



Claims: UB-04

2022 IHCP Works
Annual Seminar



Agenda

- About CareSource
- Member Eligibility
- Claims Reminders
- Submitting Claims
- Payment Processing
- Top Denial Reasons & Resolution Help - Facility
- Dispute & Appeal
- Updates/Announcements

About CareSource



Our **MISSION**

To make a lasting difference in our members' lives by improving their health and well-being.




OUR PLEDGE:

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment

Member Eligibility

Eligibility Verification





INDIANA
PROVIDER I

[Home](#) / [Member Search](#) / [Member Eligibility](#)

MEMBER SEARCH

➔

Member Eligibility

Coordination of Benefits

Member File Upload

Member Eligibility

| Recipient Id | CareSource Id | Member Info | Multiple Recipient Ids | Multiple CareSource Ids |
|--|---------------|-------------|------------------------|-------------------------|
| Recipient Id: <input type="text"/> | | | | |
| Date of Service: <input type="text" value="7/1/2020"/> | | | | |
| <input type="button" value="Search"/> | | | | |

Verify eligibility at every visit prior to rendering services

Member Eligibility Examples



Member Eligibility

| Recipient Id | CareSource Id | Member Info | Multiple Recipient Ids | Multiple CareSource Ids |
|--------------|---------------|-------------|------------------------|-------------------------|
|--------------|---------------|-------------|------------------------|-------------------------|

Recipient Id:

[REDACTED]

Date of Service

7/29/2022



Search

Member is not eligible for service on the specified date

Member Information

Member has not consented to sharing sensitive health information. Because the member has not consented to sharing their health information, you may not be viewing the complete record. Members may grant consent by completing the Member Consent/HIPAA Authorization Form on www.caresource.com. They may also contact CareSource Member Services with questions or to obtain additional information.

Member Name:

Member is not eligible

[REDACTED]

Address:

[REDACTED]



Member Eligibility Examples




Member Eligibility

| Recipient Id | CareSource Id | Member Info | Multiple Recipient Ids | Multiple CareSource Ids |
|--|---------------|-------------|------------------------|-------------------------|
| Recipient Id: <input type="text" value="REDACTED"/> | | | | |
| Date of Service: <input type="text" value="12/23/2020"/> | | | | |
| <input type="button" value="Search"/> | | | | |

Member is eligible for service on the specified date



| | | | |
|--------------------------|--|-------------------------|--|
| Member Profile: | Click To View  | Program Details: | Not a coordinated services member. |
| | Member Profile Report Definitions | | |
| Original Effective Date: | 4/12/2017 12:00:00 AM | Member Eligibility Date | 5/18/2021 7:17:32 AM |
| | | Span Last Updated: | |
| Program: | Indiana - State Health Plans - Healthy Indiana Plan (HIP) | | |
| Member Alerts: | <div><div>1. Member is Normal on Preventive Goal events</div><div>2. Past due: PAP test</div><div>3. 1-2 ER visits in 15 mos</div></div> | | |

Claims Reminders

Timely Filing

- For in-network providers, claims must be submitted within **90 calendar days** of the date of service or discharge.
- For out-of-network providers, claims must be submitted **within 180 calendar days** of the date of service or discharge.



