Reminder - Claims Appeal Timeframe

Providers have 60 days from the date of the original claim denial to submit a valid appeal. Here is how you can find the denial date:

- On the remittance advice (RA).
- If you received an audit determination letter, the denial date is 60 days from the date of the letter, not the RA date.

You can also find a detailed explanation of the denial:

- On the RA.
- Online by logging in at **hap.org**, selecting *Claims* and then the specific denied claim.
- By calling HAP Provider Inquiry at **(866) 766-4661.**

Any claim appeal submitted past the 60-day appeal timeframe will be closed. No review will be made. These denials cannot be billed to the patient.

You can find more information on the claims appeal timeframe in the *HAP Provider Manual-Billing & Administrative Guide for Commercial & Medicare Advantage Plans*.