

**Attention Non-contracted Medicare  
Providers Health Net Health INC.**

**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 10406, Van Nuys, CA 91410-0406.

**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 2<sup>nd</sup> level dispute review. Please send all 2<sup>nd</sup> 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:

Health Net – Medicare Programs Provider Service Department  
PO Box 10406  
Van Nuys, CA 91410-0406

The request for 2<sup>nd</sup> level dispute review must be received within 120 days from the determination date of the initial dispute. Health Net Inc. will review and respond to your 2<sup>nd</sup> level dispute within 60 days.