Coordination of Benefits

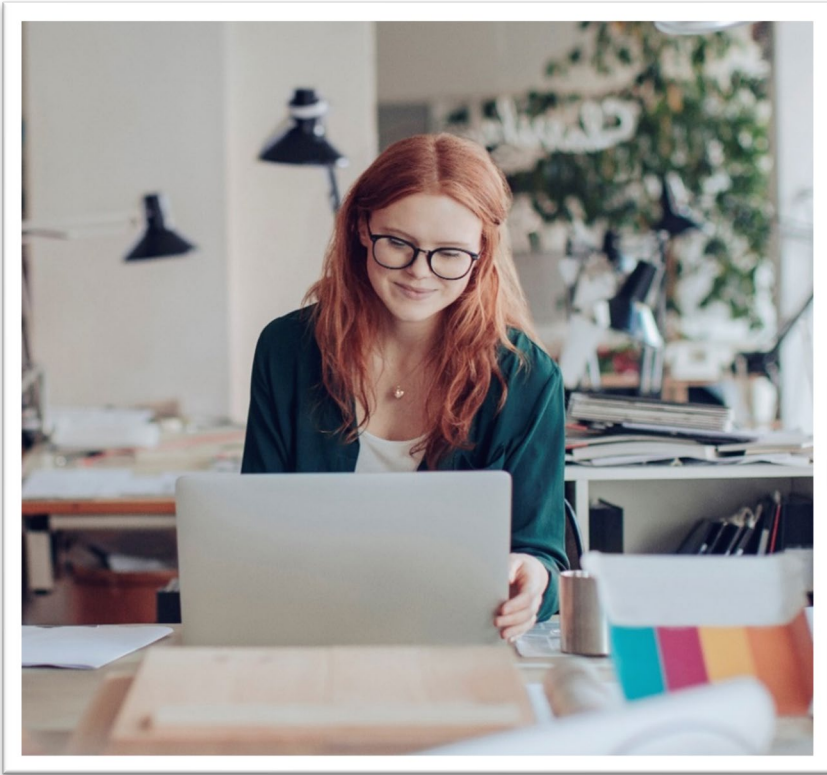


Exceptions:

- ***Coordination of Benefits (COB):*** The claim and primary payer's Explanation of Payment (EOP) must be submitted to us within **90 calendar days** from the primary payer's EOP date. If a copy of the claim and EOP are not submitted within the required time frame, the claim will be denied for timely filing.



Corrected Claims



- 60 calendar days from the date of (EOP)
- UB-04 claims – Box 64 requires original claim number
- CMS-1500 claims – Box 22 & resubmission code 7

Please note: If a corrected claim is submitted without this information, the claim will be processed as an original claim or rejected/denied as a duplicate.



Billing Provider NPI – UB-04

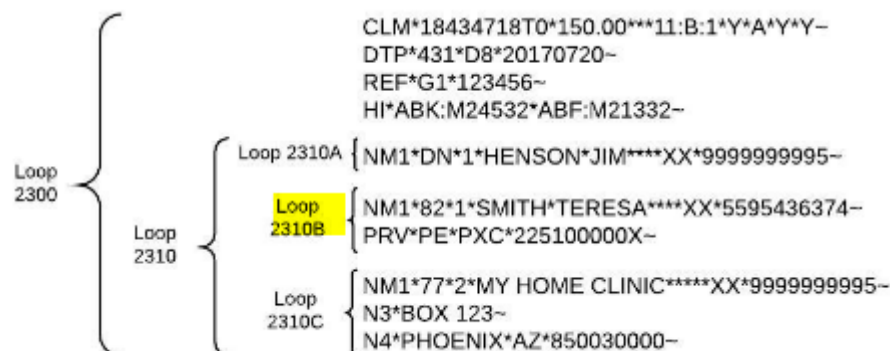
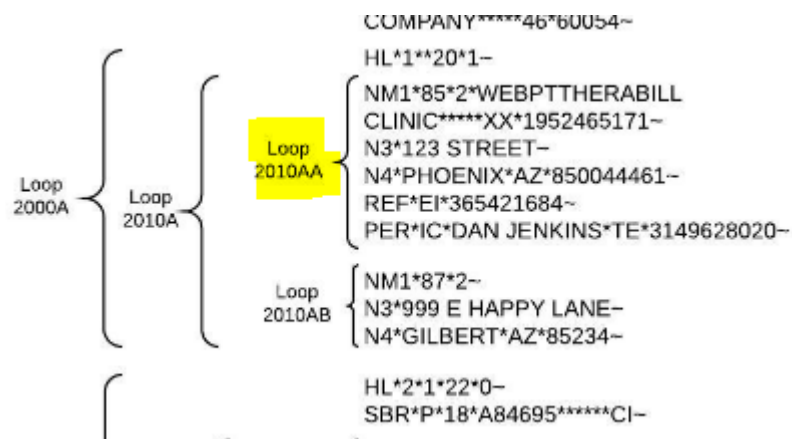
On 837I Institutional claims, the billing provider NPI must be in the following location:

