



# KERN HEALTH SYSTEMS

## Policy and Procedure Review/ Revision

**Policy 4.03-P Provider Disputes on Issues Other than Authorization and Claims Payment** has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	6/5/20	<i>Dgh + H</i>
Dr. Tasinga	6/5/2020	<i>M Tasinga</i>
Alan Avery	6/2/2020	Approved/Signed
Emily Duran	5/8/2020	<i>Emily Duran</i>
Robin Dow-Morales	05/07/2020	<i>Robin Dow-Morales</i>

(CEO decision(s))

Board approval required: Yes \_\_\_ No  QI/UM Committee approval: Yes \_\_\_ No \_\_\_  
Date approved by the KHS BOD: \_\_\_\_\_ Date of approved by QI: \_\_\_\_\_  
PAC approval: Yes \_\_\_ No \_\_\_ Date of approval by PAC: \_\_\_\_\_  
Approval for internal implementation: Yes \_\_\_ No \_\_\_  
Provider distribution date: Immediately \_\_\_\_\_ Quarterly \_\_\_\_\_

Effective date: \_\_\_\_\_

DHCS submission: \_\_\_\_\_

DMHC submission: \_\_\_\_\_



<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:  06/05/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

\_\_\_\_\_ Date \_\_\_\_\_  
 Douglas A. Hayward  
 Chief Executive Officer

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

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

\_\_\_\_\_ Date \_\_\_\_\_  
 Chief Network Administration Officer

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

**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 days.

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

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:

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<sup>1</sup>**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.

<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)



# 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 Network Management –Kern Family Health Care  
2900 Buck Owens Blvd  
Bakersfield, Ca 93308

<b>*PROVIDER NAME:</b>	<b>*PROVIDER TAX ID #:</b>
<b>PROVIDER ADDRESS:</b>	

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

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

**EXPECTED OUTCOME:**

_____ Contact Name:	_____ 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**



**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