

**ILLINOIS
LIFE & HEALTH INSURANCE
GUARANTY ASSOCIATION**

1520 Kensington Road, Suite 112, Oak Brook, Illinois 60523-2140

**** HOW TO ELECTRONICALLY FILE A/R RECONSIDERATION ****

In the event your organization is conducting follow-up on a significant number of claims, you may electronically submit information as detailed in the attached file specification document titled, “Claims Reconsideration Data Template.”

Instructions:

1. Please submit **one electronic file** that contains all of the requested information on all of the claims on which you are disputing the payment;
2. Use the “**Claims Reconsideration Data Specification**” as a key for the completing the template (found on the next page). This key describes the column name, the data types, the lengths of each field, a description of each field, examples, and lookup values for specific types of columns. This format must be utilized in order for LLH to import the file correctly;
3. The **columns highlighted in yellow** are required;
4. Only utilize **one row per claim**. Rows with multiple claims entered will not be accepted;
5. Utilize the “**Comment**” column if an issue requires further explanation.

Once the document is complete, please send the Data Template sheet as an email attachment to: appeals@landoflincolnhealth.org. Your request will be processed as an appeal, and is subject to timely filing requirements as outlined in the Policy and your contract with LLH, if applicable.

Sincerely,

Illinois Life & Health Insurance Guaranty Association



Claims Reconsideration Data Specification

<u>Field Name</u>	<u>Required</u>	<u>Data Type</u>	<u>Length</u>	<u>Description</u>	<u>Example</u>	<u>Lookup</u>	<u>Lookup Values</u>
ClaimType	yes	int	2	Indicate the type of claim requested for review -- use the numerical system to the right	1	Yes	1: Physician 2: Hospital/Facility 3: Other (Lab, DME, etc.)
TIN	yes	nvarchar	9	Indicate the TIN of the provider/facility	362169147	No	
NPI	yes	nvarchar	10	Indicate the TIN of the provider	1447368071	No	
ProviderName	no	nvarchar	255	Indicate the name of the provider/facility	John Smith	No	
FacilityGroupName	no	nvarchar	255	Indicate the name of the provider/facility group	ABC Healthcare	No	
BillingContactName	no	nvarchar	255	Indicate the billing contact name	Jane Smith	No	
BillingAddress1	yes	nvarchar	255	Indicate the billing address	123 Main St.	No	
BillingAddress2	yes	nvarchar	255	Indicate the billing address line 2 (suite, etc)	Suite 1500	No	
BillingCity	yes	nvarchar	255	Indicate the billing city	Chicago	No	
BillingState	yes	nvarchar	2	Indicate the billing state	IL	No	
BillingZip	yes	nvarchar	5	Indicate the billing zip	60606	No	
BillingPhone	no	nvarchar	10	Indicate the billing phone	3125551212	No	
BillingEmail	no	nvarchar	max	Indicate the billing email	123@aol.com	No	
ServiceLocAddress1	yes	nvarchar	255	Indicate the service loc address	123 Main St.	No	
ServiceLocAddress2	yes	nvarchar	255	Indicate the service loc address line 2 (suite, etc)	Suite 1500	No	
ServiceLocCity	yes	nvarchar	255	Indicate the service loc city	Chicago	No	
ServiceLocState	yes	nvarchar	2	Indicate the service loc state	IL	No	

ServiceLocZip	yes	nvarchar	5	Indicate the service loc zip	60606	No	
Field Name	Required	Data Type	Length	Description	Example	Lookup	Lookup Values
ServiceLocPhone	no	nvarchar	10	Indicate the service loc phone	3125551212	No	
MemberID	yes	nvarchar	15	Indicate the member ID	0000394857001 (no hyphens)	No	
RefNumberOrClaimNumber	no	nvarchar	15	Indicate the claim number or reference number	2016012L0197300	No	
ProviderRefNumber	yes	nvarchar	255	Indicate the provider ref number (internal assigned #)		No	
DateOfService	yes	date	10	Indicate the initial date of service of the claim	03-15-2016 (MM-DD-YYYY)	No	
SubmittedDate	no	date	10	Indicate the submitted date of the claim	03-31-2016 (MM-DD-YYYY)	No	
SubmittedAmt	yes	money		Indicate the submitted amt of the claim	\$21,450.00	No	
ExpectedPmt	no	money		Indicate the expected pmt	\$10,000.00	No	
UnderPmt	no	money		Indicate the under pmt (difference between submitted amt and expected payment)	\$11,450.00	No	
MemberFirstName	yes	nvarchar	255	Indicate the member first name	Fred	No	
MemberLastName	yes	nvarchar	255	Indicate the member last name	Edelson	No	
MemberDOB	yes	date	10	Indicate the member's date of birth	05-15-1956 (MM-DD-YYYY)	No	
MemberAddress1	no	nvarchar	255	Indicate the member address	456 South Branch	No	
MemberAddress2	no	nvarchar	255	Indicate the member address line 2 (suite, apt, etc)	Apt 203	No	
MemberCity	no	nvarchar	255	Indicate the member city	Lincolnwood	No	

<u>Field Name</u>	<u>Required</u>	<u>Data Type</u>	<u>Length</u>	<u>Description</u>	<u>Example</u>	<u>Lookup</u>	<u>Lookup Values</u>
MemberState	no	nvarchar	2	Indicate the member state	<i>IL</i>	No	
MemberZip	no	nvarchar	5	Indicate the member zip	<i>60718</i>	No	
PatientFirstName	yes	nvarchar	255	Indicate the patient first name	<i>Fred</i>	No	
PatientLastName	yes	nvarchar	255	Indicate the patient last name	<i>Smith</i>	No	
PatientDOB	yes	date	10	Indicate the patient's date of birth	<i>05-15-1956 (MM-DD-YYYY)</i>	No	
IssueReason	yes	int	2	Indicate the issue reason -- use the numerical system provided to the right	<i>14</i>	Yes	10: Previously denied/closed due to "exceeding timely filing" 11: Previously denied/closed for "additional information" 12: Previously denied/closed for "coordination of benefits" information 13: Resubmission of a corrected claim 14: Previously processed but contracted rate applied incorrectly resulting in over/underpayment 15: Resubmission of "prior authorization information" 16: Resubmission of "bundled claim" 17: Dispute denial of a code edit or use of modifier 18: Other – Explain below
Comment	no	nvarchar	max	Provide additional comments for consideration	<i>Thank you for your consideration</i>	No	