

## 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 on: <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Appendix-7-Waiver-of-Liability-Notice.pdf>)
- \_ 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: **Managed Care Systems, LLC P.O. Box 940 Bakersfield, CA 93309**

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

**Phone:** 661-716-7100

**Fax:** 661-716-7111

**Mail:** Managed Care Systems, LLC P.O. Box 940 Bakersfield, CA 93309

If you do not agree with the dispute determination, you have the option to request a Health Plan dispute review. Please send all dispute requests in writing, accompanied by all documentation to support your position, directly to the Provider Appeals and Disputes team by using the following address:

**UnitedHealthcare – Provider Appeal**

**PO Box 30997**

**Salt Lake City, UT 84130-0997**

The request for Health Plan dispute review must be received within 120 calendar days from the determination date of the initial dispute.