

HEALTH CARE LA, IPA
P.O. BOX 570590
TARZANA, CA 91357

Page 1 of 6

Payment Date: 11/22/2021
Payment Number: [REDACTED]
Payment Amount: \$11.91

SUNRISE MEDICAL LABORATORIES INC
PO BOX 9070
HICKSVILLE, NY 11802

Effective August 1, 2019, MedPOINT will require an NDC on all claims that include drugs covered by medical benefits. All claims must include the 11-digit NDC number, unit of measure, and quantity with the applicable Healthcare Common Procedure Coding System (HCPCS) or Common Procedural Terminology (CPT) drug codes.

HEALTH CARE LA, IPA
P.O. BOX 570590
TARZANA, CA 91357

WELLS FARGO BANK
1800 CENTURY PARK EAST
SUITE 1100
LOS ANGELES, CA 90067



11-24/1210

DATE
11/22/2021

PAY **ACH PAYMENT**

AMOUNT
\$11.91

PAY TO THE ORDER OF SUNRISE MEDICAL LABORATORIES INC
PO BOX 9070
HICKSVILLE, NY 11802



SUNRISE MEDICAL LABORATORIES INC
PO BOX 9070
HICKSVILLE, NY 11802

TIN #: [REDACTED]

NPI #: [REDACTED]

Payment #: [REDACTED]
Payment Date: 11/22/2021
Payment Amount: \$11.91

PATIENT NAME: [REDACTED]			PATIENT ACCT.: [REDACTED]											
MEMBER ID: [REDACTED]			HP CODE: [REDACTED]											
CLAIM #: [REDACTED]			PROVIDER NAME: SUNRISE MEDICAL LABORATORIES INC			PROVIDER NPI: [REDACTED]								
Line	Dates m/d/yy	Proc #/ Mod	Billed	Allowed	Disallowed	Explain Code	Remark Code	Adj	Deductible	Copay	Coins	Interest	Withheld	Payment
1	10/18/21 - 10/18/21	82105	\$127.10	\$11.91	\$115.19	45		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.91
Sub-Total			\$127.10	\$11.91	\$115.19				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.91

	Billed	Allowed	Disallowed	Adj	Deductible	Copay	Coins	Interest	Withheld	Payment
Total	\$127.10	\$11.91	\$115.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.91

EXPLANATION CODE	DESCRIPTION
45	CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT

Effective August 1, 2019, MedPOINT will require an NDC on all claims that include drugs covered by medical benefits. All claims must include the 11-digit NDC number, unit of measure, and quantity with the applicable Healthcare Common Procedure Coding System (HCPCS) or Common Procedural Terminology (CPT) drug codes.

Notice to Providers

CMS has imposed a **2% sequester reduction** on Medicare claims with DOS on or after April 1, 2013. This adjustment occurs after all applicable co-pays and other adjustments are made to the claim, at the discretion of the Payor.

Medicare FFS Claims: 2% Payment Adjustment Suspended (Sequestration)

The Coronavirus Aid, Relief, and Economic Security (CARES) Act suspended the payment adjustment percentage of 2% applied to all Medicare Fee-For-Service (FFS) claims from May 1 through December 31, 2020. The Consolidated Appropriations Act, 2021, signed into law on December 27, extends the suspension period to March 31, 2021.

This payment is for HMO members and per the items of CMS, DMHC, DHS and Knox Keene, the member cannot be balance billed except for the applicable co-pays, deductibles and non-covered services. The preceding message does not apply to services provided to commercial members by non-contracted, non-authorized providers. Non-contracted providers are paid 100% of the prevailing Medicare Fee Schedule for Medicare members, 100% of the Medi-Cal Fee Schedule for Medi-Cal members, and the IPA's usual and customary rates for Commercial members. Contracted providers are paid at contracted rates.

COMMERCIAL AND MEDI-CAL PROVIDERS:

Appeals or Disputes must be submitted in writing preferably with the approved "Provider Dispute Resolution Request" (PDR) form, within 365 calendar days of payment/denial. You can obtain a PDR form on the MedPOINT Management website at www.medpointmanagement.com under the provider resources tab. Disputes should be mailed to HEALTH CARE LA, IPA P.O. BOX 570590 TARZANA, CA 91357 to the attention of "Provider Dispute Resolution". Disputes must state reason of the dispute, the expected outcome and may include a copy of the claim(s) form and any supporting documentation. You will be notified in writing within 45 working days of the outcome of the dispute.

