BROWN & TOLAND PHYSICIANS

Medicare Advantage Claims Inquiry Process for Contracted Providers

Brown and Toland has developed a process for contracted providers seeking reconsideration of a claim decision. Contracted providers may submit a claim inquiry/reconsideration request and or file a formal appeal.

Claims Inquiries/Reconsideration Request: A claim inquiry/reconsideration request is a telephonic or written request to explain the status or rationale for a decision, delay, or denial of a claim. Issues or questions may be resolved at the inquiry level. An inquiry may or may not alter the original decision. Providers may initiate an inquiry regarding a decision by Brown & Toland, including but not limited to, a claims processing determination**. Reconsiderations must be requested and completed before filing a formal appeal.**

STEP ONE: RECONSIDERATION

Contracted Brown & Toland providers may initiate a claims inquiry/reconsideration request by doing one of the following:

1) Contacting Brown & Toland's Claims Customer Service Department by calling: **(415) 972-6002**. Our agents are trained to answer many of your claims questions and can initiate contact with other Brown & Toland departments when further review or research is needed.

    a) Please note the reference number issued to you by the Claims Service Associate.
    b) If your inquiry is not resolved by phone, you will receive a letter from Brown & Toland within 30 days. Please allow us time to properly research and resolve your inquiry before contacting us again.

2) Completing and submitting the Brown & Toland Provider Claim Reconsideration Request Form. Be sure to complete all required fields on the form to avoid delay of review.

Reconsideration request forms should be mailed to:

Brown & Toland Physicians – Claims CQA Dept
P. O. Box 72710
Oakland, CA 94612-8910

STEP TWO: FORMAL APPEAL

If you disagree with the determination of our response to your initial inquiry, you may escalate your concern by submitting a formal written appeal within **365** days from date of original Explanation of Benefits (EOB) or Electronic Remittance Advice (ERA) with supporting documentation.

Formal Appeals should be mailed to:

Brown & Toland Physicians – Claims CQA Dept
P. O. Box 72710
Oakland, CA 94612-8910

BROWN & TOLAND PHYSICIANS

(Attach One Form Per Claim)

BROWN & TOLAND PROVIDER CLAIM RECONSIDERATION REQUEST FORM

To be used by contracted Brown & Toland providers for Medicare Advantage claims reconsideration

Note: SUBMISSION OF THIS FORM CONSTITUTES AGREEMENT NOT TO BILL THE PATIENT

- Initial inquiry should be made via telephone call to the Claims Customer Service Department at (415) 972-6002.
- This form is to be used for the reasons indicated below. This form should **not** be used if you received a letter from Brown & Toland Physicians requesting additional information required to finalize a submitted claim. In that instance, please provide the requested information along with the letter placed on top.

Date:	*** Hospital / Facility / Physician Name;**	
*** Tax ID Number:**	**NPI Number:**	*** Date(s) of Service:**
*** Patient Name:**	*** Member's Health Plan ID Number:**	**Date of Birth:**
*** Original Claim Number:**	**Original Claim Amount Billed:**	**Original Claim Amount Paid:**
Office Contact Name:	**Telephone Number:**	**Fax Number:**

* Indicates a required field

Reason for request: (check one)

☐ Previously denied as timely filing (attach proof of timely filing)

☐ Previously denied for 'Additional Information Not Received' (requested documentation should be attached)

☐ Claim inquiry or check tracer

☐ Resubmission of a corrected claim (explain correction below)

☐ Other – explain below:

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INSTRUCTIONS: When submitting this form, place the form on top of all supporting documentation, which may include correspondence received from the health plan, and mail to:

Brown & Toland Physicians – Claims CQA Dept
P.O. Box 72710
Oakland, CA 94612-8910