



Legendary Care™

**Riverside Medical Clinic
Assembly Bill 1455 Notification
CLAIMS SETTLEMENT PRACTICES & DISPUTE RESOLUTION
MECHANISM**

As required by Assembly Bill 1455, the California Department of Managed Health Care has set forth regulations establishing certain claim settlement practices and the process for resolving claims disputes for managed care products regulated by the Department of Managed Health Care. This information notice is intended to inform you of your rights, responsibilities, and related procedures as they relate to claim settlement practices and claim disputes for commercial HMO and POS products where Riverside Medical Clinic (RIVERSIDE MEDICAL CLINIC) is delegated and financially responsible to perform claims payment and provider dispute resolution processes. Unless otherwise provided herein, capitalized terms have the same meaning as set forth in Sections 1300.71 and 1300.71.38 of Title 28 of the California Code of Regulations.

I. CLAIM SUBMISSION INSTRUCTIONS.

A. Sending Claims to RIVERSIDE MEDICAL CLINIC Claims for services provided to members assigned to RIVERSIDE MEDICAL CLINIC must be mailed to the following address:

**Riverside Medical Clinic
Prepaid Business Office/Claims
3660 Arlington Ave.
Riverside, CA 92506**

B. Calling RIVERSIDE MEDICAL CLINIC Regarding Claims. For claim filing requirements or status inquiries, you may contact RIVERSIDE MEDICAL CLINIC by calling: **(951) 782-3060**

C. Claim Submission Requirements.

i. Timeliness:

All claims must be submitted to RIVERSIDE MEDICAL CLINIC within 90 days from the date of service or your claim may be denied.

ii. Documentation Required:

Completed CMS 1500 or UB92 claim form with all fields completed

accurately to include but not limited to, patient name, date of birth and insurance ID number; current CPT and valid ICD.9 coding; date of service, place of service code and facility name if applicable; provider of service and state license number, federal tax ID number, billed charges and authorization number (as applicable).

iii. Supplemental Information:

- Primary insurance explanation of benefits (EOB/MEOB) if applicable
- Possibly medical records for services that are not prior authorized
- Documentation, which provides relevant information necessary to determine payor liability.

D. Claim Receipt Verification. For verification of claim receipt by RIVERSIDE MEDICAL CLINIC, please contact the RIVERSIDE MEDICAL CLINIC claims customer service unit by calling **(951) 782-3060** or you may also request access to the RIVERSIDE MEDICAL CLINIC claims inquiry website (<http://as400.Riverside Medical Clinicps.com>). When speaking with a customer service representative at the phone number indicated above, inform them you would like to request access to the RIVERSIDE MEDICAL CLINIC claims inquiry website. You will be notified in writing of your password and security code within ten (10) business days of your initial request.

II. DISPUTE RESOLUTION PROCESS

A. Definition of Contracted Provider Dispute. A contracted provider dispute is a provider's written notice to RIVERSIDE MEDICAL CLINIC and/or the member's applicable health plan 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 other contract dispute (or bundled group of substantially similar multiple billing or other contractual disputes that are individually numbered) or disputing a request for reimbursement of an overpayment of a claim. Each contracted provider dispute must contain, at a minimum the following information: provider's name; provider's identification number, provider's contact information, and:

i. If the contracted provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from RIVERSIDE MEDICAL CLINIC to a contracted provider the following must be provided:

- a clear identification of the disputed item
- the Date of Service and a clear explanation of the basis upon which the provider believes the payment amount is incorrect
- a request for additional information
- a request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action if incorrect

ii. If the contracted provider dispute is not about a claim, a clear explanation of the issue and the provider's position on such issue; and

iii. If the contracted provider dispute involves an enrollee or group of enrollees, the name and identification number(s) of the enrollee or enrollees, a clear explanation of the disputed item, including the Date of Service and provider's position on the dispute, and an enrollee's written authorization for the provider to represent said enrollees.

