



Contracted provider reconsiderations

As a provider, you have the right to request a reconsideration if you believe your request for payment was denied, paid incorrectly, or your authorization for services was not appropriately approved. If you would like to file a reconsideration, you may do so **within 60 calendar** days from the date of this notice by submitting a written request to the following:

OptumCare Provider Dispute Resolution
P.O. Box 30539
Salt Lake City, UT 84130

Appeals process for non-contracted Medicare providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may request reconsideration (appeal) of a Medicare Advantage plan payment denial determination. 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 at <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Notices-and-Forms.html>)
- A copy of the original claim
- A copy of the remittance notice showing the claim denial
- Any additional information, clinical records or documentation that supports the argument for reimbursement

Mail Arizona, Utah and Nevada appeal request to:

UnitedHealthcare Medicare & Retirement
P.O. Box 6106
Cypress, CA 90630
MS: CA124-0157

Nevada only

Anthem Blue Cross and Blue Shield Medicare Advantage
Mail stop: OH0205-A537
4361 Irwin Simpson Rd.
Mason, OH 45040

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, including issues related to bundling of services. 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 payment dispute to:

OptumCare Provider Dispute Resolution
P.O. Box 30539
Salt Lake City, UT 84130

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

Phone: 1-877-370-2845

Fax: 1-877-370-2848

Mail: OptumCare Provider Dispute Resolution, P.O. Box 30539, Salt Lake City, UT 84130

Email via our secure web portal: <https://professionals.optumcare.com/portal-login.html>

