

BD=Business Days  
 CD=Calendar Days  
 TAT-Turnaround Time

7/23/2024

**Ambetter from Coordinated Care Corporation**

	<b>Ambetter Physical Health Inpatient / Behavioral Health (BH)</b>	<b>Ambetter Physical Health Pre-service / Behavioral Health (BH)</b>	<b>Ambetter Pharmacy</b>	<b>Ambetter Biopharmacy (Medical)</b>
<b>Reconsideration</b>  (Medical Records not submitted timely)  (Provider has more info)	Complete and fax Re-Review Request Form as cover sheet along with Medical Records  <b>5 BD</b> from the date of denial letter, Retain right for P2P  <b>10 BD</b> from decision, Retain right for P2P	Complete and fax Re-Review Request Form as cover sheet along with Medical Records  <b>45 CD</b> from the date of denial letter, Waives right to P2P  <b>45 CD</b> from denial notification, Waives right for P2P	Fax request to Centene Pharmacy Services  <b>180 CD</b> from the date of denial letter	Complete and fax Re-Review Request Form as cover sheet along with Medical Records  <b>5 BD</b> from the date of denial letter, Retain right for P2P  <b>10 BD</b> from decision, Retain right for P2P
<b>Peer to Peer (P2P)</b> (Not required before an appeal)  (Provider disagrees and wants to speak with HealthPlan MD or clinical peer)	Treating physician, or a clinician acting on behalf of the treating physician  <b>10 BD</b> from the date of denial letter	Treating physician, or a clinician acting on behalf of the treating physician  <b>10 BD</b> from the date of denial letter	<b>30 CD</b> from the date of the denial letter	<b>10 BD</b> from the date of the denial letter
<b>Member Appeal</b>	The member, or provider acting on behalf of a member, orally or in writing  <b>180 CD</b> from the date of the denial letter  TAT Expedited- <b>72 hours</b> , Standard- <b>14 CD</b> , Experimental/Investigational- <b>20 CD</b>	The member, or provider acting on behalf of a member, orally or in writing  <b>180 CD</b> from the date of the denial letter  TAT Expedited- <b>72 hours</b> , Standard- <b>14 CD</b> , Experimental/Investigational- <b>20 CD</b>	The member, or provider acting on behalf of a member, orally or in writing  <b>180 CD</b> from the date of the denial letter  TAT Expedited- <b>72 hours</b> , Standard- <b>14 CD</b> , Experimental/Investigational- <b>20 CD</b>	The member, or provider acting on behalf of a member, orally or in writing  <b>180 CD</b> from the date of the denial letter  TAT Expedited- <b>72 hours</b> , Standard- <b>14 CD</b> , Experimental/Investigational- <b>20 CD</b>
<b>Claim Dispute</b>	Within <b>24 months</b> from the date the Explanation of Payment (EOP) issued by Ambetter to the date received. COB with another Carrier: Within <b>30 months</b> after the date the claim was denied or payment intended to satisfy the claim was made.			
<b>Contact Information</b>	<b>Ambetter from Coordinated Care UM</b> Phone: 877-687-1197      P2P: 253-442-1505		<b>Appeal</b> Email: <a href="mailto:TAC_WAAppealDept@centene.com">TAC_WAAppealDept@centene.com</a> Fax: 855-218-0589	
	<b>Claim Dispute: Ambetter from Coordinated Care</b> Attn: Reconsideration OR Claim Dispute P.O. Box 5010 Farmington, MO 63640-5010			
	<b>Centene Pharmacy Services</b> Phone: 866-399-0928			