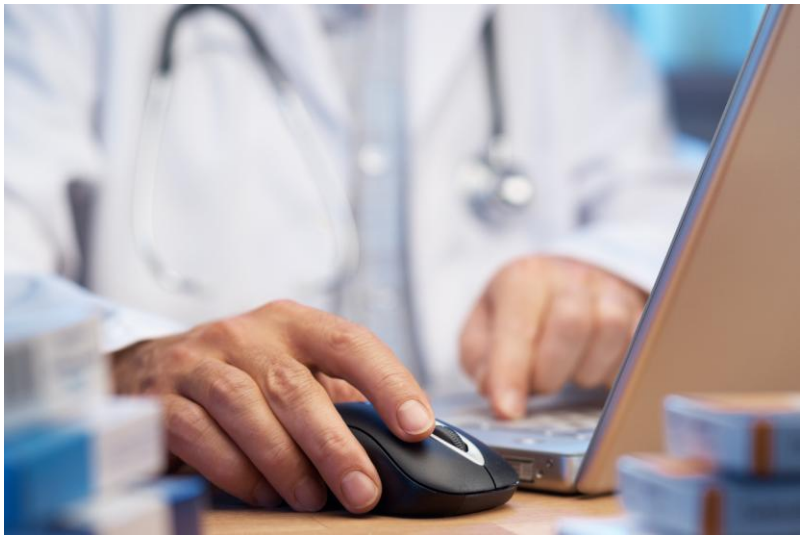
SECTION 9



CLAIMS PROCEDURES

Claims Procedures

Timely Filing

When CCHP is primary, claims must be submitted to CCHP by the deadline specified in your contract.

Secondary claims submission must include a copy of the primary EOB and must be submitted within 90 calendar days of the receipt of the primary payer's EOB.

Claims will not be paid beyond submission deadlines unless there is a special circumstance in which the provider can demonstrate good cause.

Claims Submission

Many CCHP Providers are contracted with Chinese Community Health Care Association (CCHCA) medical group while other providers are contracted with Chinese Community Health Plan. All claims from CCHCA and CCHP contracted providers for CCHP members are processed by Chinese Community Health Plan.

Electronic Claims

CCHP and CCHCA prefer that claims be submitted electronically. If you already submit claims electronically to other payers, please contact your clearinghouse vendor and tell them to forward your claims for CCHP members to the Capario clearinghouse. The CCHP Capario Payer ID Number is 94302.

Paper Claims

All paper claims must be submitted on a CMS 1500 or UB04 Form to:

CCHP or CCHCA
Claims Department
445 Grant Ave Suite 700
San Francisco, CA 94108

Claims for Referred Services

For electronic claims, the CCHCA specialist physician or behavioral health specialist (consultant) must indicate the name of the referring CCHCA physician on the electronic claim.

For paper claims, the CCHCA specialist physician or behavioral health specialist must indicate the name of the referring CCHCA physician on the claim and submit a copy of the CCHCA/CCHP Consultation Referral Form with the claim.

Claims for Authorized Services

Be sure that a claim for authorized services includes the following:

1. The procedure code(s) that was authorized on the Service Authorization Form (SAF) matches the code on the claim form,
2. The reference number for the authorization,
3. And, when submitting a paper claim, attach a copy of the approved SAF.

Claims Resubmission Policy

To avoid duplicate claims, please first check the status of your claims either on our Web site or by calling the phone number listed in Section 1 to confirm receipt. Resubmission of a claim should be no earlier than 60 days following the original claims.

Refunds

When submitting a refund, please include a copy of the remittance advice, an explanation why you believe there is an overpayment, a check in the amount of the refund, and a copy of the primary payer's remittance advice (if applicable).

Processing Timeliness Standards

CCHP processes claims according to the following regulatory standards:

Commercial claims – 95% of all claims – complete claims, contested claims and denials will be processed within 45 working days.

Medicare Advantage 30-day claims – at least 95% of clean MA claims from unaffiliated (non-contracting) providers will be processed within 30 calendar days from date of receipt.

Medicare Advantage 60-day claims – at least 95% of all other MA claims (unclean claims, member liability denials and claims for affiliated, contracted providers) will be processed within 60 calendar days from date of receipt.

