

## Attention Non-contracted Medicare Providers

### Appeals Process for Non-contracted Medicare Providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may request reconsideration (appeal) of a Medicare Advantage plan payment denial determination. To appeal a claim denial, submit a written request within 60 calendar days of the remittance notification date and include at a minimum:

- \_ A statement indicating factual or legal basis for appeal
- \_ A signed Waiver of Liability form (you may obtain a copy by going to <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms.html>, at the bottom of the page under the “Downloads” section select the zip file for ‘Model Waiver of Liability\_Feb2019v508’).
- \_ A copy of the original claim
- \_ A copy of the remittance notice showing the claim denial
- \_ Any additional information, clinical records or documentation

Mail the appeal request to: UnitedHealthcare P.O. Box 6106, Cypress, CA 90630 MS: CA124-0157.

### Payment Dispute Process for Non-contracted Medicare Providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider disagrees with the amount paid, including issues related to bundling of services. To dispute a claim payment, submit a written request within 120 calendar days of the remittance notification date and include at a minimum:

- \_ A statement indicating factual or legal basis for the dispute
- \_ A copy of the original claim
- \_ A copy of the remittance notice showing the claim payment
- \_ Any additional information, clinical records or documentation to support the dispute

Mail the payment dispute to [[Northwest Physicians Network – PO Box 2117, Tacoma, WA 98401-2117](#)].

If you have additional questions relating to a dispute decision made, you may contact us at:

**Phone: 253 573-1880, option 3**

**Fax: 253 573-9511**

**Mail: PO Box 2117, Tacoma, WA 98401-2117**

**Email: [customerservice@npnwa.net](mailto:customerservice@npnwa.net)**