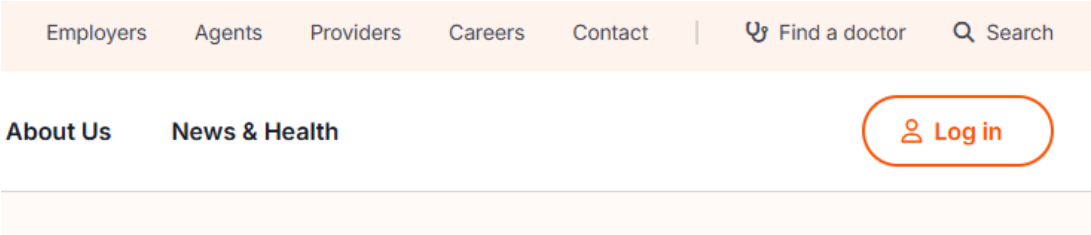
Health Alliance Plan®
by Henry Ford Health

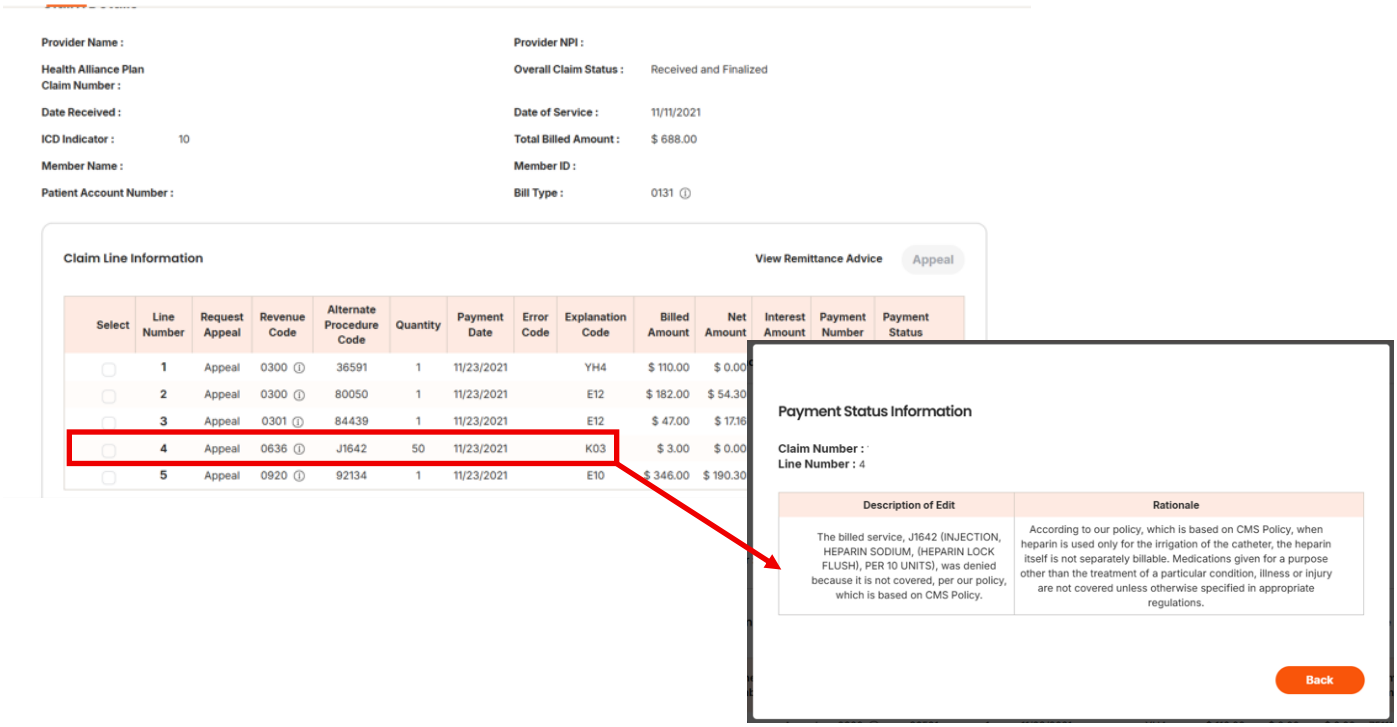
Identifying Pre-Paid Claim Denials from Cotiviti

Contracted and non-contracted providers can easily identify pre-paid claim denials from Cotiviti in our online claims application.

1. Visit www.hap.org.
2. Select *Login* to navigate to the provider portal.



3. Select ***Claims*** and search for the claims. Claim denials from Cotiviti will show “K” in the *Explanation Code* field. When you select the claim, you will get an explanation for the denial.



Appeal timeline

Appeals must be submitted within 60 days from the original denial date. No action will be taken on appeals that are past the 60-day timeframe or do not include:

- A letter clearly explaining why the denial is being appealed
- Appropriate medical records that highlight the support for the appeal

Filing an appeal

There are two options to file an appeal.

1. Complete our form. Visit **hap.org/providers,** select *Forms and other information* then *Cotiviti and Change Healthcare/TC3 Claims Denial Appeal Form.*
2. Use our online application.
    a. Log in at **hap.org** and select *Claims*.
    b. Search for the claims you want to appeal, then select the box next to the *Line Number* you want to appeal.
    c. Select *Appeal* and choose the appropriate appeal type.
    d. Complete the fields and submit.