

Medicare Advantage Plan Non-Contracted Provider Payment Appeal Process

A non-contracted provider has the right to appeal or request reconsideration of a Medicare Advantage claim determination made by the IPA. The process is strictly guided by CMS regulations. Please follow the appropriate process below. If you have any questions, please call Valley Care IPA at (805) 604-3308.

If the Claim you submitted has been fully-denied (payment amount was zero per the remittance advice you received from the IPA):

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may request reconsideration (appeal) of a Medicare Advantage payment denial determination (a claim that is denied in full). To appeal a claim that is fully denied, submit a written request within 60 calendar days of the date of this remittance advice. The requested appeal must be submitted to the Member's health plan. At a minimum, the request should include the following:

- A copy of the original claim that was submitted.
- A copy of this Remittance Advice, which shows that the claim was fully denied.
- A statement explaining the factual basis or legal basis for your appeal.
- A completed and signed "Waiver of Liability" form, which may be obtained from the CMS website at <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Appendix-7-Waiver-of-Liability-Notice.pdf>
- Any additional information, clinical records or documentation that supports your appeal.

You must submit your request for appeal to the health plan no later than 60 days from the date of this remittance advice. Please send these materials to the appropriate health plan. Please remember that the health plan will not process your payment appeal submission unless it includes the completed and signed "Waiver of Liability" form. If the decision is not in your favor, you will be advised of further appeal rights. If you have questions regarding the appeal process, please contact the health plan.

<u>United</u>	<u>Blue Cross</u>	<u>Blue Shield</u>
United Healthcare PO Box 6106 Cypress, CA 90630 Mail Stop CA124-0157	Anthem Blue Cross Mailstop: OH0204-A537 4361 Irwin Simpson Rd Mason OH 45040 FAX: 888-458-1406 Phone: 888-230-7338	Blue Shield 65 Plus HMO PO Box 927 6300 Canoga Ave. Woodland Hills, CA 91365-9856 Fax: 916-350-6510 Phone: 800-776-4466

<u>Humana</u>	<u>SCAN</u>
Humana Grievance & Appeals Department PO Box 14165 Lexington, KY 40512-4165 FAX: 800-949-2961 Phone: 800-867-6601	SCAN Health Plan PO Box 22698 Long Beach, CA 90801

If the claim is not fully-denied (some payment has been made, per the remittance advice you received from the IPA):

Submit a written request to Valley Care IPA, and include at a minimum the items listed below, within 120 calendar days.

- A copy of the original claim that was submitted.
- A copy of this Remittance Advice.

- A statement explaining the factual basis or legal basis for your appeal and your expected outcome. If you wish, you may use the “Provider Dispute Resolution Request“ form available on the IPA’s website at www.valleycareipa.com
- Any additional information, clinical records or documentation that supports your appeal.

Mail the above materials to:

Valley Care IPA – Claim Dept
751 East Daily Drive, Suite 120
Camarillo, CA 93010

The IPA will make a determination with respect to your dispute and notify you within 30 calendar days of the IPA’s receipt of your complete submission. If you do not agree with the IPA’s dispute determination, you have the option to request a health plan dispute review. Please submit all such dispute review requests in writing to the appropriate health plan, accompanied by the above documentation to support your position. (please contact the health plan directly for submission address)