2010AA Loop – Billing Provider Name

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Billing Provider NPI

2310B Loop – Rendering Provider Name

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Rendering Provider NPI





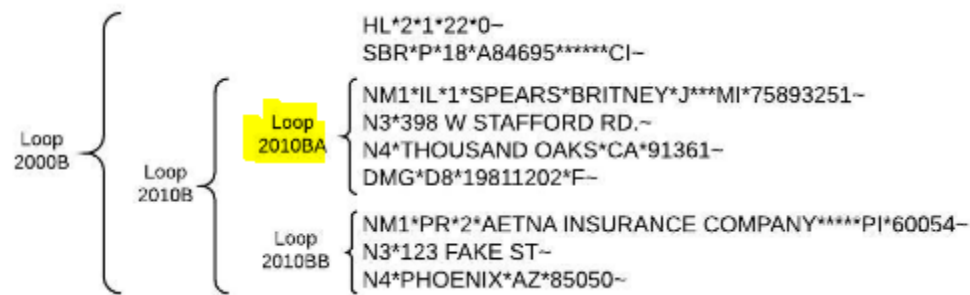
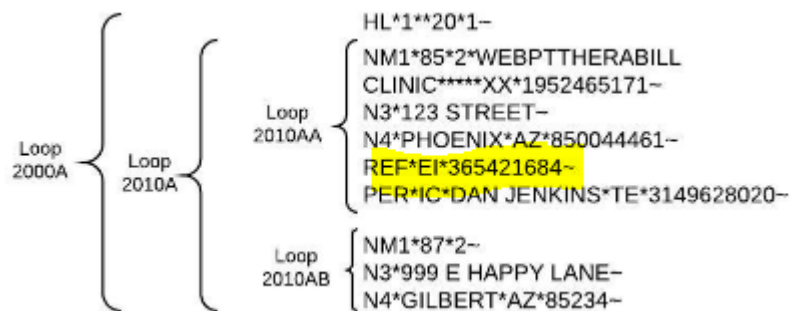
Billing Provider NPI – UB-04

The billing health partner TIN must be submitted as the secondary provider identifier using a REF segment which is either the EIN for the organization or the SSN for individuals:

- Reference Identification Qualifier – REF01 = E1 (for EIN) or SY (for SSN)
- Reference Identification – REF02 = Billing Provider TIN or SSN

On all electronic claims, the Member ID number should go on:

- 2010BA Loop – Subscriber Name
- NM109 = Member ID Name



Submitting Claims

CareSource Claims



Billing Methods

- CareSource accepts claims in a variety of formats:
 - Electronic claims submitted through a clearinghouse
 - Claims data submitted directly through our provider portal
 - Postal Mail

Electronic Claims Submission



- Claim is transmitted to an EDI transaction
- EDI transaction sent to CareSource through Availity
- Received as the 837 file (also known as loop and segment or raw data)

CareSource payer ID, INCS1
Availity's Client Services
1-800-282-4548



Online Claims Submission



INDIANA
PROVIDER PORTAL

MEMBER SEARCH



Marketplace Behavioral Health Custom Fee Schedule

CareSource Marketplace plan codes not priced on the Medicare fee schedule for ABA Services are located on the [ABA](#).

CLAIMS



Online Claim Submission

Claim Information and Attachments

Rejected Claims

Payment History

Recovery Request

Disputes

Post Service Appeals

Claim Payment Advice (835) Enhancements

CareSource is implementing enhancements to the outbound 835 EDI files to accommodate provider requests and support payment partner.

