

INNOVATION HEALTH MEDICARE ADVANTAGE PLAN NON- CONTRACTED PROVIDER PAYMENT APPEAL PROCESS

You have the right to appeal the denial of payment made by Innovation Health by initiating the Medicare Managed Care Beneficiary Appeals Process. This process is applicable to Medicare Advantage Plans if:

- You do not have a contract with Innovation Health to participate in our Medicare Advantage (MA) plans (“non-contracted provider”) AND
- You received zero payment for services you provided to an Innovation Health member enrolled in an Innovation Health MA HMO or PPO plan.
- You sign a completed Waiver of Liability (WOL)

The Centers for Medicare and Medicaid Services (“CMS”) describes the Medicare Appeal Process available to non-contracted providers (“provider-as-party”) in Chapter 13 of the [Medicare Managed Care Manual](#), which is titled “Non-Contracted Provider Appeals”.

Chapter 13 of the *Medicare Managed Care Manual* states:

A non-contracted provider, on his or her own behalf, is permitted to file a standard appeal for a denied claim only if the provider completes a waiver of liability statement, which provides that the provider will not bill the enrollee regardless of the outcome of the appeal.

Use the following link to obtain a copy of the [Provider Waiver of Liability form](#). From here select the “Other Forms & Documents” tab and scroll down. Please note that the Provider Waiver of Liability form must be completed in its entirety. The Medicare Health Insurance Claim Number (HICN) or Member ID, applicable dates of service, and Health Plan name must be included on the Provider Waiver of Liability form. For more information on HICNs, please refer to Section 50.2 of Chapter 2 of the *Medicare Managed Care Manual*, titled [“Medicare General Information, Eligibility, and Entitlement Manual”](#). You can also find this manual on the CMS website at <http://www.cms.gov/Manuals/IOM/list.asp>.

Additionally, your request for an appeal must be submitted in writing. Please send your written request for an appeal to:

Innovation Health Medicare Part C Appeals & Grievances
P.O. Box 14067
Lexington, KY 40512

Please provide us with all appropriate documentation to support your payment appeal (e.g., remittance advice from a Medicare carrier). You must submit your request for payment appeal to Innovation Health no later than 60 days from the date of the Innovation Health denial notice.

We will review your payment appeal and respond to you. Our response will be within 60 days from the time your request for an appeal and signed Provider Waiver of Liability form is received by Innovation Health.

If we find in your favor, payment will be made at the applicable Medicare rate directly to you. If we do not find fully in your favor, per the Medicare Appeal Process, your case file will be forwarded to [MAXIMUS Federal Services, Inc.](#) MAXIMUS Federal Services Inc. is an independent review entity contracted with the Centers for Medicare and Medicaid Services for an external review. You will receive written notification of the decision directly from MAXIMUS Federal Services, Inc.

If the decision is not in your favor, you will be advised regarding further appeal rights.

If you request an appeal and you did not include a Provider Waiver of Liability form, we will notify you of this missing information. You must provide Innovation Health with a completed and signed Provider Waiver of Liability form before we proceed with reviewing your request for an appeal. If the Provider Waiver of Liability is not received within 60 calendar days of Innovation Health's receipt of your appeal request, per the Medicare Managed Care Manual, Chapter 13, your request for an appeal will be dismissed. You will receive written notification of the dismissal.

If you have questions regarding the appeal process, please contact our Provider Service Center at **1-855-249-1282**.