CORRECTED CLAIMS, INQUIRIES AND APPEALS

THE CENTER FOR PROVIDER EDUCATION AND TRAINING

Proprietary and Confidential

AGENDA

1. Corrected Claims vs. Inquiries vs. Appeals
2. Demonstration of Inquiry Submission System (IASH)

CORRECTED CLAIMS VS. INQUIRIES VS. APPEALS

What is a Corrected Claim?

‘Corrected’ claims are sometimes referred to as ‘replacement’ claims

- It is a replacement of a previously submitted claim.
- Changes could be clinical, member information, etc.
- Submit a corrected claim when the original claim has not been rejected within 365 days from date of service.

- Submit ‘corrected’ claims electronically to expedite the processing.
- For detailed information on how to submit ‘corrected’ claims refer to https://provider.carefirst.com/providers/claims/corrected.page?

How to Submit a Corrected Claim Electronically

Professional Claims - Submit the following in the HIPAA transaction & code set – 837P

- Include a value of '7' (claim frequency type code) in Loop 2300, Segment CLM05-3 (Replacement; replacement of prior claim)
- Include the original Document Control Number (DCN) in Loop 2300, Ref*F8
- Providers should work with their clearinghouse/vendor/ trading partner to make any changes, if needed

Institutional Claims - Submit the following in the HIPAA transaction & code set – 837I

- Include a value of '7' (claim frequency type code) in Loop 2300, Segment CLM05-3 (Replacement; replacement of prior claim)
- Include the original Document Control Number (DCN) in Loop 2300, Ref*F8
- Providers should work with their clearinghouse/vendor/ trading partner to make any changes, if needed

Follow Up on Corrected Claims

- ‘Corrected’ claims require manual intervention therefore:
  - ‘Corrected’ claims do not show up on CareFirst Direct or the VRU CareFirst On Call when initially received
  - Allow 30 days before doing follow-up on the status of a ‘corrected’ claim
  - Information on the claims will be available on the self-service tools once adjudication is complete

Corrected Claim on Paper

- Only providers without electronic claim submission capability should submit 'corrected' claims on paper following established procedures
- **Do not** submit a 'corrected' claim with a Provider Inquiry Resolution Form (PIRF)
- Write '**Corrected Claim**' on the top of the claim form
- Mail to the appropriate claims address for member
- **Do not** mail to the correspondence address
- For detailed information on how to submit 'corrected' claims refer to www.carefirst.com/providers > Resources tab > Corrected Claims

Corrected Claim vs. an Appeal

- A 'corrected' claims is not an appeal
- An *appeal (grievance)* is a formal written request for reconsideration of a medical or contractually adverse decision
- An appeal must be submitted in writing on the Provider's letterhead within 180 days or 6 months from the date of the Explanation of Benefits or adverse decision
  - Submit your appeal to the appropriate correspondence address
  - **Do not** use a Provider Inquiry Resolution Form (PIRF) form for an appeal
  - Submit additional medical documentation that may assist with the appeal
  - Allow 30 days for a response to an appeal
- For detailed information on how to submit appeals refer to www.carefirst.com/inquiriesandappeals

An Appeal Must Include…

- Patient's first and last name
- Identification number
- Claim number
- Admission and discharge dates or dates of service
- Copy of the original Explanation of Benefits (EOB) denial information and/or denial letter
- Supporting clinical notes or medical records

Expedited Appeal

- A 'expedited appeal' should only be submitted when a delay in receiving health services could seriously jeopardize the life or health of the member, the member's ability to function or cause the member to be a danger to self or others
- Request an expedited appeal is for reconsideration of an medical or contractually adverse decision
- Appeals are reviewed by a physician not involved in the initial denial determination
- Fax expedited appeals to 410-528-7053
- CareFirst will respond to the expedited appeal within 24 hours
- For more information on appeals, visit www.carefirst.com/inquiriesandappeals

Corrected Claim vs. an Inquiry

- A 'corrected' claim is not an inquiry

- An *inquiry* is a request to review or explain why a claim was processed or paid a certain way and could pertain to authorizations, correct frequency, ICD-10, medical records, procedure/code and referrals
  - Before sending an inquiry consider submitting a corrected claim
  - It is informal and is not subject to official state laws that govern the appeals procedures
  - You have 180 days or 6 months from the date of the Explanation of Benefits or adverse decision to submit an inquiry
  - Allow 30 days for a response to an inquiry

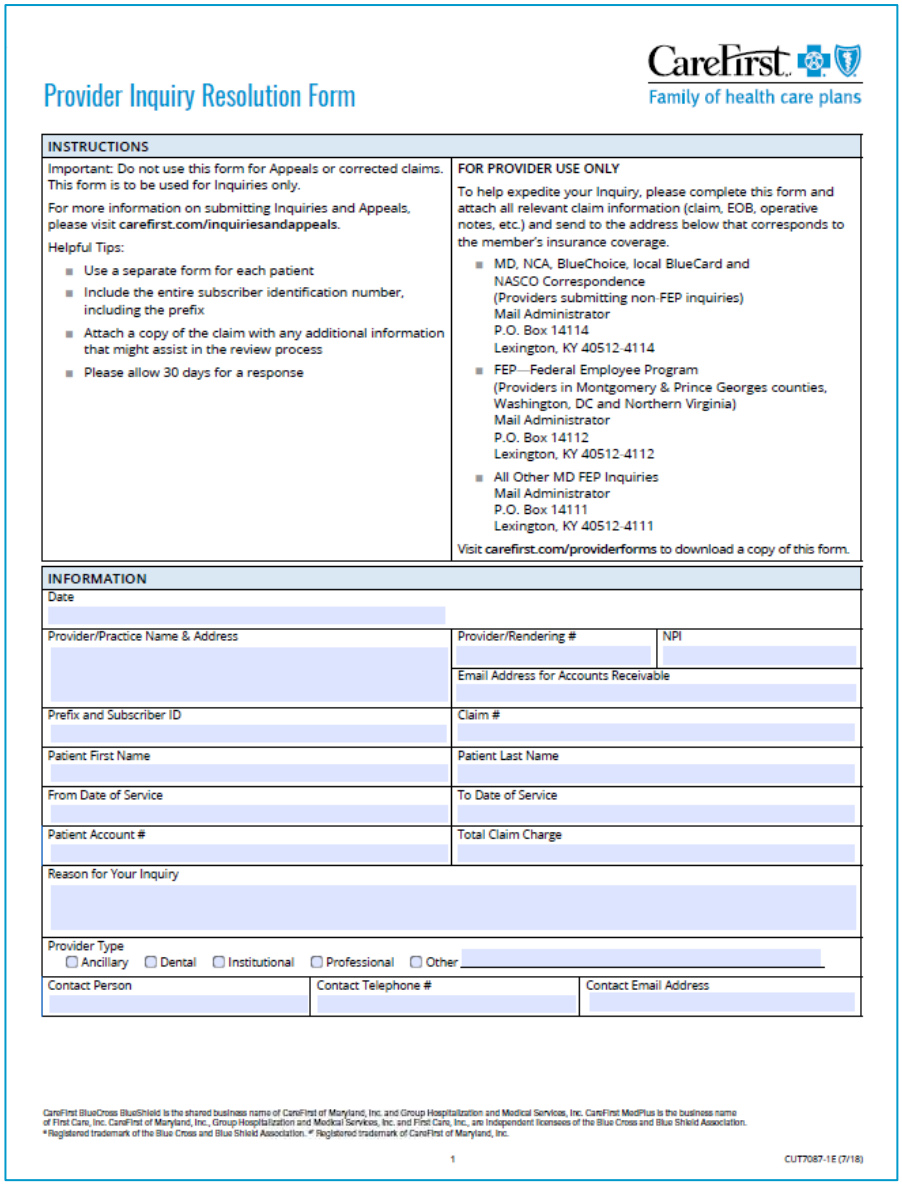
- How to submit an inquiry
  - CareFirst Direct – Submit inquiries through the Claims Inquiry Analysis & Control System (IASH)

  - Written inquiry
    - ✓ Use the '*Provider Inquiry Resolution Form*' (PIRF)
    - ✓ Form is available online at www.carefirst.com/providers > Quick Links – Forms - Administrative

Provider Inquiry Resolution Form

Send inquiries to the appropriate address listed on the form

A copy of this form can be located on the website at www.carefirst.com/providers > Quick Links – Forms > Administrative



Provider Inquiry Resolution Form

CareFirst Family of health care plans

INSTRUCTIONS

Important: Do not use this form for Appeals or corrected claims. This form is to be used for Inquiries only.

