

Provider Payment Dispute Resolution Process

Triple-S Salud - Medicare Advantage

•The organization's internal payment process for non-contracted providers is defined as follows:

After the care is provided, the non-contracted providers or facility submit claims for services offered to Triple-S Salud Medicare Advantage Members. The claims will be submitted using a Professional Standard Form 1500 or Facility Standard Form UB04.

For members enrolled in Triple-S Medicare Advantage HMO such as Medicare Selecto and Óptimo Select products, Triple-S will only pay to non contracted providers for emergency services, renal dialysis and ambulance 911.

Payment to non contracted providers will be based on Medicare Fee Schedule. For claims corresponding to the PPO Medicare Advantage Model, the non-contract payment is based at 80% of Medicare Fee Schedule, except for emergencies, renal dialysis and ambulance 911.

If the non contracted provider disagrees with the payment made by Triple-S Salud, the provider has the right to request a meeting with the Supervisor or Coordinator from the Providers Division using the Exhibit One Form. The appointment will be scheduled in ten (10) working days or less after the form is received by Triple-S Salud.

Triple S, will issue a decision letter to non-contracted provider within next fifteen (15) working days after meeting; If Triple-S Salud decision to the provider requests for an appeal was not favorable, the provider may request a second level appeal to an Independent payment Dispute Decision (PDD)



entity. The request for a PDD must be received by the PDRC within 180 days of the provider receiving the Triple S Payment Dispute Decision. To request this second level appeal from a PDD carrier, the Provider request must be in writing and should be made on a standard PDD form available at PDRC website.



Triple S, Medicare Advantage

Payment Review Determination (PRD) Request Form

Provider/Supplier Contact Information

Provider/Supplier/Facility Name: _____

Provider/Supplier Postal Address:

Street _____

City _____ ST _____ Zip Code _____

Telephone number _____

E-mail _____ @ _____

NPI number (number for institution): _____

Physician Specialty; if dispute is on a physician claim: _____

Reason for Payment Dispute – a description of the specific issue:

The following information **MUST** be submitted with this form:

1. Copy of the provider/supplier's submitted claim with disputed portion identified
2. Copy of the relevant portion of Terms and Conditions or contract and any supporting documentation and correspondence that support your position that the plan's payment is not correct (this may include interim



rate letters and/or documentation reflecting payment from Original Medicare on similar or identical services)

3. Appointment of Provider Representative Authorization Statement, if applicable:

Name: _____

Title and Company name: _____

Street Address: _____

City _____ ST _____ Zip Code _____

Relationship to Provider: _____

Telephone number _____

E-mail _____ @ _____

Requester's Signature: _____

Date signed: _____

The provider will submit this form by e-mail MAproviderpayment@ssspr.com or via fax (787) 706-2877.



**Triple S, Medicare Advantage
Adverse Notifications of the Provider Appeals**

Name of Provider: _____

Address: _____

City _____ ST _____ Zip Code _____

Claims Id Number: _____

Contract Number: _____

Date of Services: _____

We received on _____, a Payment Review Determination (PRD) Request Form. We evaluate your appeal, but were unfavorable determination for the following reason (s): _____

_____.

If you still disagree with the decision of Triple S, you have to request at second level, Independent payment Dispute Decision (PDD). The PDD must be in writing and should be made on a standard PDD form available at PDRC website. Once completed the form and the other required documentation may be submitted via mail, email or fax one of the following carrier:

First Coast Service Options, Inc. (09202, MAC - Part B)

National Government Services, Inc. (00450, RHHI) Regional Health Intermediate

CIGNA Government Services (18003, DME MAC)

Trust Solutions (77012, DME PSC) Durable Medical Equipment Regional
Carriers/PSCs/MACs