Provider Appeals Process

Advocate Physician Partners (APP) Appeals Process is a request by provider for reconsideration or re-determination of a previously processed claim. The purpose of the Appeals Process is to ensure correct adjudication of claims by APP.

Once an initial claim has been processed by APP, participating providers have the right to appeal for reconsideration within a specific timeframe. All appeal requests must be made in writing with reason for reconsideration or re-determination. Participating providers may appeal for various reasons and are not limited to the following reasons:

- Coding errors
- Proof of timely filing
- Incorrect payment due to referrals or lack of authorizations
- Corrected claims
- Underpayments
- Denials

First level of Appeals: Re-determination

A re-determination is an examination of a claim by an APP Appeals Associate. APP contracted providers have 9 months from the date of service to file an appeal. All appeals or disputes must be in writing with the reason for appeal. Any requests without the reason or completed information will be returned to the provider to complete.

1. Contracted providers requesting re-determination of claims should complete the Appeals Request Coversheet (Attachment C) with reason for appeal. For multiple appeals with the same reason, one Appeals Request Coversheet may be used.
2. The completed Appeals Request Coversheet with supporting documentation attached (including claims and any additional information which will assist in the re-determination process) should be sent to the following address for Appeals:
   Advocate Physician Partners
   P.O.Box 0357
   Mt Prospect, IL 60056
   Attn: Appeals Team
   If appeals are not sent to the above address, claims will be processed through manual inventory and will not be considered as an appeal.
3. Once the appeals are received by APP, we will review and if the appeal is complete, the appeals will be batched and sent for scanning.
4. If the appeals are not complete and or non scannable, APP will send the claims back to the provider for additional information or documentation.

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5. The scanned claims will be reviewed or evaluated and may be sent back to the providers as a Data Reject, Fatal Edit, or with complete information be reprocessed in IDX.

6. Data Rejected claims: claims that have not file in IDX system for missing/invalid information. If the claim is missing or have invalid information, a data reject letter will be sent to the provider for resubmission with appropriate documentation.

7. Fatal Edit claims: claims that may or may not filed in the GE system for eligibility, vendor or claim line edits. If the claim cannot be reprocessed due to eligibility, vendor information is insufficient or claim line edit, a fatal edit letter will be sent to the provider for resubmission with appropriate documentation.

8. Once the claims are reprocessed in the GE system, a Weekly Appeals Report of processed claims will be sent to the provider of service. The Weekly Appeals Report will provide a comprehensive review and analysis of the appeal claims processed for the week.

Second level of Appeal: Reconsideration

A request for reconsideration is a reexamination of a claim by APP Administrative Director. The contracted providers must submit the request for reconsideration in writing and clearly mark it as a 2nd submission for appeal and sent to the following address:

Advocate Physician Partners
P.O.Box 0357
Mt Prospect, IL 60056
Attn: Appeals Team
2nd Submission

Once second level of appeal has been received and if the original request is upheld after additional review by APP Service Enhancement Lead Auditor, the appeal will be forwarded to the APP Directors for determination.
Dear Advocate,

RE: Appeal

Attached is a claim that we are appealing to your office for payment. The data below is completed to provide you information about the appeal in addition to a copy of the HCFA 1500 (08/05) or UB04 attached.

Member Name: _______________________________________

☐ Underpayment  Expected Payment: $_______________

☐ Coding error

☐ Proof of timely filing

☐ Not Paid according to Contractual terms. Expected Payment: $_______________

☐ Corrected claim: _________________________________________

(Indicate what was corrected on the claim)

☐ Eligibility      ☐ Remarks on EOB: ________________________________

(Attach copy of the Advocate EOB)

☐ Referral authorization

☐ Other:

_________________________________________________________________

(Please note, for multiple appeals with same reason, 1 Appeals Request Coversheet may be used)