

PROVIDER APPEAL GUIDELINES

Note: *These guidelines do not apply to the submission of an amended claim to a previously processed claim within 180 days from date of service. An amended claim submitted within 180 days is an 'On Time Corrected Claim' and not a Provider Appeal. Please note on the claim form that it is an On Time Corrected Claim and mail it to: Minuteman Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144. On Time Corrected Claims cannot be accepted via fax.*

Please fax Provider Appeals to Minuteman at: 888-225-8716

Provider Appeal Guidelines:

- Providers have the right to file a Provider Appeal if they disagree with how Minuteman processed a claim.
- Provider Appeals must be submitted within sixty (60) calendar days of the date of claim adjudication or the appeal will be denied.
- A Provider Appeal must be submitted on the Request for Claim Review form, which can be found on the following page and under the "Provider Forms" section on the Minutemen website.
- The control number—the 12-digit number on the Minuteman Explanation of Payment (EOP)—must be listed on the Request for Claim Review form.

Please include with your appeal:

- The EOP and all supporting documentation, such as operative and office notes, authorizations, invoices, and other information which would be pertinent to the review process, rationale for appeal, and desired resolution.
- PLEASE NOTE: If you are disputing a denial of a Prior Authorization Request and the service has not yet been rendered, your appeal will be treated as a Member Appeal and processed in accordance with Minuteman's Member Appeal Guidelines.

Appeal Types:

Provider Contractual Appeals, such as

- Claim denied for no authorization
- Claim denied past filing limit
- Claim denied as billed incorrectly
- Claim denied as duplicate claim
- Claim reimbursement issue, e.g. CPT code(s), disagreement about payment methodology

improving the quality of care provided by organized delivery systems. HEDIS was originally designed for private employers' needs as purchasers of health care. It has since been adapted for use by public purchasers, regulators, and consumers.

Quality improvement activities, health management systems and provider profiling efforts have all used HEDIS as a core measurement set. HEDIS also is used as an element of NCQA accreditation, and is considered the consumer report card for managed care organizations.

Minuteman collects HEDIS data from three major sources. The first source is administrative data gathered from claims, encounter and enrollment systems. The second source is the medical record. Minuteman generally requests copies of medical records for HEDIS reviews. The third source is survey information. For some measures, administrative and medical record data are commonly combined in a standardized manner known as the hybrid method. Data derived purely from administrative sources reflect rates that consider every eligible Member and occurrence. All other data are based on samples of Members and services. These samples must be drawn in a systematic fashion that has been specified by NCQA.

Providers are required to cooperate with all Quality Improvement and Assurance activities to improve the quality of care, services and member experience. This includes allowing the collection and evaluation of provider data.

NCQA publishes summary data in its annual State of Health Care Quality report, which can be found on its website: www.ncqa.org.

NCQA Accreditation

Minuteman is an NCQA accredited health plan. Minuteman providers are required to comply with requests for information needed for NCQA accreditation and HEDIS metrics.

NCQA's primary focus is to assess the organization's quality improvement structures and processes utilizing more than 50 standards in 5 categories:

- Quality Management and Improvement
- Credentialing and Re-credentialing
- Utilization Management
- Members' Rights and Responsibilities
- Member Connections

Accreditation also includes an assessment of the care and service that plans are delivering in important areas measured through HEDIS, such as immunization rates, mammography rates and Member satisfaction.

MINUTEMAN CORPORATE COMPLIANCE PROGRAM (INCLUDING FRAUD, WASTE, AND ABUSE PREVENTION PROGRAM)

Compliance Statement and Code of Conduct

It is Minuteman's policy to conduct its business in compliance with the applicable laws and regulations of the United States and the state of New Hampshire and to assure that Minuteman operates in a manner consistent with the letter and the spirit of the law.

Minuteman is committed to compliance with such laws and regulations and intends to assure that Minuteman's activities and operations, as carried out by the employees and other agents of Minuteman, are conducted in compliance with such laws and regulations. In recognition of this commitment, Minuteman has developed a Corporate Compliance Program that has been adopted and endorsed by the Minuteman Board of Directors.

Scope

The scope of the Minuteman Compliance Program covers all employees, temporary employees, volunteers, and agents, including participating providers (first tier and downstream entities) and delegates (contractors and subcontractors, both first tier and downstream entities), including any related entities, of Minuteman and its subsidiaries, promoting compliance with applicable federal and state law and regulations while adhering to the highest ethical standards. The Minuteman Compliance Program also includes the Minuteman Privacy and Security Program, promoting the confidentiality, privacy and security of Member protected health information, as well as the Minuteman Fraud, Waste, and Abuse Prevention Program.

