

Health Care Provider Application to Appeal a Claims Determination

Instructions

1. The carrier must make this form, PAAC, readily available to both participating and non-participating health care providers. Carriers should post the PAAC to their websites for easy access, download, and completion on-line. Carriers may limit access to the form on the website through a health care provider portal. Carriers must provide the form to health care providers upon request through multiple methods, at least one of which does not involve electronic transmission.
2. Page 1, Table 1:
 - a. Field 1 – carriers should insert a logo if they have one.
 - b. Field 2 – carriers must insert their name, and contact information specific to the claims appeal process.
3. Page 1, non-tabular fields:
 - a. Field 1 – insert contact information for processing Stage 1 UM appeals (this may be limited to a telephone number, but cannot be limited to an email address).
 - b. Field 2 – insert contact information for submitting provider complaints (this may be limited to a telephone number, but cannot be limited to an email address).
4. Page 2, Table 1:
 - a. Field 1 – carriers should insert a logo if they have one.
 - b. Field 2 – carriers must insert their name, and contact information specific to the claims appeal process; if the carrier wants or needs to insert some additional form of identification of the appeal, it may do so in this space.
5. Page 2, Table 2: This area is to be completed by the health care provider, and should not be modified by the carrier.