Our denial appeals process for out-of-network providers

Providers who are not in the Allina Health | Aetna network can appeal a claim determination or decision if:

- You don't have a contract with us to participate in our Medicare Advantage plans (non-contract provider)
- You sign a completed Waiver of Liability
- You disagree with our initial claim decision
  - Note: If you're disputing the amount you can collect if the beneficiary were in Original Medicare pursuant to § 422.214(a)(1), you'll need to follow the Allina Health | Aetna payment dispute process. You'll find more info at **AllinaHealthAetna.com/providers/disputes-appeals-overview.html**

The Centers for Medicare & Medicaid Services (CMS) describes the appeal process for non-contract providers in section 50.1.1 – Requirements for Provider Claim Appeals (Part C Only) of the **Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf**.

The manual states:

> A non-contract provider, on his or her own behalf, may request a reconsideration for a denied claim only if the non-contract provider completes a Waiver of Liability statement, which provides that the non-contract provider will not bill the enrollee regardless of the outcome of the appeal.

How to submit your appeal

You must submit your request in writing to Allina Health | Aetna Medicare no later than 65 days from the date of the denial notice.

First, print our Waiver of Liability and complete the entire form. Be sure to include:

- Medicare beneficiary identification number (MBIN) or enrollee plan ID
- Applicable dates of service
- Health plan name

Also, be sure the form is signed by the initiator. Then, send your written request for an appeal to:

Allina Health | Aetna Medicare Part C Appeals
PO Box 14067
Lexington, KY 40512

Please provide us with all appropriate documentation to support your appeal. For example, remittance advice from a Medicare carrier.

What to expect after you submit an appeal
If we find in your favor, we'll pay you at the applicable Medicare rate.

If we don't find fully in your favor, per the Medicare appeal process, we'll forward your case file to C2C Innovative Solutions, Inc. C2C Innovative Solutions, Inc. is an independent review entity contracted with CMS for external reviews. C2C will notify you directly, in writing, of its decision. If the decision is not in your favor, they'll advise you on further appeal rights.

If you request an appeal and you didn't include a Waiver of Liability form, we'll let you know. You must send us a completed and signed form before we can review your request for an appeal.

If we don't get the form within 65 calendar days of receiving your appeal request, we'll dismiss your request per the **Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf**. If that happens, we'll notify you in writing.

If you have questions about the appeal process, call us at **1-833-570-6671 (TTY: 711)**, Monday to Friday, 8 AM to 5 PM ET.

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