

Provider Bulletin

2010-10-13

180 Day Time Frame for Filing Claims

Effective January 1, 2011

Providers will no longer have 365 days to file their claims to South Country Health Alliance. Clean claims must be filed within 180 days from the date of service.

Reference: Minnesota Statute 62Q75, Prompt Payment Required

Standards

- Claims and encounter data must be submitted to South Country Health Alliance within 180 days from the date of service or date of discharge on inpatient claims. (The inpatient discharge date will be used to determine timeliness.) Providers **who** do not receive an acknowledgement should contact the Provider Call Center (800-995-4543) to verify receipt of the claim. Initial Claim submissions received after 180 days from the date of service/discharge will be denied **as** untimely **filing**, “provider responsibility”.
- Coordination of Benefits (**COB**) claims must be submitted within 180 days from the date of service or 6 months from the date of the primary carrier remittance advice, whichever is greater. COB claim submissions received after 6 months from primary carrier’s remittance advice or 180 days beyond the date of service, whichever is greater, will be denied **as** untimely **filing**, “provider responsibility”.
- Replacement Claims must be submitted by provider within 6 months from the date of the original SCHA provider remittance advice or within 180 days from the date of service or discharge, whichever is greater. Corrected Claims include: 1) claims where SCHA has requested additional information to pay the claim; or 2) claims resubmitted by provider which contain claims data not available/present on the original claim submission. Corrected Claims received after 6 months of SCHA’s remittance advice or 180 days from services dates, whichever is greater will be denied **as** untimely **filing**, “provider responsibility”.
- Claims denied erroneously by SCHA (due to system error or incorrect information from county or state) may be resubmitted within 180 days from date of service or up to 6 months from date of county or health plan correction, whichever is

greater. Documentation must be made available at time of submission to be considered.

- Providers who encounter a significant disruption of normal operations that materially affect the ability to conduct normal business will be given an additional 6 months to submit claims or adjustments. Provider must communicate to SCHA in writing providing sufficient evidence and plan of action as soon as they are aware this disruption has occurred before claims will be considered.

Timely Filing Reconsideration Policy

- The provider has 6 months from the date of the original SCHA provider remittance advice or 180 days from date of service or discharge date where no remittance advice was issued, to submit proof of timely filing and follow-up efforts. If the provider is disputing a timely filing denial of a claim, the following proof must be submitted with the claim and the Claim Reconsideration Form.
 - **Electronically:** SCHA will accept, as proof of timely filing, the acceptance report from the clearinghouse or health plan showing that the claim(s) **were** accepted by SCHA. Documentation must support the claim(s) being submitted within 180 days from the date of service. Additional documentation from the practice management system may be submitted to support or clarify the report sent.
 - **Paper:** The provider must submit supporting documentation from his/her practice management system or a UB-04 or 837I, CMS-1500 or 837P, with the original date billed in order for SCHA to reconsider the claim. Documentation must support the claim(s) being submitted within 180 days from the date of service or discharge date.

Documentation is required to support Timely Filing Reconsideration requests. Acceptable documentation includes: other carrier's EOB, notes from provider's practice management system, face sheets documenting insurance information from the member, copies of billing statements, paper claims with the original billing date, acceptance reports for electronic claims, or other documentation SCHA determines to be appropriate.

Procedure

- Provider will complete the Claim Reconsideration form using the current date, Provider Name, Provider Number – NPI, Provider Address, Member Name, Member Identification Number, Date of Service, **and** Claim Number – if applicable.
- South Country Health Alliance will have 45 days to review the Reconsideration/Appeal.
 - If SCHA finds the provider to have sufficient documentation to support the appeal, the claim will be reprocessed and paid.

- If SCHA finds the documentation does not support the appeal, the denial of appeals letter will be mailed to the provider with the final denial decision.

The Claims Reconsideration Form is located at http://mnscha.org/providers_forms.htm.