



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Provider Disputes on Issues Other than Authorization and Claims Payment				POLICY #: 4.03-P	
DEPARTMENT: Provider Relations					
Effective Date: 10/2010	Review/Revised Date: 04/23/2014	DMHC		PAC COMMITTEE	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer

Date 4/23/14



 Medical Director

Date 4/18/14



 Chief Operating Officer

Date 4/14/14



 Director of Claims

Date 4/14/14



 Director of Provider Relations

Date 4/14/14

POLICY¹:

Kern Health Systems (KHS) shall establish and maintain a timely, fair, and cost-effective dispute resolution mechanism to process and resolve provider disputes (disputes). KHS shall acknowledge and resolve disputes in a timely manner.

Only those disputes regarding issues other than authorization and claims payment are subject to this policy and procedure.

Disputes submitted on behalf of an enrollee or group of enrollees will be processed according to *KHS Policy and Procedure #5.01 – Grievance Process.*² Disputes regarding authorizations will be processed according to *KHS Policy and Procedure #3.23-P – Practitioner/Provider Disputes Regarding Authorization.* Disputes regarding claims payment will be processed according to *KHS*

Policy and Procedure #6.04 – Practitioner/Provider Disputes Regarding Claims Payment.

Disputes will be processed in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- California Health and Safety Code §1367(h)
- CCR Title 28 §1300.71.38
- DHCS Contract §6.5.4.5

DEFINITIONS:

Dispute³	A contracted or non-contracted provider’s written notice to KHS seeking resolution of a contract dispute (or a bundled group of substantially similar multiple contractual disputes that are individually numbered) that contains the information required by Section 1.3 of this procedure.
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PROCEDURES:

1.0 SUBMISSION OF DISPUTE⁴

Disputes may be mailed to the following address:

Provider Relations Department
Kern Health Systems
9700 Stockdale Highway
Bakersfield, CA 93311

Or physically hand delivered to:
Provider Relations Department
Kern Health Systems
5701 Truxtun Avenue, Suite 201
Bakersfield, CA 93309

Substantially similar multiple disputes may be filed in batches as a single dispute, provided that such disputes are submitted in the following format⁵:

- A. Batched by similar issue
- B. One *Provider Dispute Resolution Request* form provided for each batch

1.1 Deadlines

Disputes must be submitted to KHS within 365 days of the date of KHS’ action.⁶

Disputes that are returned for additional information must be resubmitted to KHS within 30 working days of the date of receipt.

1.2 Format

Disputes must be submitted using a *Provider Dispute Resolution Request* form. (See Attachment A).

1.3 Conte...

Disputes must contain the following information⁷:

- A. Provider name
- B. Provider tax identification number
- C. Provider contact information
- D. Clear explanation of the issue and the provider's position thereon

Disputes that do not contain all the necessary information are returned to the provider.

1.4.1 Supporting Documentation

Appropriate supporting documentation should accompany all disputes.

2.0 ACKNOWLEDGEMENT⁸

To acknowledge receipt of a provider dispute, the *Provider Dispute Resolution Request* form is signed upon receipt by KHS Provider Relations staff and a copy is submitted to the provider within 15 working days of the date of receipt. A *Dispute Acknowledgement* letter (See Attachment B) is sent stating KHS will issue a determination within 45 days.

3.0 PROCESSING

3.1 First Level Dispute

Upon receipt of a dispute, KHS Provider Relations Department reviews the facts surrounding the dispute and, within 45 working days of the date of receipt, issues a written determination that states the pertinent facts and explains the reasons for the determination.⁹

Providers have the right to a second-level dispute within 10 calendar days of the date of the decision.

3.2.1 Second Level Dispute

With the exception of the deadline, second level disputes must be submitted and are acknowledged in the same manner as first level disputes. The identification number for a second level dispute is the original dispute number preceded by the letter "S".

Upon receipt of a second-level dispute, the Medical Director (for quality of care issues) or the Chief Executive Officer independently reviews the facts surrounding the dispute and, within 45 working days of receipt, issues a written determination regarding the dispute. The written determination states the pertinent facts and explains the reason for the determination (See Attachments C and D¹⁰).

The decision regarding the dispute is final.

4.0 INQUIRIES REGARDING DISPUTES¹¹

Providers can make inquiries regarding disputes by calling 1 800 391-2000.

ATTACHMENTS:

- ❖ Attachment A - *Provider Dispute Resolution Request* form
- ❖ Attachment B - Provider Dispute on issue Other than Authorization and Claims Payment Dispute Acknowledgment

- ❖ Attachment C - Provider Dispute on issue Other than Authorization and Claims Payment Original Determination Upheld
- ❖ Attachment D - Provider Dispute on issue Other than Authorization and Claims Payment Original Determination Overturned

REFERENCE:

¹**Revision 2014-04:** Address updated to include Kern Health Systems Truxtun location. **Revision 2011-06:** Reviewed by Provider Relations Supervisor. No substantial revisions. **Revision 2003-12:** Updated KHS address and phone numbers on 9/14/2005. Created to comply with new AB1455 DMHC regs (Effective 01/01/04). Even though this is a new policy, it is in redline format to show changes made to sections previously in the external policy #40.02.

