

New claim reconsideration and appeal process

Summary of change: Providers will be able to request a reconsideration of a claim if the provider disagrees with the claim processing. If after the reconsideration process has completed and the provider still disagrees, then a formal appeal can be submitted.

✦ **What this means to you:** Providers will be able to use our informal reconsideration process if they feel a claim was not processed correctly. Reconsiderations are accepted verbally by phone, via the web and in writing within 60 calendar days (plus three additional days if mailed) of the Explanation of Payment date. An appeal must be received within 30 calendar days (plus three additional days if mailed).

What is the impact of this change?

Providers will be required to request their claim be reconsidered. If the provider speaks to the Provider Service Unit (PSU) and still feels the claim was not processed correctly, or in certain situations where documentation is required, a provider may submit an appeal via the Web or in writing. Providers are allowed one appeal option per claim. The reconsideration process allows providers to have their claim reconsidered without using their appeal option.

Reconsiderations can be requested through PSU verbally, via the Web or in writing. PSU can be contacted at 1-800-454-3730 for a verbal reconsideration request. Web reconsiderations can be done through the Availity Web Portal. Mailed reconsiderations can be submitted to the following address:

Payment Reconsideration Unit
Amerigroup Kansas, Inc.
P.O. Box 61599
Virginia Beach, VA 23466-1599

Appeals can be submitted through the Availity Web Portal or in writing. Mailed appeals can be submitted to the following address:

Payment Appeal Unit
Amerigroup Kansas, Inc.
P.O. Box 61599
Virginia Beach, VA 23466-1599

What if I need assistance?

If you have questions, please contact your local Provider Relations representative or call our Provider Services team at 1-800-454-3730.