



ambetter.

AMBETTER OF ALABAMA

2023 Provider Orientation

Confidential and Proprietary Information

AGENDA

- **OVERVIEW**
 - Who We Are
 - Affordable Care Act
 - The Health Insurance Marketplace
 - Our Networks
- **WHAT YOU NEED TO KNOW**
 - Key Contact Information
 - Provider Manual
 - Provider Engagement
 - Public Website and Secure Portal
 - Verification of Eligibility, Benefits and Cost Shares
 - Referrals
 - Prior Authorization
 - Claims, Billing and Payments
 - Complaints, Grievances and Appeals
 - Specialty Companies and Vendors
- **Q & A**





ambetter.

OVERVIEW





WE ARE Ambetter.

WE PROVIDE MARKET-LEADING, AFFORDABLE HEALTH INSURANCE ON THE MARKETPLACE.



#1 carrier
on the health
insurance marketplace



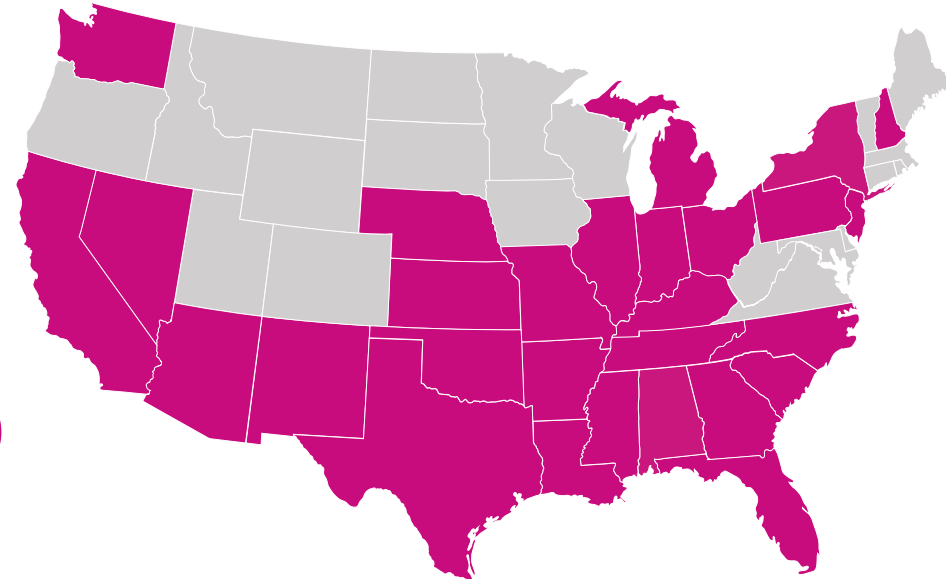
2014
Year that
Ambetter began



2.0M+
members insured



28
states



target a
focused
demographic.



Lower income,
underinsured and uninsured

LOCAL APPROACH TO CARE

Ambetter delivers high quality, locally-based healthcare services to its members, with our providers benefiting from enhanced collaboration and strategic care coordination programs



We

are proud to be your partner.

- The **Ambetter plan design philosophy** is to provide affordable care to individuals or families that need to purchase healthcare coverage on their own.
- **Our products** focus on various cost shares — many with low or no copay amounts — to meet the budget and utilization needs of these consumers. This gives our members the peace of mind that they have full comprehensive medical coverage.
- Additionally, the **emphasis on reducing barriers and improving access to care** mitigates the risk of individuals showing up without insurance (uncompensated care). Ambetter's generous cost-sharing initiatives lower patient financial responsibility while also reducing the amount that providers need to collect at time of service.
- Most importantly, Ambetter plans encourage members to establish relationships with their primary care providers to **achieve favorable health outcomes**.

THE AFFORDABLE CARE ACT

KEY OBJECTIVES OF THE AFFORDABLE CARE ACT (ACA):

- Increase access to quality health insurance
- Improve affordability

ADDITIONAL PARAMETERS:

- Dependent coverage to age 26
- Pre-existing condition insurance plan (high risk pools)
- No lifetime maximum benefits
- Preventative care covered at 100%
- Insurer minimum loss ratio (80% for individual coverage)



THE AFFORDABLE CARE ACT

REFORM THE COMMERCIAL INSURANCE MARKET – MARKETPLACE OR EXCHANGES

- No more underwriting – guaranteed issue
- Tax penalties for not purchasing insurance
- Minimum standards for coverage: benefits and cost sharing limits
- Subsidies for lower incomes (100% - 138% FPL)



HEALTH INSURANCE MARKETPLACE

ONLINE MARKETPLACE FOR PURCHASING HEALTH INSURANCE

POTENTIAL MEMBERS CAN:

- Register
- Determine eligibility for all health insurance programs (including Medicaid)
- Shop for plans
- Enroll in a plan
- Exchanges may be state-based, federally facilitated or state partnership – – Alabama *is a Federally Facilitated Marketplace*

***THE HEALTH INSURANCE MARKETPLACE IS THE ONLY WAY TO
PURCHASE INSURANCE AND RECEIVE SUBSIDIES.***



HEALTH INSURANCE MARKETPLACE

SUBSIDIES COME IN THE FORM OF:

- Advanced Premium Tax Credits (APTC)
- Cost Share Reductions (CSR)

ALL BENEFIT PLANS HAVE COST SHARES IN THE FORM OF COPAYS, COINSURANCE AND DEDUCTIBLES

- Some members will qualify for assistance with their cost shares based on their income level
- This assistance would be paid directly from the government to the member's health plan





OUR NETWORKS



NETWORKS BUILT TO

Offer More

- Ambetter now offers a robust suite of innovative networks that give members more coverage options to fit their needs and budget.
- By offering increased product options, Ambetter also benefits providers by giving them exclusive access to new patient populations.
- Each Ambetter network is designed to offer members a unique type of coverage option specific to their state. This means that member plans and benefits can vary, and there may be referral requirements for certain types of care to be covered.
- As a provider, it is important you confirm which network and plan a member is in before extending care. This information is located on the member's ID card and can also be confirmed when verifying the member's eligibility.



