

## Community Health Center Network

### Provider Claim Dispute Resolution Mechanism (Provider Claims Dispute Process)

Community Health Center Network (CHCN) dispute resolution process as it relates to the submission and resolution of a provider dispute.

A provider claim dispute is a written notice to CHCN 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 disputing a request for reimbursement of an overpayment of a claim.

If a contracted or non-contracted provider wants to dispute a claim payment or denial (for reasons not related to provider's claim submission error or omission) the provider can submit a written dispute to the following address:

Community Health Center Network  
Attn: Provider Claims Dispute Department  
101 Callan Avenue, Suite 107  
San Leandro, CA 94577  
510-297-0210

Note: Claims that are denied due to provider's claim submission error or omission (e.g., missing/incorrect CPT, ICD-10- or place of service codes) do not qualify for the Provider Claim Dispute Resolution Mechanism. Claims resubmission with medical records for review due to bundling edits, request for medical records/treatment notes, anesthesia time spent, or EOB submissions should be sent directly to claims dept. not thru provider disputes. These should be resubmitted within the time for claim submission as "Corrected Claim" with a brief explanation either noted on the claim or as an attachment.

1. The provider must submit a Notice of Provider Claim Dispute (NOPD) in writing along with any relevant and supporting documentation within 365 days of CHCN's last action or, in the case of inaction, 365 days after the Time for Contesting or Denying Claims has expired.
2. The Provider Claim Dispute must include:
  - a. Provider's Name
  - b. Provider's ID Number
  - c. Provider's Contact Information (Name, Address, Phone Number)
  - d. Patient's Name
  - e. Patient's DOB
  - f. Claim Number (from CHCN remittance advice)
  - g. Paper Claim: Copy of the original claim being disputed.
  - h. Clear identification of the disputed item.
  - i. Clear explanation of the basis that provider believes the payment amount, denial, adjustment, or request for reimbursement is incorrect.
  - j. Other pertinent documentation to support dispute.
3. CHCN will acknowledge the receipt of the written claim dispute within fifteen (15) working days of receipt of the dispute, and 2 days for an electronic submission
4. If CHCN receives an incomplete provider claim dispute, CHCN will return it to the provider with a clear identification of the missing information.
5. The provider has thirty (30) working days from the receipt of the returned NOPD to resubmit an Amended Claim Dispute with the requested information.
6. CHCN will issue a written determination, including a statement of the pertinent facts and reasons, to the provider within forty-five (45) working days after receipt of the provider claim dispute or the amended provider claim dispute.