



Dear Provider:

Enclosed, please find a Contract Amendment regarding Premier Access Insurance Company's ("Premier") Provider Dispute Resolution Mechanism. The details of the Dispute Resolution process are provided below for your reference. Please sign the enclosed Amendment and return it to the address listed below. A copy of the Amendment will be returned to you after it is signed by Premier.

*Address: Premier Access Insurance Company Phone: 800-640-4466
Attn: Provider Relations Department
8890 Cal Center Drive
Sacramento, CA 95826*

Thank you for your attention to this matter.

*Premier Access Insurance Company
Provider Relations Department*

PROVIDER DISPUTE RESOLUTION MECHANISM

Definition of a Provider Dispute:

A provider dispute (for contracted and non-contracted providers) is a provider's written notice to Premier Access Insurance Company ("**Premier**") challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested or seeking resolution of a billing determination or a contract dispute or disputing a request for reimbursement of an overpayment of a claim.

Each provider dispute must contain, at a minimum, the following information:

- Provider's Name, Provider's License Number, Provider's Contact Information, **and**:
 1. If the provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from **Premier** to a 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; or
 2. If the provider dispute is not about a claim, a clear explanation of the issue and the provider's position on such issue.

Provider disputes submitted by the provider on behalf of an enrollee will be resolved through **Premier's** Consumer Grievance Process and not through **Premier's** Dispute Resolution Mechanism.

Sending a Provider Dispute to Premier:

Provider disputes submitted to **Premier** must include the information listed above, for each provider dispute. All provider disputes must be sent to the attention of the Provider Dispute Resolution Department at the following:

Via Mail: Premier Access Insurance Company **Phone:** (916) 920-2500, Extension 6013
ATTN: Provider Dispute Resolution Department
P.O. Box 659010
Sacramento, CA 95865-9010

Time Period for Submission of Provider Disputes:

Provider disputes must be received by **Premier** within 365 days from **Premier's** action that led to the dispute.

Provider disputes that do not include all required information as set forth above may be returned to the submitter for completion. An amended provider dispute which includes the missing information may be submitted to **Premier** within thirty (30) working days of your receipt of a returned provider dispute.

Acknowledgment of Provider Disputes:

Premier will acknowledge receipt of all provider disputes within fifteen (15) working days of the date of receipt by **Premier** and will issue a written determination within forty-five (45) working days after the receipt of the provider dispute.