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# The Quartz Medicare Advantage (HMO) non-contracted provider payment appeal process

## Important notice to non-contracted providers

You have the right to appeal the denial of payment made by Quartz Medicare Advantage by initiating the Non-Contracted Provider Denials of Payment 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 50.1.1 of the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, which states:

A non-contract provider, on his or her own behalf, may request a reconsideration for a denied claim only if the non-contract provider completes a Waiver of Liability (WOL) statement, which provides that the non-contract provider will not bill the enrollee regardless of the outcome of the appeal.

## Payment appeal process

Use the following link to obtain a copy of the [Non-contracted Provider Waiver of Liability](#) form on [QuartzBenefits.com/MAProviderForms](#). 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.

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

Attn.: Appeals Specialist  
Quartz Medicare Advantage (HMO)  
2650 Novation Parkway  
Fitchburg, WI 53713

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 the signed *Non-contracted Provider Waiver of Liability* form is received by Quartz.

If we find it in your favor, payment will be made at the applicable Medicare rate directly to you. If we do not find it 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 Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, Section 50.1.1, 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 Quartz Customer Success at **(800) 897-1923 (TTY: 711)**, Monday – Friday from 8 a.m. – 5 p.m.