OUR INNOVATIVE

Networks

Bronze | Silver | Gold*: The Ambetter core network – our broadest network of healthcare providers and hospitals offering affordable care to individuals or families that need to purchase healthcare coverage on their own. Referrals aren't required.

SELECT*: This tailored network is built around exclusive agreements with health systems and their providers and supports Ambetter's lower-premium products. Referrals aren't required.

VALUE*: This tailored network of healthcare providers and hospitals supports Ambetter's lowest-premium product and has referral requirements for certain types of care.

Ambetter Virtual Access*: This network offers emphasizes licensed virtual primary care providers (PCPs) for members over the age of 18. Members have the ability to select an on-the-ground PCP upon request. In addition, All members can access our core network of on-the-ground providers and hospitals for additional healthcare needs when referred, as applicable, by their selected PCP. Ambetter Virtual Access networks can have referral requirements for certain types of care.

**Network availability varies by state.*

Confidential and Proprietary Information



HOW TO IDENTIFY A MEMBER'S NETWORK

- All members will receive an Ambetter member identification card. The ID card includes new information including:
 - The Ambetter Plan the member has selected;
 - The Provider Network the member belongs to; and
 - Any referral requirements based on the member's plan selection.
- *NOTE: Presentation of a member ID card is not a guarantee of eligibility. Providers must always verify eligibility on the same day services are rendered.*



The image shows a sample Ambetter of Alabama member ID card. It features the Ambetter logo at the top left. Below the logo, it lists subscriber and member names, policy and member ID numbers, and the effective date. A QR code is present with the URL Ambetterhealth.com/copays. The card also displays copayment amounts for PCP, Specialist, Rx, Urgent Care, and ER, along with the maximum out-of-pocket. At the bottom, it shows the plan name, network name, and a prominent red banner stating "REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST".

Subscriber: [Jane Doe] Member: [John Doe]	Policy #: [XXXXXXXXXX] Member ID #: [XXXXXXXXXXXXXXXXXX] Effective Date: [00/00/00]
 Ambetterhealth.com/copays	PCP: [\$10 copay after [\$600] ded.] Specialist: [\$25 coin. after [\$600] ded.] Rx (Generic/Brand): [\$5/\$25 after [\$600] Rx ded.] Urgent Care: [20% coin. after [\$600] ded.] ER: [\$250 copay after [\$600] ded.] Max Out-of-Pocket: [\$25,000]
Plan: [Plan name] [Line 2 if needed] [Network Name] Network Coverage Only	RXBIN: 004336 RXPCN: ADV RXGROUP: RX5493
REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST	



This card provides contact information for Ambetter of Alabama. It includes the website, member/provider services, 24/7 nurse line, pharmacy help desk, EDI payor ID, and medical claims address. It also lists numbers for providers, including Envolve Vision and Envolve Dental. A disclaimer at the bottom states that additional information can be found in the Evidence of Coverage and that emergency services are covered without prior authorization.

AmbetterofAlabama.com

Member/Provider Services: 1-800-442-1623 (TTY 711) 24/7 Nurse Line: 1-800-442-1623 Pharmacy Help Desk: 1-866-734-0922 EDI Payor ID: 68069 [Envolve Vision: 1-833-464-1719] [Envolve Dental Powered by United Concordia: 1-833-464-1719]	Medical Claims Address: Ambetter of Alabama Attn: CLAIMS PO Box 5010 Farmington, MD 63640-5010
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Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit AmbetterofAlabama.com.

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AMB22-AL-C-0003

WHAT YOU NEED TO KNOW





GETTING ACQUAINTED



KEY CONTACT INFORMATION

Ambetter of Alabama

PHONE

1-800-442-1623

TTY/TDD

1-800-442-1623 (TTY 711)

WEB

<https://www.ambetterofalabama.com>

PORTAL

<https://www.ambetterofalabama.com/provider-resources/login.html>



THE PROVIDER MANUAL

THE PROVIDER MANUAL IS YOUR COMPREHENSIVE GUIDE TO DOING BUSINESS WITH AMBETTER OF ALABAMA.

The Manual includes a wide array of important information relevant to providers including, but not limited to:

- Network information
- Billing guidelines
- Claims information
- Regulatory information
- Key contact list
- Quality initiatives
- And much more!

The Provider Manual can be found in the Provider section of the Ambetter of Alabama website at <https://www.ambetterofalabama.com>



PROVIDER ENGAGEMENT

- The **Ambetter of Alabama** Provider Services department includes trained Provider Engagement staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:
 - Credentialing/Network status
 - Claims
 - Request for adding/deleting physicians to an existing group
- By calling **Ambetter of Alabama** Provider Services at **1-800-442-1623** providers will be able to access real time assistance for all their service needs



PROVIDER ENGAGEMENT

- As an **Ambetter of Alabama** provider, you will have a dedicated Provider Engagement Administrator available to assist you
- Our Provider Engagement Administrator serve as the primary liaisons between our health plan and provider network
- Your Provider Engagement Administrator is here to help with things like:



- ✓ Inquiries related to administrative policies, procedures, and operational issues
- ✓ Performance pattern monitoring
- ✓ Contract clarification
- ✓ Membership/provider roster questions
- ✓ Secure Portal registration and Pay Span
- ✓ Provider education
- ✓ HEDIS/Care gap reviews
- ✓ Financial analysis
- ✓ EHR Utilization

PROVIDER NETWORK OPERATIONS

- Providers should submit updates to demographic data to <https://www.ambetterofalabama.com> within thirty days of the data change becoming effective.
- Forms to add new practitioners can be found on our website and should be submitted along with all credentialing documentation to <https://www.ambetterofalabama.com>
- Enrollments are effective thirty days from the date all clean documents are received.

