



Reminder: Claims Reconsideration Preferred Submission Method

January 30, 2023

Dear Providers,

SilverSummit Health Plan would like to remind providers that our **easy-to-use provider portal is our preferred method of receiving your requests for claims reconsiderations.**

If you have not created an account, you can do so at www.silversummithealthplan.com/login.html. The portal is a very convenient and accessible tool that you can use to check eligibility, submit authorizations and check status, submit and view claims as well as generate reports.

The “Reconsider Claim” button only displays on a finalized claim (i.e. paid, denied or partially denied.) It can only be used for reconsiderations and not for appeals. To submit an appeal, please refer to the billing manual.

We are attaching a claims reconsideration guide to walk you through the provider portal reconsideration process.

As always, please reach out if you have any questions or clarifications.

Thank you,

SilverSummit Healthplan

CLAIMS RECONSIDERATION GUIDE

To Reconsider Claim

Use reconsider claim to provide documentation in support of a paid or denied claim. Providers are not to use this tool for Appeals.

1. Click **Reconsider Claim**. The Reconsider Claim pop-up window displays.

Note: The Reconsider Claim button will be visible unless a web-initiated reconsideration is already in progress.

The screenshot shows the 'Claim Details' page for a denied claim. At the top, there is a 'Back to Claims' button and the title 'Claim Details'. Below this, the claim status is 'Denied'. A row of buttons includes '+Copy Claim', 'Correct Claim', 'Void/Recoup Claim', and 'Reconsider Claim', with the latter being highlighted by a red box. A progress bar shows 'Claim Accepted' (green checkmark), 'In Process' (green checkmark), and 'Denied' (red X). Below the progress bar, there are sections for 'Member', 'Provider', 'Claim', and 'Most Recent Payment'. The 'Claim' section shows 'DOS Range', 'Received Date', and 'Billed Amount: \$3.00'. The 'Most Recent Payment' section shows 'Payment Date', 'Paid Claim Amount: \$0.00', 'Check/EFT Number', 'Total Check Amount: \$0.00', and 'Check Dated'. At the bottom, there is a 'Service Lines' table with one line item.

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status	Payment Codes
1						\$3.00	\$0.00			DENY	IE

2. From the **Reconsider Claim Type** drop-down menu, select the type of reconsideration you want to submit. **Note:** Options vary by plan type.

The screenshot shows the 'Reconsider Claim' pop-up window. It has a title bar with 'Reconsider Claim' and a close button. Below the title bar, there is a 'Claim No:' field. A pink box contains the following text: 'A submission on this form will be processed as a Reconsideration. To submit a claim Appeal, please refer to your Provider Manual. For example, if an authorization was not obtained and/or you need a review of medical necessity, an Appeal must be submitted. [Hide example](#)'. Below this, there is a 'Reconsideration Type' section with a dropdown menu labeled 'Select Reconsideration Type...'. At the bottom, there are 'Cancel' and 'Submit Reconsideration' buttons.

The screenshot shows the 'Reconsider Claim' pop-up window with the dropdown menu open. The menu options are: 'Select Reconsideration Type', 'Select Reconsideration Type', 'Denied for a Global/Unbundled Procedure', 'Denied for Untimely Filing', 'Denial Related to an Authorization', 'Claim Paid at the Incorrect Amount', 'Coordination of Benefits (COB)', 'Co-insurance/Co-pay/Deductible Applied Incorrectly', 'Emergency Department Services', 'Consent Form', 'Denial Related to Itemized Billing', and 'Other'. A red arrow points from the dropdown menu in the previous screenshot to this one.

