

Reminder: government product appeal timeliness and documentation requirements

We have identified a high rate of rejected Medicare and Medicaid Managed Care post-claim denials due to missing appeal timeframes or required documentation. Before submitting an appeal, confirm it is timely and includes all required forms and supporting documentation.

Appeal filing deadlines

- **Medicare Advantage:** 65 calendar days from the provider's statement on which the charge was denied or reduced.
- **Medicaid Managed Care:** 60 calendar days from the provider's statement on which the charge was denied or reduced.

Complete documentation

The Formal Provider Appeal Form must be included to be considered a formal appeal.

- Complete the [Formal Provider Appeal form](#) with a clear explanation of why the denial should be overturned.
- Non-contracted providers appealing certain post-service Medicare Advantage, Ally-Rx D-SNP or Secure Saver MSA denials must also submit the required [Waiver of Liability](#).
- Include **all supporting documentation with your appeal**. Security Health Plan will not attempt to obtain additional information. Incomplete documentation may result in the original denial being upheld.

The full Security Health Plan Provider Appeal policy can be found online here at www.securityhealth.org/providerappeal.