



Provider Inquiry Assistance

Important Information for Providers Serving Medicare Beneficiaries Enrolled in Private Fee-for-Service Plans (PFFS) – JA0902

Note: Special Edition article SE0902 was revised to add language to explain the difference between deemed providers and non-contracted providers. It also added language to show that appeals of medical necessity determinations must first go through the plan's appeals process. In addition, language was added to show that a plan's terms and conditions should be posted on their website and the address of that site should be available on the beneficiary's membership card.

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Date Job Aid Revised: March 3, 2009

Effective Date: N/A

Implementation Date: N/A

Key Words	SE0902, Private, Fee-for-Service, FFS, PFFS, Payment, Disputes
Contractors Affected	N/A
Provider Types Affected	All Medicare physicians, providers, and suppliers who provide services to Medicare patients who are enrolled in Medicare Advantage (MA) PFFS Organizations



The Centers for Medicare & Medicaid Services (CMS) has announced a new process for handling payment disputes raised by providers who serve Medicare patients enrolled in MA PFFS plans.

Provider Needs to Know...

- Effective January 1, 2009, CMS has delegated the adjudication of PFFS Provider Payment disputes to an Independent Review Entity (IRE) (i.e., First Coast Service Options, Inc. (FCSO)).
- As of January 1, 2009, after having exhausted the appeals process with the PFFS plan, providers should begin submitting payment dispute decision requests directly to FCSO.
- This process applies to providers treating such patients where the provider has not contracted with the MA PFFS organization.

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- Providers rendering such services without contracting with the MA PFFS plan are “deemed” providers for that plan.

Decisions Subject to the Payment Dispute Process

- Decisions subject to the payment disputes include:
 - Any decisions in which there is a dispute that the payment amount made by the MA PFFS plan to **deemed providers** is less than the payment amount that would have been paid under the MA PFFS plan’s terms and conditions, or
 - The amount paid to **non-contracted providers** is less than would have been paid under original Medicare (including balance billing).

Note: A deemed provider is one who was aware that the patient was a PFFS member at the time of service, and therefore, had the ability to view the plan’s terms and conditions of payment. A non-contracting provider is one that was not aware the patient was a PFFS member at the time of service (e.g., an emergency situation).

Decisions Not Subject to the PFFS Provider Payment Dispute Process

- Decisions not subject to the PFFS provider payment dispute process include:
 - Services denied for coverage issues such as Local Coverage Determinations;
 - National Coverage Determinations;
 - Appeals of medical necessity determinations by the plan, which should first be sent through the appeals process of the MA PFFS plan, and that process should be on the plan’s website along with the plan’s terms and conditions of payment; and
 - Disputes between a contracted network PFFS provider and the MA PFFS plan are also not reviewed by the IRE or CMS.

How to File a Request for Independent Review (Payment Dispute Decision (PDD))

- If a provider has exhausted the PFFS organization’s dispute resolution process and wish to escalate review, the provider must file a PDD request directly with FCSO within 180 days of written notice from the MA PFFS plan (all requests must be received within 180 days of the MA PFFS plan written decision).
 - The request must be submitted in writing, preferably on a standard PDD form available at the FCSO’s PFFS website.
 - A written request that is not made on the standard PDD form will be accepted if it contains all the required elements, as follows:
 - Provider or supplier contact information including name and address;
 - Pricing information, including the National Provider Identifier of the provider (and CMS Certification Number or Online Survey Certification and Reporting System number for institutional providers), ZIP Code where services were rendered, Physician Specialty, the name of the MA PFFS plan that made the redetermination including the specific PFFS plan name, and whether the provider/supplier is
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deemed or non-contracted;

- The reason for dispute; a description of the specific issue;
- A copy of the provider's submitted claim with disputed portion identified;
- A copy of the PFFS plan's original pricing determination;
- A copy of the PFFS plan's redetermination (dispute) pricing decision;
- A copy of the relevant portion of terms and conditions (which are on the plan's website and that website address should be listed on the beneficiary's membership card for the plan) or contract and any supporting documentation and correspondence that support the provider's position that the plan's reimbursement is not correct (this may include interim rate letters where appropriate);
- An appointment of Provider or Supplier Representative Authorization Statement, if applicable; and
- The name and signature of the party or the representative of the party.

The request can be mailed to:
First Coast Service Options, Inc.
PFFS Payment Disputes,
P.O. Box 44017
Jacksonville, Florida 32231-4017.

The request can be emailed to a dedicated email box at REPFFS@FCSO.com if the submission and associated documents do not contain any personally identifiable health information (PHI) (or any PHI has been redacted).

First Coast can also receive PDD requests (including associated documents such as claims forms that may contain PHI) via a fax at fax number (904) 361-0551.

Time Frame for Making a PDD

- Once a PDD is requested, FCSO may request documentation from the MA PFFS plan that processed the redetermination.
- When that plan receives FCSO's request for the case file, they must send it within seven calendar days so that FCSO receives it on or before the eighth day.
- PFFS plans that do not respond timely to IRE requests will be considered out of compliance with their CMS contract and subject to compliance processes.
- FCSO will issue a decision within 60 days after receiving a provider payment dispute appeal unless it grants itself an exception to the 60-day timeframe.
- In the issued PDD letter, FCSO will notify all parties of either its decision, or that it has dismissed the PDD request.
- The PDD letter will also include the facts of the appeal, arguments made for and against additional reimbursement, the adjudicator's decision and rationale, and notification to the parties of their right to request a debriefing.

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- Finally, when the IRE renders a decision on a case and notifies all parties of its decision, it considers the case closed. **Note:** Both parties have the right to request a debriefing.
 - Providers with questions, regarding the adjudication process or individual disputes being reviewed by the IRE, can contact FCSO at 904-791-6430. Providers will be able to leave messages at this number and should expect a return call within 48 hours of receipt. Providers can mail correspondence associated with a dispute request to:

First Coast Service Options, Inc.
PFFS Payment Disputes
P.O. Box 44035
Jacksonville, Florida 32231-4035

Background

- Prior to January 1, 2009, CMS Central and Regional Office staff adjudicated payment disputes between deemed and non-contracted PFFS providers and MA organizations offering PFFS plans.
 - Beginning January 1, 2009, after an MA PFFS plan informs a provider or supplier in writing that a payment dispute has been denied through the MA PFFS plan provider payment dispute process; those who disagree with the pricing decision have the right to request the decision be reviewed by an independent review entity under contract with CMS.
 - On November 25, 2008, CMS released a Health Plan Management System memorandum (Instructions for Model Private Fee-For-Service Terms and Conditions of Payment) announcing that effective January 1, 2009, the FCSO would be the IRE to which the adjudication of PFFS Provider Payment disputes would be delegated.
 - In this role, FCSO directly adjudicates payment disputes between deemed and non-contracted PFFS providers and MA organizations offering PFFS plans.
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Operational Impact N/A

Reference Materials The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0902.pdf> on the CMS website.
