



## **Ventura County Health Care Plan (VCHCP) Provider Notice Claims Settlement Practices & Dispute Resolution**

As required by Assembly Bill 1455 (California Code of Regulation (CCR) title 28, Sections 1300.71 & 1300.71.38), 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.

The information provided in the following notice is intended to inform you of your rights and responsibilities regarding billing and provider dispute resolution procedures as they relate to claim settlement practices and claim disputes for Commercial HMO, and other products where *VCHCP* performs claims payment and provider dispute resolution processes.

### **1. Claim Submission Instructions and Requirements:**

Claims for services provided to VCHCP members must be sent to: Ventura County Health Care Plan, 2220 E. Gonzales Rd., Ste. 210B, Oxnard, CA 93036; Attention: Claims Processing Department. For claim filing requirement inquiries you may either contact *VCHCP* by calling: 805-981-5030, or by visiting the Plan's website at [www.vchealthcareplan.org](http://www.vchealthcareplan.org) and selecting Provider Connection/Provider Disclosures (for contracted providers). Providers can also access the Plan's Provider Operations Manual via the website for additional claim filing information.

For contracted providers claims must be filed after the service has taken place within the timeframe specified within the contract or Provider Services Agreement (PSA). Non-contracted providers must file claims within 180 days after the service has taken place.

Additional information regarding claim filing and billing requirements and claim payment information for contracted providers can be obtained by reviewing your specific provider contract or Provider Services Agreement (PSA).

### **2. Claim Submission Acknowledgement:**

Electronic clearinghouse claims: Claims received by VCHCP via electronic submission are acknowledged electronically by the clearinghouse through which they are submitted within two (2) Working Days of the Date of Receipt by *VCHCP*. Claims received by other electronic means (such as facsimile) will be acknowledged in the same manner within two (2) Working Days of receipt by *VCHCP*.



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Paper claims: Paper claims received by VCHCP are acknowledged by the Plan via written acknowledgement to the provider within fifteen (15) working days of the Date of Receipt.

Claim submission acknowledgement and claim status information can also be verified by contacting the VCHCP Claims Department at 805-981-5030.

### **3. Dispute Resolution Process for Contracted Provider Disputes:**

Definition of a Contracted Provider Dispute: A contracted provider dispute is a provider's written notice to VCHCP 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 a bundled group of contested or 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: the provider's name, the provider's identification number, contact information, and:

If the contracted provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from VCHCP, 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, or:

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:

If the contracted provider dispute involves an enrollee or a 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 the provider to represent said enrollees.

### **4. Submitting a Contracted Provider Dispute to the Plan:**

Contracted provider disputes must be sent to: Ventura County Health Care Plan, 2220 E. Gonzales Rd., Ste. 210B, Oxnard, CA 93036; Attention: Provider Dispute Resolution Department



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### **5. Time Period for Submission of a contracted Provider Dispute:**

Contracted provider disputes must be received by VCHCP within 365 days from VCHCP's action that led to the dispute (or the most recent action if there are multiple actions that led to the dispute), or, in the case of VCHCP's inaction, contracted provider disputes must be received by VCHCP within 365 days after the provider's time for contesting or denying a claim has expired. Contracted provider disputes that do not include all required information as set forth above in Section Three (3) may be returned to the submitter for completion. An amended contracted provider dispute which includes the missing information may be submitted to VCHCP within thirty (30) Working Days of your receipt of a returned contracted provider dispute.

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**Final Appeals:** Final, or second-level appeals must be received within 65 Working Days of VCHCP's initial determination date, or the timeframe specified in your contract; whichever is greater.

**Note:** VCHCP will deny any claims or appeals involving a billing dispute or other contractual dispute that are not submitted within these time frames.

### **6. Acknowledgement of Paper and Electronic Contracted Provider Disputes:**

The Plan acknowledges receipt of all contracted paper provider disputes within fifteen (15) working days of the Date of Receipt by VCHCP.

Electronic provider dispute submissions are acknowledged by the Plan within two (2) working days of the Date of Receipt by VCHCP.

**7. Contacting the Plan 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 VCHCP at 805-981-5050.

**8. 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:



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- Sort provider disputes by similar issue
- Provide a cover sheet for each batch
- Number each cover sheet
- Provide a cover letter for the entire submission describing each provider dispute with references to the numbered coversheets
- Ensure each dispute identifies the original claim number

### **9. Time Period for Resolution and Written Determination of Contracted Provider Dispute:**

The Plan issues 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.

**10. Past Due Payments:** If the contracted provider dispute or amended contracted provided dispute involves a claim and is determined in whole or in part in favor of the provider, VCHCP 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.

### **11. Dispute Resolution Process for Non-Contracted Providers:**

Definition of Non-Contracted Provider Dispute: A non-contracted provider dispute is a non-contracted provider's written notice to VCHCP challenging, appealing or requesting a 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, contract information, and:

If the non-contracted provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from VCHCP 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.



**12. Dispute Resolution Process:** The dispute resolution process for non-contracted providers is the same as the process defined for contracted providers as set forth in the section titled: **'Dispute Resolution Process for Contracted Provider Disputes'**.