# Non-contracted care provider dispute and appeal rights

For Medicare Advantage health benefit plans

# **Overview**

CMS has specific processes that non-contracted Medicare health care providers must follow if they disagree with a claim determination made by a UnitedHealthcare<sup>®</sup> Medicare Advantage plan. This document provides information on how to submit claim payment disputes and payment reconsideration (appeal) requests. It also includes definitions and instructions from CMS. Visit our interactive guide to learn more about **reconsiderations and appeals/disputes**.

## **Claim payment dispute**

As a non-contracted Medicare health care provider, you can dispute the amount we paid for a UnitedHealthcare Medicare Advantage member's claim if you believe Original Medicare would have paid differently for the same service. You must file a dispute within 120 calendar days from the initial payment.

#### How to submit a claim payment dispute

Use the UnitedHealthcare Provider Portal to complete the following steps **within 120 calendar days** of the initial payment date:

- · Go to UHCprovider.com and click Sign In at the top-right corner
- Enter your One Healthcare ID and password
  - New users without a One Healthcare ID: Visit UHCprovider.com/access to get started
- In the menu, select Claims & Payments > Look up a Claim and enter your search criteria
- · Find your claim and click on the claim number to see details
- Scroll down to the **Act on a Claim** section, click on **Explore available actions**, then select **Create an appeal/dispute**
- Complete the fields, attach supporting documents and submit the following information:
  - A statement with the factual basis for the dispute
  - Any additional information, clinical records or documentation to support the dispute request
  - If you're submitting the payment dispute after the timely submission date, attach documentation supporting the reason for untimely filing

UnitedHealthcare Medicare Advantage has **30 calendar days** to review and respond after receiving a payment dispute request.



# **Payment reconsideration request**

If you disagree with a denied claim or if we paid for a different service or level of service than what was billed, you have **60 days from the denial date** to file a payment reconsideration (appeal) request. This is the first step in the Medicare appeal process. This step is used when we denied benefits or payments.

#### How to request a payment reconsideration (appeal)

Use the UnitedHealthcare Provider Portal within 60 calendar days of the remittance notification date:

- · Go to UHCprovider.com and click Sign In at the top-right corner
- Enter your One Healthcare ID and password
  - New users without a One Healthcare ID: Visit UHCprovider.com/access to get started
- In the menu, select Claims & Payments > Look up a Claim and enter your search criteria
- · Find your claim and click on the claim number to see details
- Scroll down to the **Act on a Claim** section, click on **Explore available actions**, then select **Create an appeal/dispute**
- Complete the fields, attach supporting documents and submit the following information:
  - A statement containing the reason or factual basis for the payment reconsideration (appeal) request
  - Any additional information, clinical records or documentation to support the payment reconsideration (appeal) request
  - If you're submitting the payment reconsideration (appeal) request after the timely submission date, attach documentation supporting the reason for untimely filing
  - A Waiver of Liability Statement

UnitedHealthcare Medicare Advantage has **60 calendar days** to review and respond after receiving a completed payment reconsideration (appeal) request. If the plan upholds all or part of the initial payment determination, we must forward the case to the CMS Independent Review Entity (IRE) for a second-level review. The IRE will review the case and send a resolution to you and us.

## Questions? We're here to help.

For chat options and contact information, visit UHCprovider.com/contactus.

