



**COLORADO ACCESS ADVANTAGE**  
**NON-PARTICIPATING PROVIDER RECONSIDERATION WAIVER**  
(WAIVER OF LIABILITY STATEMENT)

Member Name (Print or Type)	Medicare/HIC Number
Member ID	Claim Number
<p>I/We, _____ (Name) hereby request a reconsideration regarding the above-referenced member's bills incurred on _____ (Date) in the amount of \$ _____ (Amount).</p> <p>In requesting the reconsideration I/we waive any and all rights to hold _____ (Member's Name) responsible for payment of services provided to him/her if the reconsideration determination is adverse. In doing so, I/we understand that this does not waive rights to payment from this Plan. I/We understand that the signing of this waiver does not negate my right to request further appeal under 42 CFR 422.600.</p>	
Signature	Tax ID Number
Telephone Number  (     )	Date

## Provider Carrier Disputes (Claim Appeals)

Colorado Access has a Provider-Health Plan dispute process that a provider or a provider representative may access to submit a written request for resolution of a dispute regarding an administrative, payment of other issue with a claim.

Colorado Access receives routine inquiries and/or requests for information from providers and their representatives, which are responded to and resolved in a timely manner through existing informal processes not related to clinical denials. These routine inquiries are not considered formal Provider Health Plan disputes. Examples of routine inquiries include but are not limited to requests for appeal status and address changes.

### Submission Process

All necessary information should be submitted in writing to:

**Colorado Access Claims Appeals Department**  
**P.O. Box 17950**  
**Denver, CO 80217**

Necessary information for purposes of a Provider-Carrier dispute includes the following:

1. Each applicable date of service;
2. Member name;
3. Patient name;
4. Member identification number;
5. Provider name;
6. Provider tax identification number;
7. Dollar amount in dispute, if applicable;
8. Provider position statement explaining the nature of the dispute; and
9. Supporting documentation where necessary, (e.g., medical records, proof of timely filing, State Web Portal eligibility screen prints verifying reasonable attempts to capture member eligibility on date of service).

Information may be submitted in a brief letter or included on Colorado Access' Non-Clinical Adjustment Request form.

IF A NON PARTICIPATING PHYSICIAN IS REQUESTING THE APPEAL, a signed waiver of liability statement must also accompany the appeal (see reverse side). If this form is not included, Colorado Access will not be able to process your appeal.

### Processing Timeframes

Colorado Access has 60 days from the date of receipt to resolve the appeal.

Where **all** necessary information is received by Colorado Access for a Provider-Health Plan dispute, a written acknowledgement is sent to the provider or the provider's representative within thirty (30) calendar days of receipt of the dispute resolution request. If the Provider-Health Plan Dispute is resolved within 30 days, and is overturned then notification will appear on the provider's voucher with a notation that the claim was processed on appeal.

If the Provider-Health Plan Dispute is upheld, written notification in the form of a letter will be sent to the provider and to Independent Review Entity (IRE). Members will also receive notification that the case has been submitted to IRE. If the Provider-Health Plan Dispute is resolved outside of 30 days, whether overturned or upheld, notification will be in the form of a letter.

Where **all** necessary information is not received, Colorado Access will notify the provider in writing of the missing information. The provider will have **30 days** to respond to the request. If the additional information is received by Colorado Access within the 30 days, Colorado Access will process the request as stated above. If the additional information is not received within 30 days, Colorado Access will close the dispute and notify the provider in writing. The case will then be sent to IRE to request approval to close the dispute. Notification will be provided to Access Advantage members when disputes are closed.