



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

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

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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:

<https://www.modahealth.com/medical/claims.shtml>

(Please note: contracted providers must follow the provider's agreement/contract with Moda Health.)

Determining Whether a Case is a Provider Payment Dispute (PPD) or an Appeal (Reconsideration)

Dispute/PPD – Any decision by Moda (organization determination) that results in a **full or partial payment** to a non-contracted provider when the non-contracted provider disagrees with the decision.

Some examples are:

- Bundling Issues
- Disputed rate of payment
- DRG payment dispute
- Downcoding

Appeal/Reconsideration – A formal reconsideration or an “appeal” related to benefit/payment denial (adverse organization determination) by Moda that results in **zero payment** (at the line or claim level) to a non-contracted provider.

Some examples are:

- Denials that result in **zero payment**, at the line level or claim level, to a non-contracted provider;
- Denials related to medical necessity determinations;
- Denials related to Medicare Local Coverage Determinations and National Coverage Determinations (LCDs/NCDs).

Non-contracted Provider Payment Dispute (PPD)

Submission Guidelines for Non-Contracted Provider Payment Disputes

To avoid delays in processing, please note the following:

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

Send the written request for a provider payment dispute, along with all supporting documentation, to the address listed on page 4. You may also use the Medicare Advantage Non-contracted Provider Appeal and Dispute Resolution Request form, see page 8.

Deadlines for Submitting Non-Contracted Provider Payment Disputes

Dispute/PPD – You have **120 calendar days** from the initial organization determination date (i.e., remittance advice/determination letter) to file a written request to dispute payments made by Moda.

- **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.

Information Required to Submit Non-Contracted Provider Payment Disputes

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 #

Information Required to Submit Non-Contracted Provider Payment Disputes (Continued)

Claim Information:

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

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)

Address and Contact Information for Non-Contracted Provider Payment Disputes

Write: Moda Health Plan Inc.
Medicare Non-Contracted Provider Appeals and Disputes
PO Box 40384
Portland OR 97204-0384

Fax: Local: (503) 412-4003

Call: Local: (503) 265-2966 or
Toll Free: 1-877-299-9062
Medicare Advantage Customer Service is available to help you from
7 a.m. to 8 p.m., seven days a week.

Resolution Timeframe for Non-Contracted Provider Payment Disputes

Moda will resolve your payment dispute (PPD) within **30 calendar days** of receipt of the written request.

If Moda denies you request for payment, notification will be provided regarding the reason for non-payment and a description of the Moda Appeal process. Notification will be provided via written notice or a remittance advice.

Non-Contracted Provider Appeal (Reconsideration)

Submission Guidelines for Non-Contracted Provider Appeals

To avoid delays in processing, please note the following:

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

To request an appeal (reconsideration), you **must** sign and submit a Waiver of Liability (WOL) statement before Moda can begin processing the appeal, see page 7. 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 IRE (independent review entity) review of the dismissal. You have **60 calendar days** after receipt of the written notice to request an IRE review. A signed WOL is not needed for Provider Payment Disputes (PPDs).

Send the written appeal (reconsideration) request, along with all supporting documentation, to the address listed on page 6. You may also submit the Medicare Advantage Non-Contracted Provider Appeal and Dispute Resolution Request form, see page 8.

Deadlines for Submitting Non-Contracted Provider Appeals

If you disagree with a payment denial, you have **60 calendar days** from the initial organization determination date to file a written request for an appeal (reconsideration).

Information Required to Submit Non-Contracted Provider Appeals

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 #

Information Required to Submit Non-Contracted Provider Appeals (Continued)

Claim Information:

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

Supporting Documentation, including but not limited to:

- Medical Records/Office Records/Progress Notes
- Treatment Planning
- Certificate of Medical Necessity

Address and Contact Information for Non-Contracted Provider Appeals

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

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Call: Local: (503) 265-2966 or
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Medicare Advantage Customer Service is available to help you from
7 a.m. to 8 p.m., seven days a week

Resolution Timeframe and Review Process for Non-Contracted Provider Appeals

Appeal (Reconsideration) – Moda will resolve non-contracted provider payment appeals (reconsiderations) within **60 calendar days** of receipt of the written request.

If Moda upholds its initial denial, your case will be auto forwarded to the Independent Review Entity (IRE) for a second level appeal. After receiving the case file, the IRE will contact and advise you where to send any additional information and about other rights to which you may be entitled. If you believe the decision to uphold is incorrect based on the information provided to the plan, you may also call 1-800-MEDICARE.

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

