

Quick Reference Guide for Claims, Reconsiderations, and Appeals

Name	Description	Submission Information
Corrected Claim	<p>A corrected claim is when a provider needs to make a correction to the original claim submission</p>	<p>A Corrected Claim can be submitted via the website at website or in writing to SilverSummit Healthplan Attn: Corrected Claim, PO Box 5090 Farmington MO 63640-5090.</p> <p>The claim must include the original claim number in field 22 of a CMS 1500 or field 64 of the UB04. Failure to include the original claim number and frequency code may result in the claim being denied as a duplicate, a delay in the reprocessing, or denial for exceeding the timely filing limit.</p>
Claim Reconsideration	<p>Submitted when a provider disagrees with how a clean or adjusted claim was processed.</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Denials related to code edits or authorization. Requests related to code edit or authorization denial require medical records and must accompany the request for reconsideration. • Payment amount which does not align with expected payment. 	<p>Submitters have 60 days from the from the date of the Medicaid Remittance to file request for reconsideration via EDI, through the Secure Provider Portal found on our website at https://provider.silversummithealthplan.com, or by mail to the address below. Requests submitted by mail must include a completed Provider Claim Reconsideration Form, which can be found on the Provider Forms page of our website, as well as supporting documentation.</p> <p>SilverSummit Healthplan Attn: Claims Department P.O. Box 5090 Farmington, MO 63640-5090</p>
Claim Appeal	<p>Submitted when a provider has received an unsatisfactory response to a previous reconsideration request. A provider payment appeal is not a member appeal (or a provider appeal on behalf of a member) of a denial or limited authorization as communicated to a member in a notice of action.</p> <ul style="list-style-type: none"> • Any adverse action, including the denial or reduction of claims for services included on a clean claim. • Providers may also dispute SilverSummit HealthPlan's policies, procedures, rates, contract disputes, and any aspects of SilverSummit HealthPlan's administrative functions 	<p>Submitters have 60 days from the from the date of the Medicaid Remittance to file request for claim payment appeal. Claim appeals must be submitted in writing to the address below and must include the required Provider Claim Appeal form completed in its entirety, which can be found on the Provider Forms page of our website, along with the appropriate appeal documentation and can be submitted to</p> <p>SilverSummit Healthplan Attn: Appeals & Grievances P.O. Box 5090 Farmington, MO 63640-5090</p>