



Provider Quick Reference Guide

Provider Services

Contact the Coordinated Care Provider Services Department at 1-877-644-4613 for assistance with the following services:

- Answer questions regarding claim status
- Provider education/orientation
- Network Participation
- Coordinated Care eligibility/verification
- Change, update or correct demographic information

Providers can visit Coordinated Care Portal at www.CoordinatedCareHealth.com to access the following:

- Provider Manual
- Provider Quick Reference Guide
- Medical Management Quick Reference Guide
- Billing Manual
- Companion Guide for Electronic Transactions
- Wellness Information
- Coordinated Care News Updates
- Clinical Guidelines
- Provider Newsletter (If you are not able to access the newsletter via the web, please contact Provider Services)

The following information is available via the website by logging into the secure portal:

- PCP Verification
- Member Eligibility
- Submit Claims
- Claims Inquiry
- Request Prior Authorization for Services

Claims Services

Electronic Claims Submission:

For claim processing efficiency and cost savings to the providers, Coordinated Care encourages its providers to file claims electronically. Coordinated Care's Payor ID is 68069. The clearinghouses utilized are: Emdeon, SSI, Gateway, Availity and Smart Data Solutions. Please visit our website www.CoordinatedCareHealth.com for our electronic Billing Manual which offers more detailed information regarding claims billing instructions. Participating providers may receive electronic funds transfers (EFT) and electronic remittance advice (ERA) from Coordinated Care. Please visit www.CoordinatedCareHealth.com or contact Provider Services at 1-877-644-4613 for more information.

For Paper Claims:

Type of Claim	Address	Comment
Initial, Resubmissions or Corrected Claims	Coordinated Care Attn: Claims Department PO Box 4030 Farmington, MO 63640-4197	
Claim Dispute Form	Coordinated Care Attn: Claims Dispute PO Box 4030 Farmington, MO 63640-4197	The Claim Dispute Form is used when a provider received an unsatisfactory response to a request for reconsideration. The Claim Dispute Form can be found at www.CoordinatedCareHealth.com

Timely Filing Guidelines:

- Providers will make best efforts to submit first time claims within 180 days of the date of service; however, claims will not be accepted for payment after 365 days from the date of service. When Coordinated Care is the secondary payer, claims must be received within 365 calendar days from the date of disposition (final determination) of the primary payer.
- All corrected claims, requests for reconsideration or claim disputes must be received within 24 months from the date of notification of payment or denial is issued.

Please see the Provider Manual or Billing Manual under Provider Resources on our web site for more detailed information.

Medical Management

Coordinated Care Medical Management team provides oversight for Utilization Management, care coordination/case management, and disease management. Authorization must be obtained prior to the delivery of certain elective and scheduled services. For more information on services that require prior authorization, please see the Medical Management Quick Reference Guide in this packet or visit our website at www.CoordinatedCareHealth.com. To secure an authorization to provide services, providers may call: 1-877-644-4613.

Member Services

Members can visit our website to access our Member Handbook and learn more about our programs and services. Member Services is available Monday through Friday from 8:00 a.m. to 5:00 p.m. PST to answer questions regarding the following issues for your patients:

- Find a Doctor
- Benefits and Eligibility
- ID Card Replacement
- PCP Changes

Member Services Line

1-877-644-4613

Value Added Member Benefits

Coordinated Care provides the following value added benefits to our members to enhance their benefits and improve their healthcare:

Nurse Advice Line

1-877-644-4613

Nurse Advice Line is a 24-hour free health information phone line. The nurse triage services provide access to a broad range of health-related services including health education and crisis intervention.

MemberConnections[®] is an educational outreach program designed to educate members about how to access healthcare services and benefits. The program conducts one-on-one education with members to ensure they understand their benefits, the role of the Medical Home (PCP) and why it's important to establish and maintain a relationship with the Medical Home. Contact Member Services if you have a patient that needs help understanding the program.

Start Smart for Your Baby[®] is our program designed to support women who are pregnant.

