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 River City Medical Group (RCMG) members, to include 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 RCMG. Claims for services provided to RCMG members must be sent to the following:

   Via Mail: River City Medical Group  
P. O. Box 15470  
Sacramento, CA 95851  

   Via Physical Delivery: 7311 Greenhaven Drive, Suite 145  
Sacramento, CA 95831  

   Electronic Submission: EDI

B. Calling RCMG Regarding Claims. For claim filing requirements or status inquiries, you may contact RCMG 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 RCMG:

   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 in order for RCMG to timely and accurately process the claim for payment.

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

   RCMG will acknowledge receipt of papers 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. **Dispute Resolution Process for Contracted Providers**

A. **Definition of Contracted Provider Dispute.** A contracted provider dispute is a provider’s written notice to RCMG 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: providers 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 RCMG 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 RCMG.** Contracted provider disputes must be submitted to RCMG 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 RCMG 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: | River City Medical Group |
|          | P. O. Box 15470 |
|          | Sacramento, CA 95851 |

| Via Physical Delivery: | 7311 Greenhaven Drive, Suite 145 |
|                       | Sacramento, CA 95831 |

C. **Time Period for Submission of Provider Disputes.**

i. Contracted provider disputes must be received by RCMG 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 which includes the missing information may be submitted to RCMG within thirty (30) Working Days of your receipt of a returned contracted provider dispute.

D. **Acknowledgment of Contracted Provider Disputes.** RCMG 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 RCMG 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 coversheets.

G. **Time Period for Resolution and Written Determination of Contracted Provider Dispute.** RCMG 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, RCMG 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, RCMG 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 RCMG 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 RCMG’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 RCMG stating the basis upon which the provider believes that the claim was not overpaid. RCMG 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 RCMG’s notice of overpayment of a claim, the provider must reimburse RCMG within thirty (30) Working Days of the provider’s receipt of the notice of overpayment of a claim.

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