



CLAIM DENIALS AND APPEALS POLICY

Policy 306

Job Classes: Claims
Effective Date: August 22, 2011

Reviewed: September 14, 2022
Revised: August 19, 2021

Responsible Party: Billing and Claims

1. Purpose:

To ensure all denials of payment to transportation providers are clear and consistent and that all appeals received are processed in a timely and consistent manner.

2. Policy:

Access2Care will deny reimbursement for un-authorized trips and/or claims for transportation services that did not meet standards outlined in the Network Transportation Agreement and/or in the Network Transportation Manual. Transportation Providers have a right to appeal denied claims by following the procedure listed below and in the Network Transportation Manual.

3. Procedure:

3.1. Denials

- 3.1.1. If reimbursement for a transport is to be denied, the transportation provider will receive notification
- 3.1.2. Reasons for denial may include but are not limited to:
 - 3.1.2.1. Timely Denials: Transportation providers are required to clear all trips within Forty-five (45)¹ calendar days from the date of service, or within contractual requirements. Any trip not cleared within the allotted time will be denied and no payment will be made to the transportation provider.
 - 3.1.2.2. No Documentation to Support Service: When a transportation provider fails to respond to a complaint, investigation, follow-up, or audit in the allotted timeframe, the trip in question will be denied as no-documentation to support service. Transportation Provider has forty-five (45) calendar days from the date of service for resubmission of non-clean claims, or within contractual requirements.
 - 3.1.2.3. Transportation Provider No-Show Denials: Reimbursement for a trip is denied when a member states the driver was a no-show but the transportation provider cleared the trip as a Member No-Show.
 - 3.1.2.4. No Show Denials: Trip is denied if the transportation provider clears a trip as completed and the member was a no-show.

¹ For Molina Healthcare of Florida, Inc. trips only, the Transportation Providers are required to clear all trips within one hundred eighty (180) calendar days from the date of service.



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- 3.1.2.5. All claims will be either paid or denied within sixty (60) calendar days from date of claim receipt (i.e. cleared date, or within contractual requirements)
- 3.1.2.6. Any additions/deletions required for elements of already processed clean claims, in accordance with contractual guidelines, requires the approval by a Supervisor and sign off by the Director.
- 3.1.3. Access2Care will deny reimbursement for trips when a member misses an appointment because the transportation provider was late and the appointment needed to be re-scheduled.

3.2. Appeals

- 3.2.1. Transportation providers have the right to submit an appeal for any trip that has been denied. The appeal will be processed within seven (7) business days of receipt. The appeal must be submitted in writing within thirty (30) calendar days from the date of service or denial date via email, letter, or fax, and must contain the follow information (or within contractual requirements):
 - 3.2.1.1. The reason for the appeal
 - 3.2.1.2. Documentation to support the service provided (i.e. driver log with member signature and date and time of transport)
- 3.2.2. The documentation will be reviewed, and the provider will be notified of payment decision. Medicare appeals resolutions will be completed within 60 days¹.

¹ For Texas Medicaid appeals, resolution will be completed within 30 days and appeal acknowledgement letters will be sent within 5 business days.