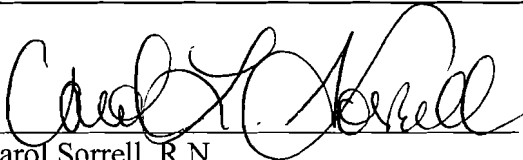


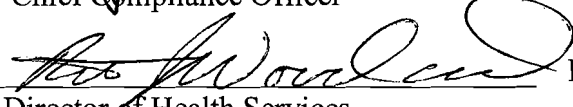


**KERN HEALTH SYSTEMS  
POLICIES AND PROCEDURES**

SUBJECT: Provider Disputes Regarding Authorization			INDEX NUMBER 3.23-P			Page 1 of 5	
RESPONSIBLE DEPARTMENT HEAD: Director of Health Services							
Review Date	11/1998	11/1999	05/2000	08/2003	01/2006	2009-10	
Effective Date				01/01/04	03/31/06	11/13/09	
Revision No.	1998-11	1999-11	2000-05	2003-12	2006-02	2009-11	

Approved		Date	11/13/09
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	10/30/09
	Associate Medical Director		
Approved		Date	10/30/09
	Chief Compliance Officer		
Approved		Date	10-28-09
	Director of Health Services		

**POLICY<sup>1</sup>:**

Kern Health Systems (KHS) shall establish and maintain a fast, fair, and cost-effective dispute resolution mechanism to process and resolve Provider Disputes (disputes). Contracting providers shall have the opportunity to dispute authorizations that have been denied or modified.

Only those disputes regarding authorization are subject to this policy and procedure.

Disputes submitted on behalf of an enrollee or a group of enrollees will be processed according to *KHS Policy and Procedure #5.01-P – Grievance Process*.<sup>2</sup> Disputes regarding claims payment will be processed according to *KHS Policy and Procedure #6.04 – Practitioner/Provider Disputes Regarding Claims Payment*. Disputes regarding all other issues will be processed according to *KHS Policy and Procedure #4.03 – Practitioner/Provider Disputes Regarding Issues Other than Authorization and 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); 1367.01; and 1370.2
- CCR Title 28 §1300.71.38
- DHS Contract Exhibit A – Attachment 7 (2)

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**PURPOSE:**

To establish procedures for providers to dispute authorizations which have been denied or modified.

**DEFINITIONS:**

<b>Dispute<sup>3</sup></b>	A contracted or non-contracted provider's written notice to KHS seeking resolution of a contract dispute (or a bundled group of substantially similar multiple contractual disputes that are individually numbered) that contains the information required by Section 1.3 of this procedure.
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**PROCEDURE<sup>4</sup>:**

**1.0 SUBMISSION OF DISPUTE<sup>5</sup>**

Disputes may be mailed or physically delivered to the following address:

KHS Utilization Management Department  
9700 Stockdale Highway  
Bakersfield, California 93311

Substantially similar multiple disputes may be filed in batches as a single dispute, provided that such disputes are submitted in the following format<sup>6</sup>:

- A. Batched by similar issue
- B. One *Provider Authorization Dispute Resolution Request* form provided for each batch

**1.1 Deadlines**

All disputes must be submitted to KHS within 365 calendar days of the date of KHS' action, or in the case of inaction, 365 calendar days after the time for action has expired.<sup>7</sup>

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 Authorization Dispute Resolution Request* form. (See Attachment A). Simple resubmission of the authorization request is not sufficient to qualify as a dispute.

**1.3 Content**

Disputes must contain the following information<sup>8</sup>:

- A. Provider name
- B. Provider tax identification number
- C. Provider contact information

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- D. Clear explanation of the issue and the provider's position thereon
- E. Provider dispute number. This number is the same number assigned to the original authorization request.

Disputes that do not contain all the necessary information are returned to the provider.

**1.4 Supporting Documentation**

Additional medical information pertinent to the appeal should be included at this time.

