



August 12, 2008

Claims Appeal Process

Claims Adjustment:

- Providers may resubmit a claim(s) to correct a simple billing error or to request an adjustment if you believe the payment made by the plan is incorrect. In order to be considered for payment claims in this category must be received within six (6) months from the month in which the service was rendered or within three (3) months of the month of payment on the EOP, which is later. Please include the word "resubmission" and the claim number on the claim form to help us identify that this is a resubmission of an existing claim. A Provider Adjustment form must be completed for all resubmission requests along with the supporting documentation. Your claim will be reviewed and a decision rendered based on the information provided.
- Requests for Claim Adjustments that involve like or similar issues may be batched together using one Provider Adjustment Request Form (located on the PSHP.com web site) for dates of service after July 1, 2008. The form should clearly describe the issue with all supporting documentation attached and indicate the number of claims included.

Peach State Health Plan
P.O. Box 3030
Farmington, MO 63640-3800

Claims Appeals:

- If you are not satisfied with result of your Claim Adjustment request, you may submit a written appeal within 30 days of the decision. You will receive acknowledgement of your written appeal within 10 days of receipt. Appeals received after the thirty (30) day time frame will not be considered for failure to appeal within the time frame.
- Peach State will allow providers to batch multiple claim appeals for claims with dates of service after July 1, 2008 that are similar in nature submitted under the same Appeal Letter. The Letter of Appeal must indicate the nature of the complaint and the number of items attached.
- A decision will be rendered within thirty (30) days of receipt of the appeal and you will receive notification of the decision via the EOP notice or written correspondence. Provider Appeals should be mailed to:

Peach State Health Plan
Attn: Provider Appeals
P.O. Box 3000
Farmington, MO 63640-3800

Administrative Law Hearing or Binding Arbitration:

- If you are still not satisfied with the decision of the committee, you have the option of choosing an Administrative Law Hearing or Binding Arbitration. The request for hearing shall be filed no later than 15 business days after the provider receives the decision of the plan. Requests received after this time frame will not be considered. You must exhaust all of the Plan's internal Provider Complaint Processes prior to requesting an Administrative Law Hearing. All arbitration costs will be shared by the Plan and the provider. Request should be mailed to:

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Peach State Health Plan ▪ 3200 Highlands Parkway ▪ Suite 300 ▪ 866-874-0633 ▪ www.psftp.com

Peach State Health Plan
Attn: Manager, Grievance & Appeals
3200 Highlands Parkway Suite 300
Smyrna, GA 30082

Outlier Claims Consideration:

- All requests for outlier appeal consideration must be submitted in writing and received within three (3) months of the date of the initial EOP on which the claim appears.
- If the request and all required documentation are not received by the plan within three (3) months of the initial EOP payment, the outlier reconsideration request will be denied for failure to request payment reconsideration in a timely manner.
- Facilities requesting outlier payment consideration must submit the following documents along with the request:
 - A cover letter indicating the request is for outlier appeal consideration
 - A copy of the itemized bill, and the original claim
 - A copy of the EOP on which the original claim appears
 - Utilization review notes signed and dated physician's orders, physician's discharge summary, inhalation therapy notes, and operative notes. Utilization review notes must indicate the severity of illness/intensity of service (SI/IS) that was met for medical necessity of the hospital stay. Failure to document the SI/IS criteria in the utilization review notes may result in the denial of your DRG outlier request. Only required documentation should be submitted. If the entire medical record is submitted, the request may be denied. In some cases more information is required to complete the review process. When additional information not identified above is requested, it must be received within 30 days of the date of request. If not received by the due date, the request for outlier payment will be denied.
 - All requests for outlier consideration will process in a timely manner. Notification of the decision will appear on the EOP or a letter if the claim does not qualify for outlier consideration. Please ensure that the request is clearly marked **Outlier Appeal Consideration Request** and mailed to the address below:

Peach State Health Plan
P.O. Box 3030
Farmington, MO 63640-3812

Medical Necessity Appeals

A denial for medical necessity can be appealed to the Plan within 30 calendar days of the notice of proposed action by the member, member's authorized representative, or the provider (with written member's consent). Peach State will provide a decision within 30 calendar days of receipt of a written request. Appeals for medical necessity should be sent to:

Peach State Health Plan
3200 Highland Parkway, Suite 300
Smyrna, GA 30082

Obtaining Prior Authorizations

Peach State requires prior authorization for certain services and procedures. A list of these services is available on our website at www.pshp.com. Peach State will respond to your request for an authorization within 14 calendar days of your request for authorization. **Please note that we do not issue retrospective authorizations for routine/elective services.**

If an authorization is not obtained prior to rendering a service and you wish to have the claim reviewed, you must follow the process outlined below:

- You must file the claim within the timely filing guidelines,
- The claim will deny for failure to obtain authorization,

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- Once you receive notice of the denial you may send in medical records along with the claim to the address below to request an authorization review.

Peach State Health Plan - CCM
P.O. Box 3000
Farmington, MO 63640-3800

If you have questions or need additional clarification regarding the appeals process, please contact the Provider Solutions department at 866-874-0633 for assistance.

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Peach State Health Plan ▪ 3200 Highlands Parkway ▪ Suite 300 ▪ 866-874-0633 ▪ www.pshp.com