October 10, 2024

**Provider Claims Dispute Resolution Request**

Dear Provider,

As a reminder, Providers are able to challenge, appeal, or request a reconsideration of a claim that has been denied, adjusted, or contested. Providers are also able to seek resolution for billing determinations or dispute requests for reimbursement related to an overpayment of a claim. Providers are able to this this by submitting a **Provider Claims Dispute Resolution Request**. The Provider Dispute Resolution Request Form or the Provider Authorization Appeal Resolution Request Form **should not** be used as a substitute for the Provider Claims Dispute Resolution Request form.

The table below outlines the difference between the three forms and their purpose:

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| --- | --- | --- | --- |
|  | **Provider Claims Dispute Resolution Request Form** | **Provider Dispute Resolution Request Form** | **Provider Authorization Appeal Resolution Request Form** |
| **Purpose** | Allows a provider to challenge, appeal, or request reconsideration of claim that has been denied, adjusted or contested. Also allows a provider to seek resolution for billing determinations or dispute requests for reimbursement related to an overpayment. | Allows a Provider to express dissatisfaction including any complaint, grievance, request for reconsideration or appeal ***for reasons other than claims payment***. | Allows a Provider to appeal authorizations which have been denied or modified before the service has been rendered. |
| **Submit To** | **Claims Department**  PO Box 85000  Bakersfield, CA 93380-9998 | **Provider Network Management Department**  2900 Buck Owens Blvd  Bakersfield, CA 93308 | **Grievance and Appeals**  2900 Buck Owens Blvd  Bakersfield, CA 93308 |
| **Link to Form** | Please click [here](https://res.cloudinary.com/dpmykpsih/image/upload/kern-site-353/media/478b70bd6bfc4091846d0a5112be4bbb/8-claims-dispute-form-po-box-7292024.pdf) | Please click [here](https://res.cloudinary.com/dpmykpsih/image/upload/kern-site-353/media/8be10a75368540ceabbaad882af2b013/provider-dispute-resolution-request-form.pdf) | Please click [here](https://res.cloudinary.com/dpmykpsih/image/upload/kern-site-353/media/38879d95e1c54e7595cfaea1aa2c3f38/provider-authorization-appeal-resolution-request-form.pdf) |
| **Additional Information** | Please click [here](https://res.cloudinary.com/dpmykpsih/image/upload/kern-site-353/media/58056f5722fd4a28a0f5878307602cc1/604-p-provider-disputes-regarding-claims-payment-2022-02-web.pdf) | Please click [here](https://res.cloudinary.com/dpmykpsih/image/upload/kern-site-353/media/92a3fe7d573c408295762f8819cf7d3e/403-p-provider-disputes-2023-01-web.pdf) | Please click [here](https://res.cloudinary.com/dpmykpsih/image/upload/kern-site-353/media/4c6591ccb4824978b325fb6821f3c9ea/323-p-appeals-regarding-authorizations-2023-03_web.pdf) |

[Provider Bulletins](https://www.kernfamilyhealthcare.com/providers/bulletins/) are available on the [KHS website](https://www.kernfamilyhealthcare.com/). Please visit the site regularly to stay informed about the latest updates and announcements.

If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000.

Sincerely,

Kristie Onaindia

Provider Relations Manager

Kern Health Systems