

How to file an EVV-related complaint or payment dispute

How to file an EVV-related complaint

An electronic visit verification (EVV) complaint is a written expression of dissatisfaction regarding any aspect of healthcare services provided by Wellpoint providers or staff utilizing EVV, other than an appeal or claim payment dispute. For a description of the provider complaint process, see the “Complaints, Appeals, and Provider Disputes” chapter within the *Medicaid/CHIP Provider Manual*. To access, visit provider.wellpoint.com/TX and select **Provider Manuals and Guides** under the *Resources* tab.

EVV-related complaints may be submitted by:

- Calling Provider Services at **833-731-2162** Monday through Friday, 8 a.m. to 6 p.m. ET.
- Contacting local health plan Provider Relations representatives.
- Sending written complaints by mail, fax, or email.

Submitting written complaints

Mail:
Wellpoint
ATTN: TX EVV department
P.O. Box 61789
Virginia Beach, VA 23466-1789
Fax: **844-664-7179**, ATTN: TX EVV department
Email: TXEVVSupport@wellpoint.com

When submitting complaint information, we recommend providers retain all documentation, including fax cover pages, email correspondence, and logs of telephone communications at least until the complaint is resolved. Wellpoint will contact the complainant with the resolution by telephone, email, or in writing within 30 calendar days of receipt.

If you have an EVV-related complaint, ensure your complaint is designated as *TX EVV-related* so it is routed to the correct department for resolution.

How to file an EVV-related claim payment dispute

The first available option in the Wellpoint claim payment dispute process is called the reconsideration. It is your initial request to investigate the outcome of a finalized claim. A reconsideration cannot be processed without a finalized claim on file. Reconsideration requests are accepted in writing, verbally, or online through Availity* at availity.com within 120 calendar days from the date on the *EOP*. Reconsiderations filed more than 120 calendar

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Medicaid services provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

days from the *EOP* will be considered untimely and denied unless good cause can be established. Wellpoint will resolve the claim payment reconsideration within 30 calendar days of receipt.

If you are dissatisfied with the outcome of a reconsideration determination, or if you wish to bypass the reconsideration process altogether, you may submit a claim payment appeal.

We accept claim payment appeals at [availity.com](https://www.availity.com) or in writing within the later of either:

- 30 calendar days from the date on the reconsideration determination letter.
- 120 calendar days from the date of the original *EOP*.

Claim payment appeals received later than these time frames will be considered untimely and upheld unless good cause can be established. When submitting a claim payment appeal, include as much information as you can to help us understand why you think the original denial or reconsideration determination was in error.

For more information about EVV claim mismatch denials and how to resolve the denial, refer to the “EVV Claim Denial and Informational Codes” section in the [EVV Policy Training Document](#) on our [Wellpoint EVV website](#).

Contact us

For questions about this notice, please send an email to TXEVVSupport@wellpoint.com.