HEALTHWEST

Procedure

No. 03-014

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Approved by:

Julia Rupp, Executive Director

Subject: Provider Claim Dispute Resolution

I. PURPOSE

To establish and maintain consistent procedures for the resolution of provider claim disputes.

II. APPLICATION

All employees of HealthWest and all service providers contracted by this agency.

III. DEFINITIONS

A. Provider: All outside vendors contracted through Network Management to provide services on behalf of the agency to the individuals served by HealthWest.

B. Dispute: Differences between the agency and the providers with regard to the contractual billable services.

C. EOB: An explanation of benefits.

IV. PROCEDURE

A. The provider shall submit monthly invoices with any required supporting documentation within five (5) business days of the end of the month in which services were provided or within five (5) business days of receipt of the EOB from the third party payor when third party coordination of benefits is an issue.

B. Within five (5) business days, Finance staff shall verify the billed services by verifying:

1. The amounts billed are for individuals currently open with HealthWest;

2. The services were authorized by the HealthWest Utilization Management Department **prior** to the rendering of the service;

3. The number of service units billed is within the number of authorized units;

4. The rates billed are in accordance with the contract in effect for that period of service.

C. Where necessary, Finance staff will adjust the provider invoice for any differences found and then prepare HealthWest form F009.

D. The Finance staff will complete the financial coding of the invoice and forward it, along with the original and yellow copy of form F009 (if applicable), to the HealthWest Finance for payment processing. The pink copy of form F009 will be retained at HealthWest.

E. The Finance Department will process and mail the payment, along with applicable adjustment forms generated by the Finance staff, within five (5) business days.

F. Upon receipt of those payments with an adjustment form, the provider will review the adjustment(s) and if they wish to dispute the adjustment(s) they will follow the steps outlined below.

1. Contact the Utilization Management Department for resolution. Record details of the conversation in the section of the form titled "Provider Response." Provider will clearly state the reason they think the adjustment is not correct. Return the form to HealthWest's Finance Department at the address listed on the top of the form. HealthWest's Finance Department will notify the Provider by phone of the results of the appeal.

2. When contacted by HealthWest's Finance Department, if the issue is still unresolved, the Provider will be given the name and number of the Program Supervisor to contact regarding resolution of the claim. HealthWest's Finance Department will forward a copy of Step #1 to appropriate supervisor and they will be informed as to the dispute content.

3. If after speaking with the Program Supervisor the issue is still unresolved, the Provider may call HealthWest's Finance Department. The Provider will give the details of the conversation with the Program Supervisor; the reason the supervisor gave to support the adjusted or denied action; the dates and times of your previous call(s); and the reasons why the Provider believes the claim issue is still not resolved. HealthWest's Finance Department will notify the Provider by phone with the time and date of a face-to-face hearing with the Executive Director/designee and the names of all expected attendees at the hearing. The hearing is the last recourse the Provider has, and the final decision regarding adjudication of the claim will be made at that time.

4. When adjudicated, payments for the services in question will be made on the next provider check date.

BC/jec