

6. Provider Dispute Resolution Process

KP actively encourages our contracted Providers to utilize MSCC staff to resolve billing and payment issues.

If you remain unable to resolve your billing and payment issues, KP makes available to all Providers a fast, fair and cost-effective dispute resolution mechanism for disputes regarding invoices, billing determinations, or other contract issues. This dispute resolution mechanism is handled in accordance with applicable law and your Agreement. Please note that the process described in this section applies to disputes subject to the Knox-Keene Act. While we expect to use this process for other types of disputes, we are not required to do so.

This section of the Provider Manual gives you information about our dispute resolution process, but it is not intended to be a complete description of the law or the provisions of your Agreement. Please make sure that you review your Agreement and the applicable law for a complete description of the dispute resolution process. To the extent your Agreement expressly sets forth any longer time frame or additional process than as described below, the contractual provisions will apply to the extent not prohibited under applicable law.

6.1 Types of Disputes

The following describes the most common types of disputes:

- **Claims Payment Disputes:** Challenging, appealing or requesting reconsideration of a claim (or bundled group of claims) that has been denied, adjusted or contested by KP
- **Responding to Requests for Overpayment Reimbursements:** Disputing a request initiated by KP for reimbursement by you of overpayment of a claim
- **Other Disputes:** Seeking resolution of a contract dispute (or bundled group of contract disputes) between you and KP

6.2 Submitting Payment Disputes

You must submit a written notice to KP by U.S. Mail or other physical delivery if you have a dispute relating to the adjudication of a claim or a billing determination (collectively referred to herein as “payment dispute”). Your written notice of a payment dispute is referred to in this Provider Manual as a “Provider Dispute Notice”.

6.2.1 Directions for Delivery and Mailing of Payment Disputes

6.2.1.1 Payment Disputes Related to Referred Service Claims

If the payment dispute is related to a claim for a service covered by your Agreement and that was referred to you by a Plan Physician, the dispute must be sent to the following address:

By U.S. Mail and
By Physical Delivery: **KP Referral Invoice Service Center (RISC)**
Attn: Provider Disputes
2829 Watt Avenue, Suite 130
Sacramento, CA 95821-6242

To inquire about filing a payment dispute and/or the status of previously submitted disputes, contact KP by calling: **(800) 390-3510**.

6.2.1.2 Payment Disputes Related to Emergency Services Claims

Payment disputes regarding claims for emergency services provided to Members must be sent to the following address:

By U.S. Mail: **Kaiser Foundation Health Plan, Inc.**
National Claims Administration
Attention: Provider Dispute Services Unit
P.O. Box 23100
Oakland, CA 94623

By Physical Delivery
Other Than by U.S. Mail: **Kaiser Foundation Health Plan, Inc.**
National Claims Administration
1800 Harrison Street, 8th Floor
Oakland, CA 94612

For payment dispute inquiries and filing information for claims for emergency services, you may contact KP by calling: **(800) 390-3510**.

6.2.1.3 Payment Disputes Related to Visiting Member Claims

For information concerning provider payment disputes related to claims for services rendered to visiting Members, please contact the Member's "Home" region's Medical Service call Center at their number provided in Section 5.13 of this manual.

6.2.2 Required Information for Provider Payment Dispute Notices

Your Provider Dispute Notice must contain at least the information listed below, as applicable to your payment dispute. If your Provider Dispute Notice does not contain all the applicable information listed below, we will return the Provider Dispute Notice to you and will identify in writing the missing information necessary for us to consider the payment dispute. If you choose to continue the payment dispute, you must submit an amended payment dispute to us within 30 Business Days from the date of such notification letter (but in no case later than 365 calendar days from KP's last action on the claim), making sure to include all elements noted therein as missing from your payment dispute. If KP does not receive your amended payment dispute within this time, our previous decision will be considered final and you will have exhausted our provider payment dispute process.

Required Information

- Your name, the tax identification number under which services were billed and your contact information
- If the payment dispute concerns a claim or a request for reimbursement of an overpayment of a claim, a clear identification of the disputed item, using KP's original claim number, the date of service, and a clear explanation of the basis upon which you believe that the payment amount, request for additional information, request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect
- If the payment dispute involves a Member or a group of Members, the name(s) and MRN(s) of the Member(s) must be included in addition to the information above

Your Provider Dispute Notice may be submitted by you or by a representative (for example, a billing service, a collection agency or an attorney) authorized by you to perform this function. If your authorized representative submits your Provider Dispute Notice, that representative will be required to provide confirmation that an executed business associate agreement between you, as the provider of health care services, and such representative is in place and that it complies with HIPAA. If the copy of the business associate agreement is not included, the dispute documentation will be returned to the submitting third party/representative until the business associate agreement is included.

We recommended you or your representative submit each Provider Dispute Notice, related to either an emergency or referred services claim, with KP's Provider Dispute Resolution Request form (PDRR). **You may contact KP at the telephone number indicated on the explanation of payment (EOP) or call KP's Provider Relations unit at (510) 987-4102 to obtain the PDRR form. Alternately, you or your representative may submit a payment dispute in writing without a PDRR, including all the required information outlined above.**

6.2.3 Time Period for Submission of Provider Dispute Notices

Subject to any longer period specifically permitted under your Agreement or required under applicable law, Provider Dispute Notices must be received by KP within 365 calendar days from our action (or the most recent action if there are multiple actions) that led to the dispute, or in the case of inaction, Provider Dispute Notices must be received by KP within 365 calendar days after our time for contesting or denying a claim (or most recent claim if there are multiple claims) has expired.

6.2.4 Timeframes for Acknowledgement of Receipt and Determination of Provider Dispute Notices

We will acknowledge receipt of your Provider Dispute Notice submitted in accordance with the above requirements within 15 Business Days after the date of receipt by KP. We will return to you any payment dispute you submit that does not include all required information as described above as an incomplete payment dispute and will take no further action on that incomplete submission unless it is resubmitted completely as required above and within the applicable time frame. KP will issue a resolution letter explaining the reasons for our determination, to the extent required by applicable law, within 45 Business Days after the date of receipt of the complete Provider Dispute Notice.

6.2.5 Instructions for Resolving Substantially Similar Payment Disputes

If you are considering submitting in excess of 20 substantially similar disputes, you are encouraged to first reach out to one of the following KP resources as we may be able to identify a root cause and streamline the resolution process:

Referral and Continuum of Care claims payment disputes: **(510) 987-4102**.

Emergency services claims payment disputes: **(510) 390-3510**

If you proceed with filing substantially similar multiple payment disputes, they may be filed in writing in batches as a single dispute, provided that such disputes are submitted with the following information:

Each claim being disputed must be individually numbered and contain the provider's name, the provider's tax identification number, the provider's contact information, the original KP claim number (if the dispute is claim related), the Member's MRN (if the dispute concerns care provided to a specific Member or Members), date(s) of service, clear identification of the item(s) being disputed for each claim and an explanation of the basis for each dispute.

The submission must include all these data elements as well as any documentation you wish to submit to support your dispute. Any submission of substantially similar provider payment disputes that does not include all required elements will be returned to you as

incomplete and will need to be re-submitted with all necessary information. We will consider ten (10) or more disputes submitted within five (5) Business Days for substantially the same dispute reason (whether for the same or different claims) as a single dispute under this provision for the filing of substantially similar provider payment disputes.

6.3 Disputing Requests for Overpayment Reimbursements

Follow the instructions of this Section 6, Provider Dispute Resolution Process.

6.4 Other Disputes

For disputes not based on claim adjudication or billing determination(s), refer to your KP Health Care Services Agreement.