

E. Time Period for Resolution and Written Determination Non-Contracted CMS Provider Dispute.

Optum Care Network - SDPMG will issue a written determination stating the pertinent facts and explaining the reasons for its determination within thirty (30) Calendar Days after the Date of Receipt of the provider dispute. The resolution letter must also inform the provider of their right to a Second Level process with the Health Plan.

F. Second Level Provider Payment Dispute

The non-contracted provider's request for a Second Level review is to be sent to the Health Plan address indicated below. Requests for Plans without a specific review address should be sent to the address on the Member's identification card.

Aetna Medicare Health Plan
P.O. Box 14067
Lexington, KY 40512

Alignment Health Plan
PO Box 14012
Orange, CA 92863

Anthem Blue Cross
Grievances and Appeals
OH0205-A537 Mail Location
4361 Irwin Simpson Rd
Mason, OH 45040-9398

Blue Shield 65 Plus HMO
PO Box 927
6300 Canoga Avenue
Woodland Hills, CA. 91365-9856
Phone: 1 (800) 776-4466
Fax: 916-350-6510

Promise Health Plan
Attn: Provider Dispute Dept.
PO Box 3829
Montebello, CA. 90640

Health Net
PO Box 10406
Van Nuys, CA. 91410

SCAN Health Plan
P.O. Box 21543
Eagan, MN 55121
Fax (562) 997-1835