Appeals

Appealing a Claim

(Available in most states)

The Appeal Claim module has three (3) functionalities:

- Submitting Provider Appeal Request Form
- Waiver of Liability Form
- Email Confirmation

Submitting Provider Appeal Request Form

To appeal a Claim, choose **Claims Status Inquiry** from the left menu and follow the steps to find and select the Claim you are appealing. After the Claim is selected, the Claim Details Page will appear, select the **Appeal Claim** Button. The Provider Appeal Request Form page comes prepopulated with details from the original claim:

- All populated data cannot be updated, these values are set and cannot be changed.

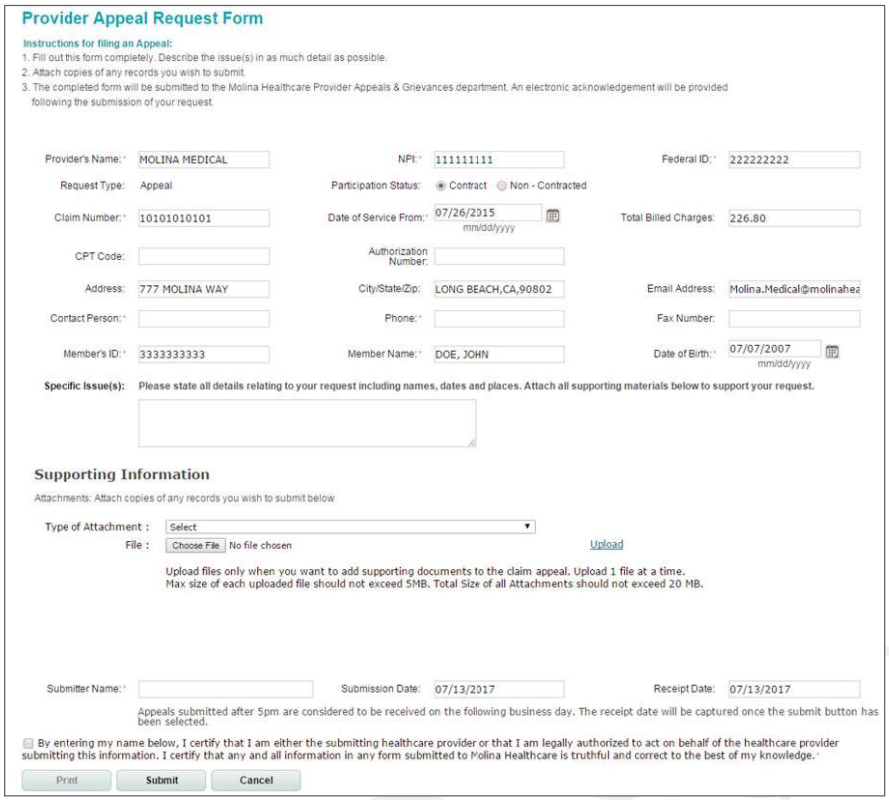
Waiver of Liability Form

For non-contracted Medicare and MMP Providers only: *please complete and attach the* ***Waiver of Liability*** *along with your appeal.*

- Print, fill out, scan, and save the form to your computer then attach the document to the appeal along with all other supporting documents.

Appeal Attachment Rules

- Attach any supporting documents that are related to the appeal request.
- Maximum file size is 5MB for individual files, and 20MB for the total size of all attachments
- Attachments must be submitted in one of the following formats: .tif, .gif, .pdf, .bmp, or .jpg.
- Attachments can be uploaded by using the Supporting Information section.



- Once all fields have been completed and attachments made, you must agree to the terms and conditions by typing your name into the Submitter Name field.
- The check box next to the disclaimer at the bottom of the form will also need to be selected.
- The appeal request is considered complete once the **Submit** button has been selected at the bottom of the form.

Email Confirmation

Upon submission, you will receive an email to confirm that the online appeal was submitted successfully.