

Provider Payment Dispute Resolution for Non-Contracted Providers

Effective January 1, 2010, The Centers for Medicare & Medicaid Services (CMS) expanded its current independent review provider payment dispute resolution process to include disputes between Universal American and non-contracted HMO and PPO providers. The process will follow the same process that is in place for deemed providers in our Private Fee-for-Service Plans (PFFS). This expansion of the provider payment dispute resolution process will not include Medicare Part D claims.

As a result of this decision, Universal American is providing the following guidelines to non-contracted providers who may have treated our PPO and HMO members.

The independent review resolution process includes any decisions where a non-contracted provider contends that:

- An amount paid by the Plan for a covered service is less than the amount that would have been paid under Original Medicare;
- The Plan's decision to pay for a different service than that billed, often referred to as down-coding of claims; *or*
- The Plan failed to make a decision within thirty (30) calendar days from the date the dispute was received by the Plan.

Such disputes are subject to CMS review and the provider has the right to request an independent decision from CMS' Payment Dispute Resolution Contractor, First Coast Services Options, Inc. (FCSO). This provider payment dispute process cannot be used to challenge payment denials by Plans that result in zero payment being made.

Instructions for Filing a Request for Independent Payment Dispute Resolution:

Submit a written request for an independent Payment Dispute Decision (PDD) to FCSO by email, fax, or mail. The request should be made using the standard PDD form available at FCSO's website, www.fcsso.com. But FCSO will accept any written request containing all of the data elements noted on their website in the "What We Do" link. The PDD request may not be filed until after an initial dispute decision from the Plan's internal dispute process has been received, unless 30 days has lapsed from the time the organization received the dispute request and the Plan has not responded. FCSO must receive this request within 180 days of the Plan's redetermination of the unfavorable dispute decision. For additional instructions please visit www.fcsso.com.