



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 30539, Salt Lake City, UT 84130-0539

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.

Mail appeal request to:

Anthem 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**.

- 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 30539, Salt Lake City, UT 84130-0539

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

Nevada: 1-855-893-2297

Mail: **Optum Care Provider Dispute Resolution**

P.O. Box 30539, Salt Lake City, UT 84130-0539

Email via our secure web portal:

<https://professionals.optumcare.com/portal-login.html>

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.

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