Checking the Status of Claims

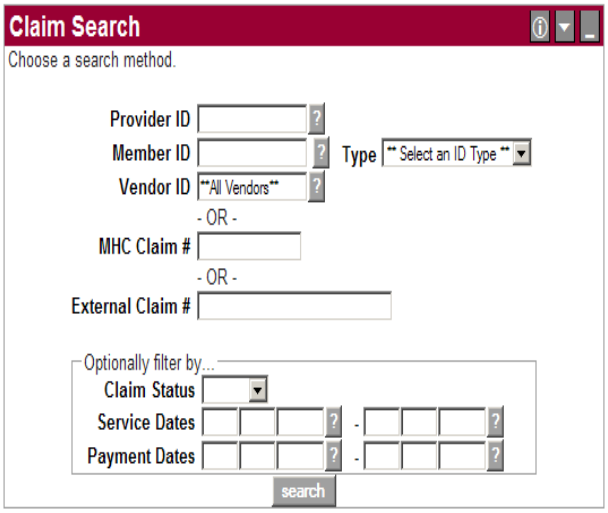
Claims status can be checked 24 hours a day online at **www.cchphmo.com/claims**. Refer to Section 1 for Web access instructions. To inquire about claims by telephone, refer to Section 1, Key Contacts and Resources.

Web Site Instructions for Checking the Status of Claims

Contracted providers with Internet access can use the Web to check the status of 2011 or any previous month's claims paid by Chinese Community Health Care Association (CCHCA), Chinese Community Health Plan (CCHP), and Chinese Hospital. To check the status of claims:

1. Go to **www.cchphmo.com/claims**
2. Select "Web Based Inquiry".
3. Enter your username and password and click on "login".
4. From the "Claims Search" option, enter the "member ID" # (Example: 000111222*01) followed by the "type" of ID: Always choose "MHC" from the pull down field.
5. You may also search by name and last name by clicking on the question mark symbol and enter the last name and first name or by a claim number.
6. On the "Claims Search" screen, towards the lower area of the Claim search you have optional filters to narrow the information being searched. Select a status option from the drop down menu.

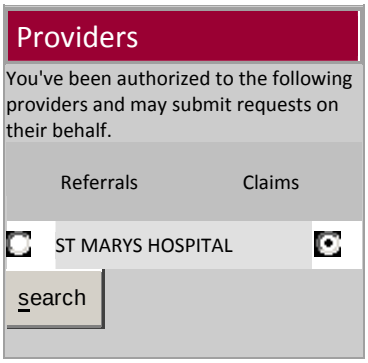
   See "Claims search" screenshot below.



7. Click on the “Search” button and the “Search Results” Screen will list applicable claims.
8. For more detail, select a specific “Claim ID Number” and you will see a claim summary. To view details double click on the left side of the screen claim tracking number in red and a detail explanation of the claim will be displayed.

Another way to search for claims is from “Providers” Snapshot Page, on the right side of the screen. Select “Providers” and then place the cursor on “Claims.” Place the cursor in the small circle, select the option by placing a dot to view all claims submitted for your provider and “Enter”.

See “Providers” claims search shortcut screenshot below.



Provider Dispute Resolution Procedure

CCHP has a Provider Dispute Resolution (PDR) process that ensures provider disputes are handled in a fast, fair and cost effective manner. A provider dispute is a written notice from a provider that:

- Challenges, appeals or requests reconsideration of a claim (including a bundled group of similar claims) that has been denied, adjusted or contested, or
- Challenges a request for reimbursement for an overpayment of a claim, or
- Seeks resolution of a billing determination or other contractual dispute.

Providers have 365 days from the date of the CCHP’s action or inaction to submit a provider dispute. If a provider disputes the failure to take action on a claim, the provider has 365 days from the last date on which the Plan could have either paid, denied or contested the claim (consistent with claims payment timeliness rules) to submit the dispute.

How to Submit Provider Disputes

Provider Dispute Form

Providers must use a Provider Dispute Resolution Request Form. You may download the PDR Request Form and Instructions for Submitting Provider Disputes at **www.cchphmo.com/dispute_resolution**. You may also contact Provider Relations at telephone number listed in Section 1.

Disputes may be mailed to: Disputes can be faxed to: 415-955-8815

Chinese Community Health Plan
Attention: Provider Dispute Resolution Area
445 Grant Avenue, Suite 700
San Francisco, CA 94108

Acknowledgement of Provider Disputes

CCHP will acknowledge receipt of a provider dispute within 15 business days of receipt. Provider disputes received electronically must be acknowledged within 2 working days from the date of receipt.

Resolution Timeframe

CCHP will resolve each provider dispute within 45 business days following receipt of the dispute, and will provide the provider with a written determination stating the reasons for the determination.