



## **Network Notification**

**Notice Date:** June 1, 2018  
**To:** CareSource Health Partners  
**From:** CareSource®  
**Subject:** Tips to Prevent Payment Delays  
**Effective Date:** June 1, 2018

CareSource is committed to providing timely claims adjudication. We recognize you may have questions about how to work with us and we are here to help. In addition to contacting your provider relations specialists or the provider call center team, please refer to this notice and other online resources including the health partner manual, [operations guide](#), and provider portal regarding claim submission and payment.

### **Mass Claims Adjustments**

When CareSource implements a system update or correction that impacts previously adjudicated claims, CareSource will automatically reprocess impacted claims. To ease your administrative burden, it is not necessary to resubmit claims for reprocessing, as that will result in a denial as a duplicate claim. Similarly, in these situations, filing an appeal is not necessary either. Your health partner relations specialist will communicate the estimated completion date for Mass Claims Adjustments related to system updates and corrections.

### **Corrected Claims**

A corrected claim is a claim resubmitted due to additions or changes in an original claim. The claim should be identified as a corrected claim and reference the initial claim number. Corrected claims are not adjustments and must be received 365 days from the date of service or discharge, or 90 days from the other carrier's Explanation of Benefits (EOB), whichever is later. **We strongly encourage submitting your corrected claims electronically.**

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.

### **Alternate options for submitting corrected claims:**

- Online through the [provider portal](https://providerportal.caresource.com/OH/) (You may also register through this link)
- Via fax at 937-224-3388
- By mail to CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8730

### **Pended Claims**

A pended claim is a claim which has been entered into CareSource's system, but has not been processed completely. CareSource is responsible for resolving any pended claims. Please do not resubmit pended claims; this may further delay processing. A pended claim explanation report is sent with the first and third check write of the month.

### Additional Claims Tips

CareSource recommends providers submit all claims electronically, including corrected claims, through Electronic Data Exchange (EDI). Electronic claims submission:

- Facilitates timely and automatic claims adjudication
- Acknowledges receipt and rejection notification
- Improves claims tracking and status reporting

Contact one of CareSource's preferred clearinghouses to begin electronic claims submission.

Clearinghouse	Phone	Website
Alveo	800-327-1213	<a href="http://www.alveohealth.com">www.alveohealth.com</a>
Availity	800-282-4548	<a href="http://www.availity.com">www.availity.com</a>
Change Healthcare	800-845-6592	<a href="http://www.changehealthcare.com">www.changehealthcare.com</a>
Consolidated Pro Systems (CPS)	888-255-7293	<a href="http://www.changehealthcare.com">www.changehealthcare.com</a>
Dyserv	614-294-6078	<a href="http://www.dyserv.com">www.dyserv.com</a>
Practice Insight	832-476-9030	<a href="http://www.practiceinsight.com">www.practiceinsight.com</a>
Quadax	440-777-6305	<a href="http://www.quadax.com">www.quadax.com</a>
RelayHealth	800-527-8133	<a href="http://www.relayhealth.com">www.relayhealth.com</a>
Tesia	800-724-7240	<a href="http://www.tesia.com">www.tesia.com</a>
ZirMed	877-494-7633	<a href="http://www.zirmed.com">www.zirmed.com</a>

Please remember, regardless of the submission method, claims must include complete and accurate information. Missing or incorrect information will cause claims to reject and be returned for resubmission.

### Provider Portal Online Claims Features

The Provider Portal offers secure, online resources available 24/7 including the ability to:

- Check status of claims
- Submit new claims or a corrected claim
- Submit a claims recovery request
- View a Claim submission tutorials
- File an Appeal

Claim status is updated daily on our Provider Portal, and you can check claims submitted for the previous 24 months.