



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
PO Box 30539
Salt Lake City, UT 84130-0781

Appeals process for non-contracted Medicare Advantage & Medicare-Medicaid Plans:

If a claim is partially or fully denied for payment, the non-contracted provider must request an appeal of the denial within 60 calendar days from the remittance notification. When submitting the appeal, a signed Waiver of Liability form must be included. To obtain this form, please go to https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip.

The purpose of the Waiver of Liability form is to hold the enrollee harmless regardless of the outcome of the appeal. With the appeal, the non-contracted provider should include documentation such as a copy of the original claim, remittance notification showing the denial, and any clinical records and other documentation that supports the provider's argument for reimbursement. The appeal must be in writing and mailed.

Please mail the appeal to:

Grievances and Appeals
Mailstop: OH0205-A537
4361 Irwin Simpson Rd
Mason, OH 45040

Non-Contracted Medicare Provider Payment Disputes- Medicare Advantage- Medicare/Medicaid Plans

A payment dispute is when you believe the amount we paid is different than what original Medicare would have paid. If you disagree with the payment amount, you may file a non-contracted Medicare provider payment dispute in writing within 120 calendar days.

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: 877-370-2845

Mail: OptumCare Provider Dispute Resolution, PO Box 30539 Salt Lake City, UT 84130

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



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