

**Provider Administrative Appeals**  
**Effective: December 1, 2008**

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 a 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, a credentialing or re-credentialing action must pursue a different appeal process.

The following summarizes the McLaren Health Plan Administrative Appeals Process:

<b><u>What Administrative Disputed Actions Can Be Appealed</u></b>	
<p>A provider may appeal an administrative action taken by McLaren Health Plan such as:</p> <ul style="list-style-type: none"> <li>• Denial of inpatient days or other services</li> <li>• Place of service authorization (inpatient verses outpatient)</li> <li>• Denial of authorization</li> <li>• Payment issues</li> <li>• Clinical claim edits</li> <li>• Denial of a claim</li> </ul>	
<b><u>Appeal Process</u></b>	<b><u>Provider Appeal Time Frames</u></b>
<p><b>Within 90 calendar days of the administrative action by MHP</b>, 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 should be mailed to:</p> <p style="text-align: center;">McLaren Health Plan Appeals Department G-3245 Beecher Road Flint, MI 48532</p> <p>Supporting documentation <b>must be</b> 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. The paper claim must be attached to the PRA form (cannot submit EDI).</p>	<p>PRA must be received <b>within 90 calendar days of the disputed action</b>. Disputed action dates are from the latter of the:</p> <ul style="list-style-type: none"> <li>• Explanation of payment (EOP)</li> <li>• Original claim date of service</li> <li>• Adjusted EOP</li> <li>• Authorization Decision</li> </ul> <p>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.</p>

<u><b>Appeal Process Investigation and Result</b></u>	<u><b>Appeal Response Time Frame</b></u>
<p>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.</p>	<p>Provider will be notified in writing within 60 calendar days from receipt of written appeal request.</p>
<p style="text-align: center;"><u><b>Process Clarification</b></u></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• A <b>written request</b>, through the completion of a PRA form and the attachment of a paper claim, must be submitted to begin the Appeals Process</li> <li>• A <b>cover letter</b> outlining the reason and rationale for the Appeal request must accompany the PRA</li> <li>• Your written request should include any <b>new information</b>, such as: <ul style="list-style-type: none"> <li>○ documentation from the medical record</li> <li>○ an explanation of payment</li> <li>○ other applicable documentation to support your position</li> </ul> </li> </ul>	

MHP42721074

Contact McLaren Health Plan at (888) 327-0671 or [www.mclarenhealthplan.org](http://www.mclarenhealthplan.org)  
Contact Health Advantage at (888) 327-0671 or [www.healthadvantage.org](http://www.healthadvantage.org)

## 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) or Health Advantage (HA).

**Appeal Time Frame** – A PRA must be made to MHP or HA 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/HA 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 #: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Address to send response: \_\_\_\_\_

**Mail to:**  
McLaren Health Plan  
or  
Health Advantage  
Attention:  
Provider Appeals  
P.O. Box 1511  
Flint, MI 48501-1511

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

The Provider Request for Appeal Form is available on-line at:  
[www.mclarenhealthplan.org](http://www.mclarenhealthplan.org) or [www.healthadvantage.org](http://www.healthadvantage.org)