



MARTIN'S POINT®
HEALTHCARE

Payment Policy

Policy Title: Non-Contracted Provider (NCP) Dispute Process

Effective Date: 7/1/2022

Applies To: Generations Advantage

PURPOSE

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

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: Providers may submit appeals regarding denied authorizations by phone or fax. Payment disputes must be submitted in writing.

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

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

- Failure to obtain prior authorization

Non-Contracted Providers should identify the scenario in dispute, provide the information noted, and submit to the address provided.

PROCEDURE		
Scenario	Provider Action	Submit to:
Non-Contracted Provider Authorization Dispute - Preservice (Authorization was denied but service has not been rendered)	You must appeal a denied authorization within 60 days of the date of denial by phone, fax, or by mail. Include applicable medical records, medical journals, or other information to support the request or remediate missing information not provided for the initial review as 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 turnaround time unless an extension is taken for good cause.	Martin's Point Health Care Attn: Appeals PO Box 8832 Portland ME 04104 or Phone: 866-841-3199, option 2 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.	Martin's Point Health Care PO Box 11410 Portland ME 04104
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. You can find the Authorization dispute form here: https://martinspoint.org/-/media/Providers/Documents/Medical-Authorization/Generations-Advantage-Authorization-Dispute-Form-0418_v4.ashx	Martin's Point Health Care PO Box 11410 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: https://martinspoint.org/-/media/Providers/Documents/Claims-and-Payments/Claim-Dispute-Form.ashx 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 PO Box 11410 Portland ME 04104
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 60 days of the date of denial. Post-service appeals are subject to a 60-day resolution timeframe from date of receipt, or within 74 days if an extension is taken for good cause. You can find the Waiver of Liability form in the Downloads section of CMS's website here:	Martin's Point Health Care Attn: Appeals PO Box 8832 Portland ME 040104

NCP Payment Dispute - On behalf of Member - Claim denial not due to medical necessity	https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms	
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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-and-Grievances/MMCAG/ORGDetermin>
- The Centers for Medicare and Medicaid Services - Appeals, and Grievances Guidance <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG>
- Model Waiver of Liability Form - <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms>
- Appointment of Representative Form 1696 - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207>

REVIEW AND REVISION DATES

Approved by: The Health Plan Administration Committee

Review Dates: 6/21/2022

Revision Dates: 06/21/2022