Code of Conduct

Part of Minuteman's mission is to be a leading corporate citizen. This means that Minuteman, and all Minuteman associates and agents, should follow these three rules when conducting business on behalf of Minuteman:

- Act ethically and responsibly
- Obey the law
- If you learn that someone connected with Minuteman is breaking either of the first two rules, report the problem, and do your best to put things right or find someone who can

All employees and agents of Minuteman are advised as follows:

- No employee or agent of Minuteman has any authority to act contrary to the provisions of the Code of Conduct (Code), or to authorize, direct or condone violations by any other employee or agent of Minuteman.
- Any employee or agent of Minuteman who has knowledge of facts or incidents that he or she believes may violate the Code has an obligation to promptly report the matter.

- Any employee or agent who violates the Code, or who orders or who knowingly permits a subordinate to violate the Code, shall be subject to appropriate disciplinary action which may include discharge or termination of his/her relationship with Minuteman.
- Minuteman will make full, fair, timely, and understandable disclosures in the periodic reports required by law.

Reporting Your Concerns

Please tell us if you have a compliance concern. When making a report, please provide as much detail as possible. Names, dates, and a description of the issues in question are helpful. For example, you may wish to describe why you think an activity is a cause for concern. If possible, please include your name and telephone number so that we can contact you if we have any questions during our investigation.

You can call our toll-free anonymous compliance hotline, email us, or send us a letter via fax or mail:

Phone	English 855-400-0098 Spanish 800-216-1288
Fax	215-689-3885 (must include company name with report)
Online	www.lighthouse-services.com/minutemanhealth , OR mailto:reports@lighthouse-services.com (must include company name with report)
Mail	Minuteman Health, Inc. Attn: Compliance Officer P.O. Box 120025 Boston, MA 02111

Reasonable efforts will be made to protect the confidentiality of those who are reporting. However, confidentiality cannot be guaranteed and will not be possible in some circumstances. Compliance issues will be discussed only with persons with an absolute “need to know.” Minuteman will not discriminate or retaliate against any employee or agent of Minuteman for reporting a compliance concern or for cooperating in any government or law enforcement authority’s investigation or prosecution.

All reports will be taken seriously and, if warranted, investigated by the Minuteman Compliance Officer. Reports of suspected fraud, waste, or abuse are investigated by Minuteman. Minuteman takes appropriate actions to mitigate any harmful effects and works to identify opportunities for improvement and corrective actions designed to correct any underlying problems.

Privacy and Security Program

Minuteman has established a comprehensive Privacy and Security policy to protect Minuteman Members from inappropriate use or disclosure of their protected health information (PHI). Under this policy, Minuteman has implemented appropriate administrative, physical, and technical safeguards to ensure the security of electronic PHI. For more information, review the Minuteman Notice of Privacy Practices, which is posted on www.minutemanhealth.org. A copy of the notice is also available upon request.

Fraud, Waste, and Abuse Prevention Program

Minuteman has established a Fraud, Waste, and Abuse (FWA) Prevention policy to prevent, detect, and correct fraud, waste, and abuse by employees, Members, employers, brokers, providers, contractors, and subcontractors of Minuteman.

Under this program, Minuteman works to promote a sense of integrity and vigilance. This program also provides procedures for prevention, detection, auditing, monitoring, investigation and follow-up. If you suspect fraud, waste or abuse please report this to Minuteman, either through the toll-free anonymous hotline or to Minuteman's Compliance Officer. Upon receipt of an FWA issue, Minuteman will thoroughly investigate the issue and mitigate as appropriate. Please note that Minuteman encourages reporting FWA and thus adheres to a non-retaliation policy for reporting any potential or actual FWA. Minuteman may disseminate FWA educational materials either via mail or on www.minutemanhealth.org.

Please notify Minuteman of potential FWA. You can call our toll-free, anonymous compliance hotline, email, or send us a letter via fax or mail. (See Section XIII.B of the Minuteman Provider Manual for details on reporting a concern to the Minuteman Compliance Program.)

You may also report fraud directly to the Department of Health and Human Services (HHS) Office of Inspector General (OIG) Hotline.

Contacting the HHS OIG Hotline

Phone: 800-HHS-TIPS (800-447-8477)

Fax: 800-223-8164

E-Mail: HHSTips@oig.hhs.gov

Website: <https://forms.oig.hhs.gov/hotlineoperations/>

TTY: 800-377-4950

Mail:

Office of Inspector General

Department of Health and Human Services

Attn: HOTLINE PO Box 23489

Washington, DC 20026