

**CLAIMS SETTLEMENT PRACTICES &  
DISPUTE RESOLUTION MECHANISM ADDENDUM**

Pomona Valley Medical Group, Inc., d.b.a. ProMed Health Network

Downstream Provider Notice

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, POS, and where applicable, PPO Products where Pomona Valley Medical Group is delegated 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 Pomona Valley Medical Group. Claims for services provided to members assigned to Pomona Valley Medical Group must be sent to the following:

Via Mail: Pomona Valley Medical Group, Inc.  
d.b.a. ProMed Health Network  
P.O. Box 2399  
Rancho Cucamonga, CA 91729-2399

Via Physical Delivery: Pomona Valley Medical Group, Inc.  
d.b.a. ProMed Health Network  
4150 E. Concours Street, Suite 100  
Ontario, CA 91764

Via e-mail: [triphung@promedhealth.com](mailto:triphung@promedhealth.com)

Via Fax: 909-949-2895

Via Clearinghouse: N/A

- B. Calling Pomona Valley Medical Group Regarding Claims. For claim filing requirements or status inquiries, you may contact Pomona Valley Medical Group by calling: 909-932-1045.

- C. Claim Submission Requirements. The following is a list of claim timeliness requirements, claims supplemental information and claims documentation required by Pomona Valley Medical Group:

Claims are to be submitted on a CMS-1500 form and shall include patient name, date of service, gender, date of birth, member I.D. number, authorization number, type of service provided, valid CPT and/or HCPCS codes, complete Provider information, tax identification number, pricing and reports as necessary or requested, within one hundred twenty (120) days from the date of service.

- D. Claim Receipt Verification. For verification of claim receipt by Pomona Valley Medical Group, please do the following:

Call Customer Service Department at: 909-932-1045

## II. Dispute Resolution Process for Contracted Providers

- A. Definition of Contracted Provider Dispute. A contracted Provider dispute is a Provider's written notice to Pomona Valley Medical Group 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:

1. If the contracted Provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from Pomona Valley Medical Group 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, request for additional information, request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect;
2. 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
3. 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 Provider to represent said enrollees.

- B. Sending a Contracted Provider Dispute to Pomona Valley Medical Group. Contracted Provider disputes submitted to Pomona Valley Medical Group 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 Provider Dispute Resolution Unit at the following:

Via Mail: Pomona Valley Medical Group, Inc.  
d.b.a. ProMed Health Network  
P.O. Box 2399  
Rancho Cucamonga, CA 91729-2399

Via Physical Delivery: Pomona Valley Medical Group, Inc.  
d.b.a. ProMed Health Network  
4150 E. Concourse Street, Suite 100  
Ontario, CA 91764

Via e-mail: [triphung@promedhealth.com](mailto:triphung@promedhealth.com)

Via Fax: 909-949-2895

C. Time Period for Submission of Provider Disputes

1. Contracted Provider disputes must be received by Pomona Valley Medical Group within 365 days from Provider's action that led to the dispute (or most recent action if there are multiple actions); or
2. In the case of inaction, contracted Provider disputes must be received by Pomona Valley Medical Group 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.
3. 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 Pomona Valley Medical Group within thirty (30) working days of submitter's receipt of a returned contracted Provider dispute.

D. Acknowledgement of Contracted Provider Disputes. Pomona Valley Medical Group will acknowledge receipt of all contracted Provider disputes as follows:

1. Paper contracted Provider disputes will be acknowledged by Pomona Valley Medical Group within fifteen (15) working days of the date of receipt by Pomona Valley Medical Group.

E. Contact Pomona Valley Medical Group 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 Pomona Valley Medical Group at: 909-932-1045.

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 following format:

1. Sort Provider disputes by similar issue
2. Provide cover sheet for each batch
3. Number each cover sheet
4. Provide a cover letter for the entire submission describing each Provider dispute with references to the numbered coversheets.

G. Time Period for Resolution and Written Determination of Contracted Provider Dispute. Pomona Valley Medical Group will issue a written determination stating the pertinent facts and explaining the reasons for its determination within forty-five (45) working days after the date of receipt of the contracted Provider dispute or the amended contracted Provider dispute.

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 favor of the Provider, Pomona Valley Medical Group 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. Dispute Resolution Process for Non-Contracted Providers

- A. Definition of Non-Contracted Provider Dispute. A non-contracted Provider dispute is a non-contracted Provider's written notice to Pomona Valley Medical Group challenging, appealing or requesting reconsideration of a claim (or a bundled group of substantially similar claims that are individually numbered) that has been denied, adjusted or contested or disputing a request for reimbursement on an overpayment of a claim. Each non-contracted Provider dispute must contain, at a minimum, the following information: the Provider's name, the Provider's identification number, contact information, and:
1. If the non-contracted Provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from Pomona Valley Medical Group 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, request for additional information, contest, denial, request for reimbursement for the overpayment of a claim, or other action is incorrect;
  2. If the non-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, Provider's position on the dispute, and an enrollee's written authorization for Provider to represent said enrollees.
- B. Dispute Resolution Process. The dispute resolution process for non-contracted Providers is the same as the process for contracted Providers as set forth in Sections II.B., II.C., II.D., II.E., II.F., II.G., and II.H. above.

### IV. Claim Overpayments

- A. Notice of Overpayment of a Claim. If Pomona Valley Medical Group determines that it has overpaid a claim, Pomona Valley Medical Group 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 Pomona Valley Medical Group 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 Pomona Valley Medical Group's notice of Overpayment of a claim, the Provider, within thirty (30) working days of the receipt of the notice of overpayment of a claim, must send written notice to Pomona Valley Medical Group Stating the basis upon which the Provider believes that the claim was not overpaid. Pomona Valley Medical Group will process the contested notice in accordance with Pomona Valley Medical Group's contracted Provider dispute resolution process described in Section II above.
- C. No Contest. If the Provider does not contest Pomona Valley Medical Group's notice of overpayment of a claim, the Provider must reimburse Pomona Valley Medical Group within thirty (30) working days of the Provider's receipt of the notice of overpayment of a claim.

- D. Offsets to Payments. Pomona Valley Medical Group may only offset an uncontested notice of overpayment of a claim against Provider's current claim submission when (1) the Provider fails to reimburse Pomona Valley Medical Group within the timeframe set forth in Section IV.C., above, and (2) Pomona Valley Medical Group's contract with the Provider specifically authorizes Pomona Valley Medical Group to offset an 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, Pomona Valley Medical Group 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.