

In the Colorado Access Provider Manual, you will find information about:

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Section 2. Colorado Access Policies

Section 3. Quality Management

Section 4. Provider Responsibilities

Section 5. Eligibility Verification

Section 6. Claims

Section 7. Coordination of Benefits

Section 8. Provider-Carrier Disputes

Section 9. Utilization Management Program

Section 10. Behavioral Health and Substance Use
Specific Policies and Standards

Section 11. Child Health Plan *Plus* (CHP+)
offered by Colorado Access
Specific Policies and Standards

Section 12. General Directive for all PCMPs

- Submission Process
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Search Tip:

You can search quickly and easily by using the command Control+F. This will display a search box for you to enter what you want to find.



Provider-Carrier Disputes

A **Provider-Carrier Dispute** is an administrative, payment, or other dispute between a Participating Provider and Colorado Access that does not involve utilization review analysis, credentialing, a claim validation audit, or routine provider inquiries that Colorado Access resolves in a timely fashion through existing informal processes.

SUBMISSION PROCESS

A Participating Provider or a Provider Representative may access the provider-carrier dispute process to submit a written request for a resolution of a Provider-Carrier Dispute. In accordance with Division of Insurance regulations, we require Provider-Carrier Disputes to be submitted in writing. Information may be submitted in a brief letter, an email or, for claims appeals, on the Colorado Access Claim Appeal Request form located on our website at coaccess.com/frequently-used-forms.

All necessary information must be submitted within **60 calendar days** from the date of the incident on which the Provider-Carrier Dispute is based or the explanation of payment on which the claim in dispute appears.

Type of Provider-Carrier Dispute	Submission methods
Claims Appeal	<ul style="list-style-type: none"> • The <i>easiest method</i> is to use the Provider Portal. Once you have identified the claim, select 'File Claim Appeal.' A form will appear, and you attach supporting documentation, or; • Email all necessary information to claimappeals@coaccess.com. You can find a claim appeal form at coaccess.com/documents/Claim-Appeal.pdf to make the process easier. Or; • Mail a letter or claim appeal form to: Provider-Carrier Disputes P.O. Box 17189 Denver, CO 80217-0189
Other	<ul style="list-style-type: none"> • Email all necessary information to providerrelations@coaccess.com, or; • Mail a letter with all necessary information to: Provider-Carrier Disputes P.O. Box 17189 Denver, CO 80217-0189

Each request to resolve a Provider-Carrier Dispute must contain all of the following necessary information:

1. Each date of service, if applicable
2. Member name
3. Member number
4. Provider name
5. Provider tax identification number
6. Dollar amount in dispute, if applicable
7. Provider position statement explaining the nature of the dispute
8. Supporting documentation where necessary, e.g., medical records, proof of timely filing, etc.

PROCESSING TIMEFRAMES

Upon receipt of a provider-carrier dispute, we will review, record, investigate, resolve, and provide appropriate and timely notifications in accordance with applicable state and federal rules and regulations.

- We will issue a written confirmation to the Participating Provider or their Provider Representative within 30 calendar days of receiving a complete dispute resolution request.
- We will resolve Provider-Carrier Disputes and issue written notification of the outcome within 45 calendar days of receipt of the initial request for resolution and upon receiving all necessary information, unless both parties agree to an extension.
- We may choose to use electronic means to send required notification including email or fax.