

BLUE CROSS BLUE SHIELD SETTLEMENT BILLING DISPUTE INSTRUCTIONS

The Blue Cross Blue Shield Settlement Billing Dispute External Review Board (BDERB) is available to MDs and DOs who are class members (and did not opt out) of the *Love, et al. v. BCBSA, et al. Settlement* dated April 27, 2007.

The parties have selected MES Solutions (www.mesgroup.com) as the BDERB. MES is a national independent review organization contracted to review billing disputes submitted by an MD or DO. You do not have to participate with a settling Blue Cross Blue Shield Plan to submit a billing dispute to BDERB (for a complete list of settling Blue Cross Blue Shield Plans, please visit <http://www.ama-assn.org/ama/pub/category/17963.html>); however, your billing dispute must arise from services provided to members of a settling Blue Cross Blue Shield Plan.

Requirements To Dispute A Blue Cross Blue Shield Decision Using the BDERB:

- You must be a class member who did not opt out of the *Love, et al. v. BCBSA, et al. Settlement*.
- You must have exhausted all internal billing dispute processes of the settling Blue Cross Blue Shield Plan including any appeals.
- Your dispute must arise from a denial of payment for services provided to members of a settling Blue Cross Blue Shield Plan.
- Billing dispute amount must:
 - o exceed \$500 as a single dispute; OR
 - o be multiple disputes filed within a 1-year period from the filing of the original billing dispute and exceed \$500 as an aggregate amount (for more information about this process, see section 7.10(c) of the Settlement Agreement which can be found at <http://www.hmosettlements.com/pages/bluecross.html>).
- You must have initiated a provider billing dispute with your Blue Cross Blue Shield Plan and received a written response that you wish to have reconsidered.
- The dispute must be filed within 90 calendar days of the date of the final Blue Cross Blue Shield denial notification.
- You must complete and submit the Blue Cross Blue Shield Dispute Form (see below).
- You must submit the proper filing fee (payment methods include American Express, MasterCard, Visa (debit or credit), and check). Please note the filing fee will not be charged until the \$500 threshold billing dispute amount is reached.

Submit Billing Dispute Resolution requests:

Reviewers can submit Billing Dispute Resolution requests via any of three ways:

- **On-line** - via <https://secure.mesgroup.com/Secure/bdrp/ProvBillDisplnstr.aspx?MNBD=B>. The simple to use MES online referral web-site provides the functionality to submit all information necessary to complete the Bill Dispute referral and to pay the accompanying filing fee electronically.
- **By Fax or Mail** – Completely fill out form and then fax or mail to MES (to view form, visit: <http://www.hmosettlements.com/settlements/bluecross/BDRPPProviderRequestForm.pdf>)
 - o Fax 1-888-868-2087
 - o Mail:
MES Solutions
Attn: BDRP Dept.
100 Morse St.
Norwood, MA 02062

MES Solutions - Billing Dispute Reviewer

MES Solutions has been selected as the Billing Dispute Resolution Reviewer as directed by the Love Settlement agreement. The Billing Dispute External Review Process shall provide for a Billing Dispute Reviewer (MES Solutions) to resolve disputes with Physicians and Physician Groups arising from Covered Services provided to the Blue Plan's Plan Members. These disputes shall concern the Blue Plan's application of the Blue Plan's coding and payment rules and methodologies for fee for service claims (including without limitation, any bundling, downcoding, application of a CPT® modifier, and/or other reassignment of a code by the Blue Plan) to patient specific factual situations, including, without limitation, the appropriate payment when two or more CPT® Codes are billed together, or whether a payment enhancing modifier is appropriate. Each such matter shall be a "Billing Dispute."

In deciding Billing Disputes, the Billing Dispute Reviewer (MES Solutions) shall be bound by the terms of the applicable Plan, any applicable agreement between the Physician or Physician Group and the Blue Plan, and the provisions of the Love Settlement Agreement. If the dispute cannot be resolved by reference to the foregoing documents, then the Billing Dispute Reviewer (MES Solutions) shall resolve Billing Disputes by determining, first, whether the billing was coded and submitted properly based on generally accepted medical coding standards, including but not limited to CPT® Coding and CCI/CMS guidelines, and second, whether the Blue Plan's reimbursement policies were properly applied, including those reimbursement policies required or permitted under the Love Settlement Agreement, including without limitation, reimbursement policies and Significant Edits posted by the Blue Plan pursuant to the Love Settlement Agreement.

The Billing Dispute Reviewer (MES Solutions) shall not have jurisdiction over any other disputes nor shall any Billing Dispute Reviewer (MES Solutions) have jurisdiction or authority to revise or establish any reimbursement policy of the Blue Plan. Any decision under the Billing Dispute Resolution process shall be binding on the Blue Plan and the Physician and Physician Group.

Submitting a Billing Dispute and minimum dispute threshold amounts

Any Physician or Physician Group may submit a Billing Dispute to the Billing Dispute Reviewer after the Physician or Physician Group exhausts the Blue Plan's internal appeals process and when the amount in dispute exceeds \$500. A single billing dispute amount must exceed \$500 OR multiple disputes filed within a 1-year period from the filing of the original billing dispute must exceed \$500 as an aggregate amount (for more information about this process, see section 7.10(c) of the Settlement Agreement located on <http://www.hmosettlements.com/pages/bluecross.html>).

