Healthy Blue

Healthy Blue
Medicaid Managed Care

Claim Payment Appeal — Submission Form

This form should be completed by providers for payment appeals only.

Member information:

Member first/last name: ____________________ Member date of birth: ____________
Member coverage: □ Medicaid □ Medicare member ID: ____________________

Provider/provider representative information:

Provider first/last name: ____________________ NPI number: ____________

Provider street address: ____________________

City: ____________________ State: __________ ZIP code: __________

□ I am a participating provider. □ I am a nonparticipating provider.*

* If filing for a Medicare member and the member has potential financial liability, you must include a completed *Centers for Medicare & Medicaid Services Waiver of Liability* form.

Provider representative: □ Self □ Billing agency □ Law firm □ Other: ____________

Representative contact name: ____________________ Contact phone: (______) ____________

Representative street address: ____________________ Email: ____________

City: ____________________ State: __________ ZIP code: __________

Claim information:**

Claim number: ____________ Billed amount $: ____________ Amount received $: ____________

Start date of service: ____________ End date of service: ____________ Authorization number: ____________

** If you have multiple claims related to the same issue, you can use one form and attach a listing of the claims with each supporting document following behind.

Payment appeal
A payment appeal is defined as a request from a health care provider to change a decision made by Healthy Blue related to claim payment for services already provided. 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.

□ First-level appeal □ Second-level appeal

To ensure timely and accurate processing of your request, please check the applicable payment dispute determination below. This was provided on the Healthy Blue determination letter or *Explanation of Payment*.

- □ Untimely filing
- □ No authorization
- □ Disagree you were paid according to your contract
- □ Denied for Other Health Insurance (OHI), but member doesn't have OHI
- □ Claim code editing denial
- □ Retrospective authorization issue
- □ Member retro-eligibility issue
- □ Data elements on claim on file does not match claim originally submitted
- □ Denied as duplicate
- □ Denial related to provider data issue
- □ Experimental/investigational procedure denial
- □ Other: ____________________

Mail this form, a listing of claims (if applicable) and supporting documentation to:

Healthy Blue Payment Appeals
P.O. Box 61599
Virginia Beach, VA 23466-1599

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.
BLAPEC-0442-17 August 2017