

# CLAIMS, DISPUTES & RECOVERY/CCU GUIDE



The **Provider Portal** is the fastest way to get help with Claims, Claims Disputes, Corrections and Status.

You can also check status of Claims by calling Provider Services at **1-877-687-1169 (Relay Florida 1-800-955-8770)**.

Visit our **Provider Resources** page to locate claim forms and guidelines.

## Claim Submission Information

### Submission Inquiries

For inquiries related to your electronic or paper submissions to Ambetter, please contact our EDI team at [EDIBA@centene.com](mailto:EDIBA@centene.com).

### Electronic Funds Transfer and Electronic Remittance Advice

Register online using the simplified, enhanced provider registration process at [payspanhealth.com](https://payspanhealth.com) or call **1-877-331-7154**.

Email: [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com)

### Clearinghouse Connectivity

Ambetter has partnered with Availity as our preferred EDI Clearinghouse. You may connect directly to Availity or continue to use your existing vendor/biller/clearinghouse. If you need assistance in making a connection with Availity or have any questions, please contact Availity client services at **1-800-282-4548**.

### Free Direct Data Entry (DDE)

Availity Essentials offers providers a web portal for direct data entry (DDE) claims that will submit to Ambetter electronically at no cost to you. To register, submit the request to [availity.com/Essentials-Portal-Registration](https://availity.com/Essentials-Portal-Registration).

**Payer ID: 68069**



*Mail paper claim submissions to:*

Ambetter  
Attn: Claims  
P.O. Box 5010  
Farmington, MO 63640 -5010

## Timely Filing

The Claim Payment Dispute Process is designed to address claim denials for issues related to untimely filing, unlisted procedure codes, non-covered codes etc. Claim payment disputes must be submitted in writing to **Ambetter within the specified number of calendar days from the date on the EOP**.

Initial Claims	Reconsiderations/ Claim Disputes/ Appeals	Coordination of Benefits
Par: 180 calendar days	Par: 90 calendar days	Par: 90 days
Non-Par: 180 calendar days	Non-Par: 90 calendar days	Non-Par: 90 days

**Submit all claims payment disputes with supporting documentation via the secure [provider portal](#) or by mail.**



*Claim payment disputes:*

Ambetter from Sunshine Health  
Attn: Level II – Claim Dispute  
PO Box 5010  
Farmington, MO 63640-5010

**NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process. Ambetter Health does not accept handwritten, faxed or replicated claim forms. Ambetter does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.**

## Refunds and Overpayments



### Refund(s)

Ambetter routinely audits all claims for payment errors. Claims identified as underpaid or overpaid will be reprocessed appropriately. Providers are responsible for reporting overpayments or improper payments to Ambetter. Providers have the option of requesting future offsets to payments or may mail refunds and overpayments, along with supporting documentation (copy of the remittance advice along with affected claims identified), to the following address:

**Centene Mgmt. Co. — Ambetter Health**  
**P.O Box 947986**  
**Atlanta, GA 30394-7986**