

# Standard Operating Procedure (SOP): Dispute Resolution and Claim Correction Procedures

This SOP defines **dispute resolution and claim correction procedures**, detailing the steps for identifying, addressing, and resolving disputes related to claims. It includes guidelines for investigating discrepancies, communicating with relevant parties, correcting claim errors, documenting resolution processes, and ensuring compliance with legal and organizational standards. The purpose is to facilitate efficient, fair, and transparent resolution of claim disputes to maintain trust and accuracy in claims management.

## 1. Scope

This procedure applies to all staff involved in the review, adjudication, and management of claims and claim-related disputes within the organization.

## 2. Responsibilities

- **Claims Processor:** Initiates and documents dispute review and correction process.
- **Claims Supervisor:** Verifies findings and authorizes corrective actions.
- **Compliance Officer:** Ensures processes meet legal and regulatory standards.
- **All parties involved:** Cooperate in a timely and transparent manner.

## 3. Procedure

- 1. Dispute Identification**
  - Receive written or electronic notification of a dispute from claimant, payer, or internal personnel.
  - Assign a unique dispute tracking number and log details in the Dispute Management System.
- 2. Initial Review and Acknowledgment**
  - Claims Processor reviews documentation and verifies the legitimacy and scope of the dispute.
  - Acknowledge receipt of the dispute to the reporting party within 2 business days, outlining the expected timeline.
- 3. Investigation of Discrepancies**
  - Collect all relevant claim documents and transaction data.
  - Interview involved parties if necessary.
  - Identify source of error or dispute: clerical, system-based, policy-related, etc.
- 4. Resolution and Claim Correction**
  - Document findings and proposed resolution or correction to the claim.
  - Obtain supervisor approval if correction impacts payment or organizational liability.
  - Implement necessary corrections in the claim processing system.
- 5. Communication**
  - Notify all relevant parties (claimant, payer, internal teams) of investigation outcome and corrective actions taken.
  - Provide updated claim status and, if required, supply documentation supporting the correction.
- 6. Documentation**
  - Log all related correspondence, investigation notes, findings, and resolutions in the Dispute Management System.
  - Maintain records in accordance with internal policies and applicable laws.
- 7. Compliance Review**
  - Compliance Officer reviews a sample of closed disputes periodically to ensure adherence to standards.
  - Identify opportunities for process improvement or training needs.

## 4. Documentation and Records

Document / Record	Responsibility	Retention Period
Dispute Notification Form	Claims Processor	7 years

Investigation Notes & Findings	Claims Processor / Supervisor	7 years
Corrected Claim Documentation	Claims Processor	7 years
Communication Log	Claims Processor	7 years

## 5. Compliance and Legal Considerations

- Ensure compliance with applicable laws (e.g., HIPAA, GDPR, insurance regulations).
- Escalate unresolved or potentially non-compliant disputes to Legal or Compliance for further review.

## 6. References

- Claims Management Policy
- Dispute Management System User Guide
- Applicable Regulatory Guidelines

Effective Date: [Insert Date] | Reviewed By: [Insert Name/Position]