Please send the following items to

<https://www.ambetterofalabama.com> :

- ✓ Contract Clarification
- ✓ Demographic information updates
- ✓ Initiate credentialing of a new practitioner
- ✓ Inquiries related to the status of a new practitioner or Join Our Network request





PUBLIC WEBSITE AND SECURE PORTAL



THE AMBETTER PUBLIC WEBSITE

<https://www.ambetterofalabama.com>



[Our Health Plans](#) [Join Ambetter](#) [For Members](#) [For Providers](#) [For Brokers](#) [Learn More](#)

Enrollment begins
November 1st.
Get ready today.

Ambetter of Alabama has you covered
with a range of high-quality, affordable
plans.

[Compare Plans](#)



THE AMBETTER PUBLIC WEBSITE

WHAT'S ON THE PUBLIC WEBSITE?

- The Provider Manual
- Quick Reference Guides
- Important Forms (Notification of Pregnancy, Prior Authorization Fax forms, etc.)
- The Pre-Auth Needed Tool
- The Pharmacy Preferred Drug Listing
- And much more!

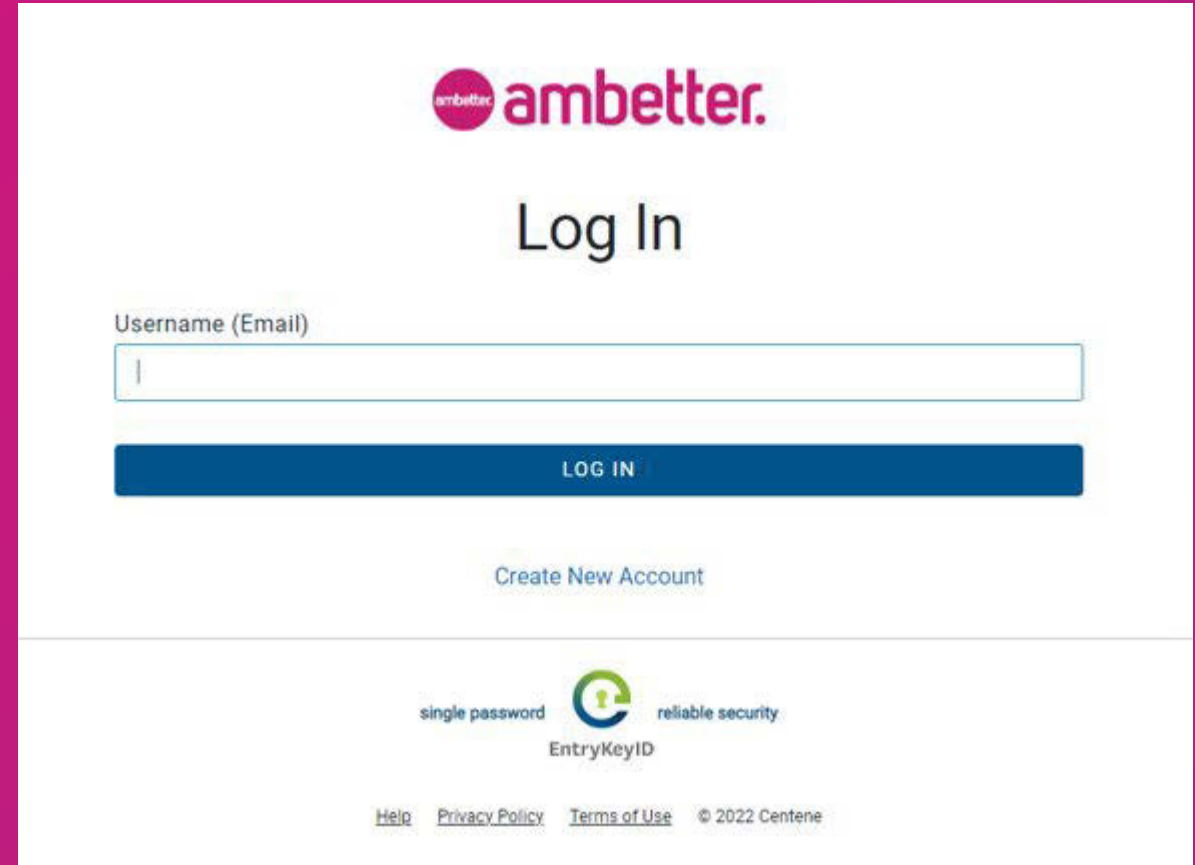


SECURE PROVIDER PORTAL

<https://www.ambetterofalabama.com>

**Registration is free
and easy!**

**Contact your
Provider Engagement
Administrator to
get started!**



The screenshot shows the Ambetter login interface. At the top right is the Ambetter logo. Below it is the heading "Log In". There is a text input field labeled "Username (Email)" with a cursor inside. Below the input field is a blue "LOG IN" button. Underneath the button is a link for "Create New Account". At the bottom of the page, there is a section for "EntryKeyID" with the text "single password" and "reliable security" flanking a circular logo. Below this are links for "Help", "Privacy Policy", and "Terms of Use", followed by the copyright notice "© 2022 Centene".

SECURE PROVIDER PORTAL

WHAT'S ON THE SECURE PROVIDER PORTAL?

