JOHN MUIR HEALTH

Provider Disputes and Requests for Refunds

Provider Dispute

A "Provider Dispute" is a provider's written notice to John Muir Health Physician Network that the Provider is (i) appealing or requesting reconsideration of a claim that has been paid, denied, adjusted or contested, (ii) seeking resolution of a billing determination or other contract dispute, or (iii) disputing a request for reimbursement of an overpayment of a claim.

A Provider Dispute must be submitted in writing. This can be a letter, any health plan's Provider Dispute Resolution (PDR) form, or a form obtained from Customer Service at (925) 952-2887 or the toll free number (844) 398-5376.

The PDR must include the following information:

1. A copy of the John Muir Health remittance advice with the claim number circled.
2. Provider name
3. Provider tax ID number
4. Enrollee name
5. Enrollee's health plan ID number
6. Dates of service
7. Billed and paid amounts (if applicable)
8. Clear and concise explanation of the reason for dispute
9. For non-claim issues, a clear explanation of the issue and the Provider's position

When a PDR is received, an acknowledgement letter or request for additional information, if applicable, will be sent within 15 working days of receipt. A letter is sent to the Provider advising of the final determination on the dispute within 45 working days of receipt of all information reasonably required to adjudicate the claim.

If the provider is not satisfied with the initial determination and the determination is related to medical necessity or Utilization Management, the

provider has the right to appeal directly to the Health Plan within 60 working days of receipt of the written determination.

Provider disputes must be submitted within 365 calendar days from the date of JMHPN's last action on the claim.

Provider disputes are processed according to state and federal regulations. When clinical or coding issue are involved with the appeal, the case is reviewed by a Certified Professional Coder and if necessary, the Medical Director.

Copies of provider disputes and the determinations, including notes and all other information that John Muir Health Physician Network used to reach the decision are scanned and retained for seven years.

Please send all Provider Disputes to:

John Muir Health Physician Network
P. O. Box 5107
Walnut Creek, CA 94596-1107

Requests for Refunds from Providers

Sometimes claims are overpaid and adjustments are made. Some of the more common reasons are listed below:

- Primary carrier's explanation of benefits has been requested
- Claim is a duplicate of a previously submitted claim
- Submitted documentation does not support code billed
- Service date prior to patient effective date
- Service requires prior authorization
- Health Plan is at risk for the claim, not JMHPN
- The procedure code is invalid
- The diagnosis code is invalid
- Place of service is invalid
- Code is excluded from the provider contract
- Modifier is missing or invalid

The adjustment reasons listed above, as well as others, require follow up by the claims analyst to (i) correct and resubmit the claim, (ii) obtain updated coverage from the Enrollee, or (iii) re-direct the claim to the proper payer.

When JMHPN adjusts a claim and a refund is due from the provider, a letter will be sent to the provider. The letter will contain the request for the amount of overpayment, along with the patient name, dates of service, associated health plan, and account number. The payment is due within 30 working days.

Please send all Refund Checks to:

John Muir Health Physician Network
P.O. Box 5263
Walnut Creek, Ca 94596-9718
ATTN: Recovery Unit