

Claim Questions/Issue Resolution Process

If you have questions or have identified an issue with any Colorado Community Health Alliance (CCHA) provider claim, here are your avenues to find out more information and resolve your issues.

Utilize Self-Service Tools via Availity.com	Contact Provider Customer Service by Phone at 1-855-627-4685
<ul style="list-style-type: none"> Visit the Availity Portal at availity.com if you have: <ul style="list-style-type: none"> Eligibility or benefits questions Claims status inquiries Electronic data interchange transactions Use the chat tool to ask a question regarding a claim (or any other variety of topics): <ul style="list-style-type: none"> Access via Availity > Payer Spaces > CCHA > Applications > Chat If you have claims-related issues, use the Claim Dispute Tool to dispute a claim (see Step 1 below). 	<ul style="list-style-type: none"> Choose 1 if you are a provider or facility. Choose 2 if the call is regarding behavioral health (BH) claims payments, appeals, or other provider-related items. Choose 3 if you are requesting authorization for BH services. If you have claims-related issues not resolved by Provider Customer Service and would like a supervisor's assistance, see below.

If your call to Provider Customer Service did not resolve the issue to your satisfaction:

- You may request to speak with a Provider Customer Service supervisor, and your call will be escalated. You may also request to speak with a supervisor immediately upon connecting to Provider Customer Service.
- The Provider Customer Service supervisor will educate the provider on the process of submitting a claim payment dispute. This can be done online through Availity (See *Step 1* below), via mail or by phone with Provider Customer Service.
 - If the claim payment dispute was completed by phone, the Provider Customer Service representative/supervisor will:
 - Adjudicate the claim if it is appropriate and meets criteria. The following claims would be out-of-scope for resolution over the phone:
 - Claims with attachments
 - Split claims
 - Claims that originally denied for timely filing
 - Claims that have active other primary health insurance (OHI)
 - Any claim where warning messages cannot be resolved
 - Claims with a payout over \$5,000
 - If Provider Customer Service can't adjudicate the claim, then the claim will be routed for escalation as a reconsideration.
 - Providers will receive the outcome of the reconsideration via a letter notification.

- Please request and record your call reference number and/or interaction ID number.
1. **If you believe there is an issue with the claim and would like to formally dispute, you can submit a Claim Payment Dispute through one of the following options:**
 - **Claim payment disputes via the Availity Portal:**
 - **Reconsiderations** are the first level dispute submitted through the [Availity Portal](#).
 - **Appeals** are the second level dispute submitted through the [Availity Portal](#).
 - **Training document:** Use the claims payment dispute tool training document found at [CCHAcres.com/providertools](#) > Behavioral Health Providers > Availity Provider Portal > [Availity Tools and Functionality Overview](#). Note: Slides 31 through 35 include screenshots and step-by-step instructions specifically for the claims payment dispute tool.
 - **Claim payment disputes via mail:** Access the *Providers: Claim Payment Dispute process* subsection within *Chapter 10: Reconsiderations, Disputes, Grievances and Appeals* of the *Behavioral Health Provider Manual* for further details and information on submitting via mail. Find it by visiting [CCHAcres.com/providertools](#) > Behavioral Health Providers > Manuals and Resources > [Behavioral Health Provider Manual](#).
 2. **If you did not receive a resolution from your contact with Provider Customer Service or through submitting a claim payment dispute, you can contact CCHA Provider Experience:**
 - If a resolution is not received from Provider Customer Service or by submitting a claim payment dispute, then reach out to the CCHA Behavioral Health Provider Experience team. If you do not know your Provider Experience contact, please reference the CCHA Behavioral Health Contact List at [CCHAcres.com/providertools](#) > Behavioral Health Providers heading > Manuals and Resources > [Behavioral Health Provider Contact List](#).
 - We highly recommend providing as much information as possible to assist the team with identifying your claim and specific issue. Before the Provider Experience team can escalate, we need to know that the provider has attempted the normal channels outlined above. We strongly encourage the following to be provided in your initial outreach:
 - Proof that the provider contacted Provider Customer Service and asked to speak to a supervisor.
 - A customer service call reference number and/or interaction ID number and the phone number contacted for initial resolution.
 - Note: If the claim was already disputed through the Availity claim payment dispute tool, please include the Availity case #REQ number for the **reconsideration** and the **appeal**.
 - A summary of the following:
 - The steps already taken to resolve the issue
 - Summary of the issue
 - What's still outstanding
 - Provider name
 - Provider tax ID
 - Provider NPI
 - Member name(s)
 - Member number(s)
 - Claim number(s)
 - Estimated claim count
 - Estimated dollar impact
 - The Provider Experience team will confirm the provider's information is loaded correctly in our system to ensure it is not impacting claim issues.

- If the CCHA system **is not** loaded correctly, Provider Experience will escalate this issue for resolution. *Our system must be fixed before any impacted claims can be resolved.*
- If the CCHA system **is** loaded correctly, *or once provider data issues are finalized*, the Provider Experience team will escalate the claim(s) for additional research to the Provider Issue Resolution (PIR) team.
 - While the Provider Experience team is not doing the research, Provider Experience will track the issue with the PIR team and update the provider.
 - The Provider Experience team will respond to the provider and let them know the issue has been escalated and when the issue is finalized.
 - Turnaround times on resolution may vary due to the complexity and size of the project. We anticipate most projects to resolve within 30 days of escalation to PIR.