

PROVIDER PAYMENT DISPUTE RESOLUTION FOR NON- CONTRACTED GATEWAY MEDICARE ASSURED® PROVIDERS

If you are a Non-Contracted provider and you believe that the payment amount you received for a service is less than the amount indicated in our terms and conditions of payment, you have the right to dispute the payment amount by following our dispute resolution process.

To file a payment dispute with Gateway HealthSM, call us at 800-685-5205 or send a written dispute to:

Gateway HealthSM
Attn: CLAIMS DEPARTMENT, GATEWAY MEDICARE ASSURED®
NON-PAR PAYMENT DISPUTE
Four Gateway Tower
444 Liberty Ave
Suite 2100
Pittsburgh, PA 15219

Additionally, please provide appropriate documentation to support your payment dispute e.g., a remittance advice from a Medicare carrier would be considered such documentation. Claims must be disputed within 120 days from the date payment is initially received by the provider.

We will review your dispute and respond to you within 30 days from the time the provider payment dispute is first received by the plan. If we agree with your payment dispute, then we will pay you the additional amount with any interest that is due. We will inform you in writing if your payment dispute is denied.

After Gateway HealthSM Medicare Assured makes its final Payment Review Determination Decision and you still disagree with the pricing decision, a request for an independent Payment Dispute Decision (PDD) may be submitted to 'First Coast Services, Inc', an independent entity contracted by CMS, in writing within 180 days of written notice from Gateway HealthSM Medicare Assured® Payment Review Determination. For more information and forms on PDD can be obtained at (www.fcso.com, What We Do, Payment Dispute Resolutions – Medicare Advantage).

First Coast Service Options, Inc (FCSO)
Payment Dispute
P.O. Box 4017
Jacksonville, Florida 32231-4017
Fax#: (904)361-0551
Email: RDPC@FCSO.com