

## Florida Health Care Plans Non-Contracted Provider Medicare Payment Dispute Resolution Process

1. **Participating FHCP Provider:** We consider the following categories of providers to have a contractual relationship with us:
  - a. FHCP directly employs physicians, both primary care and specialists,
  - b. FHCP contracts directly with community based providers to participate in either our HMO or EPN network
  - c. FHCP contracts with Community Health Partners' provider network for the provision of all services to FHCP Healthy Kids within Collier County
  - d. FHCP indirectly contracts, through hospital services agreements, with providers
  - e. FHCP has executed a Letter of Agreement with a specific provider for a specific service to a specific member (LOA).

2. **Non-Participating FHCP Provider:** If a provider's relationship does not fall within one of the above scenarios, then we consider the provider to be non-par. FHCP's internal payment dispute process for non-contracted providers is as follows:
  - a. The non-contracted provider must submit a written request for an internal FHCP review of the amount paid to FHCP by email, fax or mail. Requests should be sent to:

Florida Health Care Plan, Inc.  
Medical Claims Department Manager  
P.O. Box 9910  
Daytona Beach, FL 32120  
Email: [Claims@fhcp.com](mailto:Claims@fhcp.com)  
Fax: 386-676-7191

- b. FHCP will accept any written request so long as it contains all of the data elements noted below. The request may not be filed until after the provider has received payment from FHCP. FHCP must receive this request within 180 days of FHCP's payment to the provider.
3. **Required Data Elements:** A written request disputing the Medicare payment amount paid by FHCP will be accepted by FHCP if it contains all of these required elements:
  - a. Provider contact information, including name and address;
  - b. Pricing information, including NPI number (and CCN / OSCAR number for institutional providers), zip code where services were rendered, and physician specialty;

- c. The reason for the dispute and a description of the specific issue;
  - d. Any documentation or correspondence that supports the provider's position that FHCP's reimbursement is not correct (this may include interim rate letters, where appropriate);
  - e. Appointment of Provider Representative Authorization Statement, if applicable; and
  - f. The name and signature of the provider or the provider's representative.
4. **Second Level Dispute Resolution:** Providers who do not agree with FHCP's first-level internal payment dispute decisions have the right to access CMS' provider payment dispute resolution process as follows:
- a. The non-contracted provider must submit a written request for an independent Payment Dispute Decision (PDD) to First Coast Service Options, Inc. (FCSO) by email, fax or mail.
  - b. The request should be made using the standard PDD form available at FCSO's website (go to: <http://www.fcsso.com> , then follow the links under "What We Do"),
  - c. FCSO will accept any written request so long as it contains all of the data elements noted below.
  - d. 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.
  - e. FCSO must receive this request within 180 days of the organization's redetermination of the unfavorable dispute decision.
5. **Required elements for FCSO Second Level Review:** A written request will be accepted if it contains all of these required elements:
- a. Provider contact information, including name and address;
  - b. Pricing information, including NPI number (and CCN / OSCAR number for institutional providers), zip code where services were rendered, and physician specialty;
  - c. The name of the organization that made the redetermination, including the specific plan name;
  - d. An attestation that the provider is a non-contracted provider;
  - e. The reason for the dispute and a description of the specific issue;
  - f. Copy of the provider's claim as submitted to FHCP for payment with the disputed portion identified;
  - g. Copy of FHCP's original pricing determination (the remittance advice);
  - h. Copy of FHCP's unfavorable redetermination or, if available, evidence that FHCP did not respond to the dispute within 30 days;
  - i. Any documentation or correspondence that supports the provider's position that FHCP's reimbursement is not correct (this may include interim rate letters, where appropriate);
  - j. Appointment of Provider Representative Authorization Statement, if applicable; and
  - k. The name and signature of the provider or the provider's representative.

6. **Submission of Second Level Payment Dispute Resolution Requests to FCSO:**

- a. 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).
- b. 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, (904) 361-0551, has been established to receive electronic requests for payment dispute decisions.

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

- 6. **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 a payment dispute decision. FCSO will notify the provider in writing of its PDD, or that it has dismissed the provider's request for a PDD.
- 7. **Decision Letters:** The PDD 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.
- 8. **Notification of Decision:** When FCSO notifies the provider and the organization of its decision, the case is closed. However, both the provider and FHCP 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.

Providers with questions regarding the adjudication process or individual disputes being reviewed by the Payment Dispute Resolution Contractor can contact FCSO at (904)791-6430. Providers will be able to leave messages and should expect a return call within two (2) days of receipt. Hard copy correspondence associated with a dispute request should be mailed to the following address:

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