



ambetter.

# WELCOME TO AMBETTER OF TENNESSEE

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 Relations
  - 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**





# 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



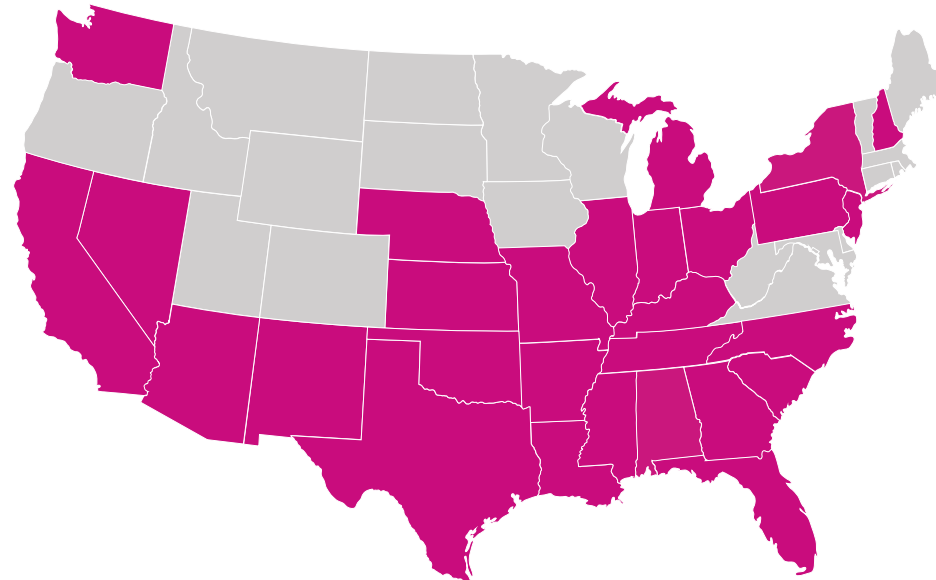
**2.0M+**

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

# 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)



# 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 – **Tennessee 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





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.*

**ambetter.** FROM **superior healthplan.** HEALTH MAINTENANCE ORGANIZATION QHP | TDI

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

**VALUE**

QR Code  
 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:** RX5447

**REFERRAL FROM PCP REQUIRED FOR SPECIALIST**

**ambetter.** FROM **superior healthplan.** EXCLUSIVE PROVIDER ORGANIZATION QHP|TDI

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

QR Code  
 Ambetterhealth.com/copays

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

**Plan:** [Plan name]  
 [Line 2 if needed]  
**[Network Name] Network Coverage Only**

**RXBIN:** 004336  
**RXPCN:** ADV  
**RXGROUP:** RX5447

**REFERRAL FROM PCP NOT REQUIRED FOR SPECIALIST**

**ambetter.** FROM **superior healthplan.** HEALTH MAINTENANCE ORGANIZATION QHP | TDI

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

**VIRTUAL ACCESS**

QR Code  
 Teladoc Virtual Access App

Ambetterhealth.com/copays  
 PCP: [\$0 Virtual/\$10 in-person 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.]  
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**[Network Name] Network Coverage Only**

**RXBIN:** 004336  
**RXPCN:** ADV  
**RXGROUP:** RX5447

**REFERRAL FROM PCP REQUIRED FOR SPECIALIST**

# AMBETTER SELECT

- The SELECT network is built around ***Ascension St Thomas Health System*** that serves the following Middle Tennessee Counties: Cheatham, Davidson, Rutherford, Trousdale, Williamson, Wilson.
- ***Ascension St Thomas Health System*** provides the majority of the in-network providers. To ensure adequate access to services for our members, additional Ambetter providers are invited to join the network.
- This network design offers members easy care navigation and a streamlined continuum of care, as well as budget-friendly premiums.
- For providers, SELECT provides exclusive access to a possible patient population in their region.





