



# KERN HEALTH SYSTEMS

<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
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: 08/07/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

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Emily Duran  
Chief Executive Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Chief Medical Director

Date \_\_\_\_\_

\_\_\_\_\_  
Chief Operating Officer

Date \_\_\_\_\_

\_\_\_\_\_  
Senior Director of Provider Network

Date \_\_\_\_\_

\_\_\_\_\_  
Director of Claims

Date \_\_\_\_\_

## POLICY<sup>1</sup>:

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*.<sup>2</sup> 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:**

<b>Dispute<sup>3</sup></b>	A contracted or non-contracted provider’s written or oral expression of dissatisfaction, including any complaint, grievance, request for reconsideration or appeal <b>for reasons other than Claims Payment</b> that contains the information required by Section 1.3 of this procedure.
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**PROCEDURES:**

**1.0 SUBMISSION OF DISPUTE<sup>4</sup>**

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 information<sup>5</sup>:

- 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 ACKNOWLEDGEMENT<sup>6</sup>

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 working days.

## 3.0 INVESTIGATION AND DETERMINATION

The Provider Network Management department will work with appropriate stakeholders within KHS to investigate the provider's dispute. A determination will be made within 45 working days.

The plan will utilize the provider dispute determination letter (Attachment C) to inform provider of the resolution.

Additional time for investigation and determination shall be granted if KHS and Provider agree that additional time is needed. If the Plan requests additional time and the Provider does not agree, the Plan must show good cause for the additional time and provide supporting good cause documentation to the DHCS upon request.

## 4.0 INQUIRIES REGARDING DISPUTES<sup>11</sup>

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

## 5.0 ANNUAL ASSESSMENT

On an annual basis the Provider Network Management Department will review the disputes received via the above dispute process to identify potential trends and systemic issues. The results of this assessment will be submitted to the DHCS with a discussion on how KHS will address any identified trends and systemic issues. This assessment will include information on the number of Providers who utilized the above dispute resolution mechanism, delineated by providers, and a summary of the disposition of those disputes.

### 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:

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<sup>1</sup>**Revision 2023-01:** Policy updates to comply with 2024 Contract Readiness. **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

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though this is a new policy, it is in redline format to show changes made to sections previously in the external policy #40.02.

<sup>2</sup> CCR Title 28 §1300.71.38(c)(4)

<sup>3</sup> CCR Title 28§1300.71.38(a)(1)

<sup>4</sup>Required Disclosure: All dispute requirements. (40.03)

<sup>5</sup> 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)

<sup>8</sup> CCR Title 28§1300.71.38(a)(1)

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





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

Date:

Practitioner/Provider:

Subject of Dispute:

Tax 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 business days. Practitioners/providers may make inquiries regarding disputes by contacting the KHS Provider Network Management Department at 661-664-5000.

Sincerely,

Provider Network Management  
Kern Health Systems



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

Date:

Practitioner/Provider:

Subject of Dispute:

Tax 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 **ENTER DETERMINATION**

The reasons for KHS' decision are as follows:

**List Reasons**

Sincerely,

Provider Network Management  
Kern Health Systems