[Learn More](#)

Provider Portal Survey

CareSource would love to hear about your experience on the provider portal today. The results from this survey will teach

Under Claims, click on **Online Claim Submission**.

Online Claims Submission



- Dashboard
- Document Status
- NewClaim >
- Work Item >
- Reports
- Help >

CREATE HCFA

▶

CREATE UB

▶

CREATE DENTAL

▶

UPLOAD CLAIM

▶

DOCUMENT STATUS

DCN

Submission Status to Payer

▼

LOB/Claim Type

▼

Incoming Mode

To

To PCH Load Date

PatientDOB (MM/DD/YYYY)

InsuredDOB (MM/DD/YYYY)

From DOS

To

Insured LastName

Insured FirstName

Patient LastName

Patient FirstName

Rej

Search

Document Number ◀

DCN ◀

Submission Status to Payer ◀

LOB/Claim Type ◀

Incoming Mode ◀

TotalCharges ◀

From PCH Load Date ◀

PatientDOB (MM/DD/YYYY) ◀

InsuredDOB (MM/DD/YYYY) ◀

From

No data available in Workitem

entries

Paper Claim Submission



To ensure optimal claims processing timelines:

- Use only original claim forms; do not submit claims that have been photocopied or printed from a website (please use original red & white form).
- Font should be 10-14 point with printing in **black ink**.
- Do not use liquid correction fluid, highlighters, stickers, labels, or rubber stamps.
- Ensure printing is aligned correctly so that all data is contained within the corresponding boxes on the form.
- NPI, TIN, and taxonomy are required for all claim submissions.

Send all paper claim forms to CareSource at:

CareSource

Attn: Claims Department

P.O. Box 3607

Dayton, OH 45401

Paper Claim Submission



Detailed instructions for completing the UB-04 are available at
<https://www.in.gov/medicaid/providers/files/claim-submission-and-processing.pdf>

Please note:

On paper UB-04 claims, the billing provider's NPI number should be placed in Box 56.



Payment Processing

Provider Payment Processing



Payment methods offered by ECHO Health, Inc.:

- Electronic Funds Transfer (EFT)
- Electronic Remittance Advice (ERA)
- Virtual Card Payment
- Paper Check

Email allpayer@echohealthinc.com or call 1-888-834-3511

Electronic Funds Transfer & Electronic Remittance Advice



EFT & ERA are the preferred methods of payments.

To register, please visit

<https://enrollments.echohealthinc.com/>

- You will need:
 - CareSource Provider ID
 - Bank routing number and bank account number
- If already registered with ECHO, you will need:
 - ECHO provider portal credentials or Tax Identification Number (TIN)
 - An ECHO draft number and draft amount



Provider Payment Processing Virtual Card Payment (VCP)



- Standard credit card processing & transaction fees apply
- A unique credit card number by secure fax or mail
- Processing VCP works the same as patient payments via credit card into your payment system
- Auto assignment to VCP if no selection is made





Provider Payment Processing *Paper Check Payment*

- If your office would prefer to receive check payments, please call ECHO Support at 1-888-485-6233.
- Email allpayer@echohealthinc.com or call 1-888-834-3511.

Facility Claims – Top Denials & Resolutions

Top Denials



- Not a Covered Service/Procedure
- Service not payable for provider
- Code does not have contracted fee
- Missing or invalid revenue code
- COB information not received
- Timely filing
- Service requires authorization
- Procedure has an unbundled relationship



Not a Covered Service / Procedure



- Typically, a line denial.
- IHCP Outpatient Fee Schedule outlines what is covered and non-covered.

