

ATTENTION: Mount Carmel MediGold Health Plan “Network” Providers

NETWORK providers may request a review of a paid or denied claim once the original claim determination has been made. A request for review should only be made when you have reason to believe that your claim was processed incorrectly, or when you have additional information to provide regarding your claim that would support your request for reconsideration. To file a “Request for Claim Review”, please know the following:

- Requests must be filed within 6 months of the date of the original remittance. Requests for review filed any later will be returned without consideration.
- Requests must be filed following the “Request for Claim Review” process outlined in the Mount Carmel MediGold Health Plan Provider Manual (Section 5); and you must use the “Request for Claim Review” form found at Mount Carmel MediGold Health Plan.com.
- Your completed requests must be faxed to 1-833-263-4871 or mailed to Mount Carmel MediGold Health Plan, 3100 Easton Square Pl, Suite 300, Columbus, OH 43219, ATTN: Request for Review. Be sure to include appropriate documentation, including rationale and justification for your request, and any applicable office notes, operative notes, or consult request/reports.
- **DO NOT** use the “Request for Claim Review” form to submit a “corrected claim.” If, for example, the original claim was rejected for an invalid ICD-9 or CPT code, simply send the corrected claim to Mount Carmel MediGold Health Plan’s claims processing center using the “Corrected Claim” form also found at medigold.com. Your claim could be denied as a duplicate if you do not use the Corrected Claim form. You can get further guidance and assistance on these matters by contacting Mount Carmel MediGold Health Plan’s Provider Call Center at (800) 991-9907.

ATTENTION: “Non-Network” Providers

NON-NETWORK providers who believe the amount paid is less than the amount that would have been paid under Original Medicare or disagree with Mount Carmel MediGold Health Plan’s decision to pay for a different service than billed may file a “Request for Claim Review” following the guidelines listed above. If the non-network provider disagrees with Mount Carmel MediGold Health Plan’s claim review decision, non-network providers can request an independent review from Mount Carmel MediGold Health Plan. Mail or fax request to:

- Mount Carmel MediGold Health Plan, Attn: Claims Audit., 3100 Easton Square Pl. Suite 300, Columbus, Ohio 43219, Fax: 1-833-263-4871
- Mount Carmel MediGold Health Plan must receive the written request within 180 days of the organization’s unfavorable claim review decision. Providers with questions regarding the adjudication process or individual disputes being reviewed can contact the Mount Carmel MediGold Health Plan Provider Call Center at (800) 991-9907.

NON-NETWORK providers who disagree with our initial claim denial which resulted in no claim payment have the right to file an appeal under the standard 60-day appeal process. If you wish to file an appeal, you must complete the following:

- File the appeal in writing within 60 days of the date in which you received the notice of claim denial. Include all information you wish Mount Carmel MediGold Health Plan to consider, including rationale and justification for your request and all applicable medical records and documentation. You must also include a completed “Waiver of Payment Statement” which can be found at Mount Carmel MediGold Health Plan.com. Appeal requests cannot be processed without our receipt of this signed document.
- Mail, fax or deliver your appeal to: Mount Carmel MediGold Health Plan, Attn: Appeal and Grievance Coordinator, 3100 Easton Square Pl. Suite 300, Columbus, Ohio 43219, Fax: 1-833-802-2495

Mount Carmel MediGold Health Plan will make a decision on your appeal within 60 days of our receipt of your written appeal. Please note that the 60 day appeal period will not begin until all requested information has been received. If Mount Carmel MediGold Health Plan does not rule fully in favor of your re-determination request, we will forward your appeal request to the CMS QIC contractor (Maximus) for an independent decision.

NOTE: If you have questions regarding a remark code on your remit; feel you need to submit a correct claim; or have additional information to provide relating to your claim, please contact Mount Carmel MediGold Health Plan’s Provider Call Center at 1-800-991-9907 for assistance. We can address those matters over the phone without your having to file an Appeal. If you do decide to file an appeal, or have questions about our Appeal Process, please contact Mount Carmel MediGold Health Plan’s Appeal and Grievance Coordinator at (888) 898-6129.

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Mount Carmel MediGold Health Plan (HMO/PPO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).