

BD=Business Days
 CD=Calendar Days
 TAT-Turnaround Time

7/23/2024

Coordinated Care of Washington, Inc.				
	Medicaid Inpatient Physical Health (PH)/ Behavioral Health (BH)	Medicaid Pre-service Physical Health (PH)/ Behavioral Health (BH)	Medicaid Pharmacy	Medicaid Biopharmacy (Medical)
Reconsideration (Medical Records not submitted timely) (Provider has more info)	Complete and fax Re-Review Request Form as cover sheet along with Medical Records 5 BD from the date of denial letter, Retain right for P2P 10 BD from date of denial letter, Retain right for P2P	Complete and fax Re-Review Request Form as cover sheet along with Medical Records 45 CD from the date of denial letter, Waives right to P2P 45 CD from date of denial letter, Waives right for P2P	Fax request to Centene Pharmacy Services 60 CD from the date of denial letter	Complete and fax Re-Review Request Form as cover sheet along with Medical Records 45 CD from the date of denial letter, Waives right to P2P
Peer to Peer (P2P) (Not required before an appeal) (Provider disagrees and wants to speak with HealthPlan MD or clinical peer)	Provider and a plan MD or clinical peer 10 BD from the date of denial letter	Provider and a plan MD or clinical peer 5 BD from the date of denial letter	30 CD from the date of the denial letter	5 BD from the date of denial letter
Member Appeal (authorization needed from the member)	Member, legal representative(s) of a deceased member's estate, or an authorized representative 60 CD from the date of the denial letter TAT Expedited- 72 hours , Standard- 14 CD	Member, legal representative(s) of a deceased member's estate, or an authorized representative 60 CD from the date of the denial letter TAT Expedited- 72 hours , Standard- 14 CD	Member, legal representative(s) of a deceased member's estate, or an authorized representative 60 CD from the date of the denial letter TAT Expedited- 72 hours , Standard- 14 CD	Member, legal representative(s) of a deceased member's estate, or an authorized representative 60 CD from the date of the denial letter TAT Expedited- 72 hours , Standard- 14 CD
Claim Dispute	Within 24 months after the date that the claim was denied or payment intended to satisfy the claim was made. COB, within 30 months after the date the claim was denied or payment intended to satisfy the claim was made.			
Contact Information	Please see denial letter(s) for additional information and contact numbers.			Claim Dispute: Coordinated Care
	Coordinated Care Phone: 877-644-4613	UM P2P: 833-661-0642	Appeal Email: TAC_WAAppealDept@centene.com Fax: 866-270-4489	P.O. Box 4030 Farmington, MO 63640-4197
	Centene Pharmacy Services Phone: 866-716-5099			