**2.0 ACKNOWLEDGEMENT<sup>9</sup>**

To acknowledge receipt of a provider dispute, the *Provider Authorization Dispute Resolution Request* form is signed upon receipt by KHS Utilization Management (UM) staff and a copy is submitted to the provider within 5 working days of the date of receipt.<sup>10</sup>

**3.0 PROCESSING<sup>11</sup>**

**3.1 First Level Dispute**

Upon receipt of a dispute, the Associate Medical Director reviews the facts surrounding the dispute and issues a written decision granting or denying the dispute within 10 working days of the date the dispute was submitted. The written decision states the pertinent facts and explains the reasons for the determination.<sup>12</sup> Notification is sent by KHS Utilization Management Department personnel at the direction of the Associate Medical Director.

If the dispute is granted in whole or in part, an authorization for referral is issued within five (5) working days of the date of the decision. If the dispute is urgent or emergent, the Associate Medical Director uses his/her best efforts to review the matter promptly and communicate the decision verbally within twenty-four (24) hours of initial notification of the dispute. The decision of the Associate Medical Director is forwarded to the Utilization Management Department.

Providers have the right to a second level dispute with the Physician Advisory Committee.

**3.2.1 Competency of Review**

In compliance with Health and Safety Code Section 1370.2, KHS adheres to competency of review guidelines. If the Associate Medical Director determines that he/she is competent to evaluate the specific clinical issues presented in the dispute, a decision is made regarding the dispute without further consultation. If the Associate Medical Director determines that he/she is not competent to evaluate the specific clinical issues of the dispute, prior to making a determination, he/she consults with an appropriately licensed health care provider

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who is competent to evaluate the specific clinical issues presented. For the purposes of this definition, "competent to evaluate the specific clinical issues" means that the reviewer has education, training, and relevant expertise that is pertinent for evaluating the specific clinical issues that serve as the basis of the contested services. This applies to authorizations that are contested on the basis of a clinical issue, the necessity for treatment, or the type of treatment proposed or utilized.

**3.2.2 Review**

The written determination states the pertinent facts and explains the reasons for the determination. If an initial authorization decision is overturned, an *Authorization Dispute Resolution Original Authorization Determination Overturned* letter is sent to the provider. (See Attachment B.) If an initial authorization decision is upheld, an *Authorization Dispute Resolution Original Authorization Determination Upheld* letter is sent to the provider. (See Attachment C.) This letter includes<sup>13</sup>:

- A. A clear and concise explanation of the reasons for KHS' decision
- B. A description of the criteria or guidelines used
- C. The clinical reasons for the decision
- D. The name and telephone of the Associate Medical Director

**3.2 Second-Level Dispute**

With the exception of the deadline, second level disputes must be submitted and are acknowledged in the same manner as first level disputes. All such disputes must be made within 30 days of the Associate Medical Director's upheld denial of the referral authorization.

The Associate Medical Director submits the dispute for review to the KHS Physician Advisory Committee (PAC). If there is not appropriate expertise present on the PAC as determined by the PAC Chairman or Associate Medical Director, KHS secures the required expertise through a referral for consult to a KHS contracted specialist "competent to evaluate the specific clinical issues". If KHS is not contracted with a specialist competent to evaluate the specific clinical issues, the Associate Medical Director will make every effort to secure the services of a non-contract provider at fee-for-service rates.

Appeals to the PAC Committee or specialists are determined and communicated in writing to the physician within 30 days of the decision. The written decision states the pertinent facts and explains the reasons for the determination.<sup>14</sup> Notification is sent by KHS Utilization Management Department personnel at the direction of the Associate Medical Director.

The Decision made by the PAC or a specialist is considered final and upheld by KHS.

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**4.0 INQUIRIES REGARDING DISPUTES<sup>15</sup>**

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

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**Attachments:**

- ❖ Attachment A - *Provider Authorization Dispute Resolution Request* form
- ❖ Attachment B – *Authorization Dispute Resolution Original Authorization Determination Overturned Letter*
- ❖ Attachment C – *Authorization Dispute Resolution Original Authorization Determination Upheld letter*

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<sup>1</sup> **Revision 2009-11: Revision 2006-02:** Revised per DHS Workplan Comment 7.a (1/4/06). **Revision 2003-12:** Updated KHS address and phone numbers on 9/16/2005. Revised to comply with new AB1455 DMHC Regs (effective 01/01/04). **Formerly: #3.49.** Number changed during 2006-02 revision.

