DELL CHILDREN'S HEALTH PLAN
Operational Procedure

Title: Provider Claim Payment Appeal Process	**Policy:** CL-038
Department: Claims Operations	**Program:** STAR and CHIP
UMCC Reference: 8.1.18.5 **UMCM Reference:** 2.14; 8.7.1	**Effective Date:** 09/01/222 **Review Date:** 06/01/23
Due Date Description: N/A	**Approved by:** Michael Nguyen

Policy:
Dell Children's Health Plan ensures the timely and accurate processing for In-Network and Out-of-Network Provider claim disputes through the following Provider Claim Payment Dispute System.

Definitions:

Claims Payment Reconsideration: Provider's request to investigate the outcome of a claim decision. The investigation of a reconsideration may result in a change to a claim payment.

Claims Payment Appeal: Provider's disagreement with a claim payment or a reconsideration decision. The investigation of a Claim Payment Appeal may result in a change to a claim payment. Providers may also submit as an appeal of a prior denial of an Electronic Visit Verification (EVV) Visit Maintenance unlock request.

Provider Claim Payment Dispute Process: Refers to an internal system for In-Network and Out-of-Network Providers to dispute the denial, in whole or in part, of payment for services included on a clean claim. The Provider Claim Payment Dispute process consists of an internal two-step Claims Payment Reconsideration and Claims Payment Appeal process.

Procedure:

1) A provider will not be penalized for filing a Claims Payment Dispute.

2) No action is required of a member for a provider Claims Payment Dispute.

3) All submitted Provider Claim Payment Disputes are captured and tracked in a reportable database. Dell Children's Health Plan reports the status and resolution of all Provider Claim Payment Disputes. Information captured and tracked includes, at minimum: date received; identification of the Provider submitting the Dispute; identification of the associate recording the Dispute; nature of the Dispute; resolution of the Dispute; corrective action required, and the date resolved.

4) The Claims Payment Dispute records are maintained in accordance with contractual requirements.

5) Providers have the option to submit a payment reconsideration request and/or payment appeal request.

6) Confidentiality is maintained to the extent permitted under applicable laws, rules and regulations.

Claim Payment Appeal Process

If a Provider is dissatisfied with the outcome of a payment or reconsideration determination, the Provider may submit a Claim Payment Appeal.

The provider may request a Claim Payment Appeal within 120 calendar days of the date of the claim's Explanation of Payment ("EOP") or within 30 days the date of the prior Reconsideration decision.

1) The Provider or the Providers authorized representative may submit a Claim Payment Appeal in one of two (2) ways:

   i. Written: The Provider may submit a written Claim Payment Appeal to the following address. The request must include any necessary supporting documentation.

Dell Children's Health Plan
Attn: Appeals
PO Box 37502
Oak Park, MI
48237-0502
FAX: 586-477-4167

   ii. Web Portal: The Provider may access and submit a Claim Payment Appeal through the Dell Children's Health Plan Provider Web Portal.

2) Upon receipt from the Provider, an Acknowledgment Letter is sent.

3) Upon receipt from the Provider, an internal review is conducted. This includes a thorough investigation by a trained claims appeal analyst utilizing all applicable statutory, regulatory, contractual, and Provider subcontract provisions, Dell Children's Health Plan policies and procedures, State policies, and all pertinent facts submitted from all parties.

4) The results are communicated through written Determination letter to the provider within 30 calendar days of the receipt of the Claim Payment Appeal.

   a. If the decision results in a claim adjustment, the payment and Explanation of Payment (EOP) will be sent separately.
   b. If the determination of a Claim Payment Appeal requires clinical expertise, it will be reviewed by appropriate clinical Dell Children's Health Plan professionals.
   c. The Determination letter includes:
      i. Date of notice
      ii. Date of appeal receipt
      iii. A statement of the provider's Claim Payment Appeal request
      iv. A statement of what action Dell Children's Health Plan intends to take or has taken
      v. The reason for the action
      vi. Support for the action, including applicable statutes, regulation, or policies and claims, codes, or provider manual references

Regulatory Complaint

If the Provider has completed Dell Children's Claim Payment Dispute Process / exhausted their Dispute rights but their claim issue remains unresolved to their satisfaction, the Provider may submit a request for a Regulatory Complaint according to Texas Medicaid guidelines.

Important Claim Payment Dispute Provisions:

1) Claim Payment Appeal Timely Filing: A Provider must submit a Claim Payment Appeal no later than 30 calendar days from the determination letter of Reconsideration or 120 calendar days of the Explanation of Payment if no prior reconsideration request was submitted. Claim Payment Appeals requested outside of this time frame will be deemed untimely and denied.

2) Multiple Claims: Providers may submit multiple claims of similar issue for investigation through one Claim Payment Dispute request.

3) Claim Payment Dispute Submission Limits: The Provider has one (1) Reconsideration and one (1) Claim Payment Appeal request per claim.

4) The Provider Claim Payment Dispute process will not address Dell Children's Health Plan decision to not contract with a Provider, decision to terminate a contract with a Provider, or non-related policies and procedures or administrative functions.

Revision History:

Review Date	Changes
06/01/2023	• Added Appeal to EVV Visit Maintenance Unlock Request
09/01/2022	• New Policy