PSHB Disputed Claims

You may request reconsideration with Kaiser Permanente or directly to the Office of Personnel Management (OPM) if you remain dissatisfied with our initial (mandatory) determination decision. The internal appeal process must be completed before you file a request for OPM review unless we have failed to comply with the requirements related to your claim. This information can also be found in Section 8: The Disputed Claims Process of your PSHB Brochure.

You have the right to file an appeal to request a review of the adverse benefit determination. You or a representative you formally authorize in writing have the right to have this decision reviewed by us.

To request a review, you may submit your appeal online here or send a written request within six (6) months from date of the initial adverse benefit determination to the following address:

For Claims:

Kaiser Permanente, Special Services Unit,
P.O. Box 7136, Pasadena, CA 91109 or
calling 800-464-4000

Other Appeals:

California Grievance & Appeals Operations
P.O. Box 939001
San Diego, CA 92193
Fax: 855-414-2318

Please note: The link above will direct you to kp.org, where you can submit complaints, appeals, general inquiries, and other related concerns. For any additional questions, please contact the Member Services Contact Center at 1-800-464-4000.

For both standard and expedited (urgent) appeal requests, please include the members' name and medical record number, a copy of the decision you received that you wish to appeal, and a statement about why you believe our initial decision was wrong, based on specific benefit provisions in the PSHB Brochure. Also include copies of any documents that support your claim, such as physicians' letters, medical records, operative reports, bills, medical records, and explanation of benefits (EOB) forms.

Note: If anyone other than yourself wishes to file a disputed claim on your behalf with OPM, such as medical providers, that representative must include a copy of your specific written consent with the review request. However, for urgent care claims, a health care professional with knowledge of your medical condition may act as your authorized representative without your express consent.

To obtain a copy of a Statement of Authorized representative (AOR) click here

If you are dissatisfied with Kaiser Permanente's final decision, you may write to OPM to review it within:

- 90 days after the date of our letter upholding our initial decision; or
- 120 days after you first wrote us – if we did not answer that request in some way after 30 days; or
- 120 days after we asked for additional information

Send your request to OPM at the following address:

United States Office of Personnel Management
Healthcare and Insurance
Postal Service Insurance Operations (PSIO)
1900 E Street, Room 3443, NW, Washington, DC 20415-3630

Send OPM the following information:

- A statement about why you believe our decision was wrong, based on specific benefit provisions in the PSHB brochure;
- Copies of documents that support your claim, such as physicians' letters, operative reports bills, medical records, and explanation of benefits (EOB) forms;
- Copies of all the letters you sent to us about the claim;
- Copies of all the letters we sent to you about the claim;
- Your daytime phone number and the best time to call; and
- Your email address, if you would like to receive OPM's decision via email

OPM will review your disputed claim request and will use the information it collects from you and us to decide whether our decision is correct. OPM will send you a final decision within 60 days. There are no other administrative appeals. If you do not agree with OPM's decision, your only recourse is to sue. If you decide to sue, you must file the suit against OPM in Federal court by December 31 of the third year after the year in which you received the disputed services, drugs, or supplies or from the year in which you were denied precertification or prior approval. This is the only deadline that may not be extended. OPM may disclose the information it collects during the review process to support their disputed claim decision. This information will become part of the court record.

Getting your File

You have a right to access and receive a free copy of any materials (documents, records or other information) relevant to your claim or appeal. Relevant materials are those that:

- We relied on to inform us when making our decision;
- Materials that we received, or that we considered or generated, when making our decision, whether or not we relied on them in making our final decision; and
- Materials concerning your request that may show that we used appropriate administrative processes and safeguards in making our benefit decisions.

You may obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion, as applicable, on which the denial decision was based, upon request.

If you'd like to request our Authorization for Release of Appeal Information form, or if you have any questions regarding this process, a decision notice you've received, or your right to external review, please call 800-464-4000 or (TTY).