
The Quartz Medicare Advantage (HMO) Non-Contracted Provider Payment Appeal Process

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

- You do not have a contract with Quartz to participate in Quartz Medicare Advantage plans (“non-contracted provider”)

AND

- You received zero payment for services you provided to a Quartz Medicare Advantage member enrolled in a Quartz Medicare Advantage HMO plan.

The Centers for Medicare and Medicaid Services (“CMS”) describes the Medicare Appeal Process available to non-contracted providers (“provider-as-party”) in Section 60.1.1 of Chapter 13 of the [Medicare Managed Care Manual](#), which is titled “Non-Contracted Provider Appeals”. Section 60.1.1 of Chapter 13 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 *Non-Contracted 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 Quartz *Non-Contracted Provider Waiver of Liability* form, [QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage), you can find this at the bottom of the webpage under *Other Forms*. Please note that the *Non-Contracted Provider Waiver of Liability* form must be completed in its entirety. The Medicare Beneficiary Identifier (MBI) or HICN must be included on the *Non-Contracted Provider Waiver of Liability* form. For more information on MBIs, please visit <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Using-MBIs>

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:

Quartz Medicare Advantage (HMO)

Attn.: Appeals Specialist

840 Carolina Street

Sauk City, WI 53583

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 Quartz Medicare Advantage no later than 60 days from the date of the Quartz Medicare Advantage 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 *Non-Contracted Provider Waiver of Liability* form is received by Quartz.

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 *Non-Contracted Provider Waiver of Liability* form, we will notify you of this missing information. You must provide Quartz with a completed and signed *Non-Contracted Provider Waiver of Liability* form before we proceed with reviewing your request for an appeal.

If the *Non-Contracted Provider Waiver of Liability* form is not received within 60 calendar days of Quartz's receipt of your appeal request, per the Medicare Managed Care Manual, Chapter 13, Section 60.1.1, your request for an appeal will be sent to MAXIMUS Federal Services, Inc. for dismissal.

We're here to help

If you have questions regarding the appeal process, please contact our Customer Service Center at (800) 394-5566 or TTY 711, Monday – Friday from 8 a.m. – 8 p.m. October 1 through March 31, daily, 8 a.m. – 8 p.m.