

Provider Claim Appeal Request Process and Form

PLEASE READ CAREFULLY AND FOLLOW THE INSTRUCTIONS INDICATED

An **APPEAL** is defined as a request for review of a claim denial or payment that does not meet the criteria of a “Corrected Claim” or “Reconsideration.” Please refer to the PCHP Provider Manual located on our website at www.ParklandHealthPlan.com for details.

An appeal can be filed by a provider for a:

1. **Provider (“Claim Appeal”).** Request for a review of a claim denial on your own behalf.
2. **Member (“Member Appeal”).** Request for a review of a denial on behalf of a Member.

Examples of Claim Appeals
<p>Untimely Filing of a Claim</p> <ul style="list-style-type: none"> • A review of a claim that was submitted outside the allowed timeframe for payment/reimbursement • Provide good cause justification documentation for late filing; OR • For electronically submitted claims, provide the second level of acceptance report as proof of timely filing • Refer to <i>Proof of Timely Filing Requirements</i> in the PCHP Provider Manual
<p>Untimely Decision Making</p> <ul style="list-style-type: none"> • A review of a decision where PCHP did not render the decision on a prior authorization timely • Provide a copy of the denial showing the received date and the decision date
<p>Dissatisfaction with Resolution of a Dispute Request</p> <ul style="list-style-type: none"> • A review of a claim where the provider did not agree with the resolution or decision made by Parkland on a dispute request for the claim
<p>Incorrect Claim Determinations</p> <ul style="list-style-type: none"> • A review of a claim for any of the following determinations: Underpayment or Overpayment. These claim determinations may be based on a fee schedule or contractual/authorization issue

Examples of Member Appeals
<p>When filing on behalf of a member, the request is processed as a Member Appeal and is subject to the member appeal policies and timeframes.</p> <ol style="list-style-type: none"> 1. Continued Stay (Concurrent Review) 2. Urgent or Emergent Review 3. Pre-Service/Prior Authorization Requests <ul style="list-style-type: none"> • Must have written consent to act on behalf of the member 4. Post-Service Requests (services rendered but not billed/denied)

If any of the above appeal examples apply, please use this Provider Appeal Request Form. Please fax or mail the Appeal with all supporting documentation and clearly marked as “FILING AN APPEAL” to:

Parkland Community Health Plan
Attn: Appeal and Complaint Department
PO Box 560347
Dallas, TX 75356
FAX: 1-844-310-1823



Provider Appeal Request Form

Please complete the information below in its entirety and mail with supporting documentation to the Appeals address:

Parkland Community Health Plan
Attn: Appeal and Complaint Department
PO Box 560347
Dallas, TX 75356

Questions regarding a submission should be directed to the Provider Services call center at:

Healthfirst (STAR):
1-888-672-2277

Kidsfirst (CHIP):
1-888-814-2352

CHIP Perinate:
1-888-814-2352

Please indicate the reason for your request and any pertinent details below:

Appeal Type: <input type="checkbox"/> On Behalf of Member (please provide copy of member consent) <input type="checkbox"/> Claim Appeal	
Plan Type: <input type="checkbox"/> HEALTHfirst <input type="checkbox"/> KIDSfirst <input type="checkbox"/> CHIP Perinate <input type="checkbox"/> N/A	
Provider Name:	
Submitter's name:	
Provider Phone Number:	
Date(s) of Service:	
Remittance Advice Date:	
Amount Billed:	
Amount Paid:	
Claim Number(s):	
Member Name:	
Member ID #:	

Signature of Sender

Date

DISCLAIMER: Providers should always refer to the PCHP Provider Manual and their contract for further details. For general claims inquiry, please contact the toll-free number located on the member's ID card, 8:00 am – 5:00 pm (CST) Monday to Friday. You may also contact this number for more information on the Claims Inquiry process. Be prepared to provide the Provider Relations Representative with the Provider Name and Provider ID, Member Name and ID, Date(s) of Service, and Claim Number from the Remit Notice.