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SECTION 12: DISPUTE RESOLUTION

PROVIDER DISPUTE RESOLUTION (PDR)

HPSJ maintains a dispute resolution process to support the review and resolution of all types of provider concerns including but not limited to disputes regarding claim payments and/or denials, utilization management decisions (authorizations) and recoupment requests.

Provider Dispute Resolution (PDR) request must be submitted as detailed below:

- **Contracted Providers** must submit a provider dispute online through the Provider Portal/Doctors Referral Express (DRE) https://provider.hpsj.com/dre/default.aspx
- **Non- Contracted Providers** must mail in provider disputes to the attention of the Claims Department at: Health Plan of San Joaquin P.O. Box 30490, Stockton, CA 95213-30490 with the appropriate **HPSJ Provider Dispute Resolution (PDR)** form. Located at: https://www.hpsj.com

Note: *Failure to submit the provider dispute through DRE or on the HPSJ PDR form will be returned for completion and may result in a delay of processing and potentially could fall outside of the dispute processing guidelines set by DMHC.*

TYPES OF DISPUTES

Provider Dispute Resolution (PDR) should only be submitted for the following reasons:

- **Contract Dispute**: Original claim did not pay per contracted or MCL rate
- **Appeal of Medical Necessity/Utilization Management Decision**: Original claim denied because of a denied authorization or partial authorization.
- **Seeking Resolution of a Billing Determination**: Do not agree with claim or claim line denial.
- **Recovery Dispute**: A letter was received regarding an identified overpayment and you do not agree with the determination.

Note: *Claim must be finalized before submitting a PDR*

REQUIREMENT FOR A COMPLETE PDR

A **Complete PDR** is a detailed request form. The required information depends on the dispute type (see list above).

All PDR's require the following:

Provider Information

- Rendering Provider/Facility Name
- NPI
- Pay To Affiliate Name
- Provider Billing Address
- Contact Name & Phone Number

Member Information

- Patient Name
- HPSJ ID#
- Patient Date of Birth
- Patient Account Number

Claim Information

- HPSJ issued claim number

Additional information required by dispute type:

Appeal of Medical Necessity/Utilization Management Decision

- Authorization Number
- If Inpatient Claim: Denied Days and/or Level of Care Review
- If Outpatient Claim: Denied services with CPT Code and description
- Relevant clinical documentation to support disputed denial

Contract Dispute

- Contract Rate/Fee Schedule
- Claim/Claim Line(s) amount disputing
- Expected amount
- Type of Service (i.e. transportation)

Seeking Resolution of a Billing Determination

- Denial description identifying line(s) denied with justification for payment

Note: *If claim/claim line denied for additional documentation, submit via Correspondence.*

Recovery Request Dispute

- Recovery Request Number (RU#)
- Detailed reason for dispute (i.e. check/recoupment already applied)
- Supporting documentation
- Copy of Recovery Request Letter

PDR SUBMISSION TIMELINES

HPSJ's timely filing guidelines for PDR submissions is three hundred and sixty-five (365) days from the paid date of the claim. PDR's submitted electronically (through the provider portal) will be acknowledged within two (2) working days of receipt. PDR's submitted by mail will be acknowledged within fifteen (15) working days of receipt.

Note: *If the provider wishes to contest (**Recovery Request Dispute**) the notice of reimbursement of overpayment request it must be within thirty (30) working days.*

If additional information is required and requested through the dispute process the additional information requested must be received within thirty (30) working days of the notice date.

PDR DETERMINATION NOTIFICATION

Upon submission of a Complete PDR and/or receipt of additional information requested, HPSJ will resolve and issue a written determination within forty-five (45) working days.

Note: *Failure to submit complete and accurate information may result in a delay of processing and potentially could fall outside of the dispute processing guidelines set by DMHC.*

OTHER INFORMATION

If the provider is trying to submit corrections on a claim, follow the **Corrected Claim** submission guidelines.

If a claim or claim line was denied for supporting documentation, submit as **Correspondence** with the requested information.

If a claim was denied as a duplicate and you feel it denied in error, make sure it was submitted with the appropriate documentation, modifiers or corrected claim submission indicator before submitting a dispute.

Note: *Appeals filed by the provider on behalf of the beneficiary (member) require written consent from the beneficiary. See additional information under Grievances & Appeals* www.hpsj.com/grievances-appeals

If the provider is disputing a **Pre-Service Authorization Denial** an UM Appeal can be submitted via telephone, mail, fax or online through the Utilization Management Department. UM Appeals do not go through the claims dispute process. **See additional information under Utilization Management.*