McLaren HEALTH ADVANTAGE | McLaren HEALTH PLAN COMMUNITY | McLaren HEALTH PLAN | McLaren MEDICARE

# Provider Administrative Appeals

It is the goal of McLaren Health Plan to resolve provider issues before reaching an appeal level. McLaren Health Plan encourages providers to first contact Customer Service when a dispute occurs. If, after informally attempting to resolve the dispute through verbal contact or a Provider Claims Adjustment, a provider continues to disagree with an administrative action taken by McLaren Health Plan, a written formal appeal may be filed.

Note: Providers who are appealing a professional clinical care review or a credentialing or re-credentialing action must pursue a different appeal process. For Medicare providers, this form is only for use by contracted providers. Non-contracted Medicare providers must follow the process outlined in their remittance advice/explanation of payment.

The following summarizes the McLaren Health Plan Administrative Appeals Process:

**What Administrative Disputed Actions Can Be Appealed**

A provider may appeal an administrative action taken by McLaren Health Plan such as:

- Denial of inpatient days or other services
- Place of service authorization (inpatient versus outpatient)
- Denial of authorization
- Payment issues
- Clinical claim edits
- Denial of a claim

| Appeal Process | Provider Appeal Time Frames |
|---|---|
| **Within 90 calendar days of the disputed action by MHP**, the provider must complete and submit a Provider Request for Appeal (PRA) form and attach a copy of the claim in paper form. These two items and any additional information can be sent, faxed or emailed to:<br>Email: MHPAppeals@mclaren.org<br>Fax: 810-600-7984<br>Mail: McLaren Health Plan<br>G-3245 Beecher Road<br>Flint, MI 48532<br>Attn: Appeals<br><br>Supporting documentation **must be** included with the PRA form. This would include information not previously submitted regarding the reason and rationale for the appeal. Additional information may include charts and office notes, radiology or lab/pathology report(s), operative notes or surgery reports, etc.<br><br>The paper claim must be attached to the PRA form (cannot submit EDI). | PRA must be received **within 90 calendar days of the disputed action.** Disputed action dates are from the latter of the:<br>• Explanation of payment (EOP)<br>• Original claim date of service<br>• Adjusted EOP<br>• Authorization Decision<br><br>The right to appeal is forfeited if the provider does not submit a written request for an appeal within this 90 calendar day time frame, and any charges in dispute must be written off. |

| Appeal Process Investigation and Result | Appeal Response Time Frame |
|---|---|
| McLaren Health Plan staff will research the necessary contractual, benefit, claims, medical record information, and other pertinent clinical documentation to reassess the appropriateness of the initial decision and make a new determination, if appropriate. | Provider will be notified in writing within 60 calendar days from receipt of written appeal request. |

**Process Clarification**

- Provider must have submitted a claim for the service in question and/or received a denial or reduction in payment before an appeal will be considered
- A **written request,** through the completion of a PRA form and the attachment of a paper claim, must be submitted to begin the Appeals Process
- A **cover letter** outlining the reason and rationale for the Appeal request must accompany the PRA
- Your written request should include any **new information**, such as:
  - documentation from the medical record
  - an explanation of payment
  - other applicable documentation to support your position

**Medicaid Appeals**

Non-contracted hospitals providing services to McLaren Health Plan members through the Michigan Department of Community Health Hospital Access Agreement are eligible to request a Rapid Dispute Resolution Process in compliance with the Medicaid Provider Manual, after hospital has first exhausted its efforts to achieve resolution through McLaren Health Plan's Administrative Appeals Process.

Non-contracted hospitals that have not signed a Hospital Access Agreement, or non-contracted non-hospital providers do not have access to the Rapid Dispute Resolution Process. These providers serving McLaren Health Plan Medicaid members are entitled to initiate a binding arbitration process, after the Provider has first exhausted their efforts to achieve resolution through McLaren Health Plan's Administrative Appeals Process as outlined above. To initiate binding arbitration, call McLaren Health Plan to obtain a list of arbitrators. Arbitrators are selected by the State of Michigan, Department of Community Health. The decision of the arbitrator is final. If the arbitrator does not reverse the decision, the provider is responsible for the arbitrator's charges.



G-3245 Beecher Road • Flint, Michigan 48532 • tel 888-327 0671 • fax 833-540 8648
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# Provider Request for Appeal (PRA) Form

A formal **Provider Appeal** process is made available to any provider who challenges administrative action taken by McLaren Health Plan (MHP).

**Appeal Time Frame –** A PRA must be submitted to MHP or within **90 calendar days** of the administrative action. The PRA form must be complete **and** supporting documentation must be included.

The right to appeal is forfeited if the provider does not submit a completed PRA form with supporting documentation (within the 90 calendar day time frame), and any charges in dispute must be written off.

Please complete the **REQUIRED** information below:

Member name: _____ ID #: _____

DOS: _____ MHP Claim #: _____

Provider name: _____ Tax ID #: _____

Service being appealed: _____

Reason for appeal: _____

_____

**REQUIRED ATTACHMENTS:**

- Letter documenting the rationale for the appeal request
- Supporting documentation
- Paper claim for the services being appealed

Name of person submitting appeal: _____

Phone #: _____ Fax #: _____

Date submitted: _____ Email: _____

Mailing address: _____

_____

**Email to:** MHPAppeals@mclaren.org

**Fax:** 810-600-7984

**Mail to:** McLaren Health Plan
Attention: Provider Appeals
G-3245 Beecher Rd.
Flint, MI 48532

For questions regarding the Provider Request for Appeal Process, call Customer Service at 888-327-0671

The Provider Request for Appeal Form is available online at McLarenHealthPlan.org.