

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850



**CENTER FOR DRUG AND HEALTH PLAN CHOICE**

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DATE: November 25, 2008

TO: All Medicare Advantage Private Fee-for-Service Organizations

FROM: Teresa DeCaro, RN, M.S.  
Acting Director, Medicare Drug and Health Plan Contract Administration Group

SUBJECT: Selection of Independent Review Entity for Private Fee-for-Service Provider  
Payment Disputes

The Centers for Medicare & Medicaid Services (CMS) has selected First Coast Service Options, Inc. (First Coast) as the contractor to resolve payment disputes between Medicare Advantage (MA) organizations offering Private Fee-for-Service (PFFS) plans and deemed (and non-contracted) providers. First Coast brings vast experience in adjudicating Medicare appeals on behalf of CMS.

Over the next few months, CMS will finalize policies and procedures for submitting adjudication cases. These instructions will be provided to MA PFFS plans and on January 1, 2009, First Coast will begin accepting disputed payment cases.

Beneficiary and provider appeals of coverage determination will continue to be handled by the Part C qualified independent contract, MAXIMUS, and will not be handled under the contract with First Coast.

On September 12, 2008, CMS released a memorandum via HPMS titled "Instructions for Model Private Fee-For-Service Terms and Conditions of Payment." This memorandum provided PFFS plans with a model terms and conditions of payment and instructions for the submission and review of this document. The following sentence is part of the model in Section 8 (Provider payment dispute resolution process): "To file a request for review of a payment dispute with the independent entity, you may contact the entity directly at *[insert instructions for contacting the independent review entity]*." Since CMS is not releasing the contact information for First Coast at this time, PFFS plans using the model terms and conditions may submit their terms and conditions to their regional office account manager for a 10-day review without the sentence above. Once First Coast's contact information is released, plans should update their terms and conditions using the instructions for contacting First Coast. Plans do not need to resubmit their terms and conditions to their account manager for review and approval. However, plans should inform their account manager about the update to their terms and conditions and provide the account manager with a copy of the updated terms and conditions.

CMS will release additional information about the adjudication process in the coming weeks. If you have questions concerning this notification, please contact Paul Foster at [Paul.Foster@cms.hhs.gov](mailto:Paul.Foster@cms.hhs.gov).