



An Independent Licensee of the Blue Cross Blue Shield Association

## BCBSAZ Medicare Advantage Claim Appeal and Payment Dispute Resolution Processes for Non-Contracted Providers

Providers who are not contracted with Blue Cross® Blue Shield® of Arizona (BCBSAZ) for Medicare Advantage must accept, as payment in full, the amounts the provider could collect if the member were enrolled in original Medicare. Non-contracted providers may file claim appeals and payment disputes as described below.

### Claim appeal for payment denials

When we deny a claim payment to a non-contracted provider, we send a written notification of the denial and instructions about the reconsideration (appeal) process. The notice includes the following information:

- A non-contracted provider has the right to request a reconsideration of this denial of payment
- A non-contracted provider has 60 calendar days from the date of this notice of payment denial to file an appeal
- To file an appeal, a non-contracted provider must include a signed waiver of liability statement agreeing to hold the member financially harmless regardless of the outcome of the appeal
- A non-contracted provider must include clinical documentation supporting the appeal

### Waiver of liability is required

In order to file an appeal, a non-contracted provider must sign a waiver of liability statement. The signed waiver of liability statement is the non-contracted provider's agreement to hold the member harmless, regardless of the outcome of the appeal. A waiver form is available at [azbluemedicare.com/providers](http://azbluemedicare.com/providers).

### How to file an appeal

In addition to your signed waiver of liability statement, send a copy of the original claim, the notice of payment denial, medical records and other documentation that support the appeal to:

BCBSAZ Medicare Advantage  
Attn: Grievance and Appeals Department  
P.O. Box 29234  
Phoenix, AZ 85038-9234  
  
Fax: 602-544-5644

### Appeal review process

Review of your appeal will begin after all required information has been submitted. If we don't receive the information by the end of the appeal time frame (60 calendar days from the receipt of the appeal request), we will send you a Notice of Dismissal of Appeal Request that includes information about additional rights, as applicable.

If you have executed a waiver of liability statement, you do not need a written appointment of representation. Because the member no longer has an appealable interest regarding your appeal, all notices and correspondence will only be delivered to you, not the member.

**Payment dispute resolution process**

Non-contracted providers also have the right to file a payment dispute through the payment dispute resolution process mandated by CMS. If you don't agree that the payment amount was equal to what Original Medicare would have paid for the same service (s) or, the decision to pay for a different service than was billed (down coding or bundling), you may submit a dispute to the Grievance and Appeals Department (see above address and fax number). You must include documentation to support your dispute (e.g., Medicare fee schedule screen prints, redacted Medicare Explanations of Payment, and screen prints of Medicare pricers).

Payment disputes must be received within 120 calendar days of the date of the Explanation of Payment. You will be sent a written notice of the final decision and information about additional rights, as applicable.

If you have questions, please contact our provider relations team at 1-800-446-8331.

BCBSAZ offers BluePathway HMO and BlueJourney PPO Medicare Advantage plans. Blue Cross Blue Shield of Arizona Advantage (BCBSAZ Advantage), a separate, but wholly owned subsidiary of BCBSAZ, offers Blue Medicare Advantage Standard, Classic, and Plus HMO plans.

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