

# **Issue resolution and claim dispute guide**

This guide is in place to direct providers when seeking answers to questions about working with Amerigroup Washington, Inc. Following standard processes ensures the most expeditious results, or offers advice when challenges affect resolution.

## Step 1: Use the Amerigroup self-service tools

- Online via the Availity\* Portal:
  - For eligibility/benefits questions, claims status inquiries, and electronic data interchange (EDI) transactions, visit the Availity Portal at availity.com.
  - Use the Chat Tool to ask a question regarding claims (or any other variety of topics). Access via Availity > Payer Spaces > Amerigroup > Applications > Chat. Live agents are available Monday to Friday from 8 a.m. to 5 p.m. PT.
  - For claims-related issues, use the Claim Dispute Tool to dispute a claim. (See Step 3 below.)

## **Step 2: Contact Provider Service**

#### Phone: 800-454-3730:

- Live agents are available Monday to Friday from 8 a.m. to 5 p.m. PT. The interactive voice response (IVR) system is available 24/7.
- Ask to speak to a Provider Service supervisor/escalation agent:
  - In the event that our self-service tools and a Provider Service representative are unable to provide you with the support you need, you may request to speak with a Provider Service supervisor/escalation agent, and your call will be escalated.
  - If a supervisor/escalation agent is unable to assist you immediately, you will receive a call back within two business days. Record your call reference number (e.g., #I123456789).
- **Email ClaimsResearch@anthem.com:** This email can be used to research claim status, authorization status, and appeal status. You can research up to 15 claims that are impacted by:
  - COB Denial

Member Eligibility Issue

System Configuration Issues

Duplicate Claim Denial

- Authorization Issue
- Correct a Claim Keying Error

This is not an avenue that can be used for disputing a claim.

- Step 3: Claim Payment Reconsideration: Level 1 Review
- When you have additional information to share about a claim that has been denied, filing a dispute electronically is a cost-effective and time saving solution. There are three options to submit a dispute:
  - Electronic (preferred): Claim Payment Reconsiderations are submitted through the Availity Portal (availity.com).
  - Paper: Use the Claim Payment Reconsideration Submission Form at https://provider.amerigroup.com/WA > Resources > Forms > Claims & Billing > Claim Payment Reconsideration Submission Form.
  - Verbal: Call Provider Services at 800-454-3730.

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## Step 3: Claim Payment Reconsideration: Level 1 Review (cont.)

- For multiple denials for the same denial reason code: Indicate multiple claims for review and attach an Excel claim spreadsheet; use claim numbers from the Amerigroup *Remittance Advice* and any additional documentation to support the dispute, as needed.
- **Training:** Log into Availity with your username and password, go to Help & Training > Get Trained > type *Appeals* in the search field, select from a variety of live webinars or on-demand trainings.
- Monitor claim status electronically from your Availity Dashboard.
- Medical necessity and administrative appeals: Reference the provider appeal process outlined in the Amerigroup provider manual (https://provider.amerigroup.com/WA > Resources > Provider Manuals and Guides > Apple Health [Medicaid] Provider Manual).

## Step 4: Claim Payment Appeal: Level 2 Review

- If you are dissatisfied with the outcome of a reconsideration determination, you may submit a claim payment appeal. We accept claim payment appeals through our provider website or in writing within 60 calendar days of the date on the reconsideration determination. There are two methods to submit an appeal.
  - **Electronic (preferred):** Availity Portal (availity.com)
  - Paper: Claim Payment Appeal Submission Form (https://provider.amerigroup.com/WA > Resources > Forms > Claims & Billing > Claim Payment Appeal Submission Form)
- For multiple denials for the same denial reason: Indicate multiple claims for review and attach an Excel claim spreadsheet; use claim numbers from the Amerigroup *Remittance Advice*; the Claim Payment Reconsideration reference number (REQ-GBD-XXXXXX) from the Level 1 Review and any additional documentation to support the appeal, as needed.
- Monitor claim status electronically from your Availity dashboard.

## Step 5: Contact Us

If our self-service tools (including Provider Services, Provider Chat via Availity; Claim Payment Reconsiderations and Claim Payment Appeals) do not resolve an issue to your satisfaction, message the Provider Experience team (https://provider.amerigroup.com/WA > Contact Us > Email a Provider Experience associate). Your Provider Experience representative will respond – usually within two business days.

Complete the form. For the *Your Message* section, follow the guidance below:

- **Subject:** Summarize your message.
- **Category:** Select a Category.
- **Tell Us More:** Include steps taken to resolve the issue to date.
- Demographic Updates: If updates were not previously submitted to the Provider Demographics team by the provider or group, the provider or group will submit the updates to the Provider Demographics team to update the system.
  - Use the applicable resource: Digital Provider Enrollment via availity.com or, for providers that submit updates via a roster, email waopsrequest@amerigroup.com. Consider using the *Practice Profile Update Form* (https://proivder.amerigourp.com/WA > Resources > Forms > Provider Demographics/Credentialing > Practice Profile Update Form), if applicable.
- If the provider is loaded correctly and issues persist, the Provider Experience team will submit an escalation for additional review.

\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Washington, Inc.