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. 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 Health, please contact our EDI team at **EDIBA@centene.com**.

Electronic Funds Transfer and Electronic Remittance Advice

Register online using the simplified, enhanced provider registration process at **payspanhealth.com** or call **1-877-331-7154**.
Email: **providersupport@payspanhealth.com**

Clearinghouse Connectivity

Ambetter Health 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 Health electronically at no cost to you. To register, submit the request to **availity.com/Essentials-Portal-Registration**.

Payer ID: 68069

Mail paper claim submissions to:

Ambetter Health
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 Health 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: 180 calendar days	Par: 180 days
Non-Par: 90 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 Health
Attn: Claims Disputes/Appeals
P.O. Box 10341
Van Nuys, CA 91410

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 Health does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.

Refunds and Overpayments

Refund(s)

Ambetter Health 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 Health. 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:

Ambetter Health
Attn: Claims Dept — Refunds and Overpayments
P.O. Box 5010
Farmington, MO 63640-5010

Ambetter Health is underwritten by Iowa Total Care, Inc. which is a Qualified Health Plan issuer in the Iowa Health Insurance Marketplace.

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