

Issue resolution claim dispute guide

Washington | Medicaid

This guide is in place to direct providers when seeking answers to questions about working with Wellpoint. Following standard processes ensures the most efficient results and helps reduce challenges affecting resolution.

Step one — Use the Wellpoint self-service tools:

- **Online at Availity Essentials:**
 - For eligibility/benefits questions, claims status inquiries, and electronic data interchange (EDI) transactions, visit the Availity Essentials platform at [Availity.com](https://www.availity.com):
 - Use the Chat application to ask a question regarding claims (or other topics). Access at [Availity.com](https://www.availity.com) > Payer Spaces > Wellpoint > 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 application to dispute a claim. (See Step 3 below.)

Step two — Contact Provider Services:

- **Phone — 833-731-2274:**
 - 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 Services supervisor/escalation agent:**
 - If our self-service applications and a Provider Services representative are unable to help, 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 (for example, #1123456789).

Step three — Request a claim payment reconsideration (level one 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:

provider.wellpoint.com/wa

Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the *Centennial Accord* and established by *RCW 43.376*. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.

- **Electronically (preferred):** Submit claim payment reconsiderations at [Availity.com](https://www.availity.com).
- **Paper:** Use the *Claim Payment Reconsideration Submission Form* at provider.wellpoint.com/wa Resources > Forms > Claims & Billing > Claim Payment Reconsideration Submission Form.
- **Verbally** — Call Provider Services at **833-731-2274**.
- **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 *Remittance Advice* and any additional documentation to support the dispute as needed.
- **Training:**
 - Log on to [Availity.com](https://www.availity.com) 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 Essentials dashboard.
- **For medical necessity and administrative appeals**, reference the provider appeal process outlined in the [provider manual](#) on our provider website.

Step four — Submit a claim payment appeal (level two 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 at provider.wellpoint.com/wa or in writing within 60 calendar days of the date on the reconsideration determination. There are two methods to submit an appeal:
 - **Electronically (preferred):** [Availity.com](https://www.availity.com)
 - **Paper:** *Claim Payment Appeal Submission Form* at provider.wellpoint.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 Wellpoint *Remittance Advice*, the Claim Payment Reconsideration reference number (REQ-GBD-XXXXXX) from the level one review, and any additional documentation to support the appeal as needed.
- **Monitor claim status electronically** from your Availity Essentials dashboard.

Step five — Contact us:

- If our self-service applications (including Provider Services, Provider Chat via Availity Essentials; Claim Payment Reconsiderations, and Claim Payment Appeals) do not resolve an issue to your satisfaction, message the Provider Relations team at provider.wellpoint.com/wa > Contact Us > Email a Provider Relations associate. Your provider relationship management representative will respond —usually within two business days.

- Complete the form. For the *Your Message* section, follow these steps:
 - **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 at [Availity.com](https://www.availity.com). For providers who submit updates via a roster, use the Availity PDM roster update via the Availity Essentials platform.
- If the provider is loaded correctly and issues persist, the Provider Relations team will submit an escalation for additional review.