Vaya Health

Request for Claims Denial Reconsideration (Level 1)

Please complete and submit this Request for Reconsideration along with any additional documentation to the email address below. Any documentation the provider wishes to be considered for reconsideration must be submitted electronically. Documentation supporting the justification for reconsideration must be submitted at the same time the Reconsideration Request Form is submitted. If you have any questions about the reconsideration process, please contact a Vaya Health specialist at 1-800-893-6246, ext. 1600.

IMPORTANT: The Vaya Health Claims Denial Reconsideration Panel must receive your request by 5 p.m. no later than 30 calendar days from the final notification of nonpayment of the claim(s).

I hereby request a Level 1 Reconsideration Review of the denied claims identified in the attached document. I understand that this will be a desk review based on documents provided and Vaya claims records.

I understand that reconsideration is my opportunity to present documents and information disputing the claims denial and that the documentation I wish to be considered for reconsideration must be submitted electronically at the same time the Reconsideration Request Form is submitted.

Additional documentation (please check one): ☐ Additional reconsideration documentation accompanies this request.

☐ No additional documentation is being submitted for this reconsideration.

Name and title (print): _____ **Signature:** _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Provider name: _____ **Date:** _____

Address: _____ **Telephone:** _____

Email address: _____

Member name(s): _____

Medicaid ID or AlphaMCS record #: _____ **Date of claim submission:** _____

Claim header # (7 to 8 digits): _____

Date of final notification of payment: _____ **Date(s) of service:** _____

Applicable service code(s): _____

Denial reason: _____

Reason for reconsideration request:

EMAIL TO: claimsreconsideration@vayahealth.com
For instructions on sending secure e-mail, visit: https://providers.vayahealth.com/learning-lab/zixmail/.

Copyright © 2020 Vaya Health. All rights reserved.