For more information on submitting Inquiries and Appeals, please visit **carefirst.com/inquiriesandappeals**.

Helpful Tips:

- Use a separate form for each patient
- Include the entire subscriber identification number, including the prefix
- Attach a copy of the claim with any additional information that might assist in the review process
- Please allow 30 days for a response

FOR PROVIDER USE ONLY

To help expedite your Inquiry, please complete this form and attach all relevant claim information (claim, EOB, operative notes, etc.) and send to the address below that corresponds to the member's insurance coverage.

- MD, NCA, BlueChoice, local BlueCard and NASCO Correspondence
  (Providers submitting non-FEP inquiries)
  Mail Administrator
  P.O. Box 14114
  Lexington, KY 40512-4114
- FEP—Federal Employee Program
  (Providers in Montgomery & Prince Georges counties, Washington, DC and Northern Virginia)
  Mail Administrator
  P.O. Box 14112
  Lexington, KY 40512-4112
- All Other MD FEP Inquiries
  Mail Administrator
  P.O. Box 14111
  Lexington, KY 40512-4111

Visit **carefirst.com/providerforms** to download a copy of this form.

INFORMATION

Date		
Provider/Practice Name & Address	Provider/Rendering #	NPI
	Email Address for Accounts Receivable	
Prefix and Subscriber ID	Claim #	
Patient First Name	Patient Last Name	
From Date of Service	To Date of Service	
Patient Account #	Total Claim Charge	
Reason for Your Inquiry		
Provider Type ☐ Ancillary ☐ Dental ☐ Institutional ☐ Professional ☐ Other		
Contact Person	Contact Telephone #	Contact Email Address

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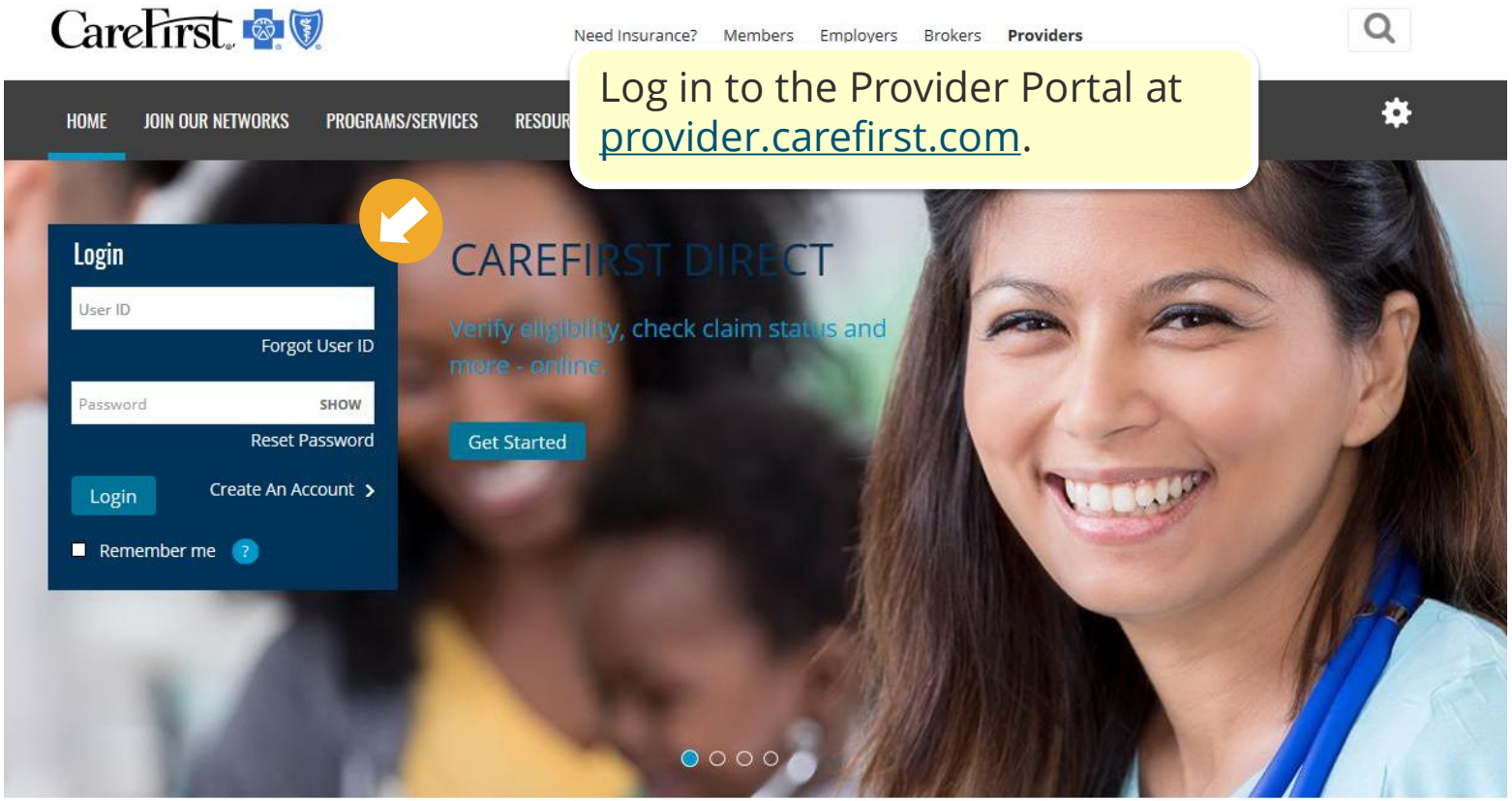
DEMONSTRATION OF INQUIRY SUBMISSION SYSTEM (IASH)

Log in to the Provider Portal



Medical Policy

Find approved medical policies and operating procedures for all products offered by CareFirst in the online Medical Policy Reference Manual.

Forgot your User Id?

