

Job Aid: Submitting a Provider Appeal Request



Overview

This job aid explains how to submit a provider appeal request through the Vaya Health Provider Portal.

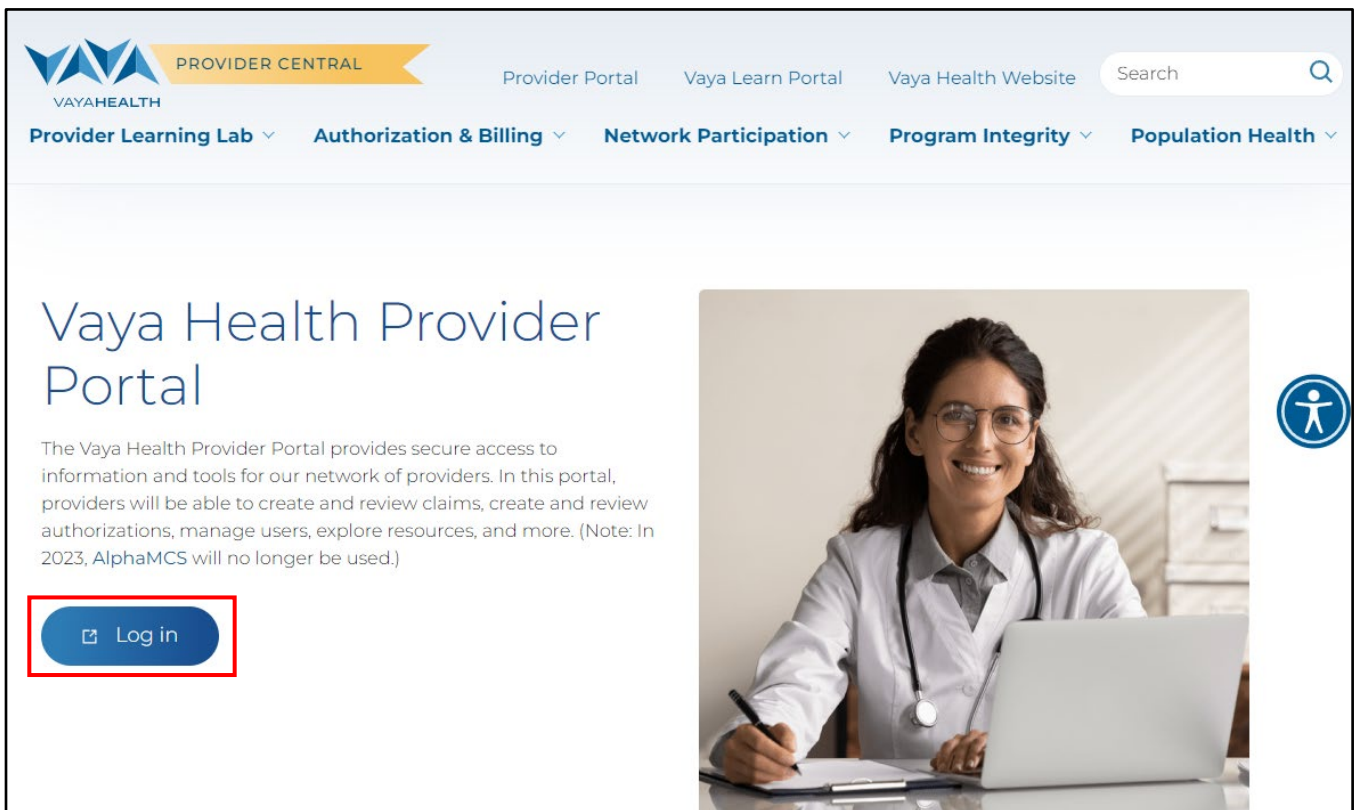
Instructions

Step 1

Navigate to the Provider Portal at providers.vayahealth.com/provider-portal.

Step 2

Log in using your registered email address.



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Step 3

Select the “Appeals” tab.

A screenshot of the Vaya Health Provider Portal. On the left is a dark grey sidebar with a list of navigation items: Home, Documents, Monitoring Documents Upload, Grievances and Complaints, Resources, Appeals (highlighted with a red box), Report Downloads, Contact Us, and Log Out. The main content area has a light grey background and contains a "Welcome" message, an "Announcements" section with a link to "visit Pr", and a note that there are no current announcements.

Step 4

Select “Create Appeal.”

