

# Provider Webinar Claim Disputes, Appeals Submissions

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# What is a claims dispute?

## Overview

- Dispute involving the payment or denial of a claim, imposition of a sanction or reinsurance

## File dispute based on

- Claim denial
- Claim payment
- Dissatisfaction with claim payment

## Before initiate dispute

- Ensure other attempts to resolve the matter have failed
- Contact CICR Team and/or Network Management representative
- Follow all applicable laws, policies, and contractual requirements

## How to file

- Must be filed in writing
- Received within 12 months after the date of service or within 12 months after the date of eligibility is posted or within 60 days of the date of the denial

# Required documentation

## Submit to the Mercy Care Appeals department

- State the factual and legal basis for the relief requested
- All supporting documentation

## Mercy Care responsibilities

- Acknowledge a claim dispute within 5 business days of receipt
- Claim dispute will be reviewed, and a decision will be rendered within 30 days after receipt
- An extension may be requested for up to 45 days

# Notice of decision

Notice of Decision (NOD) includes:

- 30 days to review – exceptions
  - Can exceed 30 days, up to 45 days
- The date of the decision
- The factual and legal basis for the decision
- The provider's right to request a State Fair Hearing



# Claims dispute upheld or overturned

- Upheld decision
  - A decision when original determination is maintained
- Overturned decision
  - The original processing is incorrect or incomplete and is reversed
  - Partially overturned is an when the original decision was reversed, but not entirely in the provider's favor



# Appeal upholds



Once a Notice of Decision is received, the next option is to file a State Fair Hearing

- Network Management is unable to reverse the decision
- If the denial is for a different reason when overturned, you can file another dispute
  - Ex: Timely filing was overturned, reprocessed, then denied for no prior authorization

# Submitting claim dispute

## Send via:

- Fax\*
  - 602-351-2300
- Mail
  - 4500 E. Cotton Center Blvd.  
Phoenix, AZ 85040  
Attention: Mercy Care Appeals
- Email
  - [Mercycareappeals@aetna.com](mailto:Mercycareappeals@aetna.com)

\*Preferred method, receive acknowledgement letters sooner



# Prior to submitting claim dispute

- Work with CI/CR regarding denials
  - Provider load challenges
    - Provider not credentialed
  - Denial trends or projects
- Usually not overturned (are upheld)
  - Timely filing issues
  - Prior authorizations
  - Retro authorizations
  - MCA PAR providers
    - No appeal rights
    - Resubmission through claims department





# Submitting claims resubmission or corrected claims



## Resubmissions and corrected claims:

- Mercy Care Claims Department
  - Mercy Care  
PO Box 982975  
El Paso, TX 79998-2975
  - Mercy Care RBHA  
PO Box 982976  
El Paso, TX 79998-29760
- If claims resubmission or corrected claim, please send to above address  
**Attention: Resubmissions**
- Electronic submission through electronic clearing house

# What should not be sent to claim disputes

- Corrected claims
  - Adding XX7, appeal document stating corrected claim
  - Changing or adding modifiers, units, CPTs, or any change
  - Changing a date or adding more days
- Resubmissions
  - Changing or adding modifiers, units, CPTs, or any change
  - Changing or adding dates
  - Changing bill types
- Claims that were not processed
  - Voided or claims not submitted to Claims department
  - EDI denials

