



## Provider communication

*General information and system updates*

**August 13, 2024**

### **Claim Dispute Reminder – August 2024**

**Applicable to: Mercy Care Complete Care, Mercy Care ACC RBHA, Mercy Care Long Term Care, Mercy Care DD, and Mercy Care DCS CHP**

A **claim dispute** is the review of a claim that has been processed and denied or paid incorrectly, or the imposition of a sanction against the provider.

Providers may file a claim dispute based on:

- Claim denial
- Recoupment
- Dissatisfaction with claim payment
- Imposition of a sanction

All claim disputes must be submitted to the Mercy Care Appeals Department. Claim disputes can be submitted through the following avenues:

**Email:** [mercyappeals@mercycaresaz.org](mailto:mercyappeals@mercycaresaz.org)

**FAX:** 860-907-3511 Note: we can respond back to our providers via fax for your convenience.

**Address:** 4750 S. 44th PL Suite 150 Phoenix, AZ 85040

Please include all supporting documentation with the initial claim dispute submission. The claim dispute must specifically state the factual and legal basis for the dispute requested, along with copies of any supporting documentation, such as remittance advice(s), medical records, or claims. Failure to specifically state the factual and legal basis may result in denial of the claim dispute.

The claim dispute process should only be used after other attempts to resolve the matter have failed. It is important to remember that before a provider initiates a claims dispute, the following needs to occur:

- The provider should contact Mercy Care's Claims and/or Network Management to seek additional information prior to initiating a claim dispute.
- The provider must follow all applicable laws, policies and contractual requirements when filing.
- Pursuant to A.R.S. § 36-2903.01(B)(4), all claim disputes related to a claim for system covered services must be filed in writing and received by Mercy Care within the following deadlines:
  - Within 12 months after the date of service, or
  - Within 12 months after the date that eligibility is posted, or
  - Within 60 days after the date of the denial of a timely claim submission, or whichever is later.

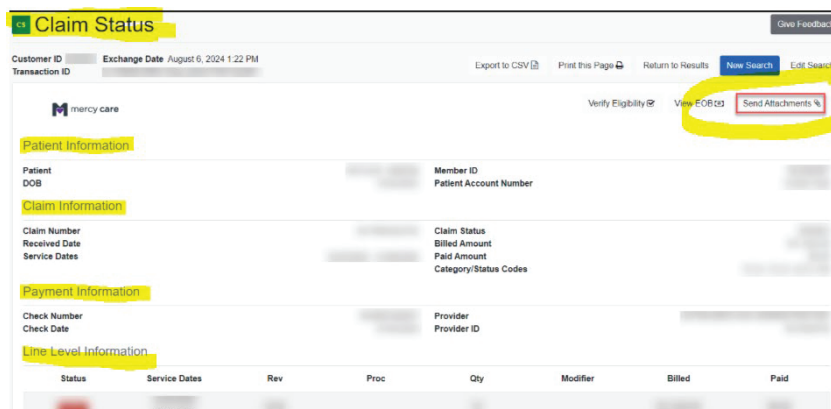
The following claim issues are **not** considered claim disputes and/or should not be submitted to the Appeals Department:

- Voided claims
- Claims submitted under the incorrect health plan (Mercy Care vs. Mercy Care RBHA)
- Claim Resubmissions. Resubmissions are claims originally denied because of missing documentation, incorrect coding, etc., which are resubmitted with the required information. See below for more information on how to resubmit a claim for reconsideration.

The above-mentioned items are not considered disputes and your submission to the Appeals Department will be rejected. Additionally, the Appeals Department will not forward the submission to the Claims Department. These claims will need to be resubmitted as a claim reconsideration directly to the Claim Department, or electronically through the Provider [Availity](#) portal.

**See Screen Shot**

1. Click on Claim Status
2. Enter Claim Information
3. Attach documentation for reconsideration



You can also review the [Resubmission Process](#) instructions in section 1.10 in the Claim processing Manual.

These items will need to be reviewed to ensure eligibility is verified and/or the claims are reviewed and any corrected claims will need to be sent to the correct claims department for reconsideration or resubmission by the provider.

Additionally claims denied for the following reasons are **not often** overturned:

- Claims denied for lack of prior authorization.
- Claims denied for appropriate prior authorization (services on claim does not match the services on the prior authorization)
- Claims denied for Timely Filing due to being sent to the incorrect plan (Mercy Care vs. Mercy Care ACC-RBHA) If the claim (initial and secondary submissions) are not received within the required claim submission time frames.

For further detail regarding Claim Disputes, please refer to appropriate line of business in our [Provider Manual](#).

Please don't hesitate your [Mercy Care Network Management Representative](#) with any questions or comments. You can find this [Notice](#) and all other provider notices on our [Mercy Care website](#).

**Thanks for all you do!**

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