A screenshot of the Vaya Health Provider Portal's "Appeals" page. The left sidebar is the same as in Step 3, but the "Appeals" item is now highlighted with a blue bar. The main content area has a light grey background and features the heading "Appeals", a paragraph stating "Vaya handles provider appeals of adverse determinations promptly, consistently, fairly, and in compliance with applicable laws and regulations. Vaya does not discriminate or retaliate against any network provider based on submission of an appeal", and a list of determinations that can be appealed. On the right side of the page, a blue button with the text "Create Appeal" is highlighted with a red box.

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Step 5

Fill out the required fields on the submission form, including:

- **Date of Appeal** – The date you are submitting the appeal
- **Provider Name** – The organization’s full legal name and “doing business as” (dba) name.
- **Name of individual completing the form** – First and last name (this person will receive communications about the appeal process)
- **Title of individual completing the form**
- **Provider Address 1** – Street address or PO Box for communications
- **Provider Address 2** – If applicable
- **Provider City**
- **Provider State**
- **Provider ZIP**
- **Provider Phone Number**
- **Contact Email** – Email address of the individual completing the form (this will be used for communications about the appeal process)
- **Provider NPI**
- **Appeal Form Due Date** – Stated in the original notice (e.g., Notice of Overpayment, Notice of Suspension)
- **Vaya Case Number** – Identified in the original notice
- **Is this a level 1 or level II request?** – If you are appealing the original notice (e.g., Notice of Overpayment, Notice of Suspension), select Level 1.
- **Review Type** – The type of appeal panel review you are requesting (e.g., via telephone, virtual meeting using video conferencing, desk review, in-person)
- **Reasons for Appealing** – Explain the reasons for appeal. You may attach additional documentation providing further detail.
- **Is this a request for an appeal of claim denial?** – Select “yes” if you are appealing a denial reflected on your remittance advice.
 - *If yes, include dates of services, claim numbers, and service codes for all Medicaid Members or State-Funded Service Recipients listed.*
 - **Member or Recipient Names**
 - **Start Date of Service**
 - **End Date of Service**
 - **Claim Numbers**
 - **Services Codes**
 - **Choose Files** – Upload documents, information, or evidence disputing the original notice or denial(s) on the remittance advice.
 - **Electronic Signature** – Full name of person authorized to submit the appeal form on the provider’s behalf.

Create an Appeal - IMPORTANT: Vaya Health must receive your request by 5:00 p.m. no later than 30 days from the date of the original Notice.

Date of Appeal 3/23/2023	Provider Name	Name of individual completing the form	Title of Individual Completing the Form
Provider Address 1	Provider Address 2	Provider City	Provider State
Provider Zip	Provider Phone Number	Contact Email	Provider NPI
Appeal Form Due Date month/day/year	Vaya Case Number	Is this a level I or level II request?	Review Type

Reasons For Appealing
Please briefly describe the reasons for appealing

Is this a request for an appeal of claim denial?
Yes No

I understand that by submission of this Appeal Request that it is my opportunity to present documents and information disputing the Notice identified above and that the documentation I wish to be considered for review must be submitted electronically at the same time this electronic Appeal Request is submitted.

Attention: If you have any documents you would like to be considered with your appeal, attach them here.

Choose Files No file chosen

Electronic Signature

Submit Appeal

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Step 6

Select “Submit Appeal.”

A screenshot of the Vaya Health web application showing the 'Submit Appeal' step. The interface includes a dark grey sidebar on the left with navigation options: 'Resources', 'Appeals' (highlighted), 'Report Downloads', 'Contact Us', and 'Log Out'. The main content area is white and contains several input fields: 'Provider Zip', 'Provider Phone Number', 'Appeal Form Due Date' (with a calendar icon), and 'Vaya Case Number'. Below these is a text area for 'Reasons For Appealing' with the prompt 'Please briefly describe the reasons for appealing'. There are radio buttons for 'Yes' and 'No' to the question 'Is this a request for an appeal of claim denial?'. A disclaimer states: 'I understand that by submission of this Appeal Request that it is my opportunity to present documentation I wish to be considered for review must be submitted electronically at the same time. Attention: If you have any documents you would like to be considered with your appeal, attach them here.' Below this is a 'Choose Files' button showing 'No file chosen' and an 'Electronic Signature' text field. At the bottom, a blue 'Submit Appeal' button is highlighted with a red rectangular border.

Step 7

After you submit the Appeal Request Form, an automated message will appear notifying you of receipt of such submission. The system also will generate an email to the contact identified in the form.