Martin's Point

# Policy

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| **Policy Title:**<br>Non-Contracted Provider Dispute Policy _GA | **Policy Number:**<br>CLA 1.8 |
| **Date Last Modified:**<br>01/05/2026 | **Effective Date:**<br>07/01/2022 |
| **Issuing Department:**<br>Compliance & Legal Affairs | **Approved By:**<br>Elizabeth Loomis (Medicare Compliance Officer and Director, Compliance) |

## Purpose:

To provide instructions and timeframes for Non-Contracted Providers (NCPs) to dispute an authorization and/or claim payment denial with Martin's Point Generations Advantage, Inc. (MPGA) to ensure NCP disputes are addressed in a compliant, timely manner as required by the Centers for Medicare and Medicaid Services (CMS).

## Scope:

Martin's Point Generations Advantage, Inc. (MPGA)

## Policy:

Martin's Point Health Care, Inc. (MPHC) will review and respond to Non-Contracted Provider disputes in accordance with regulatory and/or internal operational guidelines.

Non-Contracted Providers may dispute denied authorization(s) and/or claim payment(s) on their own behalf, or on behalf of a Martin's Point Generations Advantage member as outlined in the scenarios below.

Note: Payment disputes must be submitted in writing. Providers may submit reconsiderations for pre-service Organization Determination (authorization) denials by phone or fax only if the services have not yet been rendered. If services have been rendered, providers must submit a claim for services rendered.

Examples of dispute scenarios include, but are not limited to:

- Claim billing and coding review
- Coordination of Benefits issues
- Duplicate Claims
- Failure to obtain prior authorization
- Fee Schedules
- Requests for additional information
- Rescission of Claim Payments
- Timely Filing Denials

## Procedure:

Non-Contracted Providers should identify the scenario in dispute, provide the information indicated under "Provider Action" and follow the submission instructions provided.

## PROCEDURE

| *Scenario* | *Provider Action* | *Submit to:* |
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| **Non-Contracted Provider Authorization Dispute - Preservice** *(Authorization was denied but service has not been rendered)* | *You may appeal a denied authorization within 65 days of the date of denial by phone, fax, or by mail. Include applicable medical records, medical journals, or other supporting information to remediate missing information not provided for the initial review, or as otherwise indicated in the Integrated Denial Notice (IDN). Preservice appeals are subject to a 30-day resolution timeframe from date of receipt, or within 44 days if an extension is taken for good cause. Expedited pre-service appeals are subject to a 72-hour timeframe unless an extension is taken for good cause.* | *Martin's Point Health Care*<br>*Attn: Appeals*<br>*PO Box 8832*<br>*Portland ME 04104*<br>**or**<br>*Phone: 866-841-3199, option 2*<br>*Fax: 207-828-7874* |
| **Non-Contracted Provider Authorization Dispute - Post-service but pre-claim** *(Authorization was denied or not obtained and the service was rendered but a claim for services has not been received or processed by Martin's Point)* | *Submit a claim for services rendered within one year of the date of service. Include applicable supporting medical records or clinical information. Include primary carrier EOB, if applicable.* | *Martin's Point Health Care*<br>*PO Box 11410*<br>*Portland ME 04104* |
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| **Non-Contracted Provider Payment Dispute - On behalf of NCP** - *Claim denial due to medical necessity or lack of authorization* | *Submit a* **completed** *Authorization dispute form and supporting clinical information within 120 days of the date of claim denial.*<br>*You can find the Authorization dispute form here:*<br>*https://martinspoint.org/-/media/Providers/Documents/Claims-and-Payments/Provider-Claims-Dispute-Form-GA-USFHP.ashx* | *Martin's Point Health Care*<br>*PO Box 11410*<br>*Portland ME 04104* |
| **Non-Contracted Provider Payment Dispute -On behalf of NCP** - *Claim denial* **not** *due to medical necessity* | *Submit a* **completed** *Claim dispute form and supporting information within 120 days of the date of denial. You can find the Claim dispute form here:*<br>*https://martinspoint.org/-/media/Providers/Documents/Claims-and-Payments/Provider-Claims-Dispute-Form-GA-USFHP.ashx*<br>**NOTE:** *Pertinent supporting information may include information regarding payment rates, fee schedules, proof of referral from a contracted provider, EOBs, NCD/LCD info, etc.* | *Martin's Point Health Care*<br>*PO Box 11410*<br>*Portland ME 04104* |
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| *NCP Payment Dispute* - **On behalf of Member** - *Claim denial due to medical necessity* | *Submit a request for review, supporting information, and* **completed** *Waiver of Liability (WOL) form within 65 days of the date of the claim denial. Post-service payment reconsiderations are subject to a 60-day resolution timeframe from date of receipt.*<br>*The Waiver of Liability form is available in the Downloads section of CMS's website:*<br>*https://www.cms.gov/medicare/appeals-grievances/managed-care/notices-forms* | *Martin's Point Health Care*<br>*Attn: Appeals*<br>*PO Box 8832*<br>*Portland ME 040104* |

## Sources (Regulatory and Accreditation):

- CFR 42 CFR § 422.520 – Prompt Payment requirement for Medicare Advantage organizations
- The Centers for Medicare and Medicaid Services – Organization Determinations Overview - https://www.cms.gov/medicare/appeals-grievances/managed-care/organization-determinations
- The Centers for Medicare and Medicaid Services - Appeals, and Grievances Guidance https://www.cms.gov/medicare/appeals-and-grievances/mmcag/downloads/parts-c-and-d-enrollee-grievances-organization-coverage-determinations-and-appeals-guidance.pdf
- Model Waiver of Liability Form - https://www.cms.gov/medicare/appeals-grievances/managed-care/notices-forms
- Appointment of Representative Form 1696 - https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms012207