

## **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

Mail the appeals request directly to the appropriate Medicare Advantage Plan. DO NOT mail the appeal to Sharp Rees-Stealy Medical Group.

For more information regarding non-contracted provider appeals, please visit the health plan website listed below:

Wellcare By Health Net  
Provider Appeal  
PO Box 3060  
Farmington, MO 63640-3822  
[www.healthnet.com](http://www.healthnet.com)

Sharp Health Plan  
Attn: Provider Dispute Resolution  
8520 Tech Way, Suite 200  
San Diego, CA 92123  
[www.sharphealthplan.com](http://www.sharphealthplan.com)

United Healthcare  
MS: CA124-0157  
PO Box 6106  
Cypress CA 90630  
[www.uhc.com](http://www.uhc.com)