

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 **SHARP COMMUNITY MEDICAL GROUP**
P. O. BOX 939034
SAN DIEGO, CA 92193

If you have additional questions relating to a payment dispute decision made, you may contact SCMG Customer Service Department at 858-499-2550 or toll free at 877-518-7264.

If you do not agree with the dispute determination, you have the option to request a Health Plan dispute review. Please send all dispute requests in writing, accompanied by all documentation to support your position, directly to the Health Plan's Appeals and Disputes Teams. The request for the Health Plan dispute review must be received within 120 calendar days form the determination of the initial dispute.

Please choose from one of the following plan addresses and submit all written requests to:

Wellcare By Health Net
Provider Appeal
PO Box 3060
Farmington, MO 63640-3822

Sharp Health Plan
Attn: Provider Dispute Resolution
8520 Tech Way, Suite 200
San Diego, CA 92123

United Healthcare
MS: CA124-0157
PO Box 6106
Cypress CA 90630