

If the amount paid by the plan for a covered service is less than the amount that would have been paid under original Medicare, you may have the right to **Dispute**. Non-Contracted providers have 120 calendar days from the initial payment determination to file a payment dispute to (insert Medical Group address, phone number and fax number).

If the request for payment has been denied by the Medicare health plan that results in zero payment made to the non-contracted Medicare health plan provider, you may have the right to **Appeal**. Non-Contracted providers **MUST** file a written request within 60 calendar days from the remittance notification for reconsideration to: P.O. Box 4555, Scranton, PA 18505 or send via Fax: 855-674-9192.

Please provide the appeal request on company letterhead. Request must include a copy of the original claim form, remittance notification showing the denial and any clinical records and other documentation that supports the provider's arguments for reimbursement and a signed Waiver of Liability promising to hold the member harmless regardless of the outcome as required by the Centers for Medicare and Medicaid Services (CMS).

A copy of this Waiver of Liability is available at the following link:

<https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG>

Please mail all requested documents to P.O. Box 18505, Scranton, PA 18505 or send via Fax: 855-674-9192. If you have any questions regarding these forms, please contact our Customer Service department at 877-774-8592.

If the signed Waiver of Liability is not included, no action can be taken on the reconsideration until such signed Waiver of Liability is received. The time frame for acting on a reconsideration request commences when the properly signed Waiver of Liability form and other requested documentation is received. If the signed Waiver of Liability or the documentation is not received by the conclusion of the appeal time frame, the case will be forwarded to the independent review entity with a request for a dismissal.

You have the right to request an Independent Review Entity (IRE) review of the dismissal to the independent entity contracted by CMS called Maximus Federal Services. Instruction for sending dismissals to Maximus Federal Services is in the Notice of Dismissal of Appeal Request.