# GETTING ACQUAINTED



# KEY CONTACT INFORMATION

## Ambetter of Tennessee

Trillo Shipman  
Director of Provider Relations  
Direct 615-686-8029  
[Trillo.Shipman@centene.com](mailto:Trillo.Shipman@centene.com)

**East Tennessee**  
Marybeth Walker  
Provider Engagement Specialist II  
Direct 865-279-0516  
[Mary.walker2@centene.com](mailto:Mary.walker2@centene.com)

**East Tennessee**  
Arhmilia Gladney  
Provider Engagement Specialist II  
Direct 629-345-5764  
[Arhmilia.gladney@centene.com](mailto:Arhmilia.gladney@centene.com)

**Middle Tennessee**  
Kim Jones  
Provider Engagement Specialist II  
Direct 615-648-3073  
[Lakimberly.jones@centene.com](mailto:Lakimberly.jones@centene.com)

**Middle Tennessee**  
Ashley Clark  
Provider Engagement Specialist II  
Direct 629-281-0761  
[Ashley.Clark2@centene.com](mailto:Ashley.Clark2@centene.com)

**West Tennessee**  
Reshemia Ratcliff  
Provider Engagement Specialist II  
Direct 901-233-2992  
[Reshemia.N.Ratcliff@centene.com](mailto:Reshemia.N.Ratcliff@centene.com)

TTY/TDD 1-833-709-4735  
WEB [AmbetterofTennessee.com](http://AmbetterofTennessee.com)



# THE PROVIDER MANUAL

## THE PROVIDER MANUAL IS YOUR COMPREHENSIVE GUIDE TO DOING BUSINESS WITH AMBETTER OF TENNESSEE

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 Tennessee website at <https://www.ambetteroftennessee.com/>



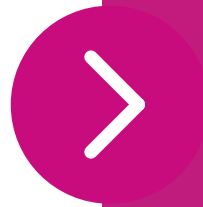
# PROVIDER SERVICES

- The **Ambetter of Tennessee** Provider Services department includes trained Provider Relations 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 Tennessee** Provider Services at **1-833-709-4735** providers will be able to access real time assistance for all their service needs



# PROVIDER ENGAGEMENT

- As an **Ambetter of Tennessee** provider, you will have a dedicated Provider Network Specialist available to assist you
- Our Provider Network Specialists serve as the primary liaisons between our health plan and provider network
- Your Provider Network Specialist 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
- ✓ Demographic information updates
- ✓ Initiate credentialing of a new practitioner





# PUBLIC WEBSITE AND SECURE PORTAL



# THE AMBETTER PUBLIC WEBSITE

www.ambetteroftennessee.com

The screenshot shows a web browser window with several tabs open. The active tab is 'www.ambetteroftennessee.com/#/'. The browser's address bar and search bar are visible. The website's navigation bar includes links for 'Pay Now', 'Need Help?', 'Login', and 'ES'. The main navigation menu features the 'ambetter of Tennessee' logo and links for 'Our Health Plans', 'Join Ambetter', 'For Members', 'For Providers', 'For Brokers', and a highlighted 'Shop Our Plans' button. Below the navigation is a large banner with a purple background and a photo of a woman. The banner text reads: 'Open Enrollment is here. Sign up for health insurance'. The bottom of the screenshot shows a Windows taskbar with a search bar and system tray icons.



# 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**

**Registration is free  
and easy!**

**Contact your  
Provider Network  
Specialist to  
get started!**

# 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 **Ambetter** [www.ambetteroftennessee.com](http://www.ambetteroftennessee.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.** FROM **superior healthplan.** HEALTH MAINTENANCE ORGANIZATION QHP | TDI

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

**VIRTUAL ACCESS** (highlighted in a yellow box)

**Ambetterhealth.com/copays**  
**PCP:** [\$0 Virtual/\$10 In-person 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  
 [Use 2 if needed] **RXPCN:** ADV  
 [Network Name] Network Coverage Only **RXGROUP:** RX5447

**REFERRAL FROM PCP REQUIRED FOR SPECIALIST** (highlighted in a yellow box)

**Pharmacy Benefit Information** (highlighted in a yellow box)

**Provider Services Contact Information** (highlighted in a yellow box)

**Ambetter.SuperiorHealthPlan.com**  
**Member/Provider Services:** 1-877-687-1196  
 (Relay Texas/TTY 1-800-735-2989)  
**24/7 Nurse Line:** 1-877-687-1196

**Medical Claims Address:**  
 Superior HealthPlan  
 ATTN: CLAIMS  
 PO Box 5010  
 Farmington, MO  
 63640-5010

**CVS caremark™**

Additional information can be found in your Major Medical Expense Policy. If you have an Emergency, call 911 or go to the nearest Emergency Room. Care given by a provider not in the plan's network will be covered without prior authorization at the member's responsibility. Receiving non-emergent care through the ER or with a non-prior authorization may change to member responsibility. For updated coverage information, visit [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com).

