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Appeal and Claim Payment Dispute Submission Processes

This information is intended to help providers determine the appropriate submission path for post-service appeals and claim payment disputes. Appeals generally involve a request to review an adverse determination, while claim payment disputes are used when a provider disagrees with how a claim was processed or paid, including issues related to reimbursement, underpayment, denial rationale, recoupment, or other payment-related outcomes.

Meridian Medicaid

Providers may submit a **post-service appeal** in one of three ways:

1. Login to the Provider Portal to submit an appeal. This is the preferred method for a quick turnaround time.

2. Via mail by filling out the Appeal Cover Letter Form and sending documentation to support your position, such as medical records, to the following address:

   Meridian
   Attn: Appeals Department PO Box 8080
   Farmington, MO 63640-8080

3. Via fax by filling out the Appeal Cover Letter Form and sending documentation to support your position, such as medical records, to 833-592-0658.

Wellcare

Providers may submit a **post-service appeal** in one of three ways:

1. Login to the Provider Portal to submit an appeal.
2. Via mail by filling out the Provider Appeal Cover Letter Form and sending documentation to support your position, such as medical records, to the following address:

   WellCare Health Plans, Inc
   Attn: Appeals Department
   P.O. Box 31368
   Tampa, FL 33631-3368

3. Via fax by filling out Provider Appeal Cover Letter Form and sending documentation to support your position, such as medical records, to 866-201-0657.

Providers may submit a **Claim Payment Dispute** in one of three ways:

1. Login to the Provider Portal to submit an appeal.

2. Via mail by filling out the Provider Appeal Cover Letter and sending documentation to support your position, such as medical records, to the following address:

   WellCare Health Plans, Inc
   Attn: Claims Payment Dispute
   P.O. Box 31370
   Tampa, FL 33631-3370

3. Via fax by filling out Provider Appeal Cover Letter Form and sending documentation to support your position, such as medical records, to 866-201-0657.

Ambetter

Providers may submit **Medical Necessity and Authorization Appeals** by faxing or mailing the Grievance and Appeal Form and any relevant medical records to:

For Physical Health Related Authorization Appeals:
Ambetter from Meridian
Attn: Appeals and Grievances Department
PO Box 10341, Van Nuys, CA 91410-0341
Fax: 1-833-886-7956

For Behavioral Health Related Authorization Appeals:
Ambetter from Meridian
Attn: BH Appeals Department
PO Box 10378, Van Nuys, CA 91410-0378
Fax: 1-866-714-7991

Providers may submit a **Claim Payment Dispute** in one of two ways**:**

1. Providers may elect to call Provider Services. This method is for requests for reconsideration that do not require submission of support or additional information. An example of this is when a provider believes a particular service is reimbursed at a particular rate, but the payment did not reflect that rate.

2. Via mail by filling out the Provider Request for Reconsideration and Claim Dispute Form and sending documentation to support your position, such as medical records, to the following address:
   Ambetter from Meridian
   Attn: Level I - Request for Reconsideration
   PO Box 5010 Farmington, MO 63640-5010

   Ambetter from Meridian
   Attn: Level II – Claim Dispute
   PO Box 5010 Farmington, MO 63640-5010

A Claim Dispute (Level II) should be used only when a provider has received an unsatisfactory response to a Request for Reconsideration.

Wellcare by Meridian

Providers may submit a post-service appeal in one of two ways:

1. Login to the Provider Portal to submit an appeal. This is the preferred method for a quicker turnaround time.
2. Via mail by filling out the Appeal Cover Letter form and sending documentation to support your position, such as medical records, to the following address:

Wellcare By Meridian
Attn: Appeals Department
P.O. Box 9700
Farmington, MO. 63640-0700