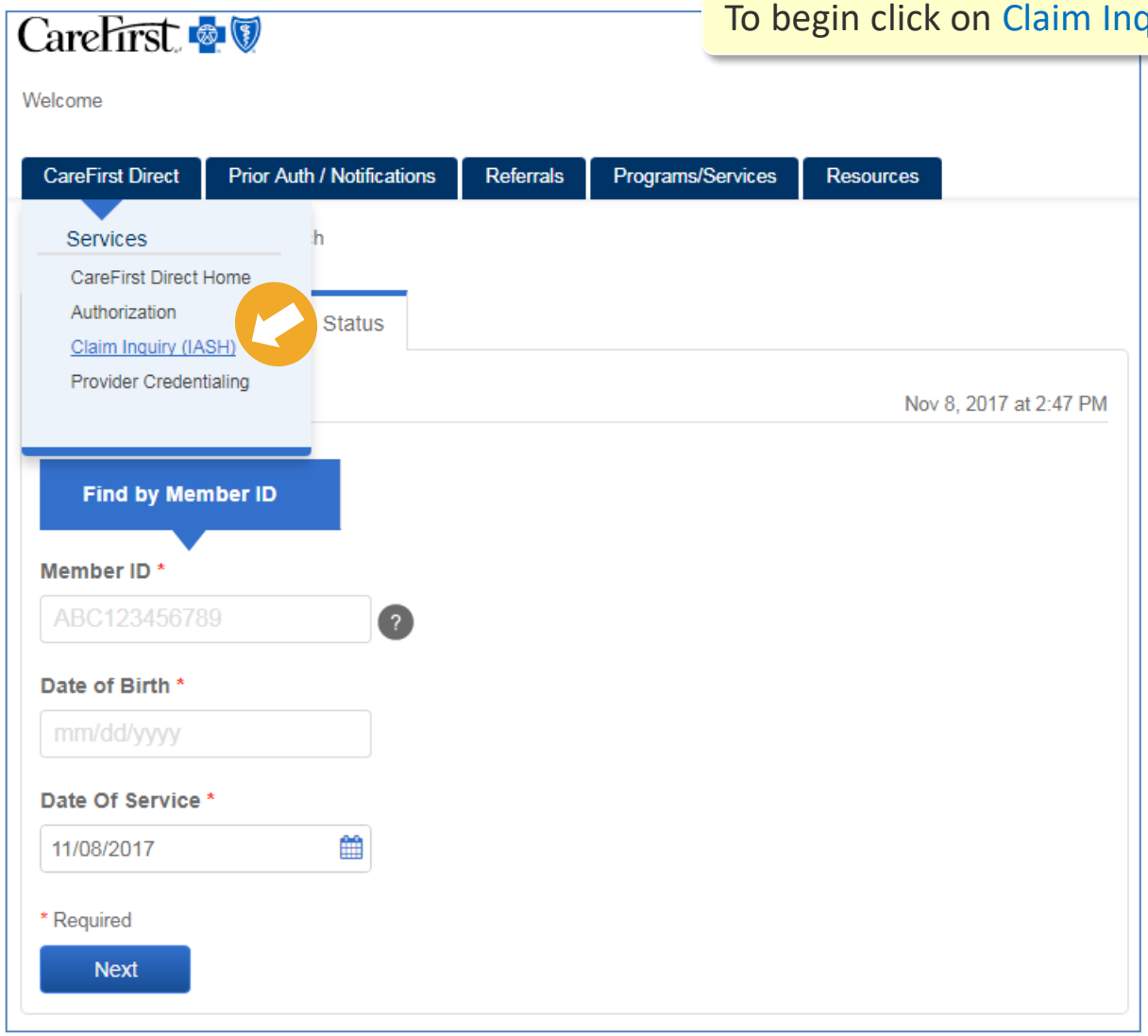
- Click Forgot User ID and complete the steps to have it sent to your email.

Need to Reset your Password?

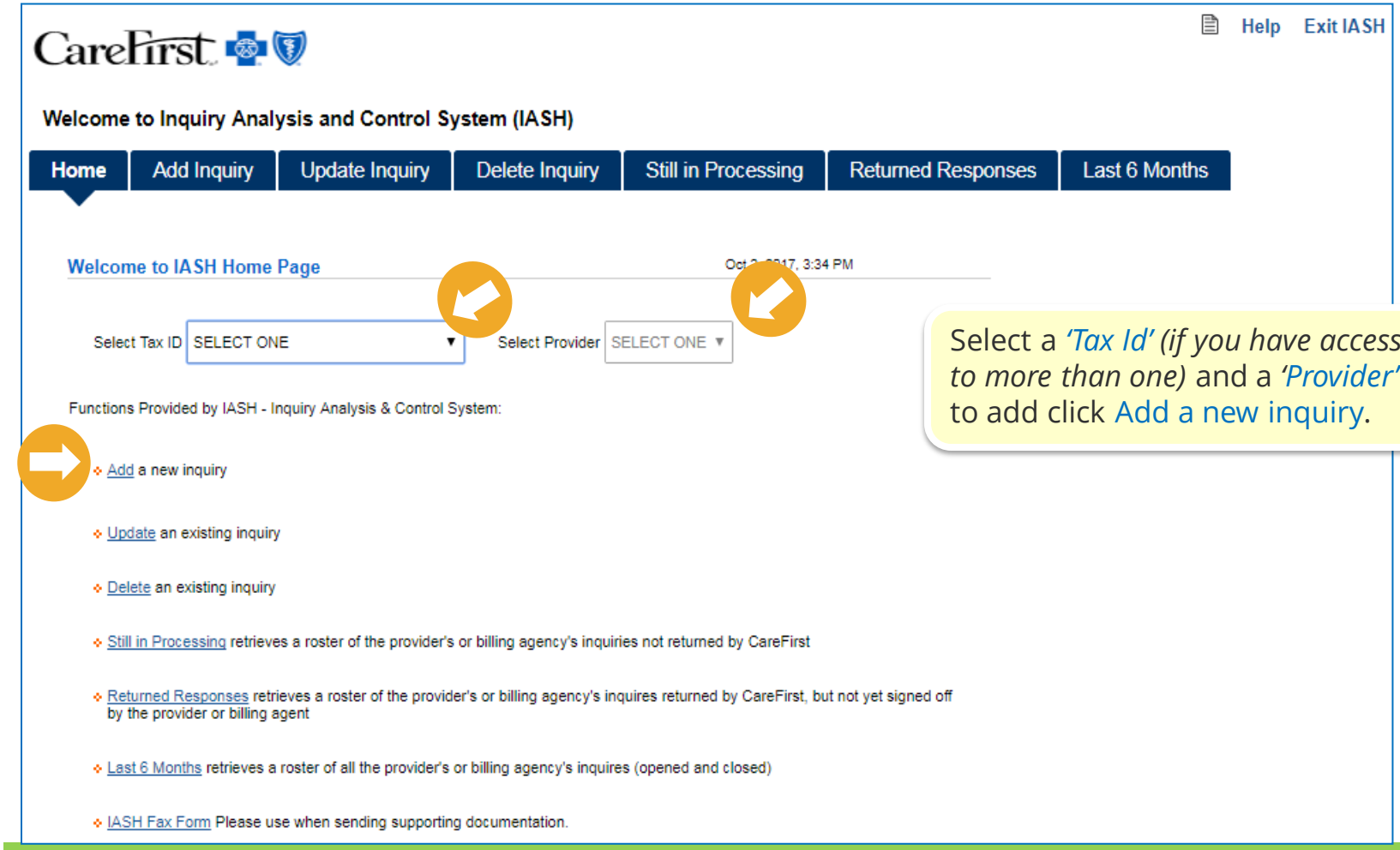
- Click Reset Password enter your User ID and check your email to complete the password reset. *Note: this must be completed within 24 hours or a new password reset must be initiated.*

Claim Status

To begin click on Claim Inquiry (IASH).



