



Important Information About Non-contract Provider Appeal Rights

If your claim was denied by MMM of Florida based on missing information, medical records, billing errors, an Unanswered Additional Documentation Request (ADR), or clerical errors you may resubmit a corrected claim(s), within 365 calendar days from the date(s) of service to file the **review**, using the Adjustment Form. Available in the web site: <https://www.mmm-fl.com>

1. The following documentation is necessary to process your Adjustment Review Request:
2. Provider Information:
 - a. Provider Name- Physician or Facility
 - b. Rendering/Billing NPI
 - c. Contact person - Telephone/Fax
 - d. Beneficiary name and ID number
 - e. Claim number, CPTs/HCPS
 - f. Denial Code, Denial Date
 - g. Date of Service
3. Copy of the original claim - Form 1500/UB04
4. Copy of Explanation of Payment showing the denial
5. If applicable, include:
 - a. "Invoice"
 - b. Clinical documentation
 - c. Medical record
 - d. For Ambulance services, include the discharge summary
 - e. Other documentation that support your appeal argument for coverage

Submit your adjustment review to:

MMM of Florida
Claims Department
P. O. Box 260430
Miami, FL 33126

If the non-contract provider does not agree with the adjustment determination, has the right to request **reconsideration**, within 60 calendar days from the Explanation of Payment (denial) date to file the reconsideration. According to CMS

6. Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, section 50.1.1 – Requirements for Provider Claim Appeals (Part C Only), you must submit your reconsideration with the documentation mentioned before and the Waiver of Liability - Non-contract providers must include a signed Waiver of Liability form holding the enrollee harmless regardless of the outcome of the appeal. Available in the CMS web site: <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms.html> Please, fax the required documentation (described above) to the Appeals and Grievances Department at 1-833-523-2628. You may also mail the required documentation (described above) to the following address:

Appeals and Grievances Department
P. O. Box 260430
Miami, FL 33126

If you have any question or need assistance, please contact the Provider Relations Department at 1-(844) 212-9858 from Monday to Friday 8:00 AM - 8:00 PM.

* **Forms available in MMM of Florida web site** <https://www.mmm-fl.com>

Important Information:

If a non-contract provider files reconsideration but does not submit the waiver of liability or required documentation (section 50.1.1 CMS- Medicare Managed Care Guidance-Part C and D Enrollee Grievances, and Organizations Coverage Determinations and Appeals Guidance) MMM of Florida should not undertake a review until or such documentation is obtained. However, if MMM of Florida does not receive the documentation by the conclusion of the appeal time frame, MMM of Florida should dismissed the case.