² CCR Title 28 §1300.71.38(c)(4)

³ CCR Title 28§1300.71.38(a)(1)

⁴Required Disclosure: All dispute requirements. (40.03)

⁵ Required Disclosure: Identity of the office responsible for receiving and resolving provider disputes; directions including the mailing address for the electronic submission (if available) physical delivery, and mailing of provider disputes. (40.03)

⁶ Required disclosure: Directions for filing substantially similar multiple disputes (40.03)

⁷ CCR Title 28 §1300.71.38(d)(1)

⁸ CCR Title 28§1300.71.38(a)(1)

⁹ CCR Title 28 §1300.71.38(e). Required disclosure: timeframe for acknowledgement (40.03)

¹⁰ CCR Title 28 §1300.71.38(f)

¹¹Required disclosure: Phone number for provider disputes inquiries and filing information (40.03)

PROVIDER DISPUTE RESOLUTION REQUEST

NOTE: NOT FOR DISPUTES REGARDING CLAIMS PAYMENT OR AUTHORIZATION

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute.
- Mail the completed form to: **Provider Relations Department –Kern Family Health Care**
9700 Stockdale Highway
Bakersfield, CA 93311

*PROVIDER NAME:	*PROVIDER TAX ID # / Medicare ID #:
PROVIDER ADDRESS:	

PROVIDER TYPE MD Mental Health Hospital ASC SNF DME Rehab
 Home Health Ambulance Other _____
(please specify type of "other")

*** DISPUTE INFORMATION** Single Multiple **"LIKE"** Disputes (complete attached spreadsheet) *Number of disputes:* _____

DISPUTE TYPE: First Level _____ Second Level _____
Contract: _____
Other: _____

* DESCRIPTION OF DISPUTE (must include a clear explanation of the basis upon which you believe KHS' action is incorrect):

EXPECTED OUTCOME:

		()
*Contact Name (please print)	Title	*Phone Number
		()
Signature	Date	*Fax Number

Kern Family Health Care received this dispute on _____. If you have not received a response to this dispute within 45 working days, please call the Provider Relations Department at 1 800 391-2000.

(signature)
Acknowledgement of Receipt

PROVIDER DISPUTE RESOLUTION REQUEST
(For use with multiple "LIKE" disputes)

Number	Identifying Information for Specific Disputed Action
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

**Practitioner/Provider Dispute on Issue Other than Authorization and Claims Payment
Dispute Acknowledgement**

Date:

Practitioner/Provider:

Subject of Dispute:

Level of Dispute:

Provider ID:

Vendor ID:

Date Received:

Dear Provider:

Kern Health Systems (KHS) has received the disputed referenced above. KHS will review the facts surrounding the dispute and issue a written determination within 45 working days.

Practitioners/providers may make inquiries regarding disputes by contacting the KHS Provider Relations Department at 661-664-5146.

Sincerely,

Provider Relations
Kern Health Systems

Practitioner/Provider Dispute on Issue Other than Authorization and Claims Payment
Original Determination Upheld

Date:

Practitioner/Provider:

Subject of Dispute:

Level of Dispute:

Provider ID:

Vendor ID:

Date Received:

Dear Provider:

Kern Health Systems (KHS) has received the disputed referenced above. Upon careful review of the facts regarding this dispute, KHS has determined that the initial decision is being upheld.

The reasons for KHS' decision are as follows:

List Reasons

Practitioners/Providers have the right to a second level dispute within 10 calendar days of the date of decision. The KHS Chief Executive Officer or Associate Medical Director (for quality of care issues) will review the facts surrounding the dispute and, within 45 working days of receipt, issue a written determination regarding the determination. The decision regarding the dispute is final.

Sincerely,

Provider Relations
Kern Health Systems

Practitioner/Provider Dispute on Issue Other than Authorization and Claims Payment
Original Determination Overturned

Date:

Practitioner/Provider:

Subject of Dispute:

Level of Dispute:

Provider ID:

Vendor ID:

Date Received:

Dear Provider:

Kern Health Systems (KHS) has received the disputed referenced above. Upon careful review of the facts regarding this dispute, KHS has determined that the initial decision is being overturned.

The reasons for KHS' decision are as follows:

List Reasons

If you require further information regarding the resolution of this dispute, please contact the KHS Provider Relations Department at 661-664-5145

Sincerely,

Provider Relations
Kern Health Systems