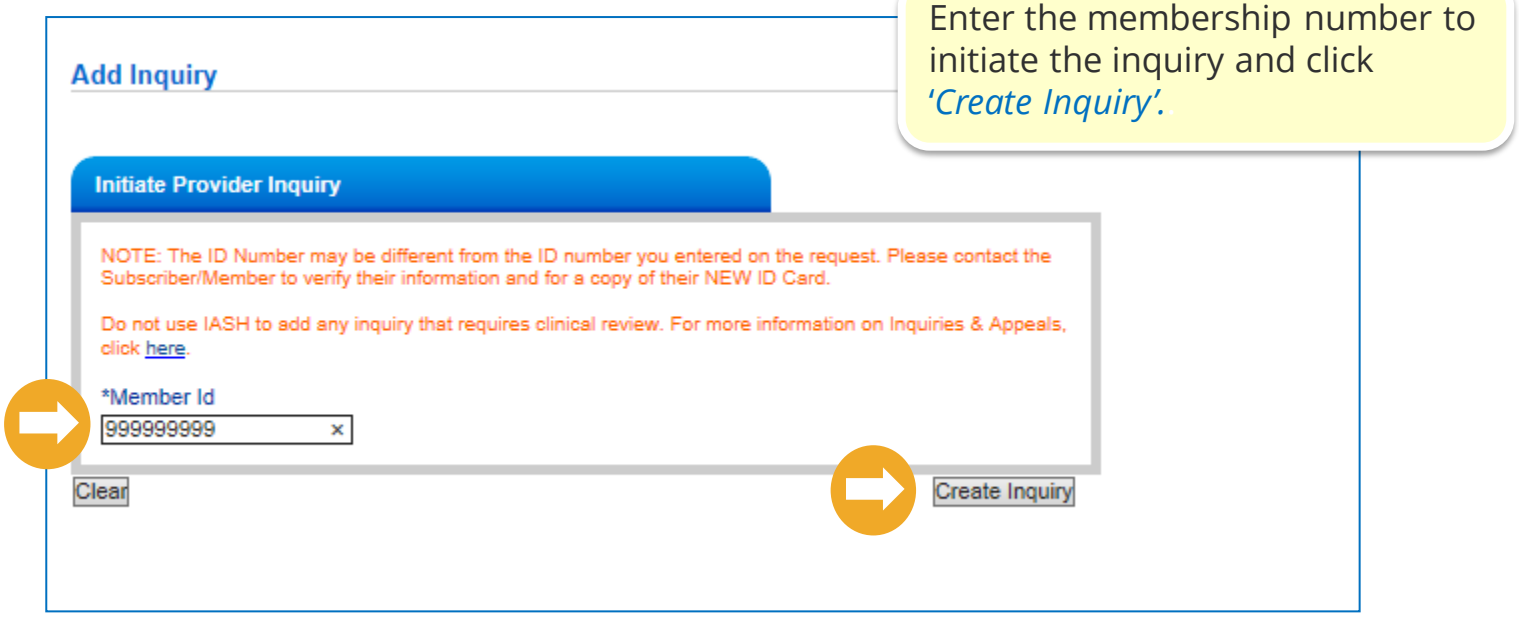
IASH



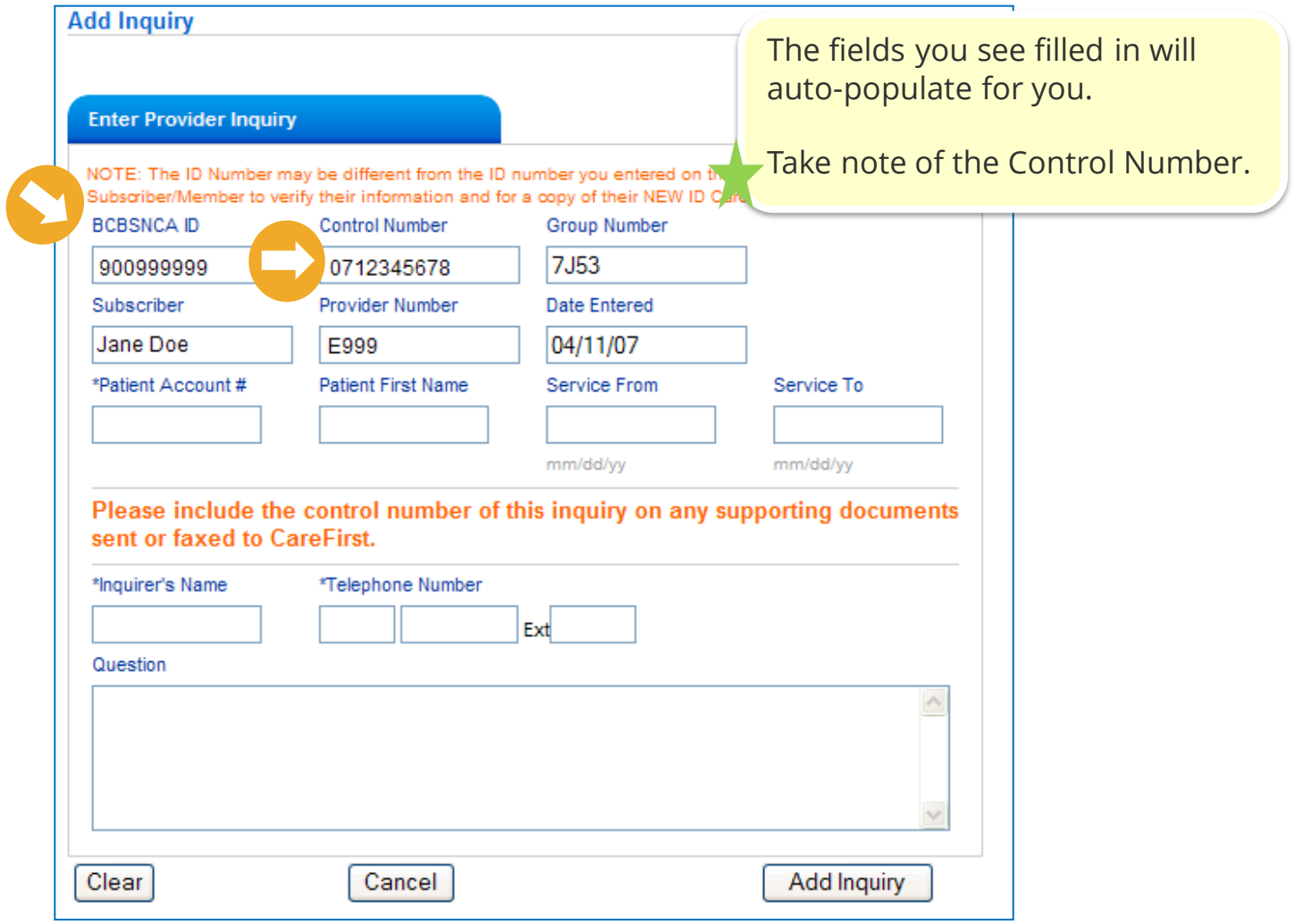
Select a *'Tax Id' (if you have access to more than one)* and a *'Provider'* to add click Add a new inquiry.

Note: The IASH Fax Form link should be used when sending supporting documentation.

