



QUICK REFERENCE GUIDE

| General Information | |
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| Provider and Member Services | Phone: 1-877-687-1197 or TTY/TDD 1-877-941-9238 |
| After Hours | Phone: 1-877-687-1197 or TTY/TDD 1-877-941-9238 |
| Website | Ambetter.CoordinatedCareHealth.com Website services include verifying eligibility, benefits, cost shares, submission of prior authorizations, submission of claims, claim status and many more functions. |
| Medical Management | |
| Prior Authorizations Providers may submit authorizations in 3 ways: <ol style="list-style-type: none">Secure Web Portal at Ambetter.CoordinatedCareHealth.comFax: 1-855-218-0592Call: 1-877-687-1197 | Medical Admissions Fax Notification of Medical Admissions: 1-855-218-0585 Fax Clinical Information: 1-855-218-0587 |
| Claims Submission and Claims Payment | |
| Providers may submit claims in 3 ways: <ol style="list-style-type: none">Secure Web Portal found at Ambetter.CoordinatedCareHealth.comEDI- Payor ID 68069Paper | |
| Initial, Resubmission, Corrected or Reconsiderations: Ambetter from Coordinated Care PO Box 5010 Farmington, MO 63640-5010 | Claim Disputes - (Form located on website) Ambetter from Coordinated Care PO Box 5000 Farmington, MO 63640-5000 |
| Timely Filing: 180 days from the date of service or primary payment (when Ambetter is secondary) | Corrected Claims, Requests for Reconsideration or Claim Disputes: 24 months or 30 months if COB is involved |
| EFT/ERA - PaySpan Health | |
| To register call: 1-877-331-7154 or visit www.payspanhealth.com – This service is free! | |
| Specialty Companies/Vendors | |
| Behavioral Health – Cenpatico www.cenpatico.com Phone: 1-877-687-1197 – Payor ID 68069 | Vision Services – OptiCare www.opticare.com Phone: 1-877-687-1197 – Payor ID 56190 |
| High Tech Radiology Imaging Services – NIA www.radmd.com Phone: 1-877-687-1197 | Pharmacy Services – US Script www.usscript.com Phone: 1-877-687-1197 – BIN # 008019 |

PRIOR AUTHORIZATION

These procedures and services require PRIOR AUTHORIZATION

This list is not all-inclusive. Visit our website at Ambetter.CoordinatedCareHealth.com and use the Pre-Screen Tool or call our Authorization department with questions. Failure to obtain the required prior approval or pre-certification may result in a denied claim(s). All services are subject to benefit coverage, limitations and exclusions as described in the Ambetter member's Evidence of Coverage. *For a complete list of Prior Authorization requirements please check our website at Ambetter.CoordinatedCareHealth.com.*

All Out of Network (Non-Par) services require prior authorization excluding emergency room services.

| Procedures/Services | Inpatient Authorization | Ancillary Services |
|--|--|--|
| <ul style="list-style-type: none"> Potentially Cosmetic High Tech Imaging (i.e., CT, MRI, PET) Obstetrical Ultrasound – two allowed in 9 month period, any additional will require prior authorization except those rendered by Maternal Fetal Medicine providers. For urgent/emergent ultrasounds, treat using best clinical judgment and it will be reviewed retrospectively Pain Management (unless performed on the same date as a surgery) | <p>All elective/scheduled admission notifications requested at least 5 business days prior to the scheduled date of admit including but not limited to:</p> <ul style="list-style-type: none"> Medical Admissions Surgical Admissions All services performed in out-of-network facilities Hospice Care Rehabilitation facilities Behavioral Health/Substance use disorder Transplants, including evaluation <p>Observation:</p> <ul style="list-style-type: none"> Observation Stays 23 hours or less require Notification Observation Stays exceeding 23 hours require Inpatient Authorization/Concurrent Review Notification is required within 1 business day if admitted <p>Urgent/Emergent Admissions</p> <ul style="list-style-type: none"> Within 1 business day following the date of admission Newborn Deliveries must include birth outcomes <p>Behavioral Health Admissions All behavioral health admissions require authorization within 24 hours of admission via a phone call to the utilization management department.</p> <p>Partial Inpatient, PRTF and/or Intensive Outpatient Programs</p> | <ul style="list-style-type: none"> Air Ambulance Transport (non-emergent fixed wing airplane) DME Home health care services including, home infusion, skilled nursing, and therapy <ul style="list-style-type: none"> Home Health Services Hospice Furnished Medical Supplies & DME Orthotics/Prosthetics Cochlear implants (cochlear replacement batteries do not require prior auth) Genetic Testing Quantitative Urine Drug Screen (except Urgent Care, ER and Inpatient place of service) |

