



Ambetter Claim Reconsideration and Appeal Quick Reference Guide

	Level I Dispute (Reconsideration)*	Level II Dispute (Appeal)
Deadline to Submit	Participating & Non-Participating Providers: Within 180 calendar days from the date of the original EOP or denial.	Participating & Non-Participating Providers: Within 180 calendar days from the most recent EOP.
How to Submit	<p>Provider Portal: Navigate to the claim detail then Claim Reconsideration</p> <p>Call Customer Service: 1-844-518-9505</p> <p>Mail completed form and attachments to:</p> <p>Ambetter from Sunflower Health Plan Attn: Level I - Request for Reconsideration PO Box 5010 Farmington, MO 63640-5010</p>	<p>Mail completed form and attachments to:</p> <p>Ambetter from Sunflower Health Plan Attn: Level II – Claim Dispute PO Box 5000 Farmington, MO 63640-5000</p>
Resolution Details	<p>Notification Type: Revised EOP</p> <p>Timeline: 30 calendar days</p>	<p>Notification Type: Written letter detailing the decision to overturn or uphold the original decision</p> <p>Timeline: 30 calendar days</p>

*A reconsideration is required prior to submitting an appeal.