IASH

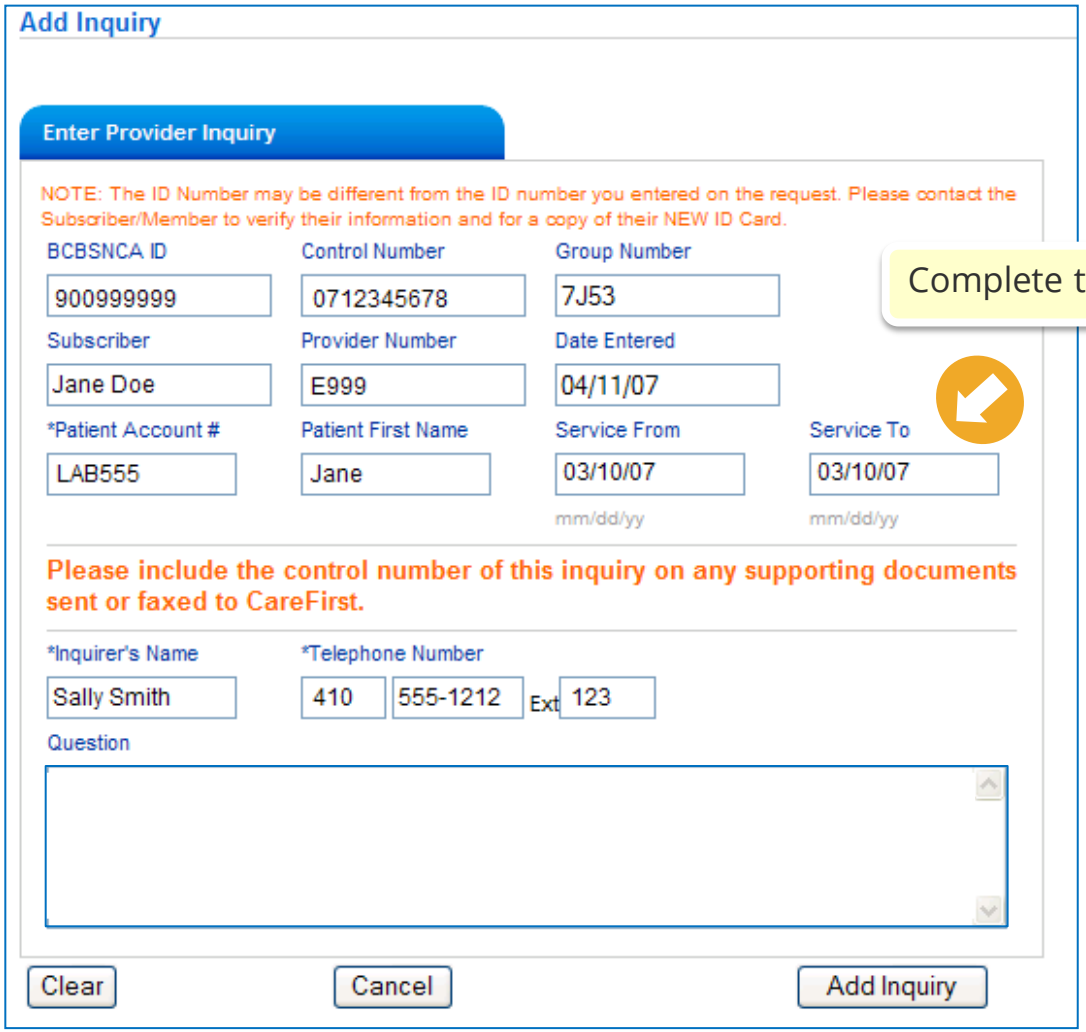


Enter the membership number to initiate the inquiry and click *'Create Inquiry'.*

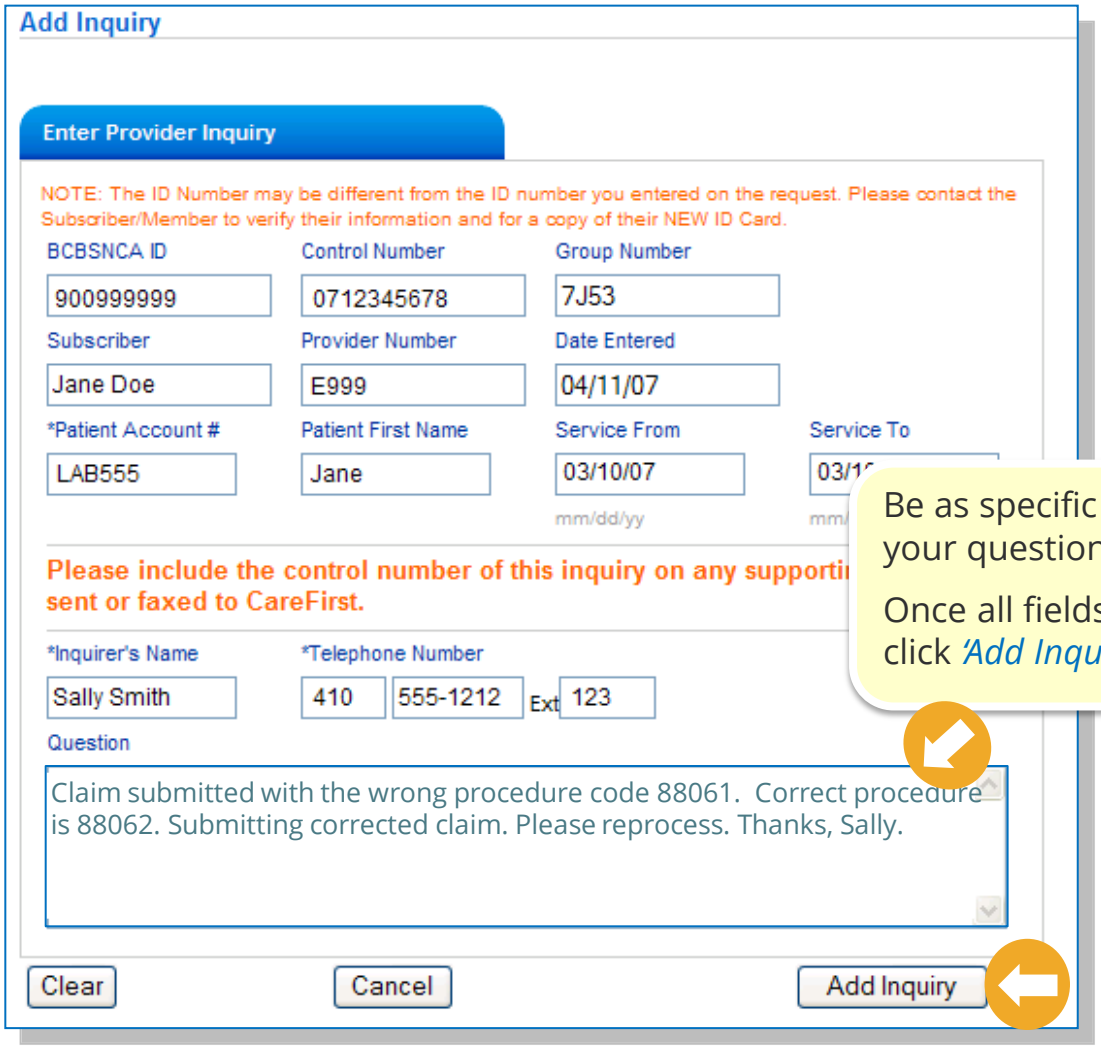


The fields you see filled in will auto-populate for you.

Take note of the Control Number.



