

## Provider Appeals and Grievances Process

Any provider/practitioner has the right to file a formal grievance or appeal with Presbyterian. The provider/practitioner should submit their grievance or appeal to the Presbyterian Grievance and Appeals Coordinator within the following timeframe:

<b>Grievances/Appeals</b>	<b>Time Frame</b>
Grievances/Appeals challenging a claim denial, claim adjudication, claim submission or claim resubmission not acted upon	Within 12 months of the date of service

### Standard Appeal

Presbyterian encourages providers/practitioners to file claims correctly the first time or, if time allows, resubmit the claim through the Claims Activity Review and Evaluation (CARE) Unit to resolve an issue. A provider/practitioner is encouraged to contact his/her Provider Services Coordinator to help clarify any denials or other actions relevant to the claim and to help with a possible resubmission of a claim with modifications. Remember, once a claim is initially submitted in a timely manner, a provider/practitioner has one year (12 months) from the date of service to correct any defects in the initial claim submission and to resubmit the claim for reprocessing. A contracted provider/practitioner has one year (12 months) from the date of service to file an appeal regarding a claim denial or the denial will be upheld as past the filing limit for initiating an appeal.

When filing an appeal, please remember to document the reasons for your reconsideration request and attach all supporting documentation for review of the issue. If the issue involves a claims denial appeal, and you previously submitted the claim electronically, please include a hard copy of the claim in question for review of your appeal. If the appeal is related to a claim coding matter, it is helpful to include supporting medical records such as office notes and operative reports, if applicable.

### Formal Grievances

A grievance may be filed orally or in writing; and must state with particularity the factual and legal basis and the relief requested, along with any supporting documents (i.e. claim, remittance, medical review sheet, medical records, correspondence, etc.). Particularity usually means a chronology of pertinent events and a statement as to why the provider/practitioner believes the action by Presbyterian was incorrect. Grievances shall be resolved within 30 calendar days.

Presbyterian will review grievances in accordance with all Federal and State Regulatory Guidelines and Presbyterian policies and procedures.