

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



Provider NPI rocess Date

Chk/EFT Number 121140390001184 Amount \$678.13

7/19/2021 1164816195



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

# **REMITTANCE ADVICE**

\*\* PLEASE RETAIN FOR YOUR RECORDS \*\*

\*\* THIS IS THE ONLY COPY YOU WILL RECEIVE \*\*

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

PAULETTE R JETT 16313293			PAULETTE R JETT 16056827			PAULETTE R JETT 16002673			PAULETTE R JETT 16398427			PAULETTE R JETT 16176811			PAULETTE R JETT 16232956	Patient Acct #	Patient Name
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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

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.

## All requests must be: Provider Administrative Plea/Appeals Responsibility

- 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.

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 harmed segardless of the outcome of the appeal, the non-time of the payment of the denial within 60 days from the Remittance Notification. When submitting the reconsideration of the denial within 60 days from the Remittance Notification. When submitting the reconsideration of the denial within 60 days from the Remittance Notification. When submitting the reconsideration of the denial within 60 days from the Remittance Notification. When submitting the reconsideration of the denial within 60 days from the Remittance Notification. When submitting the reconsideration of the denial within 60 days from the Remittance Notification. When submitting the reconsideration of the denial within 60 days from the Remittance Notification. When submitted is a submitted to the remaining the reconsideration of the denial within 60 days from the Remittance Notification of the denial within 60 days from the Remittance Notification of the Payment of the Paym argument for reimbursement. The appeal must be in writing and can be mailed or faxed. 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

PO Box 4440, Glen Allen VA 23058-4440 Align Senior Care MI Appeals & Grievances

Fax to: 1-833-610-2380



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