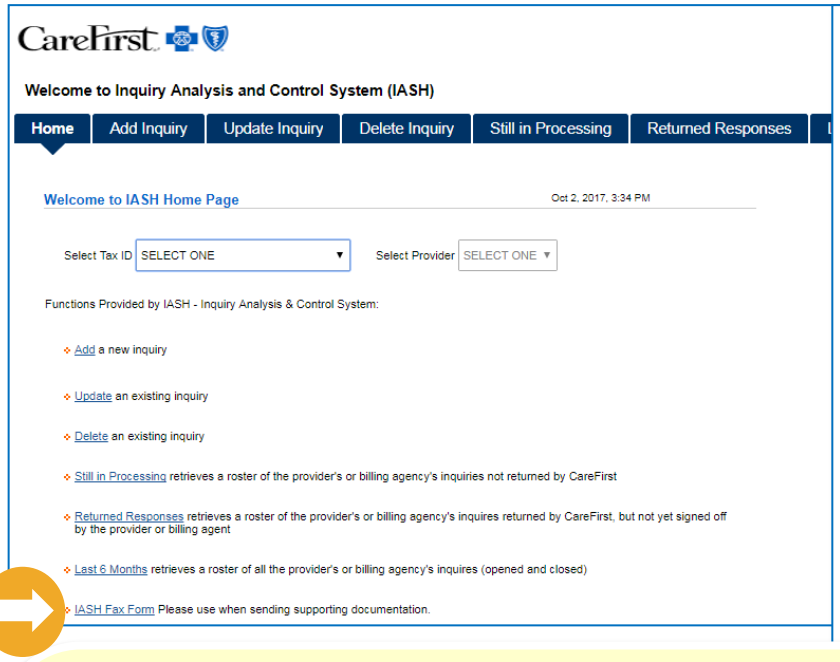
Complete the remaining fields.

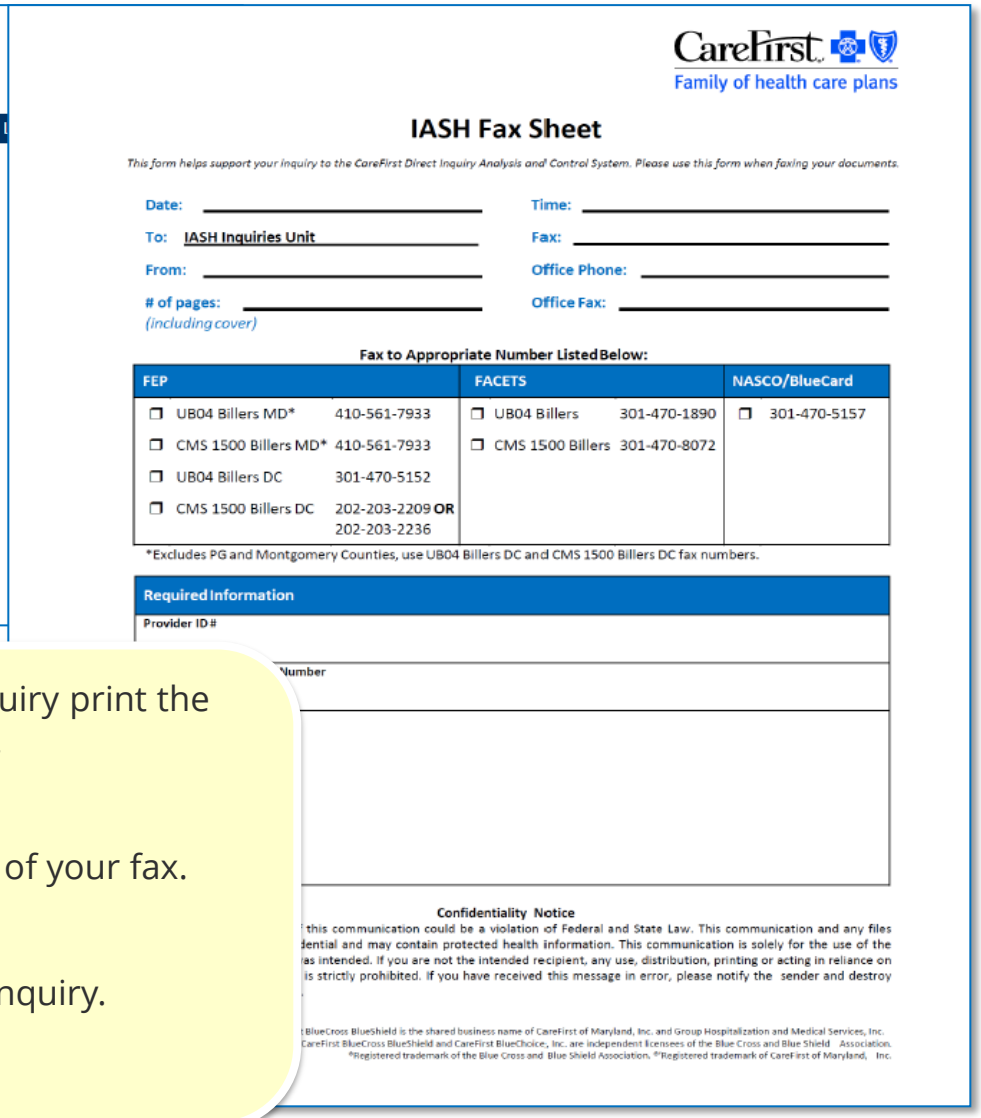


Be as specific as possible with your question/request.

Once all fields are completed, click *'Add Inquiry'*.

IASH





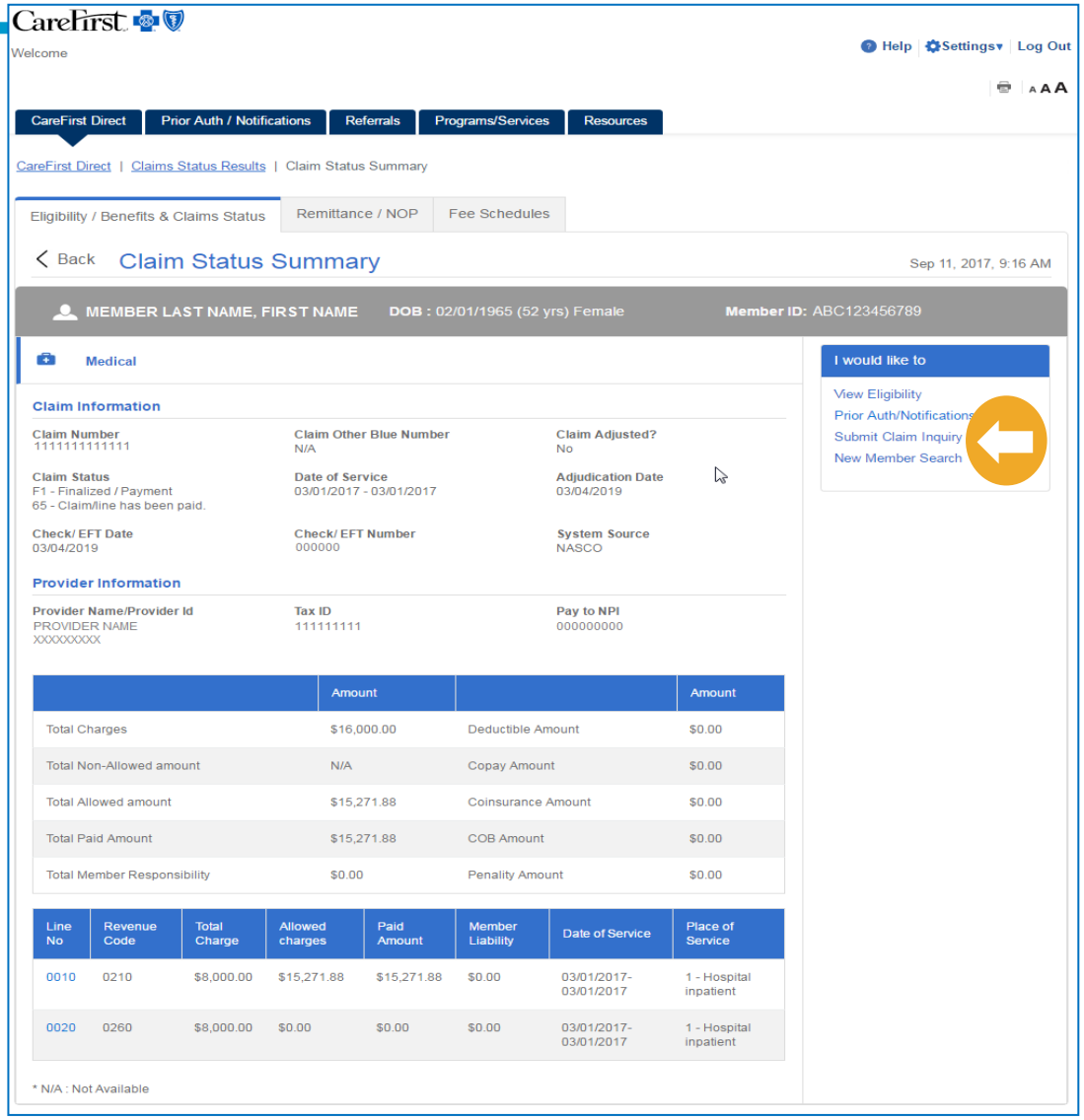
If you need to send an attachment with your inquiry print the IASH Fax Form (located on the IASH home page).

