

Non-Contracted Provider Dispute Resolution Process for CMS Medicare Advantage Plan Member

If the Medicare health plan denies a request for payment from a *non-contract* provider, the Medicare health plan must notify the *non-contract* provider of the specific reason for the denial and provide a description of the appeals process.

How to Submit Non-Contracted CMS Provider Disputes to CCHP

A non-contract provider, on his or her own behalf, is permitted to file a standard appeal for a denied claim 60 calendar days from the remittance notification date to file the reconsideration.

A non-contract provider can file an appeal only if the provider completes a waiver of liability statement, which provides that the non-contract provider will not bill the enrollee regardless of the outcome of the appeal.

Non-contract providers should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement; and

Provider must use a Provider Dispute Resolution Request Form.

Submit the Provider Dispute Resolution Form along with any supporting documentation by mail or fax to:

**Chinese Community Health Plan
Attention: Provider Dispute Resolution Area
445 Grant Avenue, Suite 700
San Francisco, CA 94108
Fax: 415-995-8815**

Review Process and Time Frame

Physicians and suppliers who have executed a waiver of beneficiary liability are not required to complete the CMS-1696, Appointment of Representative, form. In this case, the physician or supplier is not representing the beneficiary, and thus does not need a written appointment of representation.

When a non-contract provider files a request for reconsideration of a denied claim but the non-contract provider does not submit the waiver of liability or other documentation as per section 40.2.3 upon the Medicare health plan's request, the Medicare health plan should not undertake a review until or unless such form/documentation is obtained. The time frame for acting on a reconsideration request commences when the properly executed waiver of liability form and other documentation is received.

CCHP will issue a written determination stating the reasons for the determination within 30 calendar days from the date of receipt of the dispute.