Claims Settlement Practices and 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 Vivant Health members, including Medi-Cal. 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 Vivant Health. Claims for services provided to Vivant Health members must be sent to the following:

Via mail:	Vivant Health P.O. Box 869145 Plano, TX 75086
Via physical delivery:	Vivant Health 7311 Greenhaven Drive, Suite145 Sacramento, CA 95831
Electronic submission:	EDI

B. Calling Vivant Health Regarding Claims. For claim filing requirements or status inquiries, you may contact Vivant Health by calling **(800) 928-1204.**

C. Claim Submission Requirements. The following is a list of claim timeliness requirements, claims supplemental information, and claims documentation required by Vivant Health:

Claims for non-contracted providers must be submitted for payment within 180 days from the date of service. Contracted providers must submit for payment within 90 days from the date of service. Claims for contracted/non-contracted providers can be submitted up to 365 days from the date of service if provided with exception as defined in W&I Code, Section 14115.

Medical group claims and encounters are to be submitted on the 1500 Claim or UB04 billing forms and include the minimum amount of itemized, accurate, and material information for Vivant Health to accurately process the claim for payment in a timely manner.

D. Claim Receipt Verification. For verification of claim receipt by Vivant Health, please call **(800) 928-1204.**

Vivant Health will acknowledge receipt of paper claims within fifteen (15) working days of receipt of the claim. Claims received electronically (EDI) will be acknowledged within two (2) working days of receipt of the claim.

II. Claim Submission Instructions

A. Definition of Contracted Provider Dispute. A contracted provider dispute is a provider's written notice to Vivant Health 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 Vivant Health 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. Submission Requirements for Contracted Provider Disputes to Vivant Health. **Contracted provider disputes must be submitted to Vivant Health on a Provider Dispute Resolution Request form. The form must include the information listed in Section II.A., above, *for each contracted provider dispute.* Failure to submit your provider disputes on the Vivant Health Provider Dispute Resolution Request form may result in a delay of processing and will fall outside of the dispute processing guidelines set by DMHC.** All contracted provider disputes must be sent to the attention of the Claims Department at:

Via mail:

Vivant Health
P.O. Box 869145
Plano, TX 75086

Via physical delivery:

Vivant Health
7311 Greenhaven Drive, Suite145
Sacramento, CA 95831

C. Time period for submission of provider disputes.

i. Contracted provider disputes must be received by Vivant Health within 365 days after the last date of action that led to the dispute, or

ii. In the case of inaction, contracted provider disputes must be received within 365 days after the provider's time for contesting or denying the claim 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 you for completion. An amended contracted provider dispute that includes the missing information may be submitted to Vivant Health within thirty (30) working days of your receipt of a returned contracted provider dispute.

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

   i. Electronic contracted provider disputes will be acknowledged within two (2) working days of the date of receipt.

   ii. Paper contracted provider disputes will be acknowledged within fifteen (15) working days of the date of receipt.

E. Contact Vivant Health 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 **(800) 928-1204.**

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 cover sheets.

G. Time Period for Resolution and Written Determination of Contracted Provider Dispute. Vivant Health 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, Vivant Health 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.

III. Claim Overpayments

A. Notice of Overpayment of a Claim. If it has been determined that a claim has been overpaid, Vivant Health 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 Vivant Health 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 Vivant Health'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 Vivant Health stating the basis upon which the provider believes that the claim was not overpaid. Vivant Health will process the contested notice in accordance with the contracted provider dispute resolution process described in Section II above.

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

D. Offsets to Payments. Vivant Health may only offset an uncontested notice of overpayment of a claim against provider's current claim submission when: (i) the provider fails to reimburse Vivant Health within the timeframe set forth in Section IV.C., above, and (ii) Vivant Health's contract with the provider specifically authorizes Vivant Health 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, Vivant Health will provide the provider with a detailed written explanation identifying the specific overpayment or payments that have been offset against the specific current claim.