<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 (30.49)

<sup>5</sup> Required Disclosure: Identity of the office responsible for receiving and resolving disputes. Directions (including the mailing address) for the electronic submission (if available), physical delivery, and mailing of provider disputes. (30.49)

<sup>6</sup> Required Disclosure: Directions for filing batched multiple disputes (30.49)

<sup>7</sup> CCR Title 28 §1300.71.38(d)(1)

<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 (30.49).

<sup>10</sup> 15 days allowed. Shortened to 5 because of quick turn around on authorization disputes.

<sup>11</sup> Leaving all review deadlines as is. Not changing to 45 working days allowed by dispute regulations Title 28 §1300.71.38. More strict authorization review deadlines found in HSC §1367.01.

<sup>12</sup> CCR Title 28 §1300.71.38(f)

<sup>13</sup>

<sup>14</sup> CCR Title 28 §1300.71.38(f)

<sup>15</sup> Required Disclosure: Phone number for provider dispute inquiries and filing information.

# PROVIDER AUTHORIZATION DISPUTE RESOLUTION REQUEST

## 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: Utilization Management Department –Kern Family Health Care  
P.O. Box 21960  
Bakersfield, CA 93311-1960

<b>*PROVIDER NAME:</b>	<b>*PROVIDER TAX ID # / Medicare 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")

**\* AUTHORIZATION INFORMATION**     Single     Multiple "LIKE" Authorizations (complete attached spreadsheet)  
*Number of authorizations:* \_\_\_\_\_

<b>* Patient Name:</b>	<b>Date of Birth:</b>
<b>* Health Plan ID Number:</b>	<b>Patient Account Number:</b>
	<b>*Original Authorization Number:</b> (If multiple claims, use attached spreadsheet)

**DISPUTE TYPE:** First Level \_\_\_\_\_ Second Level \_\_\_\_\_

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

**EXPECTED OUTCOME:**

_____	_____	( ) _____
<b>*Contact Name (please print)</b>	<b>Title</b>	<b>*Phone Number</b>
_____	_____	( ) _____
<b>Signature</b>	<b>Date</b>	<b>*Fax Number</b>

Kern Family Health Care received this dispute on \_\_\_\_\_ . If you have a question regarding this dispute, please call the Utilization Management Department at 1 800 391-2000.

\_\_\_\_\_(signature)  
**Acknowledgement of Receipt**

# PROVIDER AUTHORIZATION DISPUTE RESOLUTION REQUEST

(For use with multiple "LIKE" authorizations)

Number	* Patient Name		Date of Birth	* Health Plan ID Number	Original Authorization Number
	Last	First			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**AUTHORIZATION DISPUTE RESOLUTION**  
**Original Authorization Determination Overturned**

Date:

Provider:

Member Name:

Member ID:

Patient ID:

Dispute #:

Level of Dispute:

Date Received:

Dear Provider:

Kern Family Health Care received the dispute referenced above. Upon careful review of this dispute, we have determined that the initial authorization decision is being overturned.

The following services are authorized with the following limitations/conditions:

**List Authorized Services**

If you require further information regarding the resolution of this dispute, please contact the Utilization Management Department at (661) 664-5083.

Sincerely,

Utilization Management  
Kern Family Health Care

**AUTHORIZATION DISPUTE RESOLUTION**  
**Original Authorization Determination Upheld**

Date:

Provider

Member Name:

Member ID#:

Patient ID:

Dispute #:

Level of Dispute:

Date Received:

Dear Provider:

Kern Family Health Care received the dispute referenced above. Upon careful review of this dispute, we have determined that the initial authorization decision is being upheld.

The reasons for our decision are as follows:

**List reasons**

The criteria/guidelines used are as follows:

**Include description of the criteria or guidelines used**

The clinical reasons for the decision are as follows:

**Include clinical reasons for the decision**

Providers have the right to a second level dispute with the Physician Advisory Committee. A second level appeal must be submitted on a *Provider Authorization Dispute Resolution Request* form and within 30 days of the date of the decision. The decision made regarding a second-level dispute is final.

If you require additional information regarding the resolution of this dispute, please contact the Utilization Management Department at (661) 664-5083. You may also call and discuss this decision with the Associate Medical Director, Remington Brooks, MD, at (661) 664-5003.

Sincerely,

Utilization Management Department  
Kern Family Health Care