

SMO Policy Manual

MEDICARE REMITTANCE ADVICE/NOTICE FOR NON-CONTRACTED PROVIDERS

Executive Sponsor: Steve Adamson, Chief Operations Officer

Issuing Department: Claims

Gate Keeper: Melissa Rusk, Director Claims

COMPLIANCE STATEMENT:

Enforcement:	All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.
Review Schedule:	This policy will be reviewed and updated as necessary and no less than every two years.
Monitoring and Auditing:	The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.
Documentation:	Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

- | | |
|--|---|
| ☒ SummaCare | ☐ Apex |
| ☐ Summa Health Management Company | ☒ Summa Insurance Company |

Line of Business:

- | | |
|--|--|
| ☐ Commercial Groups | ☒ Medicare |
| ☐ Medicare Supplemental | ☐ On-Exchange |
| ☐ Off-Exchange | ☐ Self-Funded |



Uncontrolled if Printed

Policy Number: CSCL0003
Manual Name: SMSO Policy Manual
Policy Name: Medicare remittance
advice/notice for non-contracted providers
Approved By: Stephen Adamson
Last Revised: 07/15/2019

1.0 Purpose:

- 1.1 To ensure compliance with CMS remittance advice/notice requirements.

2.0 Policy:

- 2.1 SummaCare provides specific information on the remittance advice/notices for non-contracted providers, as required by CMS.

3.0 Procedure:

- 3.1 If the plan denies a request for payment from a non-contracted provider, the plan must notify the non-contracted provider of the specific reason for the denial and provide a description of the appeals process.
- 3.2 The remittance advice/notice must include the following:
 - 3.2.1 Non-contract providers have the right to request a reconsideration of the plan's denial of payment;
 - 3.2.2 Non-contract providers have 60 calendar days from the remittance notification date to file the reconsideration;
 - 3.2.3 Non-contract providers must include a signed Waiver of Liability form holding the enrollee harmless regardless of the outcome of the appeal [a link to the form on the web will be included];
 - 3.2.4 Non-contract providers should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement; and
 - 3.2.5 Non-contract providers must mail the reconsideration to the plan [the appropriate plan address must be included].
- 3.3 Melissa Rusk, Director, Claims & BPO Operations has the authority and responsibility for the activities in this policy or procedure.
- 3.4 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.

4.0 References:

- 4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)
 - 4.1.1 MMCM, Chapter 13, Sec. 40.2.3
- 4.2 Are there any references to other documents, regulations, or intranet locations?
 - 4.2.1 None

4.3 Are there other policies that work in conjunction with this policy?

4.3.1 Waiver of Liability Form

4.3.2 EOP Template

4.4 Replaces (if applicable):

4.4.1 None

5.0 Definitions:

5.1 Non-Contracted Provider

5.1.1 A physician or facility that does not participate in the SummaCare network.

6.0 Key Words or Aliases (Optional):

6.1 None

ORIGINAL *EFFECTIVE DATE*: 7/1/2014

REVIEWED:

REVISED: 7/15/2019 (format)