Network Notification

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Date: July 22, 2015

To: CareSource® Health Partners

From: CareSource

Subject: New Requirements for Corrected Claims Submissions Effective August 20, 2015

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In order to provider faster claims processing and payment times, CareSource is making an important change to corrected claim requirements, effective August 20, 2015.

Accepted standards for corrected claim submissions require that the original claim number is populated on both EDI 837 transactions and paper forms. Including the original claim number allows your corrected claim to auto adjudicate, resulting in the fastest payment.

Not only does the inclusion of the original claim number expedite processing, we are forecasting a significant increase in corrected claims associated with the implementation of ICD-10. Having this information will contribute to improved cash flow to you, through timely claim payments, during the anticipated learning curve.

> **Effective August 20, 2015**, CareSource will reject both EDI and paper form corrected claims that are received without the original claim number.

EDI Billing Instructions:

We strongly encourage use of electronic claim submission for all standard claim transactions, including corrected claims.

- Submit the corrected claim in the nationally-recognized Electronic Data Interchange (EDI) 837 file format.
- Use the CareSource payer ID number: 31114
- Use an EDI 837 Loop 2300 CLM 05-3 value of "7" (Replacement).
- Carry over the Original Reference No./Claim No. (12-character data) on the REF 02 data element with a Qualifier "F8" on Loop 2300.

Paper Form Billing Instructions:

Professional Claims:

For Professional claims, the health partner must include the original CareSource claim number and a frequency code of "7" per industry standards. When submitting a Corrected or Voided claim, enter a "7" in the left-hand side of Box 22 and the original claim number in the right-hand side of that box as shown below.

Example:

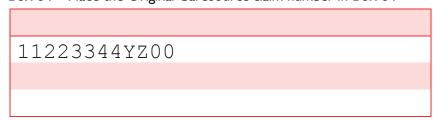| 22. RESUBMISSION CODE	ORIGINAL REF. NO.
7	22334455YZ00
23. PRIOR AUTHORIZATION NUMBER	

Institutional Claims:

For Institutional claims, the health partner must include the original CareSource claim number in Box 64 and a valid bill frequency code in Box 4 per industry standards (shown below).

Example:

Box 4 – Type of Bill: the third character represents the "Frequency Code"

3a PAT. CNTL #			4 TYPE OF BILL
b. MED. REC.#			117
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM THROUGH		7

Box 64 – Place the Original CareSource claim number in Box 64

11223344YZ00

Please Note: If a corrected claim is submitted without this information, the claim will be processed as an original claim and rejected or denied as a duplicate. Additionally, this process is for correcting denied claims only, not for resubmission of rejected claims (rejected claims are defined as EDI claims not accepted by CareSource).

If you have any questions regarding the information in this communication, please contact our Provider Services Department:

Ohio Health Partners call:	1-800-488-0134
Kentucky Health Partners call:	1-855-852-5558
Indiana Health Partners call:	1-866-286-9949

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