Medicare Advantage Non-Contracted Provider Appeals *(Reconsiderations)* & Provider Payment Disputes

For Post-Service Claim Payment Issues
Following an Initial Payment Organization Determination

moda HEALTH

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Introduction

Moda Health's non-contracted provider dispute and appeal processes ensure that Moda can work effectively with non-contracted providers to resolve concerns regarding the processing, denial, and/or payment of non-contracted claims for Moda Medicare Advantage enrollees.

Moda's dispute and appeals processes are available to non-contracted providers who disagree with the Medicare Advantage plan's initial post-service Organization Determination and/or claim payment.

This document is available on the Moda Health website at:
www.modahealth.com/medical/claims.shtml

Note: Corrected or Rejected claims should not be submitted as a dispute or appeal. They are considered a **new** claim and should be sent to Moda Health Claims Department for an initial organization determination and will **not** be processed as a dispute or appeal. New claims should be mailed to: Moda Health Attn: Claims, P.O. Box 40384, Portland, Oregon 97240-0384.

Note to contracted providers: Contracted providers must follow the provider's agreement/contract with Moda Health.)

Distinctions between Non-Contracted Provider Payment Disputes and Appeals

	Non-Contracted Provider Dispute	**Non-Contracted Provider Appeal (Reconsideration)**
Definition	A disagreement between Moda Health and a non-contracted provider over the amount the provider was paid versus what the provider would have been paid under Original Medicare. If the disputed amount includes issues with down-coding, bundling edits, etc., it is an appeal (reconsideration).	A formal review of a payment denial and/or benefit determination that is not limited to disagreement about the amount a non-contracted provider was paid versus the amount the provider would have been paid under Original Medicare.

Submission timeframe	You have 120 calendar days from the initial organization determination notice date to file a dispute.	You have 60 calendar days from the initial organization determination notice date to file a written request for an appeal.
Resolution timeframe	Moda will resolve your payment dispute within 30 calendar days of receipt of the written request.	Moda will resolve non-contracted provider payment appeals within 60 calendar days of receipt of the written request.
Waiver of Liability (WOL)	No WOL required.	To request an appeal, you must sign and submit a WOL (form provided below) before Moda can begin processing the appeal. If a WOL is not received, Moda will send you a written notice indicating the reason(s) for the dismissal and explaining the right to request an Independent Review Entity review of the dismissal.

How to file a Non-Contracted Provider Dispute or Appeal

To avoid delays in processing, please note the following:

- Incomplete submissions will affect processing timelines.
- Supporting documentation is required for all submissions.

Send the written request with the following information, along with all supporting documentation, to the address listed below. You may also use the Medicare Advantage Non-Contracted Provider Appeal and Dispute Resolution Request form, see page 6. Remember, to request an appeal, you **must** sign and submit a Waiver of Liability, see page 5.

Non-Contracted Provider Information:

- Non-contracted Provider's Name
- Non-contracted Provider's Tax ID # / Medicare ID#
- Non-contracted Provider's Address
- Non-contracted Provider Type (specify type – Physician, Hospital, Ambulance, DME, etc.)
- Non-contracted Provider's Contact Name
- Non-contracted Provider's Contact Phone #

Member Information:

- Enrollee's Name (First, Middle, Last)
- Enrollee's Date of Birth
- Enrollees' Member ID #

Claim Information:

- Submit Copy of Remittance Advice or;
- Original Claim #
- Dates of Service (from/to)
- Original Claim Amount Billed
- Original Claim Amount Paid

Applicable supporting Documentation, including but not limited to:

- Copy of Medicare Fee Schedule related to the date of service in question
- Appropriate supporting documentation (e.g. OP report, Path report)
- Medical Records/Office Records/Progress Notes
- Treatment Planning
- Certificate of Medical Necessity

Address and Contact Information for Non-Contracted Provider Payment Disputes and Appeals

Write: Moda Health Plan Inc.
Medicare non-contracted provider appeals and disputes PO Box 40384
Portland OR 97204-0384

Fax: Local: (503) 412-4003

Waiver of Liability Statement

Enrollee's Name (Last, First, Middle) _____

Medicare/HIC Number _____

Provider _____

Dates of Service _____

Moda Health Plan Inc.
Health Plan

I hereby waive any right to collect payment from the above-mentioned enrollee for the aforementioned services for which payment has been denied by the above-referenced health plan. I understand that the signing of this waiver does not negate my right to request further appeal under 42 CFR 422.600.

Signature _____

Date _____

Medicare Advantage Non-contracted

Provider Appeal or Dispute Resolution Request Form

Instructions:
Please fully complete the form. Information with an asterisk (*) is required. Be specific when completing the description of dispute or appeal, and expected outcome. Please provide supporting documentation to support your dispute or appeal.

Mail the completed form to: Moda Health Plan Inc.
Medicare non-contracted provider appeals and disputes
P.O. Box 40384
Portland, Oregon 97204-0384

Fax to: (503) 412-4003

Provider Name:	Provider Tax ID# / Medicare ID#
Address:	

Provider Type:

☐ Physician/RN ☐ Alternative Medicine ☐ Hospital ☐ ASC ☐ SNF

☐ DME ☐ Home Health ☐ Rehab ☐ Ambulance

☐ Other _____ (please specify)

Claim Information: ☐ Single ☐ Multiple "Like" Claims
Number of claims _____

*Enrollee Name (Last, First, Middle):		*Date of Birth:
*Enrollee Member ID#:	Patient Account Number:	Original Claim Number(s):
*Service From/To Date:	Original Claim Amount Billed:	Original Claim Amount Paid:

Type:
☐ **Provider Payment Dispute –** A disagreement between Moda Health and a non-contracted provider over the amount the provider was paid versus what the provider would have been paid under Original Medicare. If the disputed amount includes issues with down-coding, bundling edits, etc., it is an appeal (reconsideration).
☐ **Appeal (Reconsideration) –** A formal review of a payment denial and/or benefit determination that is not limited to disagreement about the amount a non-contracted provider was paid versus the amount the provider would have been paid under Original Medicare.

*Description of Appeal or Dispute:

*Expected Outcome:

_____ _____ _____
Contact Name (Please Print) Title Phone Number

☐ Check if additional information is attached