

**Bureau of Managed Care
Managed Care Organizations
Policy / Procedures**

General Contract Monitoring

Dispute Process: Claims

Claims Dispute Requirements

The claims dispute process must allow for Providers to contest a payment decision after a claim has been adjudicated. See Section 5.29.7.1 of the Contract.

Plans must give Network and non-Network Providers at least sixty (60) days to dispute a claim after the plan has paid, or after the plan has notified Provider of a rejected claim. Claim dispute timing requirements cannot be tied to a date of service.

Plans must accept claims from non-Network Providers for at least six (6) months after the date the services are provided. See Section 5.29.4 of the Contract.

Plans must furnish responses to Providers in writing to document decisions made and the reason/s why.

Policy History
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Date	Action	Policy Originator
April 2018	Contract Clarification	Laura Ray

Policy Revisions	Revision Approved
[revision date]	[name of person who approved revision]