



## SECTION 5



PAYMENT  
DISPUTES

# PAYMENT DISPUTES



Payments that are made to Provider are based on the terms of the Agreement with PLAN. If Provider disagrees with how a claim was processed, they may file a payment dispute. A payment dispute (“Dispute”) is a Provider’s written notice to PLAN challenging, appealing or requesting reconsideration of a claim (or bundled claims of substantially similar multiple claims that are individually numbered) that has been denied, adjusted, contested, seeking resolution of a billing determination or other contract dispute (or bundled disputes of substantially similar multiple billing or other contractual disputes that are individually numbered), or disputing a request for reimbursement of an overpayment of a claim.

Disputes should be submitted within **one-hundred and eighty days (180)** of Provider’s receipt of the remittance notice (“Dispute Period”). eternalHealth will accept two levels of dispute per claim.

All Disputes must be submitted in writing and must include:

- Claim details
  - Claim number.
  - eternalHealth member ID.
  - Date of service.
- Supporting Documentation:
  - Explanation of Payment.
  - Full explanation for payment adjustment.
- Provider’s return address.

PLAN may request other additional documentation to further investigate.

## **Please submit Disputes to:**

eternalHealth  
ATTN: Claims  
PO Box 631  
Southborough, MA 01772

Provider may also fax disputes to **1 (866) 337-8691**.

A resolution to Disputes will be made and shared in writing, along with an explanation for such resolution (“Dispute Resolution”), with the Provider within **sixty (60)** calendar days of receipt of the Dispute. Please allow the full **sixty (60)** calendar days to pass before submitting an additional request. Any additional Disputes arising out of a claim for which there is an open Dispute, unless submitted within the Dispute Period, will be discarded.

If Provider wishes to appeal a Dispute Resolution, this appeal must be submitted in writing. It should include:

- Payment dispute case number.
- Initial claim details.
- Full explanation of reason for appeal.
- Provider’s return address.

**Please submit appeals to:**

eternalHealth  
ATTN: Claims  
PO Box 631  
Southborough, MA 01772

Provider may also fax any appeals to **1 (866) 337-8691**.

A resolution to Dispute appeals will be made and shared in writing, along with an explanation for such resolution ("Appeals Dispute Resolution"), with the Provider within **sixty (60)** calendar days of receipt of the Dispute appeal.

For more information about the payment disputes process, contact eternalHealth Provider Services at **1 (617) 684-2430**.

**Past Due Payments:** If the Dispute involves a claim which is determined in whole or in part in favor of the Provider, PLAN will pay any outstanding monies determined to be due, and all interest and penalties required by law, within **fifteen (15)** calendar days of the issuance of the Dispute or Appeals Dispute Resolution.