[Indiana Medicaid: Providers: IHCP Fee Schedules](#)



Not a Covered Service / Procedure - Resolution



To Resolve

- Pull up CPT Code on IHCP Outpatient Fee Schedule
- If covered and pricing is available
 - Dispute
 - Appeal
 - Reach out to the HP Engagement Specialist for your area

Service not Payable for Provider



- Revenue code is not covered by IHCP with procedure code.
- Verify Revenue Code restrictions.
- Revenue restrictions can be verified on IHCP Outpatient fee schedule.



Service not Payable for Provider- Resolution



To resolve

- Is the specialty allowed to bill the CPT code?
- Did you confirm the CPT is an IHCP covered code?
- Did you verify if the CPT code is restricted by IHCP?

Code Does Not Have a Contracted Fee



- Denial typically occurs when a non-covered Revenue Code is billed
- Review IHCP Outpatient Fee Schedule
- Denial will appear as X50 – code does not have a contracted fee



Code Does Not Have a Contracted Fee - Resolution



To resolve

- Did you review Revenue Code descriptions on IHCP's Outpatient fee schedule to determine if it is covered or non-covered?
- Did you ensure CPT code was billed with a covered Revenue Code?

Missing or Invalid Revenue Code



- Revenue Code is restricted on the IHCP Fee Schedule
- Revenue Code is not allowed for bill type



Missing or Invalid Revenue Code- Resolution



To resolve

- Did you review Revenue Code restrictions on IHCP Outpatient Fee Schedule?
- Did you review if Revenue Code is allowed for Bill Type?

COB Information Not Received



- Member has primary insurance
- EOP from primary was not included / attached to claim
- Eligibility Verification prior to appointment can avoid COB denials

[Select Plan \(caresource.com\)](https://caresource.com)



COB Information Not Received – Resolution



To resolve

- Verify if member has a primary insurer
- Submit claim to primary
- Resubmit claim with EOP to CareSource as a corrected claim within **90 days** of receipt of EOP
- Update COB information in CareSource Provider Portal if incorrect

Timely Filing Denials



For ***in-network*** providers, claims must be submitted within **90 calendar days** of the date of service or discharge.

For ***out-of-network*** providers, claims must be submitted within **180 calendar days** of the date of service or discharge.

[CareSource Indiana Medicaid Provider Manual](#)

Timely Filing Denials - Resolution



To Resolve

- **Dispute** (60 calendar days from date of EOP)
- **Appeal** (after a dispute, within 60 days of date of resolution of dispute)
- **Reach out** to Health Partner (HP) Engagement Specialist
- **Include** proof of timely filing on all requests

Service Requires Authorization



- Denial occurs when authorization was not present on claim
- Or when authorization was not requested
- When claim details do not match what was requested on the authorization



Service Requires Authorization - Resolution



To resolve

- Is the authorization number in Box 63?
- Is the authorization number correct on the claim?
- Do the units match what was requested?
- Do the Current Procedural Terminology (CPT) codes and diagnosis codes match what was submitted on authorization request?

Unbundled Relationship



- Occurs when CPT codes cannot be reimbursed billed together
- EncoderPro can verify if codes can be billed together or not



Unbundled Relationship



To resolve

- Verify
 - NCCI Edits
 - Correct Coding Practices
 - CCI Edits
- Resolution Steps
 - Dispute
 - Appeal

Denial Resolutions

Dispute & Appeal



- Dispute: 1st level
- Appeal: 2nd level
- Systemic concern
 - Dispute
 - Reach Out To Your HP Engagement Specialist



Important Updates & Reminders



Visit the **[Updates and Announcements page](#)** located on our website for frequent network notifications.

Updates & Announcements

Updates may include:

- Medical, pharmacy, and reimbursement policies
- Authorization requirements

Three-Day Payment Window



- Outpatient (OP) services provided within **3 calendar days** prior to inpatient (IP) admission will be denied if not combined.
- Only applies when:
 - OP & IP admission occur at same facility
 - Same or related diagnoses are considered part of IP admission



Three-Day Payment Window



- Outpatient (OP) and Inpatient (IP) admission must be submitted on **one** IP claim
- Dates on claim should begin with IP admission through IP discharge
- If OP claim is paid before IP claim is submitted the IP claim will deny for EOB 6516 – OP services performed 3 days prior to IP admission
- To resolve, void OP claim in history, incorporate OP services into IP claim, and resubmit IP claim.

