

Explanation of Payment

For Medicare Only: Non-Contract Provider's Appeal Rights

This process is applicable to you if:

- You do not have a contract with Western Health Advantage (i.e. you are a non-contract provider)
- And Western Health Advantage denied or partially denied a claim for services you provided to a Western Health Advantage

You have the right to appeal the denial of payment made by [Western Health Advantage] by initiating the Medicare Managed Care Beneficiary Appeals Process. You must submit your request for payment appeal to [Western Health Advantage] no later than 60 calendar days from the date of the Explanation of Payment (EOP). If you miss this deadline and have a good reason for missing it, we may give you more time to make your appeal. Your request for an appeal must be submitted in writing and must be signed by the initiator. Fax your written requests to 916-678-5443. Send your written request for an appeal to:

Mail: Western Health Advantage Mail Service
Attn: Appeals and Grievances
PO Box 4457, Portland, OR 97208-4457

Required Documentation

- Please provide us with all appropriate documentation, such as:
 - a copy of the original claim;
 - remittance notification showing the denial;
 - and any clinical records and other supporting documentation to support your payment appeal, including a completed and signed Provider Waiver of Liability (WOL). The completed Provider WOL is required to process your request.
- A copy of this form is available on our website at:
 - <https://www.westernhealth.com/pdfs/provider-downloads/whamawaiverofliability-pdf>

Request Process

We will process your reconsideration request and respond within 60 days. If we find in your favor, payment will be made at the applicable Medicare rate directly to you. If we do not find fully in your favor, your case file will be forwarded to MAXIMUS Federal Services, Inc.

MAXIMUS Federal Services Inc. is an independent review entity (IRE) contracted with the Centers for Medicare and Medicaid Services to review and resolve coverage disputes. You will receive written notification of the decision directly from the IRE- MAXIMUS Federal Services, Inc. If the decision is not in your favor, you will be provided with information regarding additional appeal rights that are available to you.

If you did not include a Provider WOL form, we will notify you in writing. If the Provider WOL is not received within 60 calendar days of Western Health Advantage receipt of your appeal request, your request for an appeal will be dismissed. You will receive written notification of the dismissal directly from Western Health Advantage Appeals and Grievances Department.

If you need additional information or assistance, please call us at [916.563.2250] (TTY: [711]).