- Use it as a cover sheet for your attachment.
- Please note the control number on all pages of your fax.
- Be sure to fax it to the correct number.
- Your attachment will be matched with your inquiry.

Note: all fields are required.

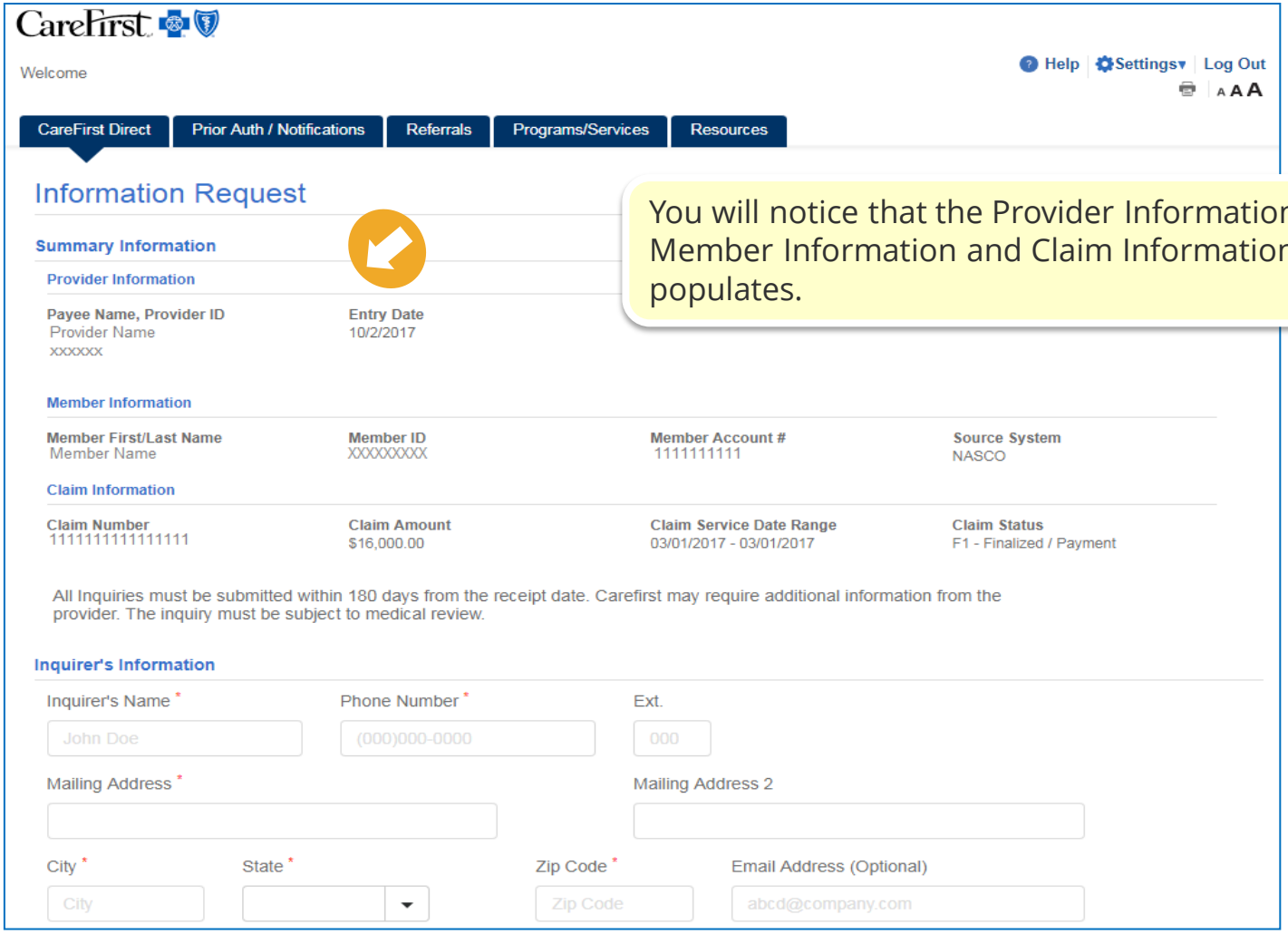
DEMONSTRATION OF SYSTEM NASCO/BLUECARD INQUIRIES

NASCO/BlueCard Inquiries



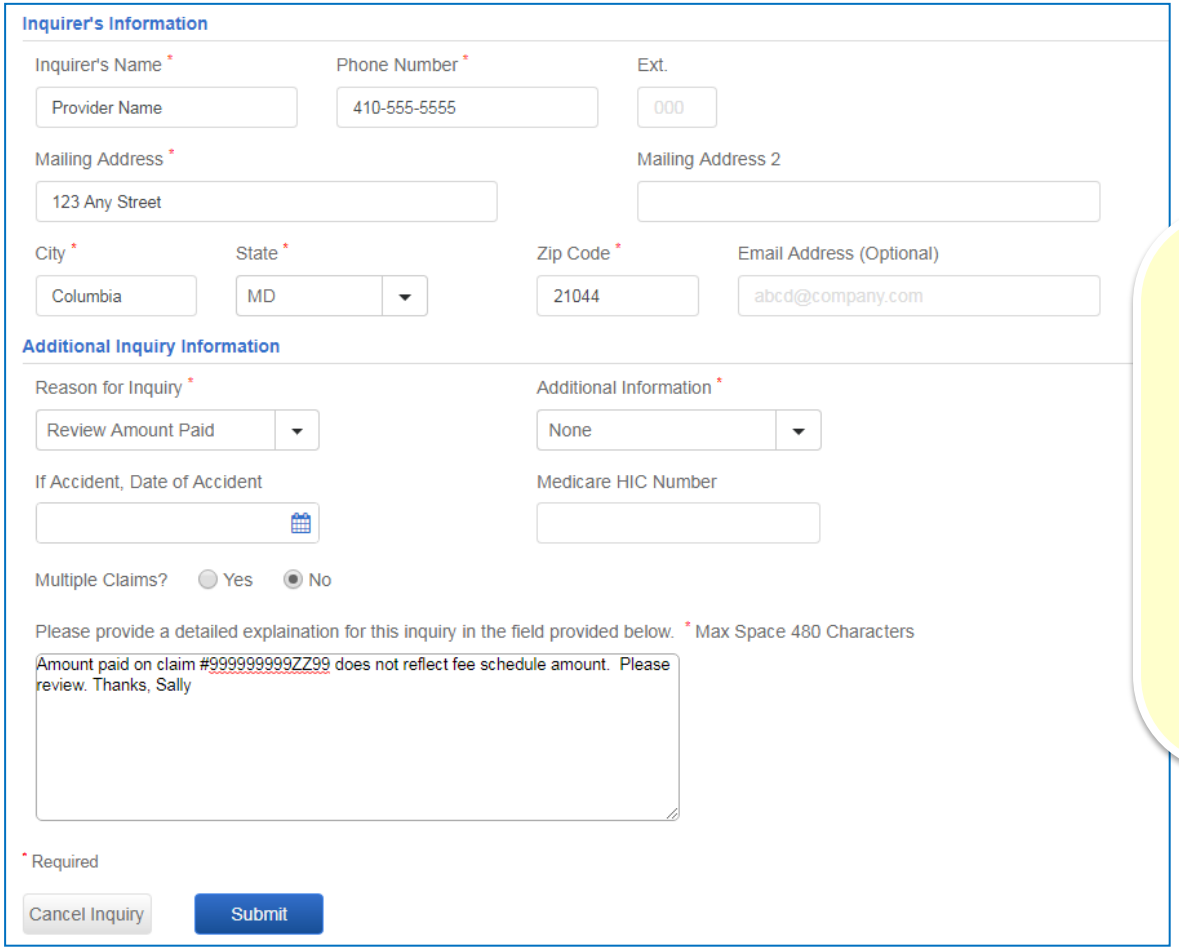
To initiate an inquiry, click on *'Submit Claim Inquiry'* directly from the Claim Summary Screen under the *'I would like to'* heading.