- Member eligibility & patient listings
- Health records & care gaps
- Authorizations
- Claims submissions & status
- Corrected claims & adjustments
- Payment history
- Monthly PCP cost reports
- Provider analytics reports



SECURE PROVIDER PORTAL

INSIGHTFUL REPORTS

PCP reports available on [AMBETTEROFALABAMA.COM](https://www.ambetterofalabama.com) secure provider portal are generated on a monthly basis and can be exported into a PDF or Excel format.

PCP REPORTS INCLUDE:

- Patient List with HEDIS Care Gaps
- Emergency Room Utilization
- Rx Claims Report
- High-Cost Claims



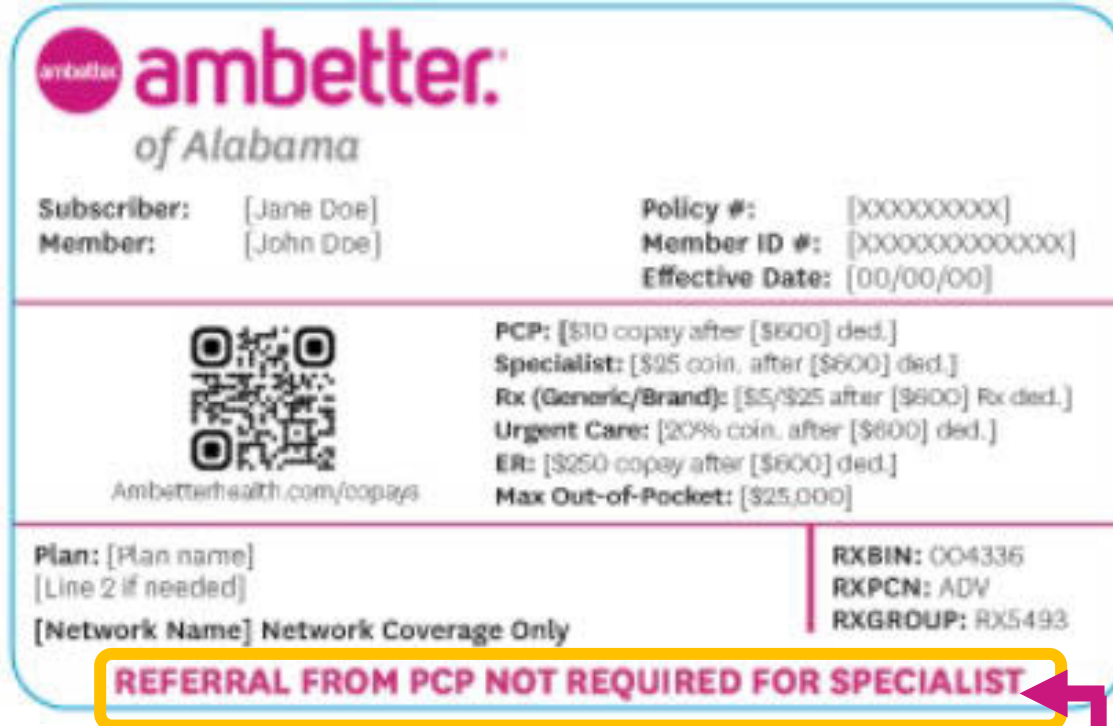
The logo for Ambetter, featuring the word "ambetter." in a lowercase, sans-serif font, centered within a white circle. A small registered trademark symbol (®) is located at the bottom right of the circle.

ambetter.

VERIFICATION OF ELIGIBILITY, BENEFITS AND COST SHARES




NAVIGATING THE MEMBER ID CARD



ambetter.
of Alabama

Subscriber: [Jane Doe] Policy #: [XXXXXXXXXX]
Member: [John Doe] Member ID #: [XXXXXXXXXXXXXXXXXX]
Effective Date: [00/00/00]


Ambetterhealth.com/copays

PCP: [\$10 copay after [\$600] ded.]
Specialist: [\$25 coin. after [\$600] ded.]
Rx (Generic/Brand): [\$5/\$25 after [\$600] Rx ded.]
Urgent Care: [20% coin. after [\$600] ded.]
ER: [\$250 copay after [\$600] ded.]
Max Out-of-Pocket: [\$25,000]

Plan: [Plan name] RXBIN: 004336
[Line 2 if needed] RXPCN: ADV
[Network Name] Network Coverage Only RXGROUP: RX5493

REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST

Provider Services
Contact Information

AmbetterofAlabama.com

Member/Provider Services: 1-800-442-1623 (TTY 711)
24/7 Nurse Line: 1-800-442-1623

Medical Claims Address:
Ambetter of Alabama
Attn: CLAIMS
PO Box 5010
[City], MO
63640-5010

Pharmacy Help Desk: 1-866-734-0922
EDI Payer ID: 68069
[Envolve Vision: 1-833-464-1719]
[Envolve Dental Powered by United Concordia: 1-833-464-1719]

Additional information can be found in your Evidence of Coverage. If you have an Emergency, call 911 or go to the nearest Emergency Room (ER). Emergency services given by a provider not in the plan's network will be covered without prior authorization. Receiving non-emergent care through the ER or with a non-participating provider may result in a change to member responsibility. For updated coverage information, visit AmbetterofAlabama.com.

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Pharmacy Benefit
Information

- Plans can include:
- Ambetter Gold / Silver / Bronze
 - SELECT
 - VALUE
 - Ambetter Virtual Access

- Certain plans may have a referral requirement. Please note:
1. Referral from PCP is required to see a specialist. Auth may be required.
 2. Referral from PCP is not required to see a specialist. Auth may be required.



