



PROVIDER DISPUTE FORM

Attn: Provider Relations
530 S. Main St., Ste 110
Orange, CA 92868
1-800-992-3366

PLEASE CONSULT THE GRIEVANCE DEPARTMENT FOR ASSISTANCE IN COMPLETING THIS FORM. Please return this form to the address listed above. You will receive a written response. This form may also be used by non-contracted providers.

Date of incident

Office Address, City, State, Zip

Provider Number (if applicable)

Patient's Name (if applicable)

Provider Name

Dental Plan #

Provider Phone #

Claim # Member #

DESCRIPTION OF DISPUTE (If the dispute is claims related, please include applicable claim number(s) and dates of service)

HOW WOULD YOU LIKE THIS MATTER RESOLVED? _____

Provider's Signature

Date

You can obtain information about the Plan's Provider Dispute Resolution Process in your Provider Guide or by calling 1-800-992-3366.



PROVIDER DISPUTE RESOLUTION PROCESS

OBJECTIVE

Western Dental Services Inc. (the “Plan”) has developed a standard dispute resolution process in order to provide a fast, fair and cost-effective dispute resolution mechanism to process and resolve disputes between the Plan and providers. The Plan will not discriminate or retaliate against a provider (including, but not limited to, the cancellation of the provider’s contract) because the provider filed a provider dispute.

PROCEDURE

Notice

Whenever the Plan contests, adjusts or denies a claim, the provider shall receive notice of the availability of the provider dispute resolution process, the procedures for obtaining forms and instructions, and the mailing address for filing a provider dispute.

Submission of Disputes

- A. Providers can submit oral or written disputes to the Plan to do one or more of the following:
 - 1) Challenge, appeal or request reconsideration of a claim (or a bundled group of substantially similar multiple claims that are individually numbered) that has been denied, adjusted or contested by the Plan;
 - 2) Seek resolution of a billing determination or other contract dispute (or a bundled group of substantially similar multiple billing or other contractual disputes that are individually numbered); or
 - 3) Dispute a request for reimbursement of an overpayment of a claim

There is no cost to the provider to participate in this dispute resolution process. However, the Plan will not reimburse the provider for costs incurred in connection with utilizing the dispute resolution process.

Grievances submitted on behalf of members are resolved through the member grievance process, not the provider dispute resolution process.

- B. Disputes must include at a minimum:
 - 1) The provider’s name, identification number (for contracting dentists), and contact information; and



- 2) If the dispute concerns a claim or request for reimbursement of an overpayment of a claim, clear identification of the disputed item (including the claim number), the date of service, and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect; and
- 3) If the dispute is not about a claim, a clear explanation of the issue and the provider's position thereon; and
- 4) If the dispute involves a member or group of members, the name and identification number(s) of the member or members, a clear explanation of the disputed item, including the date of service and the provider's position thereon.

C. Disputes can be mailed to the Plan at the following address:

Western Dental Services, Inc.
Attention: Provider Relations
530 South Main Street, Suite 110
Orange, California 92868
(800) 992-3366

Providers may wish to use the attached Provider Dispute Form to submit a dispute to the Plan.

Submission of Multiple Disputes

Providers may submit similar multiple claims disputes and other billing or contractual disputes as a single provider dispute. The Plan will assign a case number to each claim that is being disputed. Each disputed claim will be treated as an individual dispute and will be assigned its own case number.

Time Frame for Submissions

Providers have 365 days from the date of the Plan's action to submit a provider dispute. If a provider disputes the Plan's failure to take action on a claim, the provider has 365 days from the last date on which the Plan could have either paid, denied, or contested the claim (consistent with claims payment timeliness rules) to submit the dispute.

Incomplete Submissions

The Plan will return a provider dispute that is missing information required by this provider dispute resolution process, if such information is not readily accessible to the Plan. The Plan will notify the provider in writing of the incomplete submission and will clearly identify the information necessary to resolve the dispute. The Plan will not ask a provider to resubmit information that was previously submitted to the Plan as part of the claims process, unless the Plan has previously returned that information to the provider.



Acknowledgement of Disputes

Provider disputes will be acknowledged within 15 business days from receipt by the Plan.

Processing of Disputes

The Grievance Department collects all available information submitted by providers in support of their dispute. Provider disputes are recorded in a computer-based Dispute Log, which includes fields for provider name, date of occurrence, type of dispute, and disposition. Dispute information is submitted to the Grievance Committee, which meets weekly for dispute review and resolution.

Resolution of Disputes

The Grievance Committee will resolve each dispute or amended dispute and will issue a written determination stating the pertinent facts and explaining the reasons for its determination within 45 business days after the receipt of the provider dispute or amended provider dispute. Copies of provider disputes and determinations, including all information upon which the Plan relied to reach its decision will be retained for five years.

Grievance Committee resolutions are reviewed quarterly by the Quality Improvement Committee.

Payment of Disputed Claims

If the resolution of the dispute involves payment to the provider for a disputed claim or claims, payment will be made within five working days after the date of the determination letter.

Dispute Resolution Process Oversight

The VP of Western Dental Plan is primarily responsible for the dispute resolution mechanism, for the review of its operations and for noting any emerging pattern of provider disputes to improve administrative capacity, plan-provider relations, claims payment procedures and patient care. The VP of Western Dental Plan is responsible for preparing reports and disclosures.