CAL MEDICONNECT PROVIDERS:

Balance billing a Cal MediConnect plan member is strictly prohibited by state and federal law. Additionally, federal law does not allow providers to collect Medicare Parts A and B deductibles, coinsurance or copayments for covered services from Dual Eligible members. Member has no financial liability and should be held harmless. The payment issued represents payment in full based on COB, and no additional payment is due.

CMS PROVIDERS:

You may not Bill the Member; Member is only responsible for Copayments/Coinsurance amounts. As an MAO provider, some of the plan's services may also be covered by Medi-Cal in the State of California for dual eligible members. Contact the State of California for member eligibility and how to bill secondary payer at: 1-800-952-5252 or call TTY at 1-800-735-2929.

CONTRACTED PROVIDERS:

Claims are paid at your contracted rate, refer to your contract reimbursement section. Your payment dispute must be submitted within 60 days of EOP notification.

NON-CONTRACTED PROVIDER:

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may request reconsideration (appeal) of a Medicare Advantage plan payment denial determination including issues related to bundling or downcoding of services. To appeal a claim denial, submit a written request within 60 calendar days of the remittance notification date and include at a minimum:

- A statement indicating factual or legal basis for appeal
- A signed Waiver of Liability form (you may obtain a copy by going to: <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms.html>, at the bottom of the page under "Downloads" section select the zip file for 'ModelWaiver of Liability_Feb2019v508').

- A copy of the original claim
- A copy of the remittance notice showing the claim denial
- Any additional information, clinical records or documentation

Payment Dispute Process for Non-Contracted Medicare Providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider disagrees with the amount paid. To dispute a claim payment, submit a written request within 120 calendar days of the remittance notification date and include at a minimum:

- A statement indicating factual or legal basis for the dispute
- A copy of the original claim
- A copy of the remittance notice showing the claim payment
- Any additional information, clinical records or documentation to support the dispute

Mail the payment dispute to P.O. BOX 570590
TARZANA, CA 91357

If you have additional questions relating to a dispute decision made, you may contact us at:

Phone: 818-702-0100

Mail: P.O. BOX 570590
TARZANA, CA 91357

2nd Level Non - Contracted Provider Dispute

If you do not agree with the dispute determination, you have the option to request a Health Plan dispute review. Please send all dispute requests in writing, accompanied by all documentation to support your position. All requested material must be sent to the Health Plan within 180 calendar days of the written notice.

Please submit reconsideration requests to the addresses below for the following Health Plans:

Aetna Medicare Appeals & Grievances P.O. Box 14067 Lexington, KY 40512 Fax: 1-866-604-7092	Alignment Health Plan Appeals & Grievances 1100 W. Town & Country Road #300 Orange, CA 92868	Anthem Blue Cross Appeals & Grievance Unit P.O. Box 60007 Los Angeles, CA 90060	Blue Shield of California Medicare Provider Appeal Department P.O. Box 272640 Chico, Ca 95927-2640
Brand New Day Appeals & Grievances 5455 Garden Grove Blvd., Suite 500 Westminster, CA 92683	Blue Shield Promise Appeals & Grievance Unit 601 Potrero Grande Drive Monterey Park, CA 91755 Fax: 800-949-2961	Central Health Appeals & Grievances 1540 Bridgegate Drive Diamond Bar, CA 91765	Community Health Group Provider Disputes Department 2420 Fenton Street, Suite 100 Chula Vista, CA 91914
Easy Choice Health Plans Attn: Claims 10803 Hope Street, Suite B Cypress, CA 90630	Golden State Health Plan Attn: Claims 3030 Old Ranch Parkway Suite 155 Seal Beach, CA 90740	Health Net Medicare Programs Provider Services Department P.O. Box 10406 Van Nuys, CA 91410	Humana Claims Office P.O. Box 14601 Lexington, KY 40512
Imperial Health Plan of California P.O. Box 60874 Pasadena, CA 91116	LA Care Health Plan Appeals & Grievance Unit P.O. Box 811610 Los Angeles, CA 90081	Molina Medicare Appeals Provider Appeals P.O. Box 22817 Long Beach, CA 90802	SCAN Health Plan Attn: Claims P.O. Box 22698 Long Beach, CA 90801
United Healthcare Appeals & Grievances Department Mail Stop CA 124-0157 P.O. Box 6106 Cypress, CA 90630			

