

**Attention Non-contracted Medicare Providers
Care 1st Health Plan**

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. 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
- _ A copy of the original claim
- _ A copy of the remittance notice showing the claim denial
- _ Any additional information, clinical records or documentation

Mail the appeal request to P.O. Box 3829, Montebello, CA 90640

First Level Review - Payment Dispute Process for Non-contracted Medicare Providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider disagrees with the amount paid, including issues related to bundling of services. 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 Conifer Value-Based Care P.O. Box 261760, Encino, CA 91426

If the delegated entity fails to respond within 30 calendar days, the Medicare non-contracted provider has the right to go directly to the health plan without waiting for delegated entity's decision.

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

Phone: 888-445-0062

Fax: 818-817-5139

Mail: P.O. Box 261760, Encino, CA 91426

Second Level Review - Payment Dispute Process for Non-contracted Medicare Providers

If you do not agree with the dispute determination, you have the option to request a 2nd level dispute review. Please send all 2nd level dispute requests in writing, accompanied by all documentation to support your position, directly to the Provider Appeals and Disputes team by using the following address:

Care 1st Health Plan – Provider
Dispute Appeal PO Box 3829
Montebello, CA 90640
Phone: 1-800-544-0088

The request for 2nd level dispute review must be received within 180 days from the determination date of the initial dispute. Care 1st Health Plan will review and respond to your 2nd level dispute within 30 days.