# AmeriHealth Caritas District of Columbia

## Provider Complaints, Appeals, and Disputes

AmeriHealth Caritas
District of Columbia

Updated: May 2015

# Complaints

## Provider Complaint System

AmeriHealth Caritas DC providers may file an informal dispute about AmeriHealth Caritas DC's policies, procedures, or any aspects of AmeriHealth Caritas DC administrative functions. AmeriHealth Caritas DC will thoroughly investigate each provider complaint using applicable statutory, regulatory, contractual and provider contract provisions. All pertinent facts will be investigated and considered. AmeriHealth Caritas DC's policies and procedures will also be considered.

Providers may call Provider Services at **202-408-2237 or toll-free at 888-656-2383** to notify AmeriHealth Caritas DC of a complaint. A written notice of the outcome will be sent to the provider within 90 days of receipt of the complaint.

# Provider Administrative (Medical) Appeals – Part One

## Coverage Determination and Medical Necessity

- "Medically Necessary" or "Medical Necessity" is defined as services or supplies that are needed for the diagnosis or treatment of the member's medical condition according to accepted standards of medical practice. The need for the item or service must be clearly documented in the member's medical record.
- DC uses **McKesson InterQual Criteria** as guidelines for determinations related to medical necessity.
- AmeriHealth Caritas DC also uses the American Society of Addictions Medicine (ASAM) Patient Placement Criteria (PPC) for determinations related to substance abuse detox.
- When applying these criteria, Plan staff also consider the individual member factors and the characteristics of the local health delivery system.
- **Any request that is not addressed by, or does not meet, medical necessity guidelines is referred to the Medical Director or designee for a decision.** The Medical Director or designee may refer to the Plan's Clinical Policies during the decision process. Providers have access to these policies online at www.amerihealthcaritasdc.com > providers > clinical resources > clinical policies.

# Provider Administrative (Medical) Appeals – Part Two

## Provider Administrative (Medical) Appeals

Providers may call the Peer-to-Peer telephone line at **877-759-6274** to discuss a medical determination with a physician in the AmeriHealth Caritas DC Medical Management department.

Providers must call within two business days of notification of the determination (or prior to the member's discharge from a facility when the determination applies to an inpatient case). A provider requesting an administrative or medical appeal may also submit an appeal in writing to:

AmeriHealth Caritas District of Columbia

Attn: Provider Appeals Department

P.O. Box 7359
London, KY 40742

As a reminder, a provider may also file an appeal on a member's behalf, with the member's written consent. To file an appeal as an authorized representative on behalf of a member, a provider may call the Provider Appeals telephone line at **877-759-6254**.

# Claims Inquiries and Disputes

## Claims Inquiries

If a provider does not receive payment for a claim within 45 days or has concerns regarding any claim issue, claims status information is available by:

- Visiting the provider area of AmeriHealth Caritas DC's website, www.amerihealthcaritasdc.com, to access NaviNet – free, web-based solution for electronic transactions and information through a multi-payer portal.
- Using the self-service Interactive Voice Response (IVR) by calling 202-408-2237 or toll-free at 888-656-2383 and selecting the appropriate prompts.
- Calling Provider Services at 202-408-2237 or toll-free at 888-656-2383.

## Claim Disputes

If a claim or a portion of a claim is denied for any reason or underpaid, the provider may dispute the claim within 60 days from the date of the denial or payment. Claim disputes may be submitted in writing, along with supporting documentation, to:

**AmeriHealth Caritas DC**

Attn: Claim Disputes

P.O. Box 7358
London, KY 40742

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