VERIFICATION OF ELIGIBILITY, BENEFITS AND COST SHARE

PROVIDERS MUST VERIFY MEMBER ELIGIBILITY

- Every time a member schedules an appointment
- When the member arrives for the appointment

PANEL STATUS

- Primary Care Physicians (PCPs) should confirm that a member is assigned to their patient panel
- This can be done via our Secure Provider Portal
- PCPs can still administer service if the member is not on their panel and they wish to have member assigned to them for future care



VERIFICATION OF ELIGIBILITY, BENEFITS AND COST SHARE

ELIGIBILITY, BENEFITS AND COST SHARES CAN BE VERIFIED IN 3 WAYS:

- ✓ **The Ambetter Secure Portal:** <https://www.ambetterofalabama.com/provider-resources/login.html>
 - If you are already a registered user of the **Ambetter of Alabama** secure portal, you do NOT need a separate registration!
- ✓ **24/7 Interactive Voice Response System**
 - Enter the Member ID Number and the month of service to check eligibility

Contact Provider Services: 1-800-442-1623



VERIFICATION OF ELIGIBILITY ON THE PORTAL

ambetter.™

Eligibility Patients Authorizations Claims Messaging Help

Viewing Eligibility For: TIN [] Plan Type: Ambetter [] GO

Eligibility Check

Date of Service: 10/05/2020 Member ID or Last Name: 123456789 or Smith DOB: mm/dd/yyyy **Check Eligibility** Print

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
	10/05/2020	AARON DOE >View details	10/05/2020	No flu vaccine in past 12 months.	ER Visit? Remove

ambetter.™

VERIFICATION OF COST SHARES ON THE PORTAL

Back to Eligibility Check **AARON DOE**

Overview **Medical** Drugs

[Print Cost Sharing](#)

Cost Sharing

Benefit Tracker

Assessments

Health Record

Authorizations

Pharmacy PDL

Referrals

Coordination of Benefits

Claims

Summary of Benefits

This patient is eligible as of today, Oct 5, 2020. The premium paid through date is Oct 31, 2020 and the claims paid through date is Dec 31, 2020.

Deductible
The fixed amount of money that you are responsible for paying before your insurance starts to pay. Whether or not you meet your deductible depends on how much healthcare you need throughout the year.

Type	Total Amount	Meet Year To Date*	Remaining
Family	\$0.00	\$0.00	\$0.00
Person	\$0.00	\$0.00	\$0.00

Co-insurance
The portion of your medical bill you pay, for certain services, after you meet your deductible. Think of coinsurance as splitting your healthcare costs with your insurance company.

Once you have reached your deductible, your share of the cost for a covered health care service will be 25% of the allowed amount for the service

Co-payment

Drug Type	Your Cost
Primary Care	No charge
Specialist	\$5 Copay
Emergency Room	25% Coinsurance

Out-Of-Pocket Limit
The total amount you will spend for healthcare, after which the insurance company pays for all your medical care until the year ends.

Type	Total Amount	Meet Year To Date*	Remaining
Family	\$2,100.00	\$0.00	\$2,100.00
Person	\$1,050.00	\$0.00	\$1,050.00

* These values will start at zero on January 1st. The following counts towards your deductible: medical costs, physician services, hospital services, EHB covered services, including pediatric, vision and mental health services, drug benefits.



VERIFICATION OF BENEFITS ON THE PORTAL

Back to Authorizations **AARON DOE**

Overview	Summary of Benefits
Cost Sharing	
Benefit Tracker	
Assessments	
Health Record	
Care Plan	
Authorizations	
Pharmacy PDL	
Referrals	
Coordination of Benefits	
Claims	
Summary of Benefits	
Document Resource Center	
Notes	





REFERRALS



AMBETTER REFERRAL REQUIREMENTS

Ambetter Plan	Referral Requirement?
Gold / Silver / Bronze	No



MAKING A REFERRAL: SECURE PROVIDER PORTAL

1. Click on the “Referrals” tab at the top of the screen.
2. Click the “Create Referral” button.
3. Enter the NPI into the Provider Portal Referral Intake field to find the provider you chose.
4. Complete the remaining fields in the PCP Referral form.

The screenshot displays the Ambetter Secure Provider Portal interface. At the top, there is a navigation bar with the Ambetter logo and several menu items: Manage Practice Eligibility, Patients, Referrals, Authorizations, Claims, Messaging, and Olivia Manager. Below the navigation bar, there are two dropdown menus: "Viewing Referrals For: TIN" (set to 12345678) and "Plan Type" (set to Ambetter), followed by a "GO" button and a "Create Referral" button.

The main content area is titled "Referral for:" and shows patient information for Jane Doe: ID# 5555555, DOB: 12/09/2005, Plan: Ambetter Virtual, and Medical Provider Group: Wellstar Georgia. Below this, a message states: "Please create the referral using the form on the left and adding your choices to the 'Referral Details' area on the right. All fields are required. If you need to find a provider for your referral, please use the [Ambetter Guide](#)."

The form is divided into two columns. The left column contains the following fields:

- Referral Type: A dropdown menu with a plus sign to its right.
- Referring Provider: A search field with a magnifying glass icon.
- Referred To Provider: A search field with a magnifying glass icon.
- Specialty: A dropdown menu with a plus sign to its right.
- Start Date: A date picker set to 07/01/2022.
- End Date: A date picker.
- Visits: A numeric input field with a plus sign to its right.

