

Claim Reconsideration Information & Procedure

Providers have a responsibility to prove accurate and timely claim submissions to MCCMH. When a provider discovers an error within their claims submission, they must contact MCCMH with a claim reconsideration request.

1. Reconsiderations must be submitted to MCCMH via email at recons@mccmh.net using the Health Insurance Claim Form (paper HCFA 1500) For SED or Children Waiver programs, please scan reconsiderations to jenny.jozwiak@mccmh.net.
 - a. Reconsiderations must be submitted using a secure email and must include the reason for reconsideration.
 - b. The required fields are as follows:
 - #2 Patient's Name
 - #3 Patient's Birth Date
 - #10d MCCMH Case Number
 - #22 Original Ref. No = Claim # from FOCUS
 - #24A - #24G
 - #24J Indicate Time
 - #32 Facility
2. There must be a separate HCFA 1500 claim form filled out for each claim number, but there may be up to six (6) lines, if necessary.