

Provider Claim Questions/Issue Resolution Process Flow

Please follow the steps below for any Colorado Community Health Alliance (CCHA) provider claims questions, or issue resolution related to claims, in order to help expedite your claims.

1. Utilize self-service tools:

- Online via the Availity* Portal self-service tools:
 - For eligibility/benefits questions, claims status inquiries and electronic data interchange transactions, visit the Availity Portal at [availity.com](https://www.availity.com).
 - Utilize the Chat tool to ask a question regarding claim (or any other variety of topics). Access via **Availity | Payer Spaces | Anthem | Applications | Chat**
 - For claims-related issues, use the *Claim Dispute Tool* to dispute a claim. (See *Step 2* below.)

2. Contact Provider Customer Service:

- By phone at **1-855-627-4685**:
 - 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 the call did not resolve the issue to your satisfaction:**
 - You may request to speak with a provider service operations expert/supervisor, and your call will be escalated.
 - The provider service operations expert/supervisor will educate the provider on the process of submitting a claim payment dispute. (See *Step 2* below.)
 - If the claim payment dispute was completed by phone, the Customer service representative/supervisor will:
 - Adjudicate the claim if appropriate and meets criteria. The following claims would be out-of-scope to be handled over the phone:
 - Claims with attachments
 - Split claims
 - Claims that originally denied for timely filing
 - Claims that have active other health insurance (OHI)
 - Any claim where warning messages cannot be resolved
 - Claims with a payout over \$5,000
 - If Customer service can't adjudicate the claim, then the claim will be routed for escalation as a reconsideration.
 - Providers will receive a letter notification of the outcome of the reconsideration.
 - Please request and record your CLCR # and/or interaction ID number.

3. Submit claim payment disputes through one of the following options:

* Availity, LLC is an independent company providing administrative support services on behalf of Colorado Community Health Alliance.

a. Claim payment disputes via the Availity portal:

- **Reconsiderations** are submitted through the **Availity portal**.
- **Appeals** are submitted through the **Availity portal**.
- **Training document:** Please use the claims payment dispute tool training document found by visiting CCHAcares.com/providertools > Behavioral Health Providers > Provider Portal > **Availity Tools and Functionality Overview**. Note: Slides 31 through 35 include screen shots and step-by-step instructions for the claims payment dispute tool specially.

b. Claim payment disputes via mail:

Please see 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 CCHAcares.com/providertools > Behavioral Health Providers > Manuals and Resources > **Behavioral Health Provider Manual**.

4. Contact Provider Relations:

If a resolution is not received from Provider Customer Service, or as a result of submitting a claim payment dispute, then reach out to the CCHA Behavioral Health Provider Relations Team via [email](#).

- Criteria for Provider Relations to escalate the issue:
 - Provider must have contacted provider Customer service and asked to speak to a Supervisor.
 - Provider must supply CLCR # and/or Interaction ID number, and phone number contacted for initial resolution.
 - Provide a summary of the following:
 - The steps already taken to resolve the issue
 - If claim was already disputed, please include the case #REQ number from Availity or prior dispute submission.
 - Summary of the issue
 - What's still outstanding
 - Provider name
 - Provider tax ID
 - Provider NPI
 - Estimated claim count
 - Estimated dollar impact
- Provider Relations 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 Relations will forward to the appropriate department to update the system.
 - If CCHA system **is** loaded correctly, the Provider Relations team will escalate the claim(s) for additional research.
 - Note: the claim issue will be routed to and tracked by the Claims Operations team.
 - The provider will receive a letter with a confirmation of the outcome.
 - Turnaround times will vary due to project size.