

Here's how you can appeal our denial if you are a non-contract Allina Health | Aetna provider

You can appeal our payment denial if:

- You do not have a contract with us to participate in our Medicare Advantage (MA) plans (non-contract provider)
- You received **zero payment** for services you provided to an Allina Health | Aetna Medicare member enrolled in an Allina Health | Aetna MA PPO plan
- You sign a completed Waiver of Liability (WOL)

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 (WOL) statement, which provides that the non-contract provider will not bill the enrollee regardless of the outcome of the appeal.

Use the following link to get a copy of the provider [Waiver of Liability](#) form. You must complete the entire form. Be sure to include:

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



You must also submit your request in writing, signed by the initiator. Please 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, emittance advice from a Medicare carrier. You must submit your request to Allina Health | Aetna Medicare no later than 60 days from the date of the denial notice.

If we find in your favor, we'll pay you at the applicable Medicare rate. If we do not find fully in your favor, per the Medicare appeal process, we'll forward your case file to [MAXIMUS Federal Services, Inc.](#) MAXIMUS Federal Services Inc. is an independent review entity contracted with CMS for external reviews. MAXIMUS Federal Services, Inc. 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 did not 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 60 calendar days of our receipt of your appeal request, per the [Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf](#), we'll dismiss your request for an appeal. We'll notify you of this in writing.

If you have questions about the appeal process, please contact our Provider Service Center at **1-833-570-6661**, Monday to Friday, 8 AM to 6 PM ET.

Health plans are offered, underwritten or administered by Allina Health and Aetna Insurance Company and its affiliates (Aetna). Aetna provides the certain management services to Allina Health | Aetna.