Quarterly Friday Forums



- Revenue cycle, contracting, credentialing, clinical operations, quality, or administrative staff are welcome to attend.
- Brief presentation covering updates
- Live Q&A follows presentation
- **December 16th 2 pm – 4 pm EST**
- Save the Date will be published on our Updates & Announcements page.
- Please reach out to your HP Engagement Specialist for any topics you want to hear about!

Provider Resources



Visit the [CareSource.com](https://www.caresource.com) Plan Resources page to access the following resources:

- Printable health partner manual
- Printable orientation slides
- Newsletters & network notifications
- Formularies
- Covered benefits
- Quick reference guides
- And more

CareSource Provider Portal:

<https://providerportal.caresource.com/IN>

Health Partner Engagement Specialists



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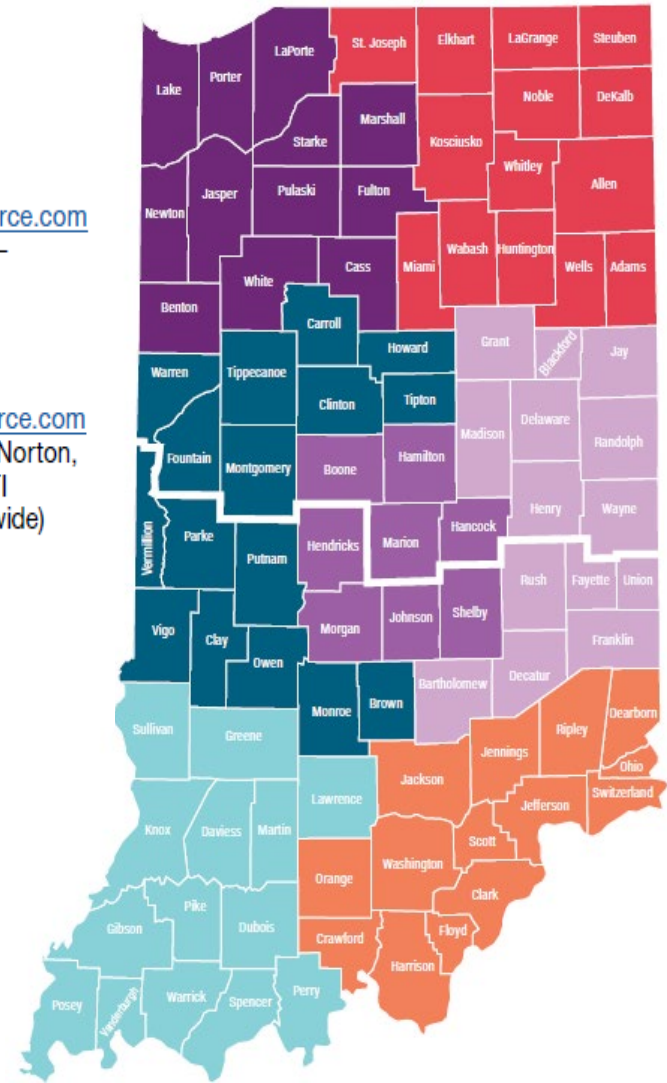
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University of Louisville, Norton,
Baptist Health Floyd, ATI
Physical Therapy (Statewide)

[Contact Us](#) | [Indiana – Medicaid](#) | [CareSource](#)



A photograph of three children hugging outdoors. A young boy with light hair is in the background, smiling. In the foreground, a young girl with dark skin and curly hair is smiling, and another girl with light skin and brown hair is hugging her from behind. They are in a garden with green plants and a house in the background.

Thank you!