sent to the following:

Via Mail: *Choice Physicians Network/Choice  
Medical Group  
Claims Department  
18564 US Highway 18 Suite 105  
Apple Valley, CA 92307-2321*

Via Physical Delivery: *[Same as above]*

- B. Calling Choice Physicians Network/Choice Medical Group Regarding Claims. For claim filing requirements or status inquiries, you may contact *Network Medical Management Customer Service* by calling: (760) 242-7777
- C. Claim Submission Requirements. The following is a list of claim timeliness requirements, claims supplemental information and claims documentation required by Choice Physicians Network/Choice Medical Group:

*If claim is being presented for the first time (1<sup>st</sup> submission), the following apply:*

- *Contracted providers: 90 days from DOS*
- *Non-contracted providers: 180 days from DOS*
- *COB claims, when IPA is not the primary payor: 90 days from the date of primary carrier's EOB.*

***\*\* (If provider submitted claims previously and IPA does not have records of claims received or received on time, IPA has 45 days to return the claims to the provider requesting provider to resubmit appeal with proof of timely filing).***



D. Claim Receipt Verification. For verification of claim receipt by *Choice Physicians Network/Choice Medical Group*, please call Customer Service at (760) 242-7777

For appealed claims submitted on time:

- IPA issues an acknowledgement for receipt within 15 days.
- 2 days if electronically submitted.

## **II. Dispute Resolution Process for Contracted Providers**

A. Definition of Contracted Provider Dispute. A contracted provider dispute is a provider's written notice to *Choice Physicians Network/Choice Medical Group* 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 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 underpayment of a claim from *Choice Physicians Network/Choice Medical Group* 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 Choice Physicians Network/Choice Medical Group. Contracted provider disputes submitted to *Choice Physicians Network/Choice Medical Group* 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 *Provider Dispute Unit* at the following:

Via Mail: [Same as above]

Via Physical Delivery: [Same as above]

C. Time Period for Submission of Provider Disputes.

- (i) Contracted provider disputes must be received by *Choice Physicians Network/Choice Medical Group* within 365 days from *Choice Physicians Network/Choice Medical Group'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 *Choice Physicians Network/Choice Medical Group's* inaction, contracted provider disputes must be received by *Choice Physicians Network/Choice Medical Group* within 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 information may be submitted to *Choice Physicians Network/Choice Medical Group* within thirty (30) working days of your receipt of a returned contracted provider dispute

*For appealed claims submitted on time:*

- *IPA issues an acknowledgement for receipt within 15 days.*
- *2 days if electronically submitted.*

### **III. Dispute Resolution Process for Contracted Providers**

A. Definition of Contracted Provider Dispute. A contracted provider dispute is a provider's written notice to Choice Physicians Network/Choice Medical Group 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 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:

- (iv) If the contracted provider dispute concerns a claim or a request for reimbursement of an underpayment of a claim from Choice Physicians Network/Choice Medical Group 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;
- (v) 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
- (vi) 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 Choice Physicians Network/Choice Medical Group. Contracted provider disputes submitted to *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 *Provider Dispute Unit* at the following:

Via Mail: *[Same as above]*

Via Physical Delivery: *[Same as above]*

C. Time Period for Submission of Provider Disputes.

- (iv) Contracted provider disputes must be received by Choice Physicians Network/Choice Medical Group within 365 days from Choice Physicians Network/Choice Medical Group's action that led to the dispute (or the most recent action if there are multiple actions) that led to the dispute, or
- (v) In the case of Choice Physicians Network/Choice Medical Group's inaction, contracted



provider disputes must be received by Choice Physicians Network/Choice Medical Group within 365 days after the provider's time for contesting or denying a claim (or most recent claim if there are multiple claims) has expired.

- (vi) 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 information may be submitted to Choice Physicians Network/Choice Medical Group within thirty (30) working days of your receipt of a returned contracted provider dispute.

D. Acknowledgment of Contracted Provider Disputes. *Choice Physicians Network/Choice Medical Group* will acknowledge receipt of all contracted provider disputes as follows:

- (i) Electronic contracted provider disputes will be acknowledged by *Choice Physicians Network/Choice Medical Group* within two (2) Working Days of the Date of Receipt by *Choice Physicians Network/Choice Medical Group*
- (ii) Paper contracted provider disputes will be acknowledged by *Choice Physicians Network/Choice Medical Group* within fifteen (15) Working Days of the Date of Receipt by *Choice Physicians Network/Choice Medical Group*.

E. Contact Choice Physicians Network/Choice Medical Group 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 *Choice Physicians Network/Choice Medical Group* at: Customer Service: (760) 242-7777 Extension 242.

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 provider disputes by similar issue
- (ii) Provide cover sheet for each batch
- (iii) Number each cover sheet
- (iv) 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. *Choice Physicians Network/Choice Medical Group* 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, *Choice Physicians Network/Choice Medical Group* 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. 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 *Choice Physicians Network/Choice Medical Group* 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 *Choice Physicians Network/Choice Medical Group* 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.

## II. Claim Overpayments

- A. Notice of Overpayment of a Claim. If *Choice Physicians Network/Choice Medical Group* determines that it has overpaid a claim, *Choice Physicians Network/Choice Medical Group* 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 *Choice Physicians Network/Choice Medical Group* 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 *Choice Physicians Network/Choice Medical Group's* notice of overpayment of a claim, the provider, within 30 Working Days of the receipt of the notice of overpayment of a claim, must send written notice to *Choice Physicians Network/Choice Medical Group* stating the basis upon which the provider believes that the claim was not overpaid. *Choice Physicians Network/Choice Medical Group* will process the contested notice in accordance with *Choice Physicians Network/Choice Medical Group's* contracted provider dispute resolution process described in Section II above.
- C. No Contest. If the provider does not contest *Choice Physicians Network/Choice Medical Group's* notice of overpayment of a claim, the provider must reimburse *Choice Physicians Network/Choice Medical Group* within thirty(30) Working Days of the provider's receipt of the notice of overpayment of a claim.
- D. Offsets to payments. *Choice Physicians Network/Choice Medical Group* may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when;
  - (i) the provider fails to reimburse *Choice Physicians Network/Choice Medical Group* within the timeframe set forth in Section IV.C., above, and
  - (ii) *Choice Physicians Network/Choice Medical Group's* contract with the provider specifically authorizes *Choice Physicians Network/Choice Medical Group* 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, *Choice Physicians Network/Choice Medical Group* 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.



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