# Corrected claims

2022-01-13 16:54 1 2 >> WVMRFA2MEAP01 P 9/9  
RESUBMISSION CORRECTED CLAIM

0192 Room Charge 192.52 030121 12 2310.24

0001 PAGE 1 OF 1 CREATION DATE 011322 TOTALS 2310.24

50 PAYER NAME Mercy Care 51 HEALTH PLAN ID 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 1265439889

58 INSURED'S NAME 59 P. REL. 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 ATTENDING 67 OPERATING 68 OTHER

69 REMARKS 1ST CLAIM BILLED TOO MANY DOS. PLEASE REPROCESS AND REPAY.

2/11/22, 3:34 PM UB04

0191 Room Charge 192.54 100421 28 5391.12  
0185 LOANurse Home 187.56 100121 3 562.68

0001 PAGE 1 OF 1 CREATION DATE 021122 TOTALS 5953.80

50 PAYER NAME Mercy Care Plan 51 HEALTH PLAN ID 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI

58 INSURED'S NAME 59 P. REL. 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

66 ATTENDING 67 OPERATING 68 OTHER

69 REMARKS CORRECTED CLAIM

# Resubmissions

b. RESERVED FOR NUCC USE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AUTO ACCIDENT? PLACE (Date)		MM DD YY M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
c. RESERVED FOR NUCC USE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO OTHER ACCIDENT?		2. OTHER CLAIM ID (Designated by NUCC)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CLAIM CODES (Designated by NUCC)		e. INSURANCE PLAN NAME OR PROGRAM NAME MERCY CARE PLAN	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other to myself or to the party who accepts assignment below.		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		f. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete items 9, 10 and 11.	
SIGNED SIGNATURE ON FILE DATE 072121		SIGNED SIGNATURE ON FILE		PATIENT AND INSURANCE	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF PHYSICIAN, NURSE, or OTHER CLINICIAN		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 07162021 TO 07162021		19. OUTSIDE LAB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Relate A-L to service line below (24E)		ICD 10: 0		22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. R07.89 B. C. D. E. F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER		UN OR SUPPLIER INFORMATION	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE ENG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Specify Universal Commencement) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. SPEED (Per Day) I. ID. QUAL J. RENDERING PROVIDER ID #		1 07162021 07162021 23 Y 71046 26 59 A 82.00 1.0 22 NPI		2	
3		4		5	

# Claims not processed

Add Member | Mass Membership | Newborn | Relationships

Member

S

Summary

E

Eligibility

D

Details

B

Benefits

P

Providers

MA

Memos/Alerts

UM

UM Documents

C

Claims

Member Home > Claims

Member NOT Currently Enrolled

No Current Conditions Exist

No Memos/Alerts

Member Full Name

Memb

Secondary Member ID:

SSN

Health Plan ID:

☒ Display all claims

☐ Show claims by enrollment

☐ Display Predeterminations

View Payment Details

View Claim

View/Apply Refunds

Claims

Select	Claim ID	Reimburse Member	HRA Reimbursed	Status	Refund Request	Privacy Payee	Start Date	Provider	Billed Amount	Eligible Amount	Total Paid	Paid Date	Check/EFT #	Ch

Mercy Care Medicaid AZ

ATTN: Appeals

4755 South 44<sup>th</sup> Place

Phoenix, AZ 85040

Phone 602-659-1614

Fax # 602-351-2300

Patient Name:

Subscriber ID:

Date of Service:

Billed Amount: 1.00

Tax ID:

We have called ref# and found that the attached claim was voided in your system. The reason was given that the provider Provider ID and Group Id: Tin is not credentialed with Mercy Care Medicaid. We show she is credentialed with the attached documents.

Please review the attached documents and process this claim accordingly. If for some reason you choose to uphold your original denial, we formally request that you provide us with the documentation of a published medical policy. If any further assistance with this claim is needed, please feel free to call me. Thank you for your immediate attention to this matter.

Sincerely,



# Claims not processed

7430602831D

**Mercy Care**  
4755 S 44th Place  
Phoenix, AZ 85040

202108162360 Date:08/11/2021

**Return Service Requested**

31733 0-5234 SP 0-560  
SINGLE PIECE  
520

**M**  
mercy care

ENV 31733 1 OF 2

Dear Provider,

The attached claim(s) are being returned to your office due the following reason(s):

Please call the claims inquiry line at (602) 263-3000 or (800) 624-3879 to verify that your claim was processed correctly or for clarification of information before initiating a grievance. The claims inquiry line is open from 8:00 AM to 5:00 PM, Monday through Friday. To request a provider registration packet, contact AHCCCS at (602) 417-7670 or (800) 794-6862, 801 E. Jefferson St., MD 4100, Phoenix, AZ 85034 or online at [www.ahcccs.state.az.us](http://www.ahcccs.state.az.us) <<http://www.ahcccs.state.az.us>>.

Please send claim resubmission to:

**Mercy Care**  
P.O. Box 52089  
Phoenix, AZ 85072-2089

Rejection Code	Explanation

Rejected Claim Detail

Patient Name	Member ID	Date of Birth	Date of Service	Claim Number	PCN	Billed Amount	Received Date	Rejection Code(s)

Mercy Care Claims Department

The provider must follow all applicable laws, policies and contractual requirements when filing a claim dispute. According to the Arizona Revised Statute, Arizona Administrative Code and AHCCCS guidelines, all claim disputes related to a claim for system covered services must be filed in writing and received by Mercy Care within twelve months after the date of service, within twelve months after the date that eligibility is posted or within sixty days after the date of the denial of a timely claim submission, whichever is later [A.R.S. §36-2903.01(B)(4) and A.A.C. R9-34-405(A)].

# Additional information

- Visit our website
  - <https://www.mercycareaz.org/>
- Provider Manual
  - <https://www.mercycareaz.org/providers/completecare-forproviders/manual>
- Claims
  - <https://www.mercycareaz.org/providers/completecare-forproviders/claims>
  - [Mercy Care Claims Processing Manual](#)

# Questions



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# Thank you

