Provider Dispute Resolution
Frequently Asked Questions
Commercial & Medicare

Commercial Only

1. Do I have to do a written dispute any time I have a claim issue?

No. You may call RINCON HEALTH NETWORK or the health plan with concerns or questions regarding a claim, utilization or contract issues, and we will continue to try to resolve these promptly and informally. This formal dispute process, however, allows the provider to submit a formal written dispute and to be guaranteed a written resolution within 45 business days.

2. Is there a specific form that I should use?

Yes. The forms are posted on our web site **www.Rinconhn.com** – PDR Request Form pg1 & pg2. Or we can fax or email this to your office. The form is not mandatory, but you must put the required information in writing. **Use of the form will help expedite our resolution process.**

3. What if I have claims that are being denied by the health plan as IPA responsibility and the IPA is denying them as plan responsibility. Can I send these in as a formal dispute?

Yes, but you must submit it in writing according to the guidelines established for the Provider Dispute Resolution Process. You may send the dispute to either RINCON HEALTH NETWORK or to the plan. If you have already submitted your dispute to the IPA and we upheld our position that your claim is plan responsibility, we recommend you submit this to the plan's formal PDR process to ensure they respond to you and not forward the claim back to the IPA

4. What other types of issues can I submit through this process?

You can submit disputes when you would like reconsideration of a claim(s) that has been denied, adjusted or contested, resolution of billing determination, (such as whose financial risk it is) or other contract disputes, or a denial of utilization decision.

5. Can I use the provider dispute process to appeal a claim or UM decision on behalf of a member?

No. Member appeals MUST be submitted to the member's health plan and a member may ask you to assist or represent him or her in that appeal process. RINCON is not delegated to handle member appeals or grievances.

6. Do other medical groups / IPAs have the same process for sending in provider disputes?

Yes. Other groups as well as the health plans have a similar process for sending in provider disputes. You will have to get that process from the specific group or plan.

7. Can I submit a provider dispute in for a claim that is a year or more old?

Yes, if the payment or last action/communication is less than 365 days old.

8. Does this process apply to non-contracted providers?

Yes. They would follow the same procedures as a contracted provider.

Medicare Only

9. Is there a provider dispute process for Medicare Advantage members, such as Blue Cross Sr., SCAN or Humana Gold members?

Yes. The CMS provider's dispute resolution process only applies non-contracted providers. They can only submit formal disputes concerning claims payment less than Medicare rates. All other types of disputes must be sent to the members health plan.