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- 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.ambetteroftennessee.com/>**
  - If you are already a registered user of the **Ambetter of Tennessee** 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: 1-833-709-4735**





# REFERRALS



# AMBETTER REFERRAL REQUIREMENTS

Ambetter Plan	Referral Requirement?
Gold / Silver / Bronze	No
SELECT	No
VALUE	Yes, for care outside of PCP
Ambetter Virtual Access	Yes, for care outside of PCP





# PRIOR AUTHORIZATION



# HOW TO SECURE PRIOR AUTHORIZATION

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

✓ **Secure Web Portal**

**<https://www.ambetteroftennessee.com>**

This is the preferred and fastest method.

✓ **Phone**

**1-833-709-4735**

✓ **Fax**

**1-844-811-8467**

*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 Tennessee website at [www.ambetteroftennessee.com](http://www.ambetteroftennessee.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
Scheduled admissions	Prior Authorization required <b>5</b> days prior to the scheduled admission date
Elective outpatient services	Prior Authorization required <b>5</b> days prior to the elective outpatient admission date
Emergent inpatient admissions	Notification within <b>1</b> business day
Observation – <b>48</b> hours or less	Notification within one (1) business day for non-participating providers
Observation – greater than <b>48</b> hours	Requires inpatient prior authorization within ( <b>1</b> ) <b>Business</b> day
Emergency room and post stabilization, urgent care and crisis intervention	Notification within <b>1 Business</b> day
Maternity admissions	Notification within <b>1 Business</b> day
Newborn admissions	Notification within <b>1 Business</b> day
Neonatal Intensive Care Unit (NICU) admissions	Notification within <b>1 Business</b> day
Outpatient Dialysis	Notification within <b>1 Business</b> day



# UTILIZATION DETERMINATION TIMEFRAMES

Type	Timeframe
Prospective/Urgent	One (1) business day
Prospective/Non-Urgent	Two (2) business days
Emergency services	60 minutes (1 Hour)
Concurrent/Urgent	Twenty-Four (24) hours (1 Calendar Day)
Retrospective	Thirty (30) Calendar days



# 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 **90** 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.ambetteroftennessee.com>
2. **Electronic Clearinghouse**
  - Payor ID 68069
  - Clearinghouses currently utilized by Ambetter will continue to be utilized
  - For a listing our clearinghouses, please visit our website at  
<https://www.ambetteroftennessee.com/>
3. **Mail**  
P.O. Box 5010  
Farmington, MO 64640-5010





# 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 **[www.ambetteroftennessee.com](http://www.ambetteroftennessee.com)**
- 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](http://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



# 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:

**Mail**

P.O. Box 5010

Farmington, MO 64640-5010

## CLAIM DISPUTES

- Must be submitted within **180** days of the Explanation of Payment
- A Claim Dispute form can be found on our website at [AmbetterofTennessee.com](http://AmbetterofTennessee.com)
- Mail completed Claim Dispute form to:

**Mail**

P.O. Box 5010

Farmington, MO 64640-5010

# 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 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 20 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



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# 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 [www.ambetteroftennessee.com](http://www.ambetteroftennessee.com)







# SPECIALTY SERVICES & VENDORS



# OUR SPECIALTY COMPANIES AND VENDORS

Service	Specialty Company/Vendor	Contact Information
High Tech Imaging Services	National Imaging Associates	1-866-214-2569 <a href="http://www.radmd.com">www.radmd.com</a>
Vision Services	Envolve Vision®	1-800-334-3937 <a href="http://www.envolvevision.com">www.envolvevision.com</a>
Dental Services	Envolve Dental®	<a href="http://www.envolvedental.com">www.envolvedental.com</a>
Pharmacy Services	Pharmacy Services	1-866-399-0928 (Phone) 1-866-399-0929 (Fax)





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# QUESTIONS?



*Confidential and Proprietary Information*