

6. Provider Disputes & Appeals

IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO DISPUTE OUR DETERMINATION ON THIS CLAIM

For information generally about a paid claim, please call: 877-875-3805. If you wish to dispute our action or decision, you must submit your dispute in writing to the following addresses you must submit your dispute in writing **within 60 days** of the date the claim was originally processed or denied to the following addresses. Please make a note of this address to use for all future correspondence with us regarding our provider dispute resolution process.

Kaiser Permanente Hawaii - Provider Appeals
Claims Administration Department
ATTN: Provider Disputes
PO Box 378021
Denver, CO 80237-9998

Requests for reconsideration of a denied claim must be submitted in writing and should include:

- Your name and address
- Signed Waiver of Liability statement (see reverse side for Waiver of Liability Statement)
- Copy of original claim
- Remittance notification showing the denial Any clinical records or other information that explains why you should be reimbursed for the item or service
- Member Name
- Member Date of Birth
- Kaiser Permanente Medical Record Number (MRN) or
- Member Health Record Number (HRN)
- Date(s) of Service
- Kaiser Permanente Assigned Claim Number

Once we receive the required information, we will give you a decision on your appeal within **60 calendar days**. If we find in your favor, payment will be made to you at the applicable Medicare rate. If we do not receive the required Waiver of Liability, we will not review your request. We will send you a Notice of Dismissal of Appeal Request. You have the right to ask an independent reviewer contracted with Medicare to review our decision. Please follow the instructions in the Notice of Dismissal of Appeal Request.

Resources are available at the following link:

http://providers.kaiserpermanente.org/html/cpp_hi/appeals.html

Claims Customer Service to dispute a claim payment amount:

1-877-875-3805

Monday–Friday, 8 a.m.–4:30 p.m.

Fax: 808-432-5433

Regional Appeals Office to appeal a denial of payment or authorization:

808-432-7535

Monday–Friday, 8 a.m.–5 p.m.

Fax: 808-432-5667

Email: KPHawaii.Appeals@kp.org

Inquiries in writing may be addressed to:

Kaiser Foundation Health Plan, Inc.

Attn: Regional Appeals Office

711 Kapiolani Blvd., Suite 130

Honolulu, HI 96813