The Physician or Physician Group must exhaust the Blue Plan's internal appeals process before submitting a Billing Dispute to the Billing Dispute Reviewer. A Physician or Physician Group shall be deemed to have exhausted the Blue Plan's internal appeals process if the Blue Plan has responded to the appeal and has indicated the internal review has been exhausted OR the Blue Plan does not communicate a decision on an internal appeal within thirty (30) days of the Blue Plan's receipt of all documentation reasonably needed to decide the internal appeal. In the event the Blue Plan and Physician or Physician Group disagree as to whether the requirements of the preceding sentence have been satisfied, such disagreement shall be resolved by the Billing Dispute Reviewer (MES Solutions).

Deferred Consideration of Billing Dispute

An individual Physician or Physician Group may submit a Billing Dispute with an amount in dispute less than \$500 if such Physician or Physician Group notifies the Billing Dispute Reviewer (MES Solutions) that the Physician or Physician Group intends to submit additional Billing Disputes during the one (1) year period following the submission of the original Billing Dispute which involve issues that are similar to those of the original Billing Dispute. The Billing Dispute Reviewer (MES Solutions) will defer consideration of such Billing Dispute while the Physician or Physician Group accumulates such additional similar Billing Disputes. In the event that a Billing Dispute is deferred pursuant to the preceding sentence and, as of the Termination Date, the Physician or Physician Group has not accumulated the requisite amount of Billing Disputes and the Blue Plan has chosen not to continue the Billing Dispute process following the Termination Date, then any rights the Physician or Physician Group has as to such Billing Disputes, including rights to arbitration, shall be tolled from the date the Billing Dispute was submitted to the Billing Dispute Reviewer (MES Solutions) through and including the Termination Date.

In the event additional similar Billing Disputes are not submitted within one (1) year of the original Billing Dispute, or do not involve disputes in the aggregate exceeding \$500, the Billing Dispute Reviewer shall dismiss the original Billing Dispute and any such additional Billing Disputes.

Timeframes

Physicians and Physician Groups must submit all Billing Disputes to the Billing Dispute Reviewer (MES Solutions) no more than ninety (90) days after a Physician or Physician Group exhausts the Blue Plan's internal appeals process, and the Billing Dispute Reviewer shall not hear or decide any Billing Dispute submitted more than ninety (90) days after the Blue Plan's internal appeals process has been exhausted.

The Blue Plan shall supply appropriate documentation to the Billing Dispute Reviewer (MES Solutions) not later than thirty (30) days after requested by the Billing Dispute Reviewer (MES Solutions). The Billing Dispute Reviewer (MES Solutions) shall not request the Blue Plan to supply appropriate documentation to the Billing Dispute Reviewer (MES Solutions) until Billing Disputes have been submitted with amounts in dispute that in aggregate exceed \$500.

The Billing Dispute Reviewer (MES Solutions) shall render a decision not later than thirty (30) days after receipt of the documents necessary for the review and to provide notice of such decision to the parties promptly thereafter.

In the event that the Billing Dispute Reviewer (MES Solutions) issues a decision requiring payment by the Blue Plan, that Blue Plan shall make such payment within fifteen (15) days after the Blue Plan receives notice of such decision.

Filing fee

The Love settlement requires Physicians and Physician Groups to submit a filing fee with Bill Dispute referrals. MES Solutions will calculate, accept and manage the filing fee required from the Physician or Physician Group on behalf of the Blue Plan. Once MES obtains all information related to the bills under dispute, MES will calculate the filing fee due as follows (as directed by the Love Settlement):

- if the amount in dispute is \$1,000 or less, the filing fee shall be equal to \$50; or
- if the amount in dispute exceeds \$1,000, the filing fee shall be equal to \$50 plus 5% of the amount by which the amount in dispute exceeds \$1,000, but
- in no event shall the fee be greater than 50% of the cost of the review.

MES Solutions must be in possession of the filing fee before the review of the Billing Dispute will commence. In the event the Physician or Physician Group is the prevailing party with respect to the

Billing Dispute under review, MES shall refund the entire filing fee paid by a Physician or Physician Group.

Filing fees may be submitted to MES Solutions via one of the following two methods depending on the Physicians or Physician Groups preference:

- Via MasterCard, Visa or Discover credit or debit cards directly on MES Solutions' secure Bill Dispute Resolution web site.
- Via check. Physicians or Physician Groups may remit the filing fee to:

MES Solutions
Attn: BDRP Dept.
100 Morse St.
Norwood, MA 02062

Because of the Love Settlement requirement that the filing fee charged to a Physician or Physician Group may not be greater than 50% of the cost of the review, MES Solutions can not always precisely determine the final filing fee until after the review has been completed. Therefore, MES Solutions will calculate and charge the maximum potential filing fee for payment prior to the review of the Billing Dispute being conducted. If, upon the completion of the Billing Dispute review, the filing fee submitted by a Physician or Physician Group is greater than 50% of the cost of the review, MES Solutions will reimburse to the Physician or Physician Group the amount of the filing fee that exceeds 50% of the review cost. MES Solutions shall refund the entire filing fee paid by a Physician or Physician Group in the event the Physician or Physician Group is the prevailing party with respect to the Billing Dispute under review.