

**Community Health Center Network, CHCN**

**Center for Medicare & Medicaid Services, CMS**

**Provider Dispute Resolution Mechanism for Part C Professional Claims**

**(Provider Claims Appeal Process)**

A non-contracted provider payment dispute is a written notice to CHCN challenging, appealing or requesting reconsideration of a claim payment or disputing a request for reimbursement of an overpayment of a claim.

Provider payment disputes do not include; payment denials that result in zero payments being made to a non-contracted provider, payment disputes for contracted providers, medical necessity determinations and payment disputes where no initial determination has been made.

If a non-contracted provider wants to dispute a claim payment the non-contracted provider can submit a dispute to the following address:

Community Health Center Network  
Attn: Provider Claims Payment Dispute Department  
101 Callan Avenue, Suite 300  
San Leandro, CA 94577  
510-297-0210

1. The provider must submit a first level provider dispute along with any relevant and supporting documentation within 125 calendar days after the notice of initial determination.
2. CHCN will issue a written determination, including a statement of pertinent facts and reasons, to the provider within thirty (30) calendar days after receipt of the provider payment dispute.
3. If a Non-contracted provider disagrees with our decision they have the right to request an independent Payment Dispute Decision (PDD) with the CMS payment dispute resolution contractor by email, fax or mail within 180 calendar days of written notice of CHCN's decision.