

**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 including issues related to bundling or downcoding of services. 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/Downloads/Model-Waiver-of-Liability\\_Feb2019v508.zip](https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip))
- \_A copy of the original claim
- \_A copy of the remittance notice showing the claim denial
- \_Any additional information, clinical records or documentation

You must submit your request for appeal to the health plan no later than 60 days from the date of this remittance advice. Please send these materials to the appropriate health plan. Please remember that the health plan will not process your payment appeal submission unless it includes the completed and signed "Waiver of Liability" form. If the decision is not in your favor, you will be advised of further appeal rights. If you have questions regarding the appeal process, please contact the health plan.

**United**

United Healthcare  
 PO Box 6106  
 Cypress, CA  
 90630 Mail Stop  
 CA124-0157

**Blue Shield**

Blue Shield of California  
 Initial Appeal Resolution Office  
 P.O. Box 272640  
 Chico, CA 95927-2640

**Alignment Health**

Alignment Health  
 Attention: Provider Claim  
 Appeals  
 P.O. Box 14010  
 Orange, CA 92863

**Blue Cross**

Anthem Blue Cross  
 Mailstop:  
 OH0204-A537  
 4361 Irwin Simpson  
 Rd

**Humana**

Humana  
 Grievance & Appeals Department  
 PO BOX 14165  
 Lexington, KY 40512-4165  
 FAX: 800-949-2961  
 Mason OH 45040  
 FAX: 888-458-1406

**SCAN**

SCAN Health Plan  
 PO Box 22698  
 Long Beach, CA  
 90801  
 Phone: 800-867-6601

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

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted health care professionals may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider contends the amount paid by the Plan for a Medicare covered service is less than the amount that would have been paid under Original Medicare. 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:

Dignity Health Medical Network-Ventura - Contested Claim Dept  
P.O. Box 51840  
Oxnard, CA 93031

If you wish, you may use the "Provider Dispute Resolution Request" form available on the IPA's website at [www.dignityhealth.org/ventura](http://www.dignityhealth.org/ventura)

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

**Phone:** (805) 604-3308

**Fax:** (805) 918-4100

**Mail:** P.O. Box 51840, Oxnard, CA 93031

**Email:** [providerrelationscc.identitymso@commonspirit.org](mailto:providerrelationscc.identitymso@commonspirit.org)