NASCO/BlueCard Inquiries



You will notice that the Provider Information, Member Information and Claim Information auto-populates.

NASCO/BlueCard Inquiries

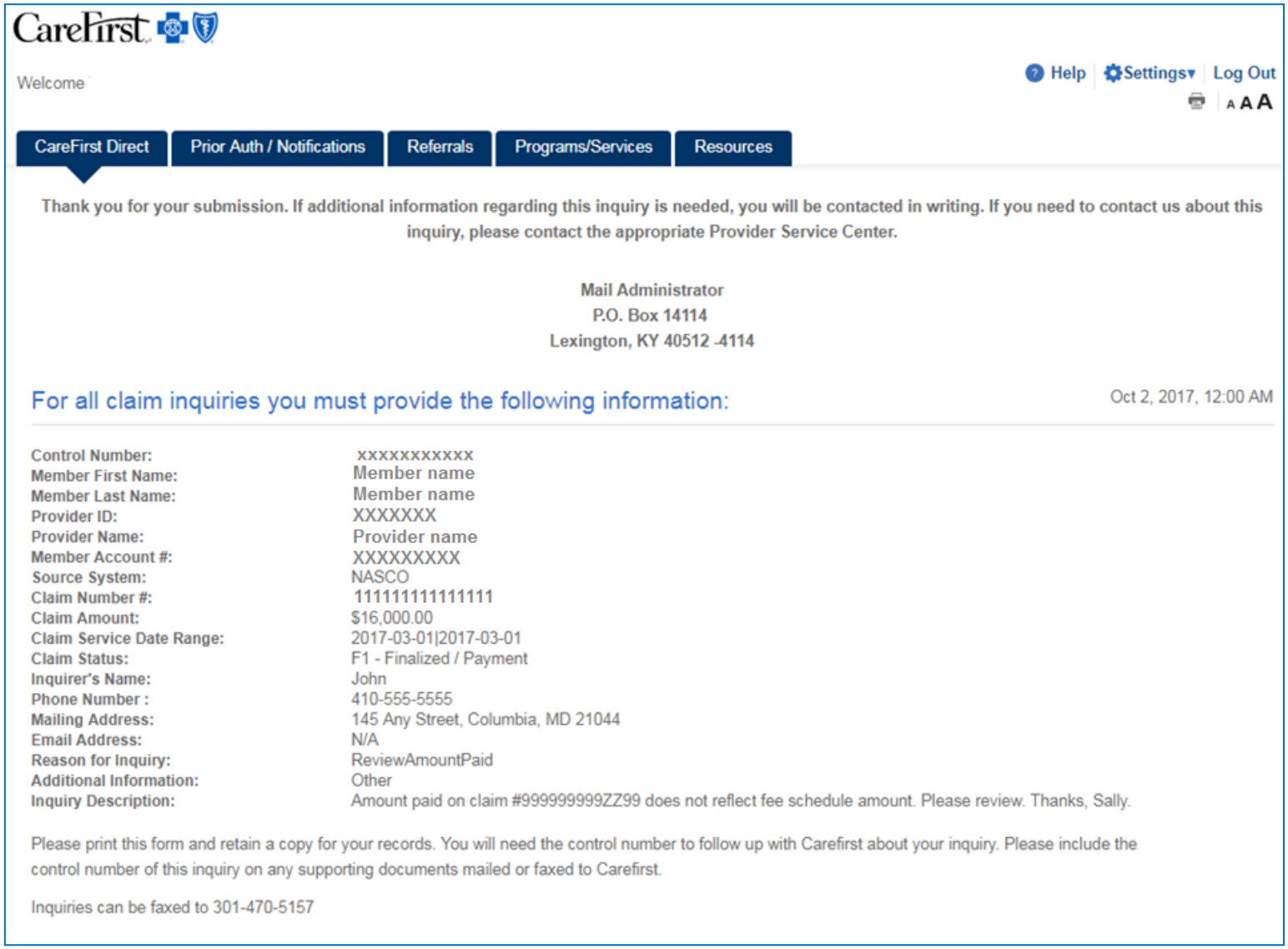


You will need to complete the Inquirer's Information, as well as the Additional Inquiry Information fields.

Be as specific as possible with your request.

When you have entered all of the required information, click *'Submit'.*

Inquiry Submission Confirmation



CareFirst

Welcome

Help | Settings | Log Out

A A A

CareFirst Direct | Prior Auth / Notifications | Referrals | Programs/Services | Resources

Thank you for your submission. If additional information regarding this inquiry is needed, you will be contacted in writing. If you need to contact us about this inquiry, please contact the appropriate Provider Service Center.

Mail Administrator
P.O. Box 14114
Lexington, KY 40512 -4114

For all claim inquiries you must provide the following information:

Oct 2, 2017, 12:00 AM

Control Number:	xxxxxxxxxx
Member First Name:	Member name
Member Last Name:	Member name
Provider ID:	XXXXXXX
Provider Name:	Provider name
Member Account #:	XXXXXXXXX
Source System:	NASCO
Claim Number #:	11111111111111
Claim Amount:	$16,000.00
Claim Service Date Range:	2017-03-01|2017-03-01
Claim Status:	F1 - Finalized / Payment
Inquirer's Name:	John
Phone Number :	410-555-5555
Mailing Address:	145 Any Street, Columbia, MD 21044
Email Address:	N/A
Reason for Inquiry:	ReviewAmountPaid
Additional Information:	Other
Inquiry Description:	Amount paid on claim #999999999ZZ99 does not reflect fee schedule amount. Please review. Thanks, Sally.

Please print this form and retain a copy for your records. You will need the control number to follow up with Carefirst about your inquiry. Please include the control number of this inquiry on any supporting documents mailed or faxed to Carefirst.

Inquiries can be faxed to 301-470-5157

CareFirst

THANK YOU

For more information, contact

YOUR PROVIDER RELATIONS REPRESENTATIVE