

# Cardinal Care Provider Appeal, Claims and Billing Flow Chart

Providers who have received a claim (payment) denial from DMAS may wish to submit a new claim that includes corrections on the claim instead of filing an appeal. If you are unclear about why the claim was denied, DMAS encourages you to contact the **Provider Helpline at (800) 552-8627** before deciding whether to file an appeal. If an appeal is filed, it will **only** address the denial reason(s) set forth on the remittance advice. **Filing an appeal does not correct the denial reason(s) nor does an appeal involve reprocessing claims.** If you are seeking to correct your claim, do so and resubmit your claim with the claim corrections for payment rather than filing an appeal. Denial codes and resolutions can be found on the new Claims and Billing webpage at <https://www.dmas.virginia.gov/for-providers/claims-and-billing/>

**Resubmitted claims will be processed as quickly as possible and paid 30 days or less.** If another denial occurs, that remittance advice will have the new claim denials (edits) that will need to be resolved with a refiled claim. If needed, each claim will have new appeal rights with DMAS.

**As a reminder, always check a member's eligibility before any Cardinal Care Medicaid services begin.** DMAS provides Providers two self-service systems to check Member eligibility, claims status, check amounts, service authorizations and service limits. The Medical System instructions can be found at <https://www.dmas.virginia.gov/media/4oyhwcw/how-to-use-medical.pdf> The Medicaid Enterprise System (MES) information can be found at <https://vamedicaid.dmas.virginia.gov/provider>

If you have claims questions for a CCMC plan, please use the following links for Provider Claims information.  
<https://providers.anthem.com/virginia-provider/home> <https://www.sentarahealthplans.com/medicaid>  
<https://www.uhcprovider.com/> <https://www.molinahealthcare.com/providers/va/medicaid/home.aspx>  
<https://www.aetnabetterhealth.com/virginia/providers/index.html>

The flow chart below demonstrates the different steps of what happens to a claim that is submitted to DMAS. The claim can either pay, be denied and resubmitted by provider making the required corrections or Appealed. We also show suggestions on what to check when utilizing a billing company.

