



Subject: Finance	Procedure: MCCMH MCO Policy 7-010 Exhibit E: Claim Reconsideration Information	
Last Updated: 08/12/2024	Owner: Chief Financial Officer	Pages: 1

I. PURPOSE:

Providers have a responsibility to provide accurate and timely claim submissions to MCCMH. When a provider discovers an error with their claim submission, they must file a claim appeal in the Claims Appeal Module within MCCMH’s electronic medical record, FOCUS, for reconsideration.

II. DEFINITIONS:

None.

III. PROCEDURE:

- A. Reconsiderations must be submitted to MCCMH via the Claims Appeal Module. (A user guide can be referenced using the help button in FOCUS.)
- B. For large numbers of reconsiderations (more than 20), please send an email to claims@mccmh.net and cc your MCCMH Contract Manager. Large claim reconsiderations may be processed via a spreadsheet. These are reviewed on a case-by-case basis.
- C. Requested reconsiderations must indicate the exact reason for the reconsideration request, i.e., incorrect dos, incorrect time, wrong person served.
- D. Reconsiderations will be processed through the Claims Appeal Module within 5 business days.
- E. Reconsiderations processed will appear on a provider’s next payment.

IV. REFERENCES:

None.

V. RELATED POLICIES:

MCCMH MCO Policy 7-010, “Claims Process”

Annual Review Attestation / Revision History:

Revision #:	Revision/Review Date:	Revision Summary:	Reviewer/Reviser:
1	08/12/2024	Revision of Protocol	MCCMH Finance Division