

# Alabama Medicaid Agency

## Request for Administrative Review of Outdated Medicaid Claim

This form is to be completed only if the claim is more than one year old from the date of service.

### Section A

<b>Provider's Name:</b>	<b>Provider Number:</b>
<b>Recipient's Name:</b>	<b>Recipient's Medicaid Number:</b>
<b>Date of Service:</b>	<b>ICN:</b>

I do not agree with the determination made on my EOB dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section B

Please, explain in detail your reasoning that the denial should be overturned and the claim paid:

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### Section C

<b>Provider or Representative's Signature:</b>
<b>Provider or Representative's Name (Print):</b>
<b>Address (Street, City, State, Zip):</b>
<b>Date:</b>

### ***7.2.1 Administrative Review and Fair Hearings***

The Alabama Medicaid Agency is responsible for mandating and enforcing the Title XIX Medical Assistance State Plan. The Alabama Medicaid Agency contracts with a fiscal agent to process and pay all claims by providers of medical care, services, and equipment authorized under the provisions of the Alabama Title XIX State Plan. The present fiscal agent contract is with Gainwell Technologies (Gainwell), PO Box 244032, Montgomery, AL 36124-4032. Their toll free telephone is 800-688-7989.

Gainwell provides current detailed claims processing procedures in a manual format for all claim types covered by Medicaid services. Gainwell prepares and distributes the **Alabama Medicaid Agency Provider Manual** to providers of Medicaid services electronically via the Alabama Medicaid Agency website. This manual is for guidance of providers in filing and preparing claims.

Providers with questions about claims should contact Gainwell. Only unsolved problems or provider dissatisfaction with the response from Gainwell should be directed to the Alabama Medicaid Agency, 501 Dexter Avenue, Montgomery, Alabama 36104 or by calling 334-242-5000.