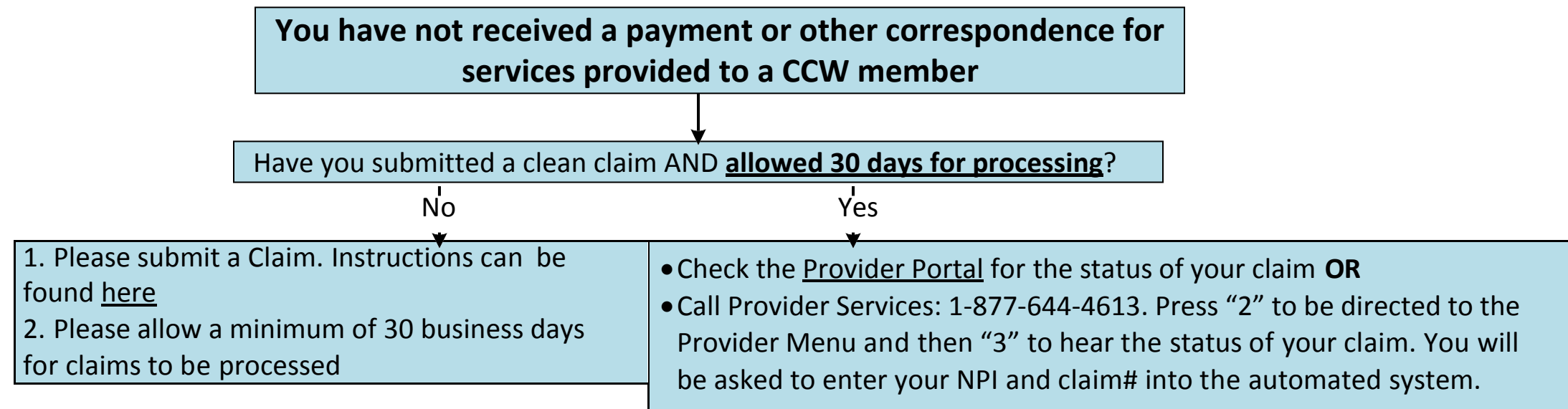


Claims/Payment Decision Tree for Ambetter Providers

To navigate through this Decision Tree, please click on the link below that best describes your current situation:

1. You have not received a payment or other correspondence for services provided to a CCW member
2. You have questions about the way your *approved* (not denied) claim was paid
3. You received notice that your claim(s) were denied
4. You have noticed a concerning claims denial *trend* (e.g., Claims denying out of network if you have a contract in place with CCW, 10 or more claims denying with the same denial code, etc.)
5. You have a claims issue you have already reported to Coordinated Care, and would like a update



You have questions about the way your *approved* (not denied) claim was paid

Please review all relevant resources to determine if payment processed appropriately:

- The Provider FAQ
- Provider Manual
- Coordinated Care Payment Policies
- HCA Billing Guides
- Your Coordinated Care Contract

If you still have questions/feel there was an error in your payment, please call Provider Services for review 1-877-644-4613.

You received notice that your claim(s) were denied

Please review:

- Your Explanation of Payment (EOP) for information on why your claim was denied.
If you cannot locate your EOP, you can download a copy from PaySpan (if you are enrolled) or the Secure Provider Web Portal.

For additional information, please review:

- Coordinated Care's Payment Policies and/or
- HCA's Billing Guides and Fee Schedules

If you:

1. Have information and can submit a corrected claim **and/or**
2. Have additional documentation to demonstrate medical necessity of services rendered/your reasoning for billing outside of the national coding standards **then**

Please file a first level reconsideration via the Provider Portal or by filling out and returning a Reconsideration/Dispute form.

Was your first level reconsideration upheld or overturned?

Overturned

Upheld

You will receive payment via EFT or check
If you haven't received payment within 30 days, please call Provider Services

If you:
Have additional documentation to demonstrate medical necessity of services rendered/your reasoning for billing outside of the national coding standards **then**
Please file a Dispute via the Provider Portal or by filling out and returning an Reconsideration/Dispute form.

Overturned

Was your dispute upheld or overturned?

Upheld

You have exhausted the Claims Reconsideration Process.

1. Please contact your Provider Network Specialist (PNS) to discuss any additional questions or concerns, or file a formal complaint
2. If you don't know who your PNS is, please call Provider Services 1-877-644-4613

You have noticed a concerning claims denial *trend* (E.g., Claims denying out of network if you have a contract in place with CCW, 10 or more claims denying with the same denial code, etc.)

Please download the “**Report a Claims Trend**” PDF from the Coordinated Care Website, follow instructions for completing, and send to Provider Services Email Box, CoordinatedCareProvi@centene.com

You have a claims issue you have already reported to Coordinated Care, and would like a update

Do have an existing claims project # or claims inquiry reference number (I# or S#)?

Yes

NO

Please gather all relevant claims #s and the rendering NPI and call Provider Services (1-877-644-4613) to receive your reference #

Have you allowed 30 days for claims research?

Yes

No

Please call Provider Services (1-877-644-4613) to receive an update on your inquiry or project. Provider Services will escalate the inquiry/project to your Provider Network Specialist (PNS) if required.

Please allow a minimum of 30 days for research

