



# Electronic remittance appeal

## 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:

Optum Care provider dispute resolution  
P.O. Box 30788  
Salt Lake City, UT 84130-0788

## 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 **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 at [https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability\\_Feb2019v508.zip](https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Model-Waiver-of-Liability_Feb2019v508.zip) ).
- 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 Washington and Oregon appeal request to:

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

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## Payment dispute process for non-contracted Medicare providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted health care professionals may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider contends the amount paid by the Plan for a Medicare covered service is less than the amount that would have been paid under Original Medicare. 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 appeal
- 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:

Optum Care provider dispute resolution  
P.O. Box 30788  
Salt Lake City, UT 84130-0788

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

**Phone:** 1-877-836-6806 Washington

**Phone:** 1-866-565-3664 Oregon

**Mail:** OptumCare Provider Dispute Resolution, P.O. Box 30788, Salt Lake City, UT 84130-0788

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

## Billing alerts

Section 1905(n) of the Social Security Act prohibits a provider from billing an individual with coverage as a Qualified Medicare Beneficiary (QMB), with or without other Medicaid coverage, or someone receiving Supplemental Security Income benefits and Medicare for the Medicare deductible or coinsurance