The right column, titled "Referral Details", contains the following fields:

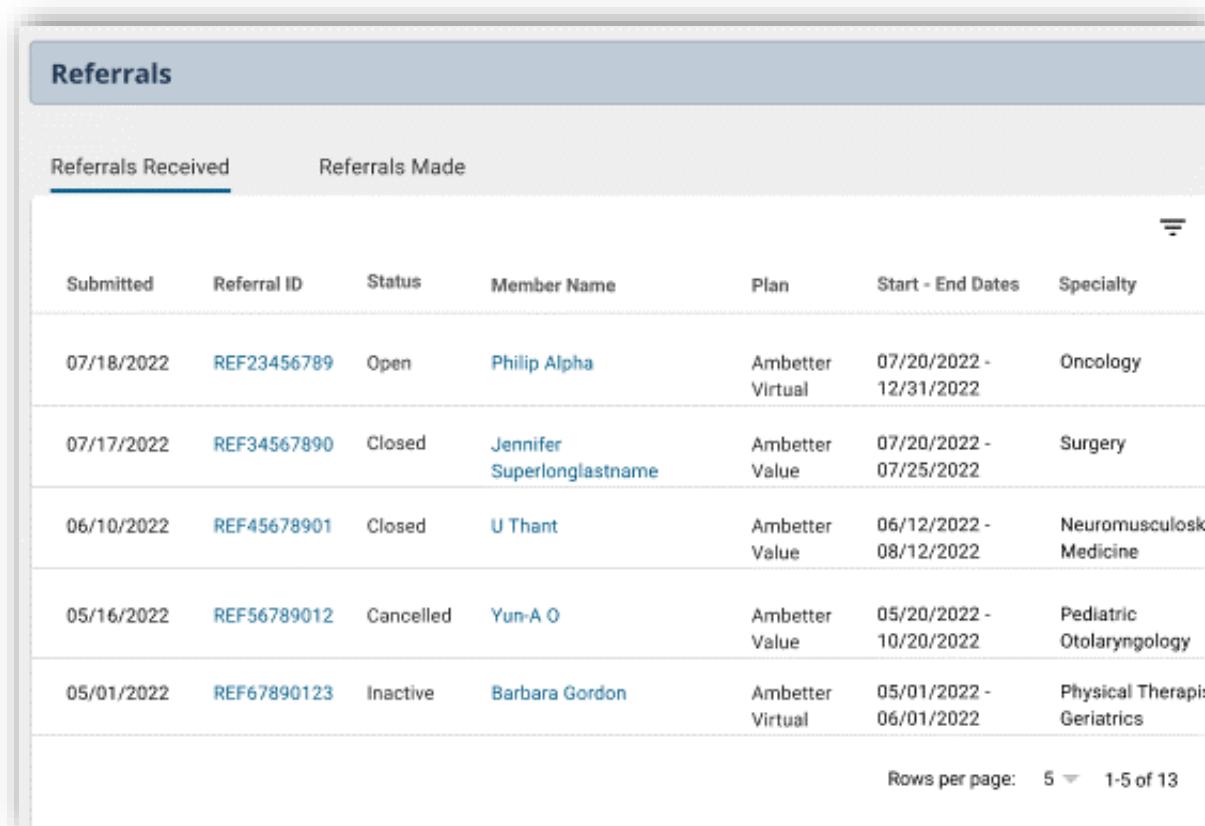
- Referral Type: A text input field.
- Referring Provider: A text input field.
- Referred To Provider: A text input field.
- Specialty: A text input field.
- Dates: A text input field.
- Visits: A text input field.

At the bottom right of the form, there is a "SUBMIT" button and a disclaimer: "Disclaimer: Members may have limits for certain type of services. If you wish to double check current used Member benefits, use the [Benefit Tracker](#)."



RECEIVING A REFERRAL

1. Once referred to you for care outside of their PCP, a member will set up an appointment.
2. Log in to the provider portal.
3. Navigate to 'Referrals' tab at the top.
4. Click on 'Referrals Received' to see the referral tracking table.
5. When you're ready to submit a claim for the referred service, reference this table for the referral ID/REF#.
6. Submit claims form with the REF#.
7. **Claim form MUST include a REF# if a referral is required for the service.** If no REF# is submitted, the claim will be denied.



The screenshot shows a web interface for 'Referrals'. It has two tabs: 'Referrals Received' (which is selected) and 'Referrals Made'. Below the tabs is a table with the following columns: Submitted, Referral ID, Status, Member Name, Plan, Start - End Dates, and Specialty. The table contains six rows of data. At the bottom right of the table, there is a 'Rows per page' dropdown set to 5 and a page indicator '1-5 of 13'.

Submitted	Referral ID	Status	Member Name	Plan	Start - End Dates	Specialty
07/18/2022	REF23456789	Open	Philip Alpha	Ambetter Virtual	07/20/2022 - 12/31/2022	Oncology
07/17/2022	REF34567890	Closed	Jennifer Superlonglastname	Ambetter Value	07/20/2022 - 07/25/2022	Surgery
06/10/2022	REF45678901	Closed	U Thant	Ambetter Value	06/12/2022 - 08/12/2022	Neuromusculosk Medicine
05/16/2022	REF56789012	Cancelled	Yun-A O	Ambetter Value	05/20/2022 - 10/20/2022	Pediatric Otolaryngology
05/01/2022	REF67890123	Inactive	Barbara Gordon	Ambetter Virtual	05/01/2022 - 06/01/2022	Physical Therapis Geriatrics





PRIOR AUTHORIZATION



HOW TO SECURE PRIOR AUTHORIZATION

NEED PRIOR AUTHORIZATION? IT can be requested in THE FOLLOWING ways:

✓ Secure Web Portal

<https://www.ambetterofalabama.com/provider-resources/login.html>

This is the preferred and fastest method.

✓ Phone

1-800-442-1623

✓ Fax

Medical Inpatient: 1-833-928-0636

Medical Outpatient: 1-833-928-0638

Behavioral Health Inpatient 1-833-928-0641

Behavioral Health Outpatient: 1-833-928-0642

After normal business hours and on holidays, calls are directed to the plan's 24-hour nurse advice line. Notification of authorization will be returned via phone, fax or web.



