



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Provider Disputes on Issues Other than Authorization and Claims Payment				POLICY #: 4.03-P	
DEPARTMENT: Provider Network Management					
Effective Date: 10/2010	Review/Revised Date: 06/05/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

 Douglas A. Hayward
 Chief Executive Officer
 Date _____

 Chief Medical Director
 Date _____

 Chief Operating Officer
 Date _____

 Chief Network Administration Officer
 Date _____

 Director of Claims
 Date _____

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 or oral expression of dissatisfaction, including any complaint, grievance, request for reconsideration or appeal for reasons other than Claims Payment 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 or physically delivered to the following address:

Provider Network Management Department
Kern Health Systems
2900 Buck Owens Blvd
Bakersfield, Ca 93308

1.1 Deadlines

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 Content

Disputes must contain the following information⁵:

- 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 Supporting Documentation

Appropriate supporting documentation should accompany all disputes.

2.0 ACKNOWLEDGEMENT⁶

To acknowledge receipt of a provider dispute, the *Provider Dispute Resolution Request* form is signed upon receipt by KHS Provider Network Management 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 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 Determination

REFERENCE:

¹**Revision 2020-05:** Provider Network Management: Policy updated to capture current procedures.

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)

⁸ CCR Title 28§1300.71.38(a)(1)

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