

**AETNA MEDICARE ADVANTAGE PLAN
NON-CONTRACTED PROVIDER PAYMENT APPEAL PROCESS**

You have the right to appeal the denial of payment made by Aetna by initiating the Medicare Managed Care Beneficiary Appeals Process. This process is applicable to Medicare Advantage Plans if:

- You do not have a contract with Aetna to participate in our Medicare Advantage (MA) plans (“non-contracted provider”) AND
- You received zero payment for services you provided to an Aetna member enrolled in an Aetna MA HMO or PPO plan or for services you provided in 2010 to an Aetna member enrolled in an Aetna Medicare private fee-for-service plan (PFFS) (“MA plan”).

The Centers for Medicare and Medicaid Services (“CMS”) describes the Medicare Appeal Process available to non-contracted providers (“provider-as-party”) in Section 60.1.4 of Chapter 13 of the [*Medicare Managed Care Manual*](#), which is titled “Non-Contracted Provider Appeals”.

Section 60.1.4 of Chapter 14 of the *Medicare Managed Care Manual* states:

A non-contracted provider, on his or her own behalf, is permitted to file a standard appeal for a denied claim only if the provider completes a waiver of liability statement, which provides that the provider will not bill the enrollee regardless of the outcome of the appeal.

Use the following link to obtain a copy of the [Provider Waiver of Liability form](#). From here select the “Other Forms & Documents” tab and scroll down. Please note that the Provider Waiver of Liability form must be completed in its entirety. The Medicare Health Insurance Claim Number (HICN) must be included on the Provider Waiver of Liability form. For more information on HICNs, please refer to Section 50.2 of Chapter 2 of the *Medicare Managed Care Manual*, titled [“Medicare General Information, Eligibility, and Entitlement Manual”](#). You can also find this manual on the CMS website at <http://www.cms.gov/Manuals/IOM/list.asp>.

Please do **not** insert any other reference or identification number in the area of the Provider Waiver of Liability form where the Medicare HICN is requested. If you insert any additional data in this area of the form, the form will be invalid, and, per Medicare rules, your request for an appeal will be denied.

Additionally, your request for an appeal must be submitted in writing and be signed by the initiator. Please send your written request for an appeal to:

Aetna
P.O. Box 14020
Lexington, KY 40512

Please provide us with all appropriate documentation to support your payment appeal (e.g., remittance advice from a Medicare carrier). You must submit your request for payment appeal to Aetna no later than 60 days from the date of the Aetna denial notice.

We will review your payment appeal and respond to you. Our response will be within 60 days from the time your request for an appeal and signed Provider Waiver of Liability form is received by Aetna.

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, per the Medicare Appeal Process, your case file will be forwarded to [MAXIMUS Federal Services, Inc.](#) MAXIMUS Federal Services Inc. is an independent review entity contracted with the Centers for Medicare and Medicaid Services for an external review. You will receive written notification of the decision directly from MAXIMUS Federal Services, Inc.

If the decision is not in your favor, you will be advised regarding further appeal rights.

If you request an appeal and you did not include a Provider Waiver of Liability form, we will notify you of this missing information. You must provide Aetna with a completed and signed Provider Waiver of Liability form before we proceed with reviewing your request for an appeal. If the Provider Waiver of Liability is not received within 60 calendar days of Aetna's receipt of your appeal request, per the *Medicare Managed Care Manual*, Chapter 13, Section 60.1.4, your request for an appeal will be sent to MAXIMUS Federal Services, Inc. for dismissal. You will receive written notification of the dismissal directly from MAXIMUS Federal Services, Inc.

If you have questions regarding the appeal process, please contact our Provider Service Center at **1-800-624-0756**.