B. Sending a Contracted Provider Dispute to RIVERSIDE MEDICAL CLINIC.

Contracted provider disputes submitted to RIVERSIDE MEDICAL CLINIC must include the information listed in Section II.A., above, for each contracted provider dispute. All contracted provider disputes must be sent to the attention of **RIVERSIDE MEDICAL CLINIC Prepaid/HMO Department** at the following address:

**Riverside Medical Clinic
Prepaid Business Office/Appeals Unit
3660 Arlington Ave.
Riverside, CA 92506**

C. Time Period for Submission of Provider Disputes.

i. Contracted provider disputes must be received by RIVERSIDE MEDICAL CLINIC within 365 days from RIVERSIDE MEDICAL CLINIC's action that led to the dispute (or the most recent action if there are multiple actions), or

ii. In the case of RIVERSIDE MEDICAL CLINIC's inaction, contracted provider disputes must be received by RIVERSIDE MEDICAL CLINIC within 365 days after the provider's time for contesting or denying a claim (or most recent claim if there are multiple claims) has expired.

iii. Contracted provider disputes that do not include all required information as set forth above in Section II.A. may be returned to the submitter for completion. An amended contracted provider dispute which includes the missing information may be submitted to RIVERSIDE MEDICAL CLINIC within thirty (30) working days of your receipt of a returned contracted provider dispute.

D. Acknowledgment of Contracted Provider Disputes. RIVERSIDE MEDICAL CLINIC will acknowledge receipt of all contracted provider disputes as follows:

i. Contracted provider disputes submitted via mail or fax will be acknowledged by RIVERSIDE MEDICAL CLINIC within fifteen (15) Working Days of the Date of Receipt by RIVERSIDE MEDICAL CLINIC.

ii. As applicable Contracted provider disputes submitted via electronic data submission will be acknowledged by RIVERSIDE MEDICAL CLINIC within two (2) Working Days of the Date of Receipt by RIVERSIDE MEDICAL CLINIC.

E. Contact RIVERSIDE MEDICAL CLINIC Regarding Contracted Provider Disputes. All inquiries regarding the status of a contracted provider dispute or about filing a contracted provider dispute must be directed to RIVERSIDE MEDICAL CLINIC at: **(951) 782-3060**

F. Instructions for Filing Substantially Similar Contracted Provider Disputes. Substantially similar multiple claims, billing or contractual disputes, may be filed in batches as a single dispute, provided that such disputes are submitted in the accordance with the Claims Payment Dispute Resolution Process.

G. Time Period for Resolution and Written Determination of Contracted Provider Dispute. RIVERSIDE MEDICAL CLINIC will issue a written determination stating the pertinent facts and explaining the reasons for its determination within forty-five (45) Working Days from the Date of Receipt of the contracted provider dispute or the amended contracted provider dispute, as applicable

H. Past Due Payments. If the contracted provider dispute or amended contracted provider dispute involves a claim and is determined in whole or in part in favor of the provider, RIVERSIDE MEDICAL CLINIC will pay any outstanding monies determined to be due, and all interest and penalties required by law or regulation, within five (5) Working Days of the issuance of the written determination.

III. CLAIM OVERPAYMENTS

A. Notice of Overpayment of a Claim. If RIVERSIDE MEDICAL CLINIC determines that it has overpaid a claim, RIVERSIDE MEDICAL CLINIC will notify the provider in writing through a separate notice clearly identifying the claim, the name of the patient, the Date of Service(s) and a clear explanation of the basis upon which RIVERSIDE MEDICAL CLINIC believes the amount paid on the claim was in excess of the amount due, including interest and penalties on the claim.

B. Contested Notice. If the provider contests RIVERSIDE MEDICAL CLINIC's notice of overpayment of a claim, the provider, within 30 Working Days of the receipt of the notice of overpayment of a claim, must send written notice to RIVERSIDE MEDICAL CLINIC stating the basis upon which the provider believes that the claim

was not overpaid. RIVERSIDE MEDICAL CLINIC will process the contested notice in accordance with RIVERSIDE MEDICAL CLINIC's contracted provider dispute resolution process described in Section II above.

C. No Contest. If the provider does not contest RIVERSIDE MEDICAL CLINIC's notice of overpayment of a claim, the provider must reimburse RIVERSIDE MEDICAL CLINIC within thirty (30) Working Days of the provider's receipt of the notice of overpayment of a claim.

D. Offsets to payments. RIVERSIDE MEDICAL CLINIC may offset an uncontested notice of overpayment of a claim against the provider's current claim submission when; (i) the provider fails to reimburse RIVERSIDE MEDICAL CLINIC within the timeframe set forth in Section III.C., above, and (ii) RIVERSIDE MEDICAL CLINIC's contract with the provider specifically authorizes RIVERSIDE MEDICAL CLINIC to offset the uncontested notice of overpayment of a claim from the provider's current claims submissions. In the event that an overpayment of a claim or claims is offset against the provider's current claim or claims pursuant to this section, RIVERSIDE MEDICAL CLINIC will provide the provider with a detailed written explanation identifying the specific overpayment or payments that have been offset against the specific current claim or claims.