

Land of Lincoln Mutual Health Insurance

A/R Claims Reconsideration Frequently Asked Questions (FAQs)



1. *Should I fill out the single form or the spreadsheet?*

The spreadsheet was developed as a means to receive large amounts of billing data exported from your systems with minimal manual effort. We recommend using the spreadsheet for 25 or more claims, while using the individual form for less than 25 claims.

2. *How many times can I submit the reconsideration form or spreadsheet?*

Only once, so please ensure that any claim you wish to be reconsidered is included on the submission.

3. *I have multiple billing offices -- who should submit the A/R reconsideration spreadsheet?*

We require one submission per entity (person, partnership, organization or business represented under provider's contract). An entity with multiple tax ID numbers, NPI's and/or department representatives must submit a single, aggregated request. We will not consider separate submissions from the same entity.

4. *Can I submit old claims for reconsideration?*

We will follow the 'timely' deadlines as defined in our provider contract, which is generally 90 days from the date of service and 180 days from the date of the EOP (Explanation of Payment), unless otherwise stated in your contract.

5. *What if my submission is denied?*

All decisions made through this reconsideration process are considered final.

6. *If I do not know the claim number, what should I use instead?*

The best way to match an episode of care is with the claim number, which can be located through the Provider Portal, on the EOP, or by calling our customer service team. If you do not have a claim number, please use your own systems reference number for the episode of care. Either way, you must include the member ID number, date of birth, date of service, and billed charges.

7. *When do I submit clinical and supporting documents when using the reconsideration form?*

In order to review and provide a determination, you are required to select a reason for reconsideration as outlined on the form. Each reason option indicates what documents to include with your request. Using the reason "Other" must include a detailed explanation in the comment field. Reconsideration forms received without supporting documents and/or comments will deny, you will not have the opportunity to resubmit. The decision is final.

8. *What if I do not know the "Expected Payment" amount?*

This is a required field that must be populated with a dollar amount.

9. *When can I expect a determination?*

We will use our best effort to provide a determination within 60 days.

10. When is the deadline to submit?

All submissions must be received by September 1, 2017, to be reconsidered in this process. We are working in order submissions are received. We encourage that you submit your request as soon as possible.

11. Who should I contact if I have questions?

For questions related to the A/R reconsideration form and spreadsheet, please contact LaVonda Deahl at (312) 948-5640 or Ideahl@landoflincolnhealth.org