

# Key Steps to Provider Dispute Resolution

*As indicated within all Anthem Blue Cross Provider Manuals, below are the key steps for providers to follow in order to resolve a dispute over how a claim was processed:*

1. Use Secure Messaging on the Availity Portal or call the Customer Service number on the back of the Member's ID card to request re-processing of the claim.
  - For contractual issues, contact your Provider Relationship Management Associate, or visit the Contact Us page: <https://www.anthem.com/ca/provider/contact-us/>
  - Include your Tax ID # and be specific about what the contractual issue is. Provide a sample and what action you have taken.
  - For 'length of stay' or 'level of care' issues, call Utilization Management (800-274-7767).
2. If the request for re-process is denied, submit a *Provider Dispute Resolution Request* (PDR) form, which can be downloaded from the Availity Portal, or on [anthem.com/ca](https://www.anthem.com/ca): [https://www.anthem.com/docs/public/inline/P\\_CA\\_00088.pdf](https://www.anthem.com/docs/public/inline/P_CA_00088.pdf). Follow the instructions given on the form; provide specific details.
3. If a claim issue is still unresolved after following the above steps, refer to your Provider Manual for instructions on requesting a "Meet and Confer" and send the request to the appropriate address below:
  - Facility:  
Anthem Blue Cross  
Grievances and Appeals  
Attention: Meet and Confer Request  
21215 Burbank Blvd  
Woodland Hills, CA 91367
  - Professional:  
Anthem Blue Cross  
Attention: Legal  
21215 Burbank Blvd  
Woodland Hills, CA 91367

# Provider Dispute Resolution Review Process

- Provider submits written dispute to Anthem Blue Cross at P.O. Box 60007, Los Angeles, CA 90060-0007.
- Source Corp retrieves, images and enters the Provider Dispute Resolution (PDR) request into the Inquiry Tracking record system.

## Acknowledging a PDR

Was the PDR form used?

| YES . . .   | NO . . .  |
|---|---|
| Tracking record is sent to the Grievances and Appeals (G&A) provider dispute queues for review. G&A sends acknowledgement (ACK) letter within 5 calendar days of receipt. | Tracking record is sent to the Customer Service (CS) queues. CS sends ACK letter within 5 calendar days of receipt. CS sends tracking record to G&A provider dispute queues for review. |

## Screening & Review Process

G&A screens the PDR to determine which area handles the request: Medical Review Unit (MRU), Utilization Management (UM/Retro Review) or reviewed as a standard PDR by the G&A department.

| MRU Process   | UM Process   | Standard PDR Process  |
|---|--|---|
| Tracking record is sent to MRU for review to be completed within 30 calendar days of receipt. | Retro Review form is sent to UM for review to be completed within 30 calendar days of receipt. | Tracking records are assigned to G&A for review to be completed within 45 business days of receipt. |

## PDR Final Disposition

MRU, UM, or G&A makes a determination then completes and sends a Resolution Letter with further appeal rights, if applicable.

| If . . .         | Then . . .                                    |
|------------------|---|
| Case is Approved | Claim is adjusted to apply approved benefits. |
| Case is Denied   | No claim action taken.                        |