

Billing Dispute External Review Process

The billing dispute external review process is available to physicians who are class members of the Thomas/Love Settlement Agreement (Settlement) and physician group comprised of such physicians. The process is intended to resolve:

- Disputes over the application of BlueChoice HealthPlan Medicaid's coding payment rules and methodologies for fee-for-service claims to patient-specific factual situations.
- Disputes relating to whether BlueChoice HealthPlan Medicaid has complied with the provisions of the Settlement, requiring a physician to submit records in connection with a claim for payment (either prior to or after payment).

Please note that physicians and physicians' groups must completely exhaust BlueChoice HealthPlan Medicaid's internal appeal/review process for billing disputes before submitting a dispute to the Billing Dispute External Review Board (Board). The Board will deem this requirement to have been satisfied if BlueChoice HealthPlan Medicaid has responded to your appeal, and its response indicates internal review has been exhausted *or* if there is no notice of BlueChoice HealthPlan Medicaid's decision within 30 calendar days after you have supplied all documentation reasonably needed to complete the internal appeal/review. Physicians and physicians' groups must submit their Billing Dispute requests directly to the Board. It must be post-marked no later than 90 calendar days after completely exhausting BlueChoice HealthPlan Medicaid's internal appeals/review process.

In order to initiate the external Billing Dispute External Review process, you must meet certain criteria and you are required to pay a fee. The requirements are:

- Disputes may be submitted only by a physician who is a member of the Thomas/Love settlement class or a physician group comprised of such physicians.
- BlueChoice HealthPlan Medicaid's internal appeals/review process must be completely exhausted.
- The amount in dispute (for either a single claim for covered services or multiple claims involving similar issues) must be greater than \$500¹.
- The dispute must be filed in writing within 90 calendar days after the exhaustion of BlueChoice HealthPlan Medicaid's internal appeals/review process.
- The physician or physician group must submit the proper filing fee as shown below.

Filing fees are as follows:

- If the amount in dispute is less than or equal to \$1,000, the fee is \$50.
- If the amount in dispute is more than \$1,000, the fee is \$50 plus 5 percent of the amount by which the amount exceeds \$1,000, but in no event more than 50 percent of the cost of the review.

If the physician prevails, the filing fee will be refunded.

If you have questions, please call **1-866-757-8286**.

¹ A physician or physician group may submit a dispute with a disputed amount less than \$500 to the Board if the physician or group intends to submit additional disputes involving similar issues within one year such that the aggregate amount in dispute will exceed \$500. The Board will defer consideration of the dispute until and unless such additional disputes are submitted.