



Provider Reference Guide

WHO TO CALL

MEMBER SERVICES & IVR

Member Services provides a variety of support including processing Member enrollment, claims, and responding to Member, and Broker inquiries.

Member Services:

Business Hours Monday – Friday: 8:00AM – 6:00PM

IVR Available 24 hours a day, 7 days per week

Tel: (855) 624-6463

UTILIZATION MANAGEMENT LINE

Providers can contact Medical Utilization Management at **(855) 542-0880**. Providers can submit Prior Approval Request via fax to (877) 314-5693.

PROVIDER & NETWORK OPERATIONS

The Provider and Network Operations staff acts as the primary liaison between the Network of Participating Providers and Business Hours Monday – Friday: 8:30AM – 5PM

Tel: (207) 402-3347

CARE MANAGEMENT TEAM

Care Managers are available to assist Providers and Members with various Disease Management Programs and Community Health Options' Chronic Illness Support Program. Business Hours Monday – Friday: 8:00AM - 5:00PM **Tel: (855) 624-6463**

BEHAVIORAL HEALTH SERVICES

Community Health Options' Behavioral Health Partner, Behavioral Health Care Plan (BHCP), is available to assist Participating Providers with Behavioral Health requests. Business Hours Monday – Friday: 8:00AM – 6:00PM **Tel: (855) 481-7047**

PHARMACY BENEFITS MANAGEMENT

Community Health Options' Pharmacy Benefit Manager, is available to assist Participating Providers with pharmacy- related questions.

Tel: (888)-327-9791

SUBMITTING CLAIMS

CLAIM SUBMISSION

If a provider does not have the capability to submit claim forms electronically, claims may be submitted using a CMS-1500 or UB-04 claim form.

All paper claims should be submitted to:

Community Health Options, Mail Stop 200 (Medical Claims), Or Mail Stop 300 (Behavioral Health Claims),
PO Box 1121, Lewiston, ME 04243.

Explanation of Payment (EOP)

An EOP available online for Providers to access through the Provider Portal. Community Health Options' payment will be the contractual allowance for Covered Services and will be reflected in the column titled, "AMOUNT PAID." The amount paid reflects the contractual allowance less and Member cost-sharing.

A Member's cost-sharing amount is reflected in the column

titled, "AMOUNT DED&COPAY." This amount is the financial responsibility of the Member. The column titled, "EXPLAIN CODES," represent additional information related to the claim or line item and should be reviewed to determine whether additional action is necessary.

ELECTRONIC CLAIM SUBMISSION

Participating Providers should utilize Community Health Options' Electronic Data Interchange program (EDI) to submit claims electronically to Community Health Options.

Participating Providers should use Community Health Options' portal as the primary source for obtaining the status of any claim submitted for payment.

Prior to initiating electronic claim transactions with Health Options, Providers must follow the necessary steps to enroll with Change Healthcare or their Provider Clearinghouse to submit claims electronically. Any Provider can submit a claim electronically, however enrollment will allow the Provider to receive Electronic Remittance Advice and reports from the clearinghouse.

Providers can submit claims electronically through their clearinghouse or at www.changehealthcare.com

Change Healthcare Payor ID for Medical: 45341, Payor ID for Pediatric Dental: 02027

CLAIM STATUS INQUIRY

Participating Providers are encouraged to visit the Provider Service Center at www.maineoptions.org or contact the Member Services Team at (855) 624-6463.

For more information on Community Health Options' **HEALTH PLAN REIMBURSEMENT**, please see section 3 of the full version of the Provider manual.