

Contracted provider claim escalation process

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In an effort to better service our contracted providers' right the first time, Anthem Blue Cross (Anthem) has improved our provider claim escalation process. Following the steps below.

- All inquiries related to eligibility and claims payment should be obtained by utilizing Anthem's self-service tools or by contacting Provider Care.
- Please use the Provider Care phone number on the back of the member's ID card for any information that you are unable to obtain via our self-service or web-based tools.
- In the event our self-service tools and Provider Care representatives are unable to assist you, you may ask for your inquiry to be escalated to a Provider Care Supervisor.
- If a Supervisor is unable to assist you immediately, you will receive a call back within 2 business days.
- Provider Care will provide an inquiry number for your phone call. Be sure to retain this number for any future inquiries. Please ask the representative to provide you with your inquiry tracking number at the beginning of your call, to avoid inconveniences to you, in the event your call is disconnected.
- Going forward, all claim inquiries must be handled via the escalation process within Provider Care. Network Relations will only assist with issues that have been addressed via this process. Escalations to Network Relations must include both a phone inquiry tracking reference number and a two business day period without response from a Supervisor.

Our Network Relations Team is available by email at CAContractSupport@anthem.com to answer questions you have about the process.

URL: <https://providernews.anthem.com/california/article/contracted-provider-claim-escalation-process-17>

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