



PROVIDER PAYMENT DISPUTE AND APPEAL PROCESS

1. Contracted Providers

Contracted providers do not have appeals rights under Medicare Advantage program. If you disagree with our payment decision, please submit your dispute request in writing to the following:

CCA Health California
Attn: Provider Appeals/Dispute Department
18000 Studebaker Rd, Ste 150
Cerritos, CA 90703

2. Non-Contracted Providers

i. Payment Dispute

a. Non-contracted providers may submit a formal request disputing the amount paid by CCA Health California for covered service. Examples of items that can be disputed include the following:

- Underpayment (the amount paid by CCA Health for covered services is less than the amount that would have been paid under Original Medicare), or
- Disagreement between a non-contracting provider and CCA Health about the decision to make payment on more appropriate code (down coding), or

b. Payment Dispute Timeframe:

- Payment dispute must be submitted within 120 calendar days after the date of the initial payment determination.

ii. Payment Appeals (Reconsiderations)

a. Non-contracted providers may submit a formal payment Appeals (Reconsideration) **if providers do not agree with our payment denial**. Examples of appealable claims decision include but not limited to:

- Services that were not prior approved and were determined not to be urgent/emergent; or
- Services that were determined not covered either in the member's Evidence of Coverage or by Medicare.

b. Payment Appeals/Reconsideration Timeframe:

- Payment appeals/reconsideration must be submitted within 60 calendar days after the date of the initial determination.

iii. Information required to file a Payment Dispute and Reconsideration:

- a. Provider's Name
- b. Provider's Identification Number (NPI/Tax ID number)
- c. Contract Information; and
- d. A clear explanation of the disputed item should include:
 - The date of service
 - A clear identification of the basis upon which the provider believes the payment amount is incorrect
 - Copy of the provider's submitted claim with disputed portion identified
 - Request for reimbursement for the overpayment of a claim (if item being disputed is for overpayment request)

iv. Waiver of Liability:

- a. Non-contract provider must submit signed waiver of liability form releasing our member from any financial obligation (other than their cost-sharing responsibility). An appeal will not be processed without the signed Waiver of Liability form. (The form is available on CCA Health website under the provider information section.) The case will be dismissed if the non-contracted provider does not submit the signed Waiver of Liability within the appeal time frame.
- b. Non-contracted Provider's Payment Dispute/Appeals can be mailed or faxed to the following:

CCA Health California
Attn: Provider Appeals/Dispute Department
18000 Studebaker Rd, Ste 150
Cerritos, CA 90703
Fax Number: (866) 207-6682

c. Contact Information:

- If you need information or need help in submitting your request, call us at (866) 333-3530
- You may also check our website: www.ccahealthca.org for information

d. Forms (www.ccahealthca.org):

- Provider Dispute Resolution Form
- Waiver of Liability Form