Nurtur[®] provides a full spectrum of Care Management outreach and education to members with chronic conditions such as:

- Asthma
- Congestive Heart Failure (CHF)
- Diabetes
- Hypertension
- Obesity
- COPD
- Coronary Artery Disease (CAD)

CentAccount[®]



Members earn rewards for completing healthy activities. Reward dollars come loaded to a prepaid card to be used for healthcare related items like healthy groceries, baby care, and personal care items. Members earn rewards for annual well child, adult preventive PCP visits, and other wellness screenings.

Vendor Services

<p>Outpatient Physical, Occupational and Speech Therapy Coordinated Care Phone: 1-800-327-0641 ext 69617 www.CoordinatedCareHealth.com *CCW handles Non-PAR Authorizations and Benefits. For other concerns, contact National Imaging Associates (NIA)</p>	<p>Vision Services Envolve Vision Customer Relations: 1-888-282-6025 http://visionbenefits.envolvehealth.com/logon.aspx</p>
<p>Pharmacy US Scripts Phone: 1-866-716-5099 www.usscript.com/contact.php</p>	<p>Therapy Provider & Radiology Imaging Services National Imaging Associates (NIA) Customer Relations 1-800-727-8627 ext 69621 www.radmd.com</p>

MEMBER IDENTIFICATION CARDS

Washington Apple Health Program:

		RXBIN: 004336 RXPCN: MCAIDADV RXGRP: RX5435
NAME: MEDICAID ID#: MEMBER ID#: DOB:		
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. CoordinatedCareHealth.com		

IMPORTANT TELEPHONE NUMBERS	
Members: Member Services: 1-877-644-4613 TDD/TTY: 1-866-862-9380 24/7 Nurse Advice Line: 1-877-644-4613	Providers: Provider Services & IVR Eligibility Inquiry: 1-877-644-4613 Prior Auth: CoordinatedCareHealth.com or 1-877-644-4613 Pharmacy: 1-800-311-0591
Medical and Behavioral Health Claims: Coordinated Care Attn: Claims PO Box 4030 Farmington, MO 63640-4197	Coordinated Care 1145 Broadway, Suite 300 Tacoma, WA 98402
	EDI/EFT/ERA please visit Provider Resources at www.CoordinatedCareHealth.com

Immunizations:

Immunizations covered under the EPSDT program that are obtained free from DOH.

Bill for the administration by reporting the procedure code for the vaccine given with modifier SL (e.g. 90707 SL). DO NOT BILL the admin codes 90471-90472 for the administration.

Taxonomy Codes:

Taxonomy codes must be billed with NPI on ALL claims for rendering provider, billing provider, and attending provider (where applicable). Failure to submit the taxonomy codes will result in a rejected claim.

POA Indicator:	Anesthesia:
All inpatient facilities are required to submit a Present on Admission (POA) indicator on all claims. Claims will be denied (<i>or rejected</i>) if the POA indicator is missing. Please reference the CMS billing guidelines regarding POA for more information and for excluded facility types.	Providers must report the number of actual anesthesia minutes (calculated to the next whole minute) in the appropriate field of the claim form. For more detailed instruction on Anesthesia billing and modifier requirements, please refer to the Coordinated Care manual.

Therapy Modifier Requirements:	NDC Requirements:
<p>ALL PT, OT, and ST services must billed with the following modifiers in the M1 position. Physicians, ARNPs, PA-Cs, and audiologists must use the following modifier in the M2 position when billing any therapy services:</p> <ul style="list-style-type: none"> • GN-Speech Therapy • GO-Occupational Therapy • GP-Physical Therapy • AF-All PT, ST, OT 	The NDC is entered in the supplemental information section of the cms1500 for field 24A-G. The NDC is entered in box 43 of the UB04. For more detailed instruction, please refer to the Coordinated Care Billing Manual. <ul style="list-style-type: none"> • NDC is required for all injectable drugs administration in provider's office. • NDC is required when billing REV code 634-637.