



ALIGN
SENIOR CARE

BCS OF MICHIGAN LLC
39465 W 14 MILE RD
NOVI, MI 48377





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39465 W 14 MILE RD
NOVI, MI 48377

REMITTANCE ADVICE

** PLEASE RETAIN FOR YOUR RECORDS **
** THIS IS THE ONLY COPY YOU WILL RECEIVE **

Questions?
Contact Provider Services
1-844-205-7244 #4

Provider NPI	1164816195
Process Date	7/19/2021
CHK/EFT Number	121140390001184
Amount	\$678.13

Patient Name	Performing Prov	Mbr ID No	Dates of Service		Proc Code	Number Days/Svc	Total Charges	Non-Allowed Charges	Rmtk Code	Other/Ins Applied	Ded/Copay Applied	Consurance Applied	Seq Amt	Provider Payment	Pymt Code	
			From	Thru												
PAULETTE R JETT	DEANNA IRENE SAVAGE	00019224	5/26/2021	5/26/2021	90832	1.0	\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31		
16232956	1245697317	21071327921668700028														
CLAIM TOTAL							\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest	
Patient Responsibility																\$0.00

PAULETTE R JETT	DEANNA IRENE SAVAGE	00019224	5/12/2021	5/12/2021	90832	1.0	\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31		
16176811	1245697317	21071327921668700029														
CLAIM TOTAL							\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest	
Patient Responsibility																\$0.00

PAULETTE R JETT	DEANNA IRENE SAVAGE	00019224	4/15/2021	4/15/2021	90832	1.0	\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31		
16002673	1245697317	21071327921668700031														
CLAIM TOTAL							\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest	
Patient Responsibility																\$0.00

PAULETTE R JETT	DEANNA IRENE SAVAGE	00019224	4/28/2021	4/28/2021	90834	1.0	\$200.00	\$121.12	\$0.00	\$0.00	\$0.00	\$15.78		\$63.10		
16056827	1245697317	21071327921668700032														
CLAIM TOTAL							\$200.00	\$121.12	\$0.00	\$0.00	\$0.00	\$15.78		\$63.10	Interest	
Patient Responsibility																\$0.00

Interest

Patient Name	Performing Prov	Mbr ID No	Dates of Service		Proc Code	Number Days/Svc	Total Charges	Non-Allowed Charges	Rmk Code	Other Ins Applied	Deed/Copay Applied	Coinsurance Applied	Seq Amt	Provider Payment	Pynt Code
Patient Acct #	NPI	Claim Number	From	Thru											

Patient Responsibility \$11.83

PAULETTE R JETT	DEANNA IRENE SAVAGE	00019224	3/31/2021	3/31/2021	90832	1.0	\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
15966426	1245697317	21071327921668700034	CLAIM TOTAL				\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	\$0.00

Patient Responsibility \$11.83

NANCY J MEIJS	DEANNA IRENE SAVAGE	00020967	5/12/2021	5/12/2021	90832	1.0	\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
16175797	1245697317	21071327921668700035	CLAIM TOTAL				\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	\$0.00

Patient Responsibility \$11.83

NANCY J MEIJS	DEANNA IRENE SAVAGE	00020967	4/28/2021	4/28/2021	90832	1.0	\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
16056998	1245697317	21071327921668700036	CLAIM TOTAL				\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	\$0.00

Patient Responsibility \$11.83

NANCY J MEIJS	DEANNA IRENE SAVAGE	00020967	3/31/2021	3/31/2021	90832	1.0	\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
15966680	1245697317	21071327921668700037	CLAIM TOTAL				\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	\$0.00

Patient Responsibility \$11.83

NANCY J MEIJS	DEANNA IRENE SAVAGE	00020967	5/26/2021	5/26/2021	90832	1.0	\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
16232962	1245697317	21071327921668700038	CLAIM TOTAL				\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	\$0.00

Patient Responsibility \$11.83

NANCY J MEIJS	DEANNA IRENE SAVAGE	00020967	6/25/2021	6/25/2021	90832	1.0	\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
16398456	1245697317	21071327921668700039	CLAIM TOTAL				\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	\$0.00

Patient Responsibility \$11.83

NANCY J MEIJS	DEANNA IRENE SAVAGE	00020967	4/15/2021	4/15/2021	90832	1.0	\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
16001849	1245697317	21071327921668700040	CLAIM TOTAL				\$150.00	\$90.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	\$0.00