IS PRIOR AUTHORIZATION NEEDED?

- Use the **Pre-Auth Needed Tool** to quickly determine if a service or procedure requires prior authorization.
- Available on the provider section of the **Ambetter of Alabama** website at <https://www.ambetterofalabama.com>

Are Services being performed in the Emergency Department?

YES NO

Types of Services	YES	NO
Is the member being admitted to an inpatient facility?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member having observation services?	<input type="radio"/>	<input checked="" type="radio"/>
Are anesthesia services being rendered for pain management or dental surgeries?	<input type="radio"/>	<input checked="" type="radio"/>
Is the member receiving hospice services?	<input type="radio"/>	<input checked="" type="radio"/>
Are services, other than DME, orthotics, prosthetics, and supplies, being rendered in the home?	<input type="radio"/>	<input checked="" type="radio"/>

Enter the code of the service you would like to check:

69436

Check

N
No

69436 - TYMPANOSTOMY GEN ANES
No authorization required.



PRIOR AUTHORIZATION REQUIREMENTS

PROCEDURES / SERVICES THAT NEED PRIOR AUTHORIZATION INCLUDE*:

- Potentially cosmetic
- Experimental or investigational
- High-tech imaging (e.g. CT, MRI, PET)
- Infertility
- Obstetrical ultrasound
 - One allowed in 9 month period, any additional will require prior authorization except those rendered by perinatologists.
 - For urgent/emergent ultrasounds, treat using best clinical judgment and this will be reviewed retrospectively.
- Pain management

**This list is not all-inclusive. Use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization.*



PRIOR AUTHORIZATION REQUIREMENTS

INPATIENT AUTHORIZATION IS NEEDED FOR THE FOLLOWING*:

- All elective/scheduled admission notifications requested at least 5 days prior to the scheduled date of admit including:
 - All services performed in out-of-network facilities
 - Behavioral health/substance use
 - Hospice care
 - Rehabilitation facilities
 - Transplants, including evaluation
- Observation stays 23 hours require Inpatient Authorization
- Urgent/Emergent Admissions
- Within 1 day following the date of admission
- Newborn deliveries must include birth outcomes
- Partial Inpatient, PRTF and/or Intensive Outpatient Programs (IOP)

**This list is not all-inclusive. Use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization*



PRIOR AUTHORIZATION REQUIREMENTS

ANCILLARY SERVICES THAT NEED PRIOR AUTHORIZATION INCLUDE*:

- Air ambulance transport (non-emergent fixed-wing airplane)
- Durable medical equipment (DME)
- Home health care services including, home infusion, skilled nursing, and therapy:
 - Home health services
 - Private duty nursing
 - Adult medical day care
 - Hospice
 - Furnished medical supplies & DME

**This list is not all-inclusive. Use the Pre-Auth Needed Tool to check if a specific service or procedure requires prior authorization.*



PRIOR AUTHORIZATION TIMEFRAMES

Service Type	Timeframe
Elective Admissions (<i>meaning scheduled inpatient in a hospital, extended care facility or rehabilitation facility, hospice facility, or residential treatment facility</i>)	At least 5 days prior to the elective admissions
Admission for inpatient mental health or substance use disorder	Within 24 hours of an admission
Organ transplants initial evaluation	At least 30 days prior to the initial evaluation for organ transplant services
Clinical trials services	At least 30 days prior to receiving clinical trial services
Home Health Care	At least 5 days prior to the start of care
Emergency Admission Notifications	Within 24 hours of an admission



UTILIZATION DETERMINATION TIMEFRAMES

Type of Request	Determination Timeframe	Notification timeframe
Nonurgent Pre-Service	2 Business days from receipt of all information necessary to complete the review, not to exceed 15 calendar days from the receipt of the request.	Notification not to exceed 15 calendar days from receipt of request.
Urgent Pre-Service	2 Business days from receipt of all information necessary to complete the review not to exceed 3 calendar days from receipt of the request.	Notification not to exceed 3 calendar days from receipt of request.
Urgent Concurrent	1 calendar day from the receipt of the request	Notification not to exceed 1 calendar days from receipt of request.
Retrospective	Within 30 calendar days of receipt of the request.	Not to exceed 30 calendar days from receipt of the request.



CORRECT CODING FOR PRIOR AUTHORIZATION

PRIOR AUTHORIZATION WILL BE GRANTED AT THE CPT CODE LEVEL

- If a claim is submitted that contains CPT codes that were not authorized, the services will be denied.
- If additional procedures are performed during the procedure, the provider **must** contact the health plan to update the authorization in order to avoid a claim denial.
- It is recommended that this be done within 72 hours of the procedure. However, it **must** be done prior to claim submission or the claim will deny.
- Ambetter will update authorizations but will **not** retro-authorize services.
 - The claim will deny for lack of authorization.
 - If there are extenuating circumstances that led to the lack of authorization, the claim may be appealed.





CLAIMS, BILLING AND PAYMENTS



CLAIMS

WHAT IS A CLEAN CLAIM?

- A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment

ARE THERE ANY EXCEPTIONS?

- A claim for which fraud is suspected
- A claim for which a third party resource should be responsible



HOW TO SUBMIT A CLAIM

THE TIMELY FILING DEADLINE FOR INITIAL CLAIMS IS 180 DAYS FROM THE DATE OF SERVICE OR DATE OF PRIMARY PAYMENT WHEN AMBETTER IS SECONDARY.

