

Important Information - Electronic Provider Appeals

- A. In order to submit an appeal, claims must be in a finalized state with a determination issued (see EOP).
- B. Pending claims **cannot** be appealed as a final determination(s) has not been issued/released via EOP; however, with appropriate documentation, you may submit a request for claim review to ArchCare via the claims inquiry mailbox (ClaimsInquiry@archcare.org).
- C. Valid claim number(s) will populate the claim data. Once, the claim number entered you **must** press **ENTER** or **TAB for all the claim data to populate**. If ENTER or TAB is not pressed after entering the claim number(s), the claim data will not be received by ArchCare and the appeal submission will be **ineligible** for review.
- D. To obtain a claim number(s) or determine status of claim(s), contact PEAK or alternatively, check provider portal for updated claim activity status.
- E. Multiple claims, pertaining to a member and dispute may be appealed in one submission.
- F. Supporting documentation must be applicable to member and dispute, **ONLY**.
- G. Do not submit multiple/duplicate appeals for the same claim. If appeal status is in question, please submit an email to claimsinquiry@archcare.org.
- H. All required fields are marked with a red asterisk.

Electronic Appeal Form Instructions

Please follow the steps below to properly fill out the electronic appeal form.

1. **Select the Case Type:** Select case type from the drop down ('Post –Service (Claim) Appeal' or Non-par (No Auth Denial) Appeal').
 - If the appeal is a 2nd Level Appeal check the '2nd Level Appeal' box.
2. **Received Date/Time:** May be auto populated by checking the 'Select to Current Date & Time' box below this field or you may manually enter the information. The date and time of your request submission should be entered here.
3. **Member Primary Plan (Please refer to member ID below):** Select the appropriate line of business (ArchCare Advantage; ArchCare Community Life or ArchCare Senior Life) from the drop down.
4. **Request Type:** Make a selection from the drop down box. If your issue is not specifically listed, please select the closest request type category and add details to the Case Details Section.

Auth Reconsideration
COB (Coordination of Benefits)
Corrected Claim
Correspondence
Eligibility
Incorrect Denial
Missing Provider Data
NAMI (Net Amount Monthly Income)
Overpayment
Payment Dispute
Timely Filing

Associated Claim Section

5. **Claim Number:** Enter a valid claim number and then press 'Enter' or 'Tab', this will ensure that all the claim data is populated in all the subsequent fields in this section (all other fields in this section are grayed out and data entry is not required).

Case Details Section

6. Provide a description of the issue/reason for the appeal.

Submitter Information Section

7. **Submitter Type:** Make a selection from the drop down (Billing Provider; Rendering Provider or Third Party).
8. **Submitter First Name:** Enter your first name.
9. **Submitter Last Name:** Enter your last name.
10. **Submitter Phone:** Enter your telephone number.
11. **Submitter Email:** Enter your email address.

Attachment Section

Upload a copy of your appeal letter and supporting documentation in one or more files (multiple files may be uploaded with a 150 page maximum on each file).

12. **Available Attachment Types:** Select the type of document being uploaded from the drop down box (Supporting Documents, Medical Records or Waiver of Liability).
13. **Attach:** Click on 'Attach' to select your file(s) from your stored location(s).
14. **CAPTCHA:** Check off the box 'I'm not a robot'. If prompted, complete the CAPTCHA challenge.
15. **Submit:** Click on submit (the appeal is submitted to ArchCare).

Additional Resources to support appeal submissions and claim inquiries

- ArchCare's Website (ArchCare.org)
- Provider Portal – Provides claim status information
- PaySpan – Access to Explanation of Payment, Payment type election (check vs. EFT)
- Provider Manual – plan guidelines/benefit plan/Contact numbers
(<https://www.Archcare.org/health-plans>, then select the health plan, information for providers, provider manual)
- Claim Inquiry Mailbox – Contact the ArchCare claims department for any claim/appeal related inquiry. (Claims inquiry@archcare.org)

External Appeal Request (Image)

IMPORTANT

This form is for post service appeals only! (Claim appeals or disputes)

Instructions

Please complete this form in its entirety. Only one member may be submitted per form, but multiple dates of service or claim numbers for the same member may be submitted. Appeals with multiple members will be rejected.

Supporting Document

Please ensure all supporting documents submitted, are directly related to the appeal.

Select the Case Type*

2nd Level Appeal

Member Primary Plan (Please refer to member ID below)*

Received Date/Time*

Select to Current Date & Time

Request Type*

ATTENTION

Please note, once claim number is entered, all claim data will auto populate. The minimum requirements to complete this form is the claim number. This can be found on the Explanation of Payment Contact Peak Customer Service at 888-888-4447 for assistance.

Associated Claim

Add

Claim Number*

Service Start Date

Type of Service

Service End Date

Level of Service

Patient Member ID (M=Community Life, P=Senior Life, A=Advantage)

Remove

Provider NPI

Provider Tax ID

Provider Name

Provider Type

Provider Address

Provider City

Provider State

Provider ZIP Code

Case Details

Issue Description (250 characters)*

Submitter Information

Submitter Type*

Submitter First Name*

Submitter Last Name*

Submitter Phone*

Submitter Email*

Attachment (150 PAGE MAX PER ATTACHMENT/ MULTIPLE ATTACHMENTS ALLOWED) (0)

Document Name	Attachment Type	Actions
Available Attachment Types		
Supporting Documents		Attach

I'm not a robot



reCAPTCHA
Privacy - Terms

Submit

Disclosure

Submission date and time are being captured and saved electronically.

Priority

Status

Date Stored

Time Stored

Case Submission Method