Summary of the Independent Review of Medicare Advantage Private Fee for Service Plan (PFFS) Deemed and Non-Contracted Provider Payment Disputes Program

Effective January 1, 2009, CMS has delegated the adjudication of PFFS Provider Payment disputes to an Independent Review Entity, First Coast Service Options, Inc. (FCSO). Prior to January 1, 2009, these requests were being adjudicated by Central and Regional Office staff. Beginning January 1, 2009 after a MA PFFS Plan informs a provider in writing that his or her payment dispute has been denied through the MAO's provider payment dispute process, a provider or supplier that disagrees with the pricing decision has the right to request the decision be reviewed by an independent review entity under contract with CMS.

1. Decisions Subject to the Payment Dispute Process

Provider payment disputes include any decisions where 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).

2. Decisions Not Subject to the PFFS Provider Payment Dispute Process

- Services denied for coverage issues such as Local Coverage Determinations (LCDs).
- National Coverage Determinations (NCDs),
- Medical necessity determinations are not subject to the PFFS independent review process and should be sent to the appropriate Qualified Independent Contractor (QIC) for processing.
- Disputes between a contracted network PFFS provider and the MA PFFS Plan are also not reviewed by the IRE or CMS.

3. Filing a Request for Independent Review (Payment Dispute Decision)

A request for an Independent Payment Dispute Decision (PDD) must be submitted to FCSO in writing within 180 days of written notice from the MA PFFS Plan. The request must be in writing and should be made on a standard PDD form available at the FCSO's PFFS website. All requests must be received within 180 days of a written decision by the MA PFFS plan. 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 NPI number (and CCN / OSCAR number for institutional providers), ZIP Code where services were rendered, Physician Specialty, the name of the MAO that made the redetermination including the specific PFFS plan name, and whether the provider/supplier is deemed or non-contracted.
- Reason for dispute; a description of the specific issue.
- Copy of the provider's submitted claim with disputed portion identified.

- Copy of the PFFS plan's original pricing determination.
- Copy of the PFFS plan's redetermination (dispute) pricing decision.
- Copy of the relevant portion of Terms and Conditions or contract and any supporting documentation and correspondence that support your position that the plan's reimbursement is not correct (this may include interim rate letters where appropriate)
- Appointment of Provider or Supplier Representative Authorization Statement, if applicable.
- The name and signature of the party or the representative of the party.

4. **Obtaining the MAO documentation**
   Providers or suppliers that have exhausted the dispute resolution process of the PFFS organization and wish to escalate must file requests for a PDD directly with the Independent Review Entity. Once a party requests a PDD, the Independent Review Entity may request documentation from the MAO that processed the redetermination. When the MAO receives the IRE's request for the case file, the MAO must send the file within seven calendar days so that the IRE 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.

5. **Time Frame for Making a Payment Dispute Decision (PDD)**
   The Independent Review Entity will issue a decision within 60 days after receiving a provider payment dispute appeal unless granted an exception by the Independent Review Entity. The IRE will:
   • notify all parties of its PDD or
   • notify all parties that it has dismissed the request for a PDD

6. **Decision Letters**
   The Payment Dispute Decision letter will include the facts of the appeal, arguments made for and against additional reimbursement, the adjudicator's decision, and the adjudicator's rationale, and notification to the parties of their right to request a debrief.

7. **Notification of Parties**
   When the IRE renders a decision on a case it notifies all parties of its decision. The IRE considers the case closed when it notifies all parties of the decision. However, both parties have the right to request a debrief.

8. **Compilation of Decisions and Lessons Learned**
   The IRE will maintain a log of all decisions rendered and will work collaboratively with CMS to provide information back to PFFS plans on the cases raised and the decisions rendered. PFFS plans will have the opportunity to learn from these experiences, and amend their practices accordingly.