

PROVIDER NOTICE

Provider Manual and Policy Changes

Subject: Revised Policy for Provider Complaints and Disputes

Distribution: Plan Participating Providers

Issued: February 2016

Effective: 03/01/2016

Programs Affected: Medicaid

The Plan has made the below updates to the 2016 Medicaid Provider Manual. These changes will be reflected in the next version of our Manual and are already included in the online Manuals available on our website. If you are using the 2015 version of the Provider Manual, keep this bulletin with the referenced changes.

The table below outlines the submission timeframe and guidelines for Provider Claims Disputes, Complaints and Appeals. Detailed information and definitions can be found in the Provider Manual on our website.

Should you have any questions regarding these changes, please contact the Provider Services Department by calling the toll free number 1-877-915-0551.

Type	Form	Submission Timeframe	Submit to:
Claim Dispute <i>An expression of dissatisfaction concerning a Claim</i>	Provider Claims Dispute Form	Within 90 calendar days of claim disposition	Simply Healthcare Plans 9250 W. Flagler Street, MS# 300 Suite 600 Miami, FL 33174-3460 Attn: Grievances and Appeals
Claim Payment Review <i>Request for Claim payment review</i>	Provider Claims Review Form	Within 90 calendar days of claim disposition	Simply Healthcare Plans 9250 W. Flagler Street, MS# 100 Suite 600 Miami, FL 33174-3460 Attn: Claims Department
Complaint <i>Expression of dissatisfaction <u>not</u> related to Claims</i>	NA	Within 45 days of occurrence	Simply Healthcare Plans 9250 W. Flagler Street, MS# 200 Suite 600 Miami, FL 33174-3460 Attn: Grievances and Appeals