

Submit provider claim payment disputes for Anthem's Commercial lines of business via Availity beginning October 19, 2021

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Some time ago, Anthem introduced the ability to submit claim payment disputes via Availity for members enrolled in Anthem Medicaid and Medicare Advantage benefit plans as part of our more streamlined provider claims payment dispute process. **Effective October 19, 2021, providers will now also be able to submit claim payment disputes via Availity for our Commercial lines of business.**

As a reminder, unlike inquiries about claims status, provider clinical appeals, or requests for additional information, provider claim payment disputes occur after a claim is finalized, and a provider disagrees with the claim payments we have issued. Some examples include claim disputes regarding manual processing errors, contract interpretation, reduced payments, code editing issues, other health insurance denials, eligibility issues, timely filing issues*, and so forth.

Our streamlined provider claim dispute process utilizing Availity across all lines of business allows a more cohesive and efficient approach for providers when:

- Filing a claim payment dispute
- Sending supporting documentation to Anthem
- Checking the status of a claim payment dispute
- Viewing the history of a claim payment dispute

*Reminder: we will consider reimbursement of a claim that has been denied due to failure to meet timely filing if you can:

1. provide documentation that the claim was submitted within the timely filing requirements
or
2. demonstrate good cause exists

Reminder on how the Anthem provider claim payment dispute process works

The provider claim payment dispute process consists of two steps:

1. **Claim payment reconsideration:** As the first step, the reconsideration represents providers' initial request for an investigation into the outcome of the claim. Most issues are resolved at the claim payment reconsideration step. Providers may submit the claim dispute via customer service (refer to the phone number on the back of the member's ID card), in writing, **or effective October 19, 2021 - via Availity.** Providers are encouraged to submit all reconsiderations via Availity. Providers are only allowed one claim payment reconsideration per claim.

We will make every effort to resolve the claims payment reconsideration within 30 calendar days of receipt. If additional information is required to make a determination, the determination date may be extended by 30 additional calendar days. We will mail you a written extension letter before the expiration of the initial 30 calendar days.

2. **Claim payment appeal:** In this second step, providers who disagree with the outcome of the reconsideration may request an additional review as a claim payment appeal; however, we cannot process an appeal without a reconsideration on file. Providers may submit the claim dispute in writing **or effective October 19, 2021 - via Availity;** providers are encouraged to submit all appeals via Availity.

When submitting a claim payment appeal, please include as much information as you can to help us understand why you think the reconsideration determination was in error. If a claim payment appeal requires clinical expertise, it will be reviewed by appropriate Anthem clinical professionals.

We will make every effort to resolve the claim payment appeal within 60 calendar days of receipt. If additional information is required to make a determination, the determination date may be extended by 60 additional calendar days. We will mail you a written extension letter before the expiration of the initial 60 calendar days.

Submitting claim payment disputes in writing

When submitting a claim payment dispute in writing, providers must include the Claim Information/ Adjustment Request Form and submit to:

Anthem Blue Cross and Blue Shield
Provider Payment Disputes

PO Box 533
North Haven, CT 06473

Submitting claim payment disputes via Availity - preferred method as of October 19, 2021

For step-by-step instructions to submit a claim payment dispute through Availity:

- Log into Availity at [availity.com](https://www.availity.com)
- Select Help & Training | Find Help
- Under Contents, select Overpayments and Appeals
- Select Dispute a Claim

Through Availity, you can upload supporting documentation and receive immediate acknowledgement of your submission.

Anthem's review and providers' other options

We will review the claim payment dispute once received and communicate an outcome in writing or through the Availity Portal. Providers can check the status of a claim payment dispute on the Availity portal at any time.

If a provider still disagrees with the reconsideration, the provider can then choose to submit the claim payment appeal. Once the claim payment appeal is submitted, the decision is final. A claim payment dispute may not be submitted again. Providers can contact their state regulatory agency for additional assistance.

Anthem requires providers to use our claims payment reconsideration process if providers feel a claim was not processed correctly.

Once providers complete both the Reconsideration and Appeal processes, providers can contact their Provider Experience Consultant for further assistance. However, providers are required to complete both the Reconsideration and Appeal processes before contacting their Provider Experience Representative.

Webinars available

To learn more about the claim dispute tool, register for a live webinar:

- Log in to Availity and select Help & Training | Get Trained
- Select Sessions and go to Your Calendar to locate a webinar
- Select View Course and then select Enroll
- The Availity Learning Center will email you with instructions to attend

As always, providers can refer to the Provider Manual, as the manual includes additional information about inquiries, the provider claim dispute process, reconsiderations and appeals.

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