blue of california

blue california
Promise Health Plan

Claims Settlement Practices Report
Quarterly Survey Certification
Blue Shield of California and Blue Shield of California Promise Health Plan

Quarterly: _____ Year: _____

RBO Name: _____

Contact Name & Title: _____

Contact Phone: _____

Contact E-mail: _____

Disclosure of Emerging Claims Payment Deficiencies

Please check all that apply:

- ☐ Failed to forward at least 95% of misdirected claims consistent with sections 1300.71 (b) (2) (A) and (B) (3) during the reporting period.
- ☐ Failed to accept a late claim consistent with sections 1300.71 (b) (4) at least 95% of the time during the reporting period.
- ☐ Failed to acknowledge the receipt of at least 95% of claims consistent with section 1300.71 (c) during the reporting period.
- ☐ Failed to provide an accurate and clear written explanation of the specific reasons for denying, adjusting or contesting a claim consistent with section 1300.71 (d) (1) at least 95% of the time for the affected claims during the reporting period.
- ☐ Failed to contest or deny a claim, or portion thereof, within the timeframes of section 1300.71 (h) and sections 1371 or 1371.35 of the Act at least 95% of the time for the affected claims during the reporting period.
- ☐ Failed to provide the required Notice to Provider of Dispute Resolution Mechanism(s) consistent with section 1300.71.38(b) at least 95% of the time for the affected claims during the reporting period.
- ☐ Requested reimbursement of an overpayment of a claim inconsistent with the provisions of 1300.71 (b) (5) and (d) (3), (4), (5) and (6) more than 95% of the time for affected claims during the reporting period.
- ☐ Rescinded or modified an authorization for health care services, consistent with section 1300.71 (a) (8) (T) on three (3) or more occasions during the reporting period.
- ☐ Imposed a deadline for the receipt of claims that was less than 90 days after the date of service for contracted consistent with section 1300.71 (b) (1).
- ☐ Imposed a deadline for the receipt of claims that was less than 180 days after the date of service for non-contracted providers consistent with section 1300.71 (b) (1).

blue of california

blue california
Promise Health Plan

- [ ] Failed to establish that the requests for medical records were required to determine payor liability consistent with section 1300.71 (a) (8) (H) over any 12-month period.
- [ ] Failed to establish that the requests for medical records were required to determine payor liability for emergency room services consistent with section 1300.71 (a) (8) (I) over any 12-month period.
- [ ] Medi-Cal deficiencies were identified during this reporting period.
  Title 19 SEC. 1902. [42 U.S.C. 1396a] (a) (37) (A) ensure that 90 % of claims for payment (for which no further written information or substantiation is required in order to make payment) made for services covered under the plan and furnished by health care practitioners through individual or group practices or through shared health facilities are paid within 30 days of the date of receipt of such claims.
- [ ] No deficiencies were identified during this reporting period.

If any deficiencies have been checked above, please provide the root cause and remediation/corrective action plan you have implemented.

I certify (or declare) that I have read and reviewed the above-referenced information and all attachments thereto and know the contents thereof, and that the statements therein are true and correct to the best of my knowledge and belief.

Name _____ Designated Principal Officer _____

Signature _____ Date _____

Note: 'Principal officer' means a president, vice-president, secretary, treasurer, or chairman of the board of a corporation, a sole proprietor, the managing general partner of a partnership, or a person having similar responsibilities or functions.