# McLaren Health Plan and McLaren Health Advantage
# Provider Claim Adjustments

It is the goal of McLaren Health Plan (MHP) and McLaren Health Advantage (MHA) to adjudicate all provider claims in a timely and accurate manner. Providers who need to correct a claim should complete a Provider Claim Adjustment Form.

The following summarizes the Provider Claim Adjustment Form process:

| **When To Use the Provider Claim Adjustment Form**<br><br>A provider may submit a Provider Claim Adjustment Form if you believe a claim has been adjudicated incorrectly or a service denied inappropriately. | |
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| **Claim Adjustment Process** | **Time Frames** |
| Within 90 calendar days from the administrative action by MHP and MHA, the provider must complete and submit a Provider Claim Adjustment Form.<br><br>Provider must complete the Claim Adjustment Form and attach a **paper** copy of the corrected claim or the claim dispute, and any supporting documentation for the adjustment.<br>Mail to:<br>McLaren Health Plan or McLaren Health Advantage<br>Attn: Customer Service<br>P.O. Box 1511<br>Flint, MI 48501-1511 | Claim Adjustment Form must be received **within 90 calendar days of the most recent McLaren Health Plan Explanation of Payment (EOP)**, excluding COB/subrogation claims |
| **Process Clarification**<br><br>The Claims Adjustment process is not available to a provider if the Appeals Process has been used and the provider was not satisfied with the outcome. | |

For questions regarding the Provider Claims Adjustment Process,
call Customer Service at (888) 327-0671.

The Provider Claims Adjustment Request Form is available on our website at:
MclarenHealthPlan.org or MclarenHealthAdvantage.org

G-3245 Beecher Road • Flint, Michigan • 48532
tel (888) 327 0671 • fax (877) 502 1567
MclarenHealthPlan.org

McLaren HEALTH PLAN

McLaren HEALTH ADVANTAGE

# McLaren Health Plan and McLaren Health Advantage
# Provider Claim Adjustment Request Form

## WHEN TO USE THIS FORM:

A **Claim Adjustment** - is a request for payment reconsideration for a paid or denied claim. Any claim for which an Explanation of Payment (EOP) was issued that was paid inappropriately, or was denied, must be resubmitted on a paper claim (not EDI) with supporting documentation as an adjustment.

**Claim Adjustment Request Time Frame** - All claim adjustment inquiries and requests must be made to McLaren Health Plan (MHP) or McLaren Health Advantage (MHA) **within 90 calendar days** of the most current MHP/MHA EOP. Any inquiry or request made **after 90 calendar days** will not be given consideration. The acknowledgement of receipt date will only be considered when a completed request form and supporting documentation is received by MHPM/HA.

## COMPLETE THE FOLLOWING REQUIRED INFORMATION:

**Member Name:** _____ **ID #:** _____

**MHP/MHA Claim #:** _____ **DOS:** _____

**Provider Name:** _____ **Tax ID #:** _____

**NPI #:** _____

**Office Contact:** _____ **Phone #:** _____

**Date *Provider Claim Adjustment Request Form* Submitted:** _____

**Reason for Request (please check appropriate box):**

**For a correction to a previously submitted claim:**

- ☐ **Anesthesia Time**
- ☐ **Date of Service**
- ☐ **Diagnosis Code**
- ☐ **Modifier**
- ☐ **MS DRG**
- ☐ **Place of Service**
- ☐ **Procedure Code**
- ☐ **Provider/Tax ID**
- ☐ **Other** _____

**For reconsideration:**
**(supporting documentation required)**

- ☐ **Service denied for lack of authorization (attach copy of referral)**
- ☐ **Service denied as other insurance primary (COB) (attach copy of primary EOB)**
- ☐ **Service denied as a duplicate (attach documentation)**

**Send this completed Provider Claim Adjustment Request form along with the paper claim form (not EDI) and supporting documentation to:**

McLaren Health Plan or McLaren Health Advantage
Attention: Customer Service
P.O. Box 1511
Flint, MI 48501-1511
Or Fax to: (877) 502-1567
For questions regarding the Provider Claims Adjustment Process,
call Customer Service at (888) 327-0671.

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