Electronic Remittance Appeal

Contracted provider reconsiderations- ACO REACH

Note: Claims may be denied by Medicare. If your claim was denied by Medicare and you feel it to be in error, please see Medicare Denials section below.

Reconsiderations:

As a contracted provider, you have the right to request a reconsideration if you believe your request for payment was paid incorrectly. If you would like to file a reconsideration, you may do so **within 60 calendar days** from the date of this notice. Reconsideration may be submitted by written request to the following:

Written Request:

Optum Care Provider Dispute Resolution
P.O. Box 30781,
Salt Lake City, UT 84130-0781

After you've filed a reconsideration through paper mail, questions and updates on the request are available by calling 866-565-3468.

Medicare Denials:

If a claim was denied by Medicare and you feel it to be in error, you have the right to appeal the decision to Medicare. Please refer to the Remittance Advice issued by the Medicare Administrative Contractor (MAC) and follow the Medicare process on appeals for the claim or claim lines in dispute.

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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