

Provider Dispute Resolution Process

Effective July 1, 2009, if you have a dispute regarding a claim you submitted to the Health Plan of San Mateo (HPSM), you may participate in HPSM's Provider Dispute Resolution (PDR). HPSM has revised its PDR process. You will now be able to submit your disputes directly to the unit processing your dispute and may also submit disputes for claims with similar issues together in order to facilitate resolution of disputes.

We will no longer use the CIF form for our PDR process.

A new PDR form and a supplemental form are available on the claims page of HPSM's web site. However, we will continue to provide you copies of the forms monthly with the EOP.

↩ [Provider Dispute Resolution Request Form](#)

↩ [Supplemental Form for multiple similar claims](#)



[Click here to visit the claims page](#)

Please note the following:

Contracted Providers for All Lines of Business

Requests for a reconsideration of a claim (or a bundled group of substantially similar claims) that has been denied; adjusted or contested; or to dispute a request for reimbursement of an overpayment should now be submitted in writing on HPSM's Provider Dispute Resolution Request Form instead of the CIF form. Providers have 365 days from the date of an EOP to request an appeal. Call the Claims Department at **650-616-2056** with questions.

Non-Contracted Providers

If your dispute concerns a claim for a member enrolled in Medi-Cal, Healthy Families, Healthy Kids, HealthWorx, or ACE, see description above.

Non-Contracted Providers for CareAdvantage

In accordance with Medicare requirements, disputes must be submitted within 60 days from the date a claim was paid or denied. HPSM will only process appeals for non-contracted providers who complete a **waiver of liability statement** which states that the provider will not bill the HPSM CareAdvantage member, regardless of the outcome of the appeal. The waiver can be found on the back of the Provider Dispute Resolution Request Form.

Please submit the front and the back of your completed PDR forms by fax or mail to:

Health Plan of San Mateo
Attn: Provider Disputes
701 Gateway Boulevard, Suite 400
South San Francisco, CA 94080
Fax: (650) 829-2051