

# Instructions for Escalating and Submitting Payment Disputes to the Independent Review Entity for Private Fee-for-Service Plans



After Bravo Health informs a provider in writing that his or her payment dispute has been denied through Bravo Health Private Fee for Service (PFFS) Provider Payment Dispute Process, a provider or supplier that disagrees with the pricing decision has the right to request the decision be reviewed by an Independent Review Entity (IRE) under contract with the Centers for Medicare and Medicaid Services (CMS).

Effective January 1, 2009, CMS has delegated the independent review of PFFS Provider Payment Disputes to First Coast Service Options, Inc. (FCSO). FCSO will adjudicate payment disputes between deemed and non-contracted Private Fee-For-Service (PFFS) providers and Medicare Advantage (MA) organizations offering PFFS plans.

## Submission of Payment Dispute Decision Requests

After they have exhausted the appeals process with Bravo Health, deemed and non-contracted PFFS providers can begin submitting payment dispute decision requests directly to FCSO. FCSO has established the following options for receipt of payment dispute decision requests.

- ▶ **Email:** If the submission and associated documents do not contain any personally identifiable health information (PHI) (or any PHI has been redacted), the payment dispute decision request can be submitted to a dedicated email box at [PDRC@FCSO.com](mailto:PDRC@FCSO.com).

Otherwise, FCSO can receive payment dispute decision requests (including associated documents such as claims forms that may contain PHI) via the following:

- ▶ **Fax:** A fax number has been established to receive electronic requests for payment dispute decisions. Please fax your payment dispute to 1-904-361-0551.
- ▶ **Mail:** Providers can also mail hard copy requests for payment dispute adjudication to the following address:

First Coast Service Options, Inc.  
Payment Dispute Resolution Contractor  
P.O. Box 44017  
Jacksonville, Florida 32231-4017

Providers with questions regarding the adjudication process or individual disputes being reviewed by the IRE can contact FCSO at 1-904-791-6430. Providers will be able to leave messages and should expect a return call within 48 hours of receipt. Hard copy correspondence associated with a dispute request may be mailed to:

First Coast Service Options, Inc.  
Payment Dispute Resolution Contractor  
P.O. Box 44035  
Jacksonville, Florida 32231-4035

Beneficiary and provider appeals of coverage determinations will continue to be handled by the Part C qualified independent contractor, MAXIMUS, and will not be adjudicated under the contract with FCSO.

## Decisions Subject to the Payment Dispute Process

Provider payment disputes include any decisions where there is a dispute that the payment amount made by Bravo Health PFFS Plan to **deemed providers** is less than the payment amount that would have been paid under the Bravo Health PFFS Plan's terms and conditions or the amount paid to **non-contracted providers** is less than would have been paid under original Medicare (including balance billing).

## Decisions Not Subject to the PFFS Provider Payment Dispute Process

- ▶ Services denied for coverage issues such as Local Coverage Determinations (LCDs)
- ▶ National Coverage Determinations (NCDs)
- ▶ Medical necessity determinations are not subject to the PFFS independent review process and should be sent to the appropriate Qualified Independent Contractor (QIC) for processing
- ▶ Disputes between a contracted network PFFS provider and the MA PFFS Plan are also not reviewed by the IRE or CMS

## Filing a Request for Independent Payment Dispute Resolution

The non-contracted provider must 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 on Bravo Health's website at [www.bravohealth.com](http://www.bravohealth.com) or on FCSO's website (go to: <http://www.fcsso.com>, then follow the links under "What We Do"), but FCSO will accept any written request so long as it contains all of the data elements noted below. The PDD request may not be filed until after the provider has received an initial dispute decision from the organizations' internal dispute process unless 30 days has elapsed from the time the organization received the dispute request and the organization has not responded. FCSO must receive this request within 180 days of the organization's redetermination of the unfavorable dispute decision.

A written request will be accepted if it contains all of these required elements:

- ▶ Provider or Supplier contact information including name and address.
- ▶ Pricing Information, including NPI number (and CCN/OSCAR number for institutional providers), zip code where services were rendered, and physician specialty.
- ▶ The name of the MAO that made the redetermination, including the specific plan name.
- ▶ Indicate whether the provider/supplier is contracted or an attestation that provider is non-contracted.
- ▶ The reason for dispute and a description of the specific issue.
- ▶ Copy of the provider's claim as submitted to the organization for payment with the disputed portion identified.
- ▶ Copy of the organization's original pricing determination (the remittance advice).
- ▶ Copy of the organization's unfavorable redetermination or, if available, evidence that the organization did not respond to the dispute within 30 days;
- ▶ Any documentation or correspondence that supports the provider's position that the organization's reimbursement is not correct (this may include interim rate letters, where appropriate).
- ▶ Appointment of Provider or Supplier Representative Authorization Statement, if applicable.
- ▶ The name and signature of the party or the representative of the party.

## Obtaining the Organization's documentation

After the non-contracted provider requests a payment dispute decision, FCSO may request additional documentation from the organization. When the organization receives FCSO's request, the organization must send all requested materials to FCSO within seven (7) calendar days and ensure that it is received by FCSO on or before the eighth day. Organizations must respond timely to these requests to ensure that all relevant documentation is considered by FCSO.

## Time Frame for Making a Payment Dispute Decision (PDD)

FCSO will issue a decision within 60 days after receiving a provider's valid and complete request for payment dispute decision. FCSO will:

- ▶ notify all parties of its PDD, or
- ▶ notify all parties that it has dismissed the request for a PDD

## Decision Letters

The Payment Dispute Decision letter will include the facts of the dispute, arguments made for and against additional reimbursement, the adjudicator's decision and rationale, and notification of the right to request a debrief.

## Notification of Decision:

When FCSO notifies the provider and the organization of its decision, the case is closed. However, both the provider and organization have the right to request a debrief to ensure understanding of the decision. Because the decision is considered final, the debrief has no bearing on the decision. The debrief is offered only as an educational resource for the provider and the organization.

## Compilation of Decisions and Lessons Learned

FCSO will maintain a log of all decisions rendered and will work collaboratively with CMS to provide information to plans on the issues raised and the decisions rendered. Organizations will have the opportunity to learn from these experiences and amend their practices accordingly.