Non-Contracted Provider Claims Appeal Process

The Centers for Medicare and Medicaid Services (CMS) describes the appeal process for non-contract providers in the Section 50.1.1 – Requirements for Provider Claim Appeals (Part C Only) from the Parts C and D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance (August 3, 2022) and states:

> a non-contract provider, on his or her own behalf, may request a reconsideration for a denied claim only if the non-contract provider completes a Waiver of Liability (WOL) statement, which provides that the non-contract provider will not bill the enrollee regardless of the outcome of the appeal.

You can file an appeal using Medical Associates Health Plan's Medicare Non-Contracted Provider Appeal Form or by submitting a written appeal request including the Medicare beneficiary's MBI or plan ID number, date(s) of service, and reason for appeal.

A WOL form is required with all appeal requests.

- Provide all the appropriate documentation to support your appeal. For example, the remittance EOP/denial letter, supporting notes/records.
- Submit the appeal request within 60 days of the initial denial notice.

Appeals should be submitted to:

Member Services Department
Medical Associates Health Plan, Inc.
1605 Associates Drive, Suite 101
Dubuque, IA 52002
Fax: 563-584-4760
Memberservices@mahealthcare.com

If MAHP approves the appeal request, the claim will be reprocessed according to the Medicare guidelines.

If MAHP does not approve your appeal request, in whole or in part, the appeal will be forwarded to Maximus Federal Services, an independent review entity contracted with CMS for external reviews. Maximus will notify you directly, in writing, of its decision.

If your appeal request does not include a Waiver of Liability form, MAHP will contact you. You must send a completed and signed WOL form before MAHP can review your appeal request. If MAHP does not get the WOL form within 60 calendar days of MAHP's receipt of your appeal request, MAHP will dismiss your appeal request and send you written notification.

If you fail to meet the 60-day filing deadline, you may submit an appeal request and include a statement of good cause explaining why the appeal was not submitted timely.

If you have questions on the appeal process, call the Member Services Dept at 1-866-821-1365, 7 days a week, 8 am to 8 pm.