

**McLaren Health Plan and Health Advantage  
 Provider Claim Adjustments  
 Effective: July 1, 2009**

It is the goal of McLaren Health Plan (MHP) and Health Advantage (HA) to adjudicate all provider claims in a timely and accurate manner. Providers who need to correct a claim should complete the Provider Claim Adjustment Form (see page 2.)

The following summarizes the Provider Claim Adjustment Form process:

<p><b><u>When To Use the Provider Claim Adjustment Form</u></b></p> <p>A provider may submit a Provider Claim Adjustment Form if you believe a claim has been adjudicated incorrectly or a service denied inappropriately.</p>	
<p><b><u>Claim Adjustment Process</u></b></p>	<p><b><u>Time Frames</u></b></p>
<p>Within 90 calendar days from the administrative action by MHP and HA, the provider must complete and submit a Provider Claim Adjustment Form.</p> <p>Provider must complete the Claim Adjustment Form and attach a <b>paper</b> copy of the corrected claim or the claim dispute, and any supporting documentation for the adjustment.</p> <p align="center">Mail to:          McLaren Health Plan or Health Advantage          Attn: Customer Service          P.O. Box 1511          Flint, MI 48501-1511</p>	<p>Claim Adjustment Form must be received <b>within 90 calendar days of the most recent McLaren Health Plan Explanation of Payment (EOP)</b>, excluding COB/subrogation claims</p>
<p><b><u>Process Clarification</u></b></p> <p>The Claims Adjustment process is not available to a provider if the Appeals Process has been used and the provider was not satisfied with the outcome.</p>	

For questions regarding the Provider Claims Adjustment Process,  
 call Customer Service at (888) 327-0671.

The Provider Claims Adjustment Request Form is available on our website at:  
[www.mclarenhealthplan.org](http://www.mclarenhealthplan.org) or [www.healthadvantage.org](http://www.healthadvantage.org)

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

**WHEN TO USE THIS FORM:**

A **Claim Adjustment** - is a request for payment reconsideration for a paid or denied claim. Any claim for which an Explanation of Payment (EOP) was issued that was paid inappropriately, or was denied, must be resubmitted on a paper claim (not EDI) with supporting documentation as an adjustment.

**Claim Adjustment Request Time Frame** - All claim adjustment inquiries and requests must be made to McLaren Health Plan (MHP) or Health Advantage (HA) **within 90 calendar days** of the most current MHP/HA EOP. Any inquiry or request made **after 90 calendar days** will not be given consideration. The acknowledgement of receipt date will only be considered when a completed request form and supporting documentation is received by MHP/HA.

**COMPLETE THE FOLLOWING REQUIRED INFORMATION:**

**Member Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
**MHP/HA Claim #:** \_\_\_\_\_ **DOS:** \_\_\_\_\_  
**Provider Name:** \_\_\_\_\_ **Tax ID #:** \_\_\_\_\_  
**NPI #:** \_\_\_\_\_  
**Office Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Date Provider Claim Adjustment Request Form Submitted:** \_\_\_\_\_

**Reason for Request (please check appropriate box):**

**For a correction to a previously submitted claim:**

- Anesthesia Time
- Date of Service
- Diagnosis Code
- Modifier
- MS DRG
- Place of Service
- Procedure Code
- Provider/Tax ID
- Other \_\_\_\_\_

**For reconsideration:  
(supporting documentation required)**

- Service denied for lack of authorization  
(attach copy of referral)
- Service denied as other insurance primary (COB)  
(attach copy of primary EOB)
- Service denied as a duplicate  
(attach documentation)

**Send this completed Provider Claim Adjustment Request form along with the paper claim form (not EDI) and supporting documentation to:**

McLaren Health Plan or Health Advantage  
 Attention: Customer Service  
 P.O. Box 1511  
 Flint, MI 48501-1511  
 Or Fax to: (877) 502-1567

For questions regarding the Provider Claims Adjustment Process, call Customer Service at (888) 327-0671.

The Provider Claims Adjustment Request form is available on our websites at:

[www.mclarenhealthplan.org](http://www.mclarenhealthplan.org) or [www.healthadvantage.org](http://www.healthadvantage.org)