CLAIMS MAY BE SUBMITTED IN 3 WAYS:

1. The Secure Provider Portal

<https://www.ambetterofalabama.com/provider-resources/login.html>

2. Electronic Clearinghouse

- Payor ID 68069
- Clearinghouses currently utilized by Ambetter will continue to be utilized
- For a listing of clearinghouses, please visit our website at <https://www.ambetterofalabama.com>

3. Mail

P.O. Box 5010
Farmington, MO 64640-5010



CLAIM RECONSIDERATIONS AND DISPUTES



CLAIM RECONSIDERATIONS

- For reconsideration requests, Providers can use the **Reconsider Claim** button on the Claim Details screen within the portal
- A written request from a provider about a disagreement in the manner in which a claim was processed. No specific form is required.
- Must be submitted within **180** days of the Explanation of Payment.

Mail claim reconsiderations to:

P.O. Box 5010

Farmington, MO 63640-5010

CLAIM DISPUTES

- Must be submitted within 180 days of the Explanation of Payment
- A Claim Dispute form can be found on our website at Mail completed Claim Dispute form to: <https://www.ambetterofalabama.com>

P.O Box 5010

Farmington, MO 63640-5000

CLAIM SUBMISSION – SUSPENDED STATUS

WHAT IF A MEMBER IS IN SUSPENDED STATUS?

- A provision of the ACA allows members who are receiving Advanced Premium Tax Credits (APTCs) a 3-month grace period for paying claims
- After the first 30 days, the member is placed in a suspended status. The Explanation of Payment will indicate LZ Pend: Non-Payment of Premium
- While the member is in a suspended status, claims will be pended
- When the premium is paid by the member, the claims will be released and adjudicated
- If the member does not pay the premium, the claims will be released, and the provider may bill the member directly for services



CLAIM SUBMISSION – SUSPENDED STATUS

EXAMPLE TIMELINE OF MEMBER IN SUSPENDED STATUS

- **January 1st**
Member pays premium
- **February 1st**
Premium due – member does not pay
- **March 1st**
Member placed in suspended status
- **April 1st**
Member remains in suspended status
- **May 1st**
If premium remains unpaid, member is terminated. Provider may bill member directly for services rendered.

Claims for members in a suspended status are not considered “clean claims”.

OTHER HELPFUL INFORMATION ABOUT CLAIMS

MAKE SURE TO INCLUDE THE RENDERING TAXONOMY CODE!

- Claims **must** be submitted with the rendering provider's taxonomy code
- The claim will deny if the taxonomy code is not present
- This is necessary in order to accurately adjudicate the claim

AND DON'T FORGET THE CLIA NUMBER!

- If the claim contains CLIA-certified or CLIA-waived services, the CLIA number **must** be entered in **Box 23** of a paper claim form or in the appropriate loop for EDI claims
- Claims will be rejected if the CLIA number is not on the claim



BILLING THE MEMBER

COPAYS, CO-INSURANCE AND DEDUCTIBLES

- Copays, co-insurance and any unpaid portion of the deductible may be collected at the time of service
- Deductible information, including the amount that has been paid toward the deductible so far, can be accessed via the Secure Provider Portal at <https://www.ambetterofalabama.com/provider-resources/login.html>
- If the amount collected from the member is higher than the actual amount owed upon claim adjudication, the provider must reimburse the member within 45 days



CLAIMS PAYMENTS: ELECTRONIC FUNDS TRANSFER

PAYSPAN®: A FASTER, EASIER WAY TO GET PAID

- Ambetter offers PaySpan® Health, a free solution that helps providers transition into electronic payments and automatic reconciliation
- If you currently utilize PaySpan®, you will need to register specifically for Ambetter
- **Set up your PaySpan® account:**
 - Visit www.payspanhealth.com and click Register
 - You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN)





COMPLAINTS, GRIEVANCES AND APPEALS



COMPLAINTS, GRIEVANCES AND APPEALS

CLAIMS

- A provider must exhaust the claims reconsideration and claims dispute process before filing a complaint/grievance or appeal

COMPLAINT/GRIEVANCE

- Must be filed within 30 days of the Notice of Action
- Upon receipt of complete information to evaluate the request, Ambetter will provide a written response within 30 days



COMPLAINTS, GRIEVANCES AND APPEALS

APPEALS

- For Claims, the Claims Reconsideration, Claims Dispute and Complaint/Grievances process must be exhausted prior to filing an appeal

MEDICAL NECESSITY

- Must be filed within 30 days from the Notice of Action
- Ambetter shall acknowledge receipt within 10 business days of receiving the appeal
- Ambetter shall resolve each appeal and provide written notice as expeditiously as the member's health condition requires but not to exceed 30 days
- Expedited appeals may be filed if the time expended in a standard appeal could seriously jeopardize the member's life or health. The timeframe for a decision for an expedited appeal will not exceed 72 hours



COMPLAINTS, GRIEVANCES AND APPEALS

MEMBER REPRESENTATIVES

- Members may designate a provider to act as their representative for filing appeals related to medical necessity
 - Ambetter requires that this designation by the member be made in writing and provided to Ambetter
- No punitive action will be taken against a provider by Ambetter for acting as a member's representative

NEED MORE INFORMATION?

- Full details of the claim reconsideration, claim dispute, complaints/grievances and appeals processes can be found in our Provider Manual, located on our website at <https://www.ambetterofalabama.com>





SPECIALTY SERVICES & VENDORS



OUR SPECIALTY COMPANIES AND VENDORS

Service	Specialty Company/Vendor	Contact Information
High Tech Imaging Services	National Imaging Associates	1-800-278-0103 www.radmd.com
Vision Services	Envolve Vision®	1-800-334-3937 www.envolvevision.com
Dental Services	Envolve Dental®	www.envolvedental.com
Pharmacy Services	Pharmacy Services	1-866-399-0928 (Phone) 1-866-399-0929 (Fax)





ambetter.

QUESTIONS?



Confidential and Proprietary Information