

October 21, 2019

New Claim Reopen Request Form for Senior Preferred (HMO) Providers

Now you can use our new Claim Reopen Request Form if a claim needs corrections past the initial timely filing limit of one year from the date of service. You can begin using this form right away for claim reopening requests.

You can find the Claim Reopen Request form on the Provider page under *Other Forms* at SeniorPreferred.org/for-providers.

How to submit this form

To submit a Claim Reopen Request form for a previous claim determination, your request will need to meet all the following requirements –

- It may result in either an overpayment or an underpayment;
- It's past the timely filing limit of one year from the date of service; and
- You're submitting it within two years from the initial determination date (original claim processed date).

Reopenings may also be submitted if you have met all of the requirements and the time frame is within two to four years from the initial determination date.

- You will need to use the Claim Reopen Request form to submit your good cause justification.
- Once Senior Preferred receives the good cause justification with the Claim Reopen form, Senior Preferred will make the final approval as to whether the reopening will or will not be accepted and processed.

Tips to avoid delays with your claim reopen request

It may take up to 60 days for Senior Preferred to review your request, so here are a few tips to help you avoid any delays with your claim reopen request –

- Include all supporting documentation
- Do not send any more requests until the initial request is finalized.
- Don't use this form for inquiries as to why a claim was denied and / or rejected, or the amount processed on the claim.

Please note: This form doesn't replace the Claim Adjustment Form or the Coding Denial Appeal Form. You will still need to use the appropriate forms for adjustments within one year of the date of service and to initiate a coding appeal.