UnitedHealthcare Community Plan

KanCare

FREQUENTLY ASKED QUESTIONS

CLAIM CORRECTIONS AND RECONSIDERATIONS, GRIEVANCES, APPEALS AND STATE FAIR HEARINGS

- **What do I do if there is an error with the way a claim was billed?**
  - Providers can submit a corrected claim.

- **How do I submit a corrected claim?**
  - Corrected claims can be submitted electronically or in paper form.
  - To submit a corrected claim electronically:
    - UB Claims:
      - Providers may submit a corrected claim electronically through their claim clearinghouse.
      - Update the 3rd digit in the bill type to a:
        - "7" for a replacement request
        - "8" for a void request
      - The change in bill type will flag the claim as a corrected claim.
    - 1500 Claims:
      - Providers may submit an adjustment or void claim request electronically through their claim clearinghouse.
      - Using resubmission codes in box 22 on the CMS 1500 claim titled Resubmission Code
        - Resubmission code "7" for replacement request
        - Resubmission code "8" for void request
        - Include original claim number in the Original Reference number box
  - To submit a corrected claim via paper:
    - UB Claims:
      - Corrected claims should be mailed to: United HealthCare
PO Box 5270
Kingston, NY 12402
      - Write "CORRECTED" on the claim
      - Update the third digit of the bill type to a "7"
      - The change in bill type will flag the claim as a corrected claim
    - 1500 Claims:
      - Corrected claims should be mailed to: United HealthCare
PO Box 5270
Kingston, NY 12402
      - Write "CORRECTED" on the claim
      - Add the original claim number in Box 22 of the 1500 form

- **How long are providers allowed to submit a corrected claim?**
  - Standard timely filing requirement is 365 days from the date of service but can vary by contract. Please refer to your United HealthCare Participation Agreement for your specific requirement.

- **What do I do if my claim was denied and/or underpaid?**
  - Claim reconsideration is typically the quickest way to address any concerns providers have with how a claim was processed.

- **What is a Claim Reconsideration?**
  - Claim Reconsideration is defined as a request by a provider for an MCO to review a claim decision. Claim reconsideration is an optional process available to providers prior to submitting an appeal.

- **How much time are providers allowed to file a Claim Reconsideration?**
  - Requests must be submitted within 120 calendar days from the remittance date.

- **How do I file a Claim Reconsideration?**
  - Providers have the following options for requesting Claim Reconsiderations:
    - By phone: 877-542-9235
    - Electronically: www.unitedhealthcareonline.com
    - By mail: UnitedHealthcare
      PO Box 5270
      Kingston, NY 12401

- **What do I do if I do not agree with the Claim Reconsideration determination?**
  - If you disagree with a claim reconsideration decision, you have the right to file a formal appeal within 60 calendar days of the reconsideration notice of action, plus 3 calendar days from the date the notice is sent.

- **What is an Appeal?**
  - An Appeal is your request for a review of an Adverse Action. An Action is when we:
    - Deny or limit a service you want.
    - Reduce, suspend or terminate payment for a service.

- **How do I file an Appeal?**
  - Appeals can be submitted in the following ways:
    - By mail: UnitedHealthcare
      Grievances and Appeals
      PO Box 31364
      Salt Lake City, UT 84131-0364
    - In person: United Healthcare Community Plan
      10895 Grandview Drive, Suite 200
      Overland Park, KS 66210
      During regular business hours (8am-5pm CST)

- **How much time are providers allowed to file an Appeal?**
  - Appeal requests must be received by the MCO within 60 calendar days of the date of the Provider Remittance Advice, plus 3 calendar days from the date the notice is sent. If the provider filed a reconsideration request, the appeal must be received within 60 calendar days from the date of the Claim Reconsideration resolution letter date, plus 3 calendar days from the date the notice is sent.

- **Appeal Filing Timeframes**

Calendar days allowed for providers to file an appeal from the date on the Adverse Action Notification (NOA or PRA).	Calendar days allowed for UnitedHealthcare Community Plan to send provider appeal acknowledgement letter.	Calendar days allowed for UnitedHealthcare Community Plan to respond to an appeal request.	Calendar days allowed for provider to file a State Fair Hearing from the date on the appeal resolution letter.
60 (+3)	10	30	120 (+3)

- **How long will it take the MCO to make a determination on my Appeal request?**
  - The MCO should make every attempt to resolve the provider Appeal within 30 calendar days.

- **Can I file an Appeal for a member Pre-Service Adverse Action?**
  - Authorized representatives (including providers) may file an appeal on behalf of the member. Providers filing an appeal on behalf of a member should mail the appeal request and a signed Authorized Representative Designation Form to:

    UnitedHealthcare® Community Plan
    Appeal Department
    PO Box 31364
    Salt Lake City, UT 84131

- **Where can I find the Authorized Representative Designation Form?**
  - The Authorized Representative Designation Form is found at uhcommunityplan.com. A copy of the form can also be found in Chapter 15 of the Provider Administrative Guide.

- **What other options are available if my Appeal request is denied/upheld?**
  - If providers disagree with the outcome of an Appeal determination, providers have the right to file a State Fair Hearing.

- **What is a State Fair Hearing?**
  - A State Fair Hearing is a meeting with you, someone from the MCO, and a hearing officer from the Office of Administrative Hearings (OAH). The hearing officer will listen to both parties and then decide who is right.

- **How do I file a State Fair Hearing?**
  - State Fair Hearing requests can be submitted in the following ways:
    - By mail: Office of Administrative Hearings
      1020 S. Kansas Avenue
      Topeka, Kansas 66612

- **How much time are providers allowed to file a State Fair Hearing?**
  - Providers are allowed 120 calendar days from the date of the notice of action, plus 3 calendar days from the date the notice is sent.

- **Can I file a State Fair Hearing for a member Pre-Service Adverse Action?**
  - Authorized representatives (including providers) may file a State Fair Hearing on behalf of the member. Providers filing a State Fair Hearing on behalf of a member should mail the request and a signed Authorized Representative Designation Form to:
    Office of Administrative Hearings
    1020 S. Kansas Avenue
    Topeka, Kansas 66612

- **Can I file a State Fair Hearing without going through the United Appeal process first?**
  - Providers are required to complete the formal MCO Appeal process prior to submitting a State Fair Hearing request.

- **What will happen to my State Fair Hearing request if I did not file an MCO Appeal prior to filing a State Fair Hearing?**
  - The MCO will file a dismissal request; the request will be reviewed by the Office of Administrative Hearings and the State Fair Hearing will be dismissed.