Provider complaints and payment appeals

Provider complaints
Amerigroup accepts provider complaints orally, as well as via mail, fax and email. Oral complaints may be submitted through Provider Services at 1-800-454-3730 or through local Provider Relations representatives. Written provider complaints should be mailed to the following address:

Amerigroup
P.O. Box 61789
Virginia Beach, VA 23466-1789

Written complaints can also be sent to the attention of the Provider Relations department of the local health plan or faxed to 1-844-664-7179. Complaints may also be sent by email to TXProviderRelations@amerigroup.com.

If a provider is not satisfied with the resolution of the complaint by Amerigroup, a complaint may be submitted to the Health and Human Services Commission at HPM_Complaints@hhsc.state.tx.us.

Provider payment appeals
Providers may make the initial attempt to resolve a claim issue by calling Provider Services at 1-800-454-3730 or a local Provider Relations representative. All payment appeals must be submitted in writing and received within 120 calendar days of the printed run date on the Explanation of Payment (EOP).

Providers may also utilize the payment appeal tool on the Availity Web Portal (availity.com). When inquiring on the status of a claim that is considered eligible for appeal due to no payment or partial payment, a button will display for submission of an appeal. Once this button is clicked, a Web form will display for the provider to complete and submit. If all required fields are completed, the provider will receive immediate acknowledgement of the submission. When using the online tool, supporting documentation can be uploaded using the attachment feature on the Web form. The documentation will then attach to the form when submitted.

To submit a payment appeal in writing, complete the Payment Appeal form located online at https://providers.amerigroup.com/TX > Provider Resources & Documents > Forms. All appropriate supporting documents (including the EOP, medical records, etc.) must accompany the appeal. The appeal form and documentation should be sent to the following address:

Amerigroup
Provider Payment Appeals
P.O. Box 61599
Virginia Beach, VA 23466-1599

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Providers may also fax a payment appeal to 1-844-756-4607 or email it to TXProviderappeals@amerigroup.com.

Provider appeal process to Texas Health and Human Services Commission (HHSC) (related to claim recoupment due to member disenrollment)

A provider may appeal claim recoupment by submitting the following information to HHSC:

- A letter indicating that the appeal is related to a managed care disenrollment/recoupment and that the provider is requesting an exception request.
- **The explanation of benefits (EOB) showing the original payment.** Note: This is also used when issuing the retro-authorization as HHSC will only authorize the Texas Medicaid and Healthcare Partnership (TMHP) to grant an authorization for the exact items that were approved by the plan.
- **The EOB showing the recoupment and/or the plan's demand letter for recoupment.** If sending the demand letter, it must identify the client name, identification number, date of service and recoupment amount. The information should match the payment EOB.
- **Completed, clean claim.** All paper claims must include both a valid NPI and TPI number. Note: In cases where issuance of a prior authorization (PA) is needed, the provider will be contacted with the authorization number, and the provider will need to submit a corrected claim that contains the valid authorization number.

Mail HHSC recoupment appeal requests to the following address:

Texas Health and Human Services Commission
Claims Administrator Contract Management
Mail Code 91X
P.O. Box 204077
Austin, Texas 78720-4077