

BlueCard Appeal Submission Form

Contracted Physician and Provider Appeal Process

Our process for resolving billing issues for contracted physicians and providers ensures we address a complaint or appeal in a fair and timely manner. This process applies to a billing* issue that directly impacts provider payment or a write-off amount. Billing issue examples include denials for billing services that don't meet medical necessity criteria, inclusive procedures/clinical edits, allowed amount not applied per provider's contract, or multiple modifier reimbursements.

Note: This process doesn't apply to the Federal Employee Program (FEP), Medicare Supplement plans, Dental claims, or BlueCard Home Claims.

*Disputes from non-contracting providers or a non-billing issue are classified as a member appeal because the financial liability is that of the member, not the provider. Investigational/experimental procedures or services that aren't a benefit of a member's contract are examples of issues classified as member appeals.

Resolution Request Levels	Receipt Date Requirements	Response Timelines
Level 1 Appeal: Disagreement with a complaint determination or an appeal request regarding a billing issue. First-level appeals may be initiated verbally or in writing.	Received within 365 calendar days of the Premera action, e.g., date on the initial EOP.	Review and response completed within 30 calendar days of receipt of the appeal. Notification may be by letter or a revised EOP.
Level 2 Appeal: Disagreement with the determination of the first level of appeal. Second-level appeals must be submitted in writing.	Must be received within 30 calendar days from the participant's receipt of the Level 1 Appeal notification.	Review and response completed within 15 calendar days of the receipt of the appeal. Notification may be by letter or a revised EOP.
Mediation: Non-binding mediation may be requested if there is disagreement with the second level of appeal or the external review outcome (M.D. and D.O. only). Mediation requests must be submitted in writing. Mediator fees are shared equally between both parties. All other related costs incurred by parties shall be the responsibility of whoever incurred the cost.	Must be received within 30 calendar days from the Level 2 Appeal notification.	Review and written notification regarding the approximate cost of mediation completed within 30 calendar days of the receipt of the request. Any further action regarding details of the mediation are coordinated and completed by Premera's legal department.

BlueCard/Shared Admin Contracted Physician and Provider Appeal Form

This form is not used for submitting corrected claims, duplicate claim denials, claim requests for additional information, coordination of benefits, and claims status inquiries, which are considered correspondence/claim issues and should be submitted to Premera Blue Cross Blue Shield of Alaska, P.O. Box 91059, Seattle WA 98111.

IMPORTANT: If this a member liability appeal, please ask the member to obtain an authorization form from their plan directly to file an appeal on their behalf.

The following issues are not acceptable provider appeals: Eligibility denials, request for more information (i.e., medical record requests), billing errors (please submit correct billing), corrected claims (use corrected claims form and resubmit), other coverage denials (i.e., COB, worker’s comp, automobile coverage).

If you have any questions determining if this is a member appeal versus a provider appeal, please contact Premera’s BlueCard customer service at 888-261-9562 or Shared Admin (formerly NASCO) customer service at 800-713-5373.

Please complete each field and include a detailed explanation about your request:

Date: Contact name: Phone number:

Provider address:

Please check the box that accurately describes your request:

Level 1 Appeal
(Dissatisfied with outcome of complaint)

Level 2 Appeal
(Dissatisfied with outcome Level 1 Appeal outcome)

Member ID number (include plan prefix):

Member name: Date(s) of service:

Total billed amount: Claim number(s):

Reason for appeal:

Outcome desired: Please be as specific as possible. You may attach supporting documentation, but please **do not** send a DNA or other genetic sample, or the results of any genetic typing, test, or analysis, including DNA.

Please enter additional comments in this section:

**Mail or fax the completed form
and supporting documentation to:**

Premera Blue Cross Blue Shield of Alaska
Physician and Provider Appeals
P. O. Box 91102
Seattle, WA 98111-9202

Fax: 425-918-5592

How to save an electronic copy of this completed form:

Before completing this form, use the 'save as' function, rename the document, and save in a folder on your computer. Open the saved form, complete each field, save, and print.

The next time you access the template form on our website, a box will appear, "Do you want to open or save this file?" Choose 'save' and follow the same steps noted above to save an electronic copy of the completed form.