

## Quick Reference – Working with the Provider Central Service Unit (M-PCSU)

Welcome to the M-PCSU for MD-Individual Practice Association, Inc., Optimum Choice, Inc. and MAMSI Life and Health Insurance Company! The M-PCSU will help to resolve claim issues that have not been resolved to your satisfaction after utilizing standard avenues of resolution. If you have an issue, you will no longer call your Network Management contact, but rather escalate the issue through the M-PCSU to a dedicated group of service specialists who will triage your issue and guide it to resolution. The M-PCSU representative will track each issue until you agree that it is resolved, even if directed to an outside expert or adjuster for resolution.

Issue	What to do	References	How to Escalate
<p><b>1. If you believe your claim was not paid correctly:</b></p> <ul style="list-style-type: none"> <li>• Be sure to file your dispute per your contract's time requirements</li> <li>• If you have not received payment for submitted claims, first validate the claim is on file. <ul style="list-style-type: none"> <li>➢ If no claim on file, resubmit. <b>Do not</b> resubmit claims that you validate are already on file, unless you are submitting a corrected claim.</li> </ul> </li> <li>• When requesting an adjustment, be prepared to provide the same information as required for submitting a clean claim. In addition be prepared to explain what you are disputing, what should have been paid and why.</li> </ul> <p style="text-align: center;"><b>Or</b></p> <p><b>2. If you have lost the EOB or believe the EOB is incorrect</b></p>	<p>Check Claim Status and/or Claim EOB information and file adjustment requests via one of these three processes:</p> <ol style="list-style-type: none"> <li>1. <b>ONLINE:</b> <a href="http://www.mamsiunitedhealthcare.com">www.mamsiunitedhealthcare.com</a></li> <li>2. <b>PHONE:</b> 1-800-342-6141 for self-service information or to talk with a Professional Services Department Professional. Please document the date/time of your call, customer care representative name, enrollee ID and Date of Service.</li> <li>3. <b>PAPER:</b> Send request to the Claims Correspondence Department PO Box 935, Frederick, MD 21705. Please submit a copy of the EOB and an explanation of what you are disputing, what should have been paid and why.</li> </ol> <ul style="list-style-type: none"> <li>• Paper is your only option if you need to submit paper documentation such as corrected claims, primary payer EOB, proof of timely filing, or clinical notes</li> <li>• We must scan submissions to review evidence.</li> <li>• For Timely Filing issues, include one of the following: <ul style="list-style-type: none"> <li>➢ A computer-generated activity report showing the date the claim was submitted to MAMSI/ United (EDI submission, transaction report or electronic data batch report).</li> <li>➢ A denial from another insurance carrier (Explanation of Benefits or letter showing terminated coverage or other denial).</li> <li>➢ Proof that the enrollee did not supply adequate information to the provider at the time of service or thereafter (e.g., ID card or address to which to mail claims), thus causing a delay in claim submission. The proof should provide some details about the attempts by the physician or other health care professional to obtain the information.</li> </ul> </li> </ul>	<p><b>ONLINE:</b> MAMSI/United Participating Practitioner Manual. This guide can be found online at <a href="http://www.mamsiunitedhealthcare.com">www.mamsiunitedhealthcare.com</a></p> <p><b>PHONE:</b> Professional Services Department. Information available 24/7.</p> <p><b>PAPER:</b> Participating Practitioner Manual.</p> <p><i>If you do not have Internet access, you can request these reference guides by calling the Professional Services Department. 1-800-342-6141.</i></p>	<p>Call the Provider Central Service Unit (M-PCSU)</p> <p style="text-align: center;"><b>1-866-433-3413</b></p> <ul style="list-style-type: none"> <li>• Please provide PCSU specific issues - stating what was expected according to your contract.</li> <li>• The PCSU will provide assistance for all escalated issues, including complex or large volume claim issues.</li> <li>• Allow 30 business days to receive payment for initial claims. Allow 30 business days to receive response to adjustment requests. <b>Do not allow claim disputes to accumulate or go unresolved;</b> your contract provides for a limited time period to request an adjustment.</li> <li>• If you are not satisfied with a PCSU resolution, request to speak with the PCSU supervisor.</li> </ul>
<p><b>3. For unpaid claims balances due to the enrollee's benefit plan (benefit limitations, non-covered services, etc.)</b></p>	<p>Bill the enrollee for balances identified as enrollee liability.</p>		