Patient Name	Performing Prov	Mbr ID No	Dates of Service		Proc Code	Number Days/Svc	Total Charges	Non-Allowed Charges	Rmtk Code	Other Ins Applied	Ded/Copay Applied	Coinsurance Applied	Seq Amt	Provider Payment	Pynt Code
Patient Acct #	NPI	Claim Number	From	Thru											

CLAIM TOTAL \$150.00 \$90.86 \$0.00 \$0.00 \$11.83 \$47.31 Interest \$0.00

Patient Responsibility \$11.83

NANCY J MEELS	DEANNA IRENE SAVAGE	00020967	6/9/2021	6/9/2021	90832	1.0	\$130.00	\$70.86	\$0.00	\$0.00	\$0.00	\$11.83		\$47.31	Interest
16297394	1245697317	21071327921668700041													\$0.00

CLAIM TOTAL \$130.00 \$70.86 \$0.00 \$0.00 \$11.83 \$47.31 Interest \$0.00

Patient Responsibility \$11.83

Provider Total \$2,030.00 \$1,182.30 \$0.00 \$0.00 \$169.57 \$678.13 Interest \$0.00

Provider Payment disputes (Claims Re-review)

A formal request from a Provider contesting the paid amount on a claim which does not include a medical necessity or administrative denial and claims payment determinations have already been rendered.

All Payment Disputes must be:

- Submitted in writing
- Submitted within 60 days from the original payment
- Include a cover letter with:
 - Claim identifiable information
 - Specific rationale as to why the payment made is not appropriate or needs adjustment
- Include necessary attachments:
 - Copy of the original remittance advice (RA)
 - All applicable medical records or other attachments supporting additional payment

NOTE: Align Senior Care MI will not request additional information and expects the provider to submit the necessary information to substantiate their request for additional payment

- Mail to:
Medicare Payment Dispute
PO Box 4440, Glen Allen VA 23058-4440

Providing the above information will enable the Payment Dispute Unit to properly and timely review requests. Requests that do not follow all of the above may be delayed.

Participating Provider Administrative Plea/Appeal

A formal request for review of a previous decision where a determination was made that the Participating Provider failed to follow administrative rules and Provider liability was assigned (see original decision letter) where services have already been rendered.

Provider Administrative Plea/Appeals Responsibility

All requests must be:

- Submitted in writing
 - Submitted within 60 days from the Remittance Notification
 - Include a cover letter with:
 - Member identifiable information
 - Date(s) of service in question
 - Specific rationale as to why the administrative rules were not followed and requires an exception to be made or extenuating circumstance that warrants a re-review of the request for provision of payment.
 - Include necessary attachments:
 - Copy of the original decision
 - All applicable medical records
- NOTE: In the event Align Senior Care MI waives the administrative requirement, should your request require a medical review, Align Senior Care MI will not request additional records to support the provider's argument and expects the provider to submit the necessary information to substantiate their request for payment.

- Mail to:
Align Senior Care MI Appeals & Grievances
PO Box 4440, Glen Allen VA 23058-4440
Fax to: 1-833-610-2380

Providing the above information will enable the Appeals team to properly and timely review requests within 60 business days. In the event Align Senior Care MI waives the administrative requirement, the request will be transferred to the appropriate area for review under that process and applicable timeframes. Requests that do not follow all of the above may be delayed.

Non-Participating Provider Appeals Rights

If a claim is partially or fully denied for payment, the non-participating provider must request a reconsideration of the denial within 60 days from the Remittance Notification. When submitting the reconsideration of the denial of payment on a claim, a signed Waiver of Liability form must be included. A waiver of liability form can be obtained on the Plan website at the following link <https://alignseniorcare.com/wp-content/uploads/2019/10/2020-Waiver-of-Liability-ASC-508compliant.pdf>. The purpose of the Waiver of Liability form is to hold the enrollee harmless regardless of the outcome of the appeal. With the appeal, the non-participating provider 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. The appeal must be in writing and can be mailed or faxed.

- Mail to:
Align Senior Care MI Appeals & Grievances
PO Box 4440, Glen Allen VA 23058-4440
Fax to: 1-833-610-2380



