

Non-Contract Provider Claim Appeals (Medicare)



Overview

Non-contract providers have the right to appeal denials of payment. For more information, see the most current version of CMS's guidance at: [Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance](#).

If a non-contract provider disagrees with the amount he or she could collect (that we paid) if Network Health's member was enrolled in Original (fee for service) Medicare, such disputes are handled through our provider dispute process.

How Long Do I Have to File an Appeal?

Non-contract providers have 60 days from the date of the notice of Network Health's determination to submit an appeal.

How Do I Submit my Appeal?

Appeals **must** be submitted in writing and non-contract providers are strongly encouraged to submit their claim appeals through Network Health's [provider portal](#).

We will also accept [written appeal requests](#), which may be faxed to our Appeals and Grievance team at **920-720-1832** or mailed to:

Network Health
Attn: Appeals and Grievance
1570 Midway Place
Menasha, WI 54952

What Information Must be Included with the Appeal?

Non-contract provider appeals must be submitted in writing and must include the following information:

- Name of the enrollee
- Information clearly identifying which denial is being appealed (e.g., claim number, date of service)
- Contact information for the appellant, including telephone and fax number, if available
- A completed [waiver of liability](#) (WOL) statement. Please note, an appeal review will not commence until we receive the signed [waiver of liability](#) (WOL) statement.
- Additional information – such as clearly indicated clinical records – to support your appeal.

What happens next?

Once Network Health has received all required information per our instructions (a complete appeal request), we have 60 days to review the appeal and notify you of our decision. If you do not provide the [waiver of liability](#) (WOL) within the 60 days or meet our expectations for information to be provided for review, we will dismiss the request. If you have not received a decision after 60 days, you may call our member experience team at **800-378-5234**.