

## Medicaid Provider Dispute Process Overview

If you provide care and services to our members with Blue Cross Community Health Plans<sup>SM</sup>, review this information on how to submit claim disputes to Blue Cross and Blue Shield of Illinois.

### Claim dispute and complaint process

When you bill for services rendered to members with BCCHP<sup>SM</sup>, your claim is sent to our claims department for processing. After processing, the claim will be paid, partially denied or denied. If you feel the claim was incorrectly paid or denied, you can file a claim dispute. BCBSIL gives network and non-network providers at least 60 days to dispute a claim after BCBSIL has partially paid or denied it. You may also dispute a recovery request initiated by BCBSIL via this process if you believe the associated claim adjustment was incorrect.

If you believe a claim was processed incorrectly due to incomplete, incorrect or unclear information, you should submit a corrected/replacement claim instead of a claims dispute.

**All correspondence sent by providers to dispute a claim requires a valid Managed Care Organization tracking identifier for BCCHP** along with a 12-digit Unique Tracking ID or an Enterprise Appeals Application Tracking ID.

### How to file a claims dispute (using 12-digit Unique Tracking ID)

#### Call customer service:

- File the dispute by calling Customer Service at **877-860-2837**
- You must indicate that you want to file a claims dispute
- The customer service representative will give you a **12-digit unique tracking ID** and a **reference number**, which can be used to track the dispute.

#### Fax or mail a request form:

- Complete the [Provider Claims Inquiry or Dispute Request Form](#)
- Include all requested information on the form
- Fax or mail the form to the contact information on the form
- For status updates, call customer service at **877-860-2837** and ask for a **reference number or 12-digit unique tracking ID** for your dispute. Allow 7-10 business days before requesting the reference number.

### Unique tracking ID number or reference number

All claim disputes for BCBSIL are assigned a 12-digit unique tracking ID number, which will appear in the following format: 253450004656

- First two digits are the year BCBSIL received the dispute: 25
- Next 3 digits are the date or the calendar day BCBSIL received the dispute, for example, 345 represents December 11 (the 345<sup>th</sup> day of the year)
- The remaining digits uniquely identify the dispute in our system

For more information on the use of the unique tracking ID in relation to the Healthcare and Family Services Provider Complaint Portal, refer to the [HFS website](#). The **12-digit unique tracking ID** described above must be used to submit any complaints regarding claims to the HFS portal. The process described above must be followed for the issue to be accepted by HFS. Submission of any other ticket type to the HFS portal is not appropriate.

## How to file a claims dispute using EAA tracking ID

### Call customer service:

- File the dispute by calling customer service at **877-860-2837**
- You must indicate that you want to file a claims dispute
- The customer service representative will give you a **reference number**, which can be used to track the dispute.

### Fax or mail a request form:

- Complete the [Provider Claims Inquiry or Dispute Request Form](#)
- Include all requested information on the form
- Fax or mail the form to the contact information on the form
- For status updates, call customer service at **877-860-2837** and ask for a **reference number** for your dispute.

**The MCO tracking number is required for a provider to submit a complaint through the HFS Provider Complaint Portal. The MCO tracking identifier for BCCHP is 02 and should be entered as: 02-YYMMDD-EAA number.**

**Example: 02-250609-530xxxxx (BCCHP format for complaint submitted on June 9, 2025)**

## Response to a submitted claims dispute

Upon completion of its review, BCBSIL will send a response letter to the submitter detailing the results of the review. The letter will include **whether** the claim outcome was upheld or overturned along with a reason for this outcome and a **reference number**: 12-digit unique tracking ID number or EAA tracking ID.

Your dispute may be rejected if it:

- Does not contain a valid reference number
- Is a duplicate to an existing claim dispute
- Was not submitted within the allowable timeframe (60 days) to submit a dispute

Refer to the provider manual for a sample of the claims dispute outcome letter.

If the dispute is not resolved to your satisfaction, you may contact your [Provider Network Consultant](#). If your claim is adjusted as part of the dispute process, you will also receive an Electronic Remittance Advice as you would for any claim processed in addition to the response letters.