Prior Authorizations

You may submit Prior Authorizations in 3 ways:

1. Via our secure web portal at Ambetter.CoordinatedCareHealth.com
2. Phone: 1-877-687-1197
3. Fax: 1-855-218-0592 (Medical)

Inpatient Medical Admissions:

Fax to:

Notification of Medical Admissions – 1-855-218-0585
Clinical Information – 1-855-218-0587

Mental Health/Substance Use Disorder Admissions/Concurrent Review –

Phone: 1-877-687-1197

Fax: 1-855-283-9862

Call to provide clinical information and obtain authorization for all behavioral health admissions.

High Tech Imaging – MRI/CT/PET –

Phone: 1-877-687-1197

www.radmd.com

Quick Reference Guide

Behavioral Health – Prior Authorization is required for inpatient, Partial Hospitalization, Intensive Outpatient Treatment, Psychological Testing, and ECT, where these are state approved levels of care. Prior authorization is not required for behavioral health outpatient services.

Laboratory Services – Our preferred outpatient lab vendors are LabCorp and Quest. An in-network lab must be utilized for all lab services.

Notification of Pregnancy (NOP) – Providers must submit an NOP Form at the time of the first prenatal visit. Forms may be completed on our Secure Portal which can be accessed by logging on through our website at Ambetter.CoordinatedCareHealth.com.



Out-of-Network Providers – Ambetter members should be directed to in-network providers unless otherwise authorized by Ambetter from Coordinated Care.

Pain Management – Prior Authorization (PA) is required for injections related to pain management treatment. Documentation required for initial PA includes history of condition, symptoms, treatments attempted prior to injection, imaging reports. PA requests for additional injections require notes documenting progress since previous injections.

Vision – Must use OptiCare network providers which can be found on our website using Find A Provider.

Reminder: *All services are required to be provided by in network providers.*

Member Identification

| | | | |
|---|--|-----------------------|-----------------------------|
|  | FROM  | coordinated care. | IN NETWORK COVERAGE ONLY |
| Subscriber: Jane Doe | | | |
| Member: John Doe | | | |
| ID #: UXXXXXXXX | | | |
| Plan: Ambetter Balanced Care 1 | | | |
| Rx BIN#: 008019 | | | |
| Copays | | Coinsurance (Med/Rx): | |
| PCP: | | Deductible (Med/Rx): | |
| Specialist: | | Rx (Generic/Brand): | |
| ER: | | | |

Ambetter.CoordinatedCareHealth.com

Member/Provider Services:
1-877-687-1197
TDD/TTY: 1-877-941-9238
24/7 Nurse Line: 1-877-687-1197

Medical Claims:
Coordinated Care
Attn: CLAIMS
PO Box 5010
Farmington, MO
63640-5010

Numbers below for providers:
Pharmacy Help Desk: 1-855-339-4804
EDI Payor ID: 68069
EDI Help Desk: 1-800-225-2573 ext. 25525

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 by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit Ambetter.CoordinatedCareHealth.com.

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Annual Assessments and Correct Coding

Conduct: Comprehensive patient assessments each year

Include:

- Assessment of all chronic conditions annually (Diabetes, CHF, COPD)
- Co-existing acute conditions
- Active status conditions (amputations, dialysis, HIV)
- Pertinent past conditions (Old MI and other underlying medical problems)
- Medications that may indicate other conditions

Document: The reason for the visit, the care rendered and the conclusion and diagnoses

Submit: All relevant diagnoses on your Ambetter from Coordinated Care claims

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. HEDIS gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences. If you have questions regarding HEDIS, please call Ambetter from Coordinated Care at 1-877-687-1197.

Purchasers of health care may use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate the **clinical management of its members**. Physician specific scores are being used as evidence of preventive care from primary care office practices.