PROVIDER FIRST LEVEL APPEAL FORM

PEHP makes good faith efforts to pay claims quickly and correctly. You can find PEHP payment policies and common exclusions or limitations online at www.pehp.org/providers. For questions about how a claim was processed, please contact us via the Message Center available in your PEHP provider account at www.pehp.org or by phone at 801-366-7555.

INSTRUCTIONS

If a Provider believes PEHP has made in error in a decision or the processing of a claim, a First- Level Appeal must be filed within 180 days of the claim's adjudication.

This appeal must be completed in full and submitted to PEHP signed by the Provider or Provider's Representative. The Provider bears the burden of showing why PEHP paid the claim in error and how the error should be corrected. As such, the Provider must identify with specificity PEHP's error, include relevant documentation, and provide reference to the specific portions of the documentation that support the appeal. PEHP will not accept or investigate a claim where the Provider has failed to provide this information. An appeal that is not filed within 180 days or lacks specificity or documentation will be denied.

Appeals submitted via the Message Center (available in your PEHP provider account at www.pehp.org) will be prioritized. Appeals may also be submitted via fax at 801-320-0541. Each appeal should be filed separately. PEHP will deny a bundle of appealed claims unless submitted documentation shows that the same error and same correction apply to all.

I certify that I am the Provider who provided services in dispute or that I am authorized to legally bind and represent Provider in this matter. Under penalty of perjury, I solemnly swear and affirm that the information provided in this appeal is true and correct. I understand that if such information is not true and correct, it may result in a limitation or reduction in benefits, dismissal of my appeal, potential termination of any provider agreement, and/or constitute insurance fraud. I understand and agree that additional reasonable documentation may be requested by PEHP to prove benefit eligibility, and that if I am unable or unwilling to produce such documents, my appeal may be dismissed. I also understand that I will be fully responsible for all costs in pursuing this appeal.

Signature: _____ **Role:** _____

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Frequently Asked Questions

Your appeal will be denied if any field is left blank or contains incorrect or incomplete information.

Name of Person Filing This Appeal: _____

Role: _____

Email Address: _____

Daytime Phone Number: _____

Fax Number: _____

Patient Name: _____

Member ID: _____

Is your appeal regarding a previously submitted pre-authorization request? Yes ☐ No ☐

Was your pre-authorization approved? Yes ☐ No ☐ If yes, please do not submit this form and contact PEHP Clinical at 801-366-7551.

If the appeal is regarding a denied claim, what is the claim number? _____

Does this appeal relate to: Medical ☐ Dental ☐ Pharmacy ☐

Reason for claim denial:

Experimental/Investigational ☐ Timely Filing ☐ No Pre-Authorization ☐

Records Needed ☐ Not Medically Necessary ☐ Not Eligible/Policy Exclusion ☐ Site of Service ☐

Inclusive/Other Coding ☐ Does Not Meet Criteria ☐ Maximum Benefits ☐

Code(s) in Question: _____

Date(s) of Service: _____

Identify with specificity, including references to the applicable clinical and benefit policies, the error PEHP made in reaching its decision or processing the disputed claim. For each attached document, identify the page number and underscore the sections that support your position.

Identify the specific correction you are requesting.

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Frequently Asked Questions

What if I need help understanding a PEHP decision or claim payment?
Please visit www.pehp.org/providers for policy and benefit information or call us at 801-366-7555.

What if I don't agree with a PEHP decision or claim payment?
A provider may appeal any PEHP decision or claim payment in whole or in part within 180 days of the initial adjudication.

Who may file an appeal?
You or someone you name to act for you may file an appeal. If you wish to authorize someone to represent you and have not already submitted an authorization form to PEHP, you can find the required form at www.pehp.org/forms.

How do I file an appeal?
To file an appeal, this form must be completed in full, signed by the Provider or Provider's Representative, and submitted to PEHP. Appeals submitted via the Message Center on www.pehp.org will be prioritized. Appeals may also be submitted via fax at 801-320-0541. This appeal must be completed in full and submitted to PEHP signed by the Provider or Provider's Representative. The Provider bears the burden of showing why PEHP paid the claim in error and how the error should be corrected. As such, the Provider must identify with specificity PEHP's error, include relevant documentation, and provide reference to the specific portions of the documentation that support the appeal. PEHP will not accept or investigate a claim where a provider has failed to provide this information. An appeal that is not filed within 180 days of the initial adjudication or lacks specificity or documentation will be denied.

What happens next?
Following our review of your appeal, we will inform you in writing of our decision. Appeals are reviewed and decisions sent generally within 30 days.

Can I request copies of information relevant to my claim?
All information reviewed by PEHP in denying your claim is available to you free of charge. This includes billing and diagnosis codes. Requests for this information must be submitted in writing to:

PEHP Appeals and Policy Management
P.O. Box 3836
Salt Lake City, UT 84110-3836