

PROVIDER DISPUTE RESOLUTION MECHANISM

Definition of a Provider Dispute:

A provider dispute (for contracted and non-contracted providers) is a provider's written notice to Dental Health Services challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested or seeking resolution of a billing determination or a contract dispute or disputing a request for reimbursement of an overpayment of a claim.

Each provider dispute must contain, at a minimum, the following information:

- Provider's Name, Provider's License Number, Provider's Contact Information, **and**:
 1. If the provider dispute concerns a claim or a request for reimbursement of an overpayment of a claim from **Dental Health Services** to a provider the following must be provided: a clear identification of the disputed item, the Date of Service and a clear explanation of the basis upon which the provider believes the payment amount, request for additional information, request for reimbursement for the overpayment of a claim, contest, denial, adjustment or other action is incorrect; or
 2. If the provider dispute is not about a claim, a clear explanation of the issue and the provider's position on such issue.

Provider disputes submitted by the provider on behalf of an enrollee will be resolved through **Dental Health Services'** Consumer Grievance Process and not through **Dental Health Services'** Dispute Resolution Mechanism.

Sending a Provider Dispute to :

Provider disputes submitted to Dental Health Services must include the information listed above, for each provider dispute. All provider disputes must be sent to the attention of the Operations at the following:

Via Mail: Dental Health Services

ATTN: Operations
3833 Atlantic Avenue
Long Beach, CA, 90807-3505

Phone: 866.756.4259

Time Period for Submission of Provider Disputes:

Provider disputes must be received by Dental Health Services within 365 days from **Dental Health Services'** action that led to the dispute.

Provider disputes that do not include all required information as set forth above may be returned to the submitter for completion. An amended provider dispute which includes the missing information may be submitted to **Dental Health Services** within thirty (30) working days of your receipt of a returned provider dispute.

Acknowledgment of Provider Disputes:

will acknowledge receipt of all provider disputes within fifteen (15) working days of the date of receipt by and will issue a written determination within forty-five (45) working days after the receipt of the provider dispute.