

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 (Claim Appeals)

Section 9. Utilization Management Program

Section 10. Behavioral Health -
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
- Processing Timeframes

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 (Claim Appeals)

SUBMISSION PROCESS

A Provider or a Provider representative may access the provider-carrier dispute process to submit a written request for a resolution of a dispute regarding claims payment.

In accordance with Division of Insurance regulations, we require provider-carrier disputes (claim appeals) to be submitted in writing. Information may be submitted in a brief letter or on the Colorado Access Claim Appeal Request form located on our website at coaccess.com/frequently-used-forms.

Claim Appeals Address

Provider-Carrier Disputes (Appeals):
PO Box 17189
Denver, CO 80217-0189

All necessary information must be submitted within 60 calendar days from the date of the voucher on which the disputed claim appears, to the address noted above.

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 provider or the provider's representative within 30 calendar days of receiving a complete dispute resolution request.
- We will resolve claim appeals 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.
- We may choose to use electronic means to send required notification to Providers including email or fax.
- Both parties may agree, in writing, to an extension beyond the 45 calendar days from the receipt of all necessary information periods established by this policy in order to resolve a dispute.