Network Notification

Date: **June 22, 2017**

To: **Providers**

From: **Humana – CareSource®**

Subject: Retro Termed Eligibility Process – Voiding of Claims and Encounters

Humana – CareSource (HCS) would like to notify providers that the Member termination process will be completed within 5 business days of receipt of the member's enrollment. HCS receives a daily member enrollment file from the Kentucky Department for Medicaid Services (KDMS). In addition to informing HUCS of a member's enrollment, the file, commonly referred to as the 834 eligibility file, identifies which members have received a retro-eligibility date and require termination of the enrollment within the HCS claims payment system

HCS will then determine which claims were paid for the dates of service in which the member has now been identified as ineligible for Medicaid benefits with HCS. This process takes 5 business days, at which point HCS will send out a 30 day notice to the affected provider(s) to inform said provider(s) that recoupment of payment will occur for the claim(s) identified in the recoupment letter.

Once the 30 days has expired, if the affected provider has not attempted to appeal the recoupment of payment or has not submitted a refund check, HCS will move forward with adjusting the payment(s) for the affected claims listed in the recoupment in the letter within 10 business days.

Upon completion of payment adjustment(s), the provider will receive an EOP reflecting the funds recouped within 5 business days. Once the recoupment has received a processed date stamp, a voided encounter for the affected claims will be submitted to KDMS within 10 business days, assuming the original submitted encounter had previously been accepted. (Please note, if the original encounter was denied or rejected by KDMS, a void does not need to occur.)

Upon successful completion of the encounter void process, affected providers will be sent a courtesy letter within 5 business days, informing them that the original payment was successfully cleared from KDMS' system and that they can proceed in billing the claim(s) with the member's current active Medicaid plan. (Please note: It is possible that the state will not accept the voided encounter, which could potentially delay the process another 10 business days.)

If the provider is still experiencing issues receiving payment from another Medicaid plan within 60 days of issued EOP reflecting recoupment of payments and the issued courtesy letter, HCS encourages providers to outreach to the Medicaid Managed Care Plan that the members was enrolled with for the claim(s) dates of service by contacting that Plan's call center or their provider relations representative.

In the event that the member was previously enrolled with another Medicaid plan and is now eligible with HCS, providers are required to submit a copy of the EOP reflecting recoupment of payment and documentation from the previous MCO to validate the original encounter has been voided and accepted by DMS. These items will be used to support overriding timely filing if eligible. If a claim has exceeded timely filing due to retro eligibility from another Medicaid plan, the provider has 90 days from the date of the accepted voided encounter to submit the claim to HCS to avoid timely filing denials.

If you have questions, please contact your Humana – CareSource health partner engagement team kyprovideren gagement@CareSource.com, contact your health partner representative directly (see link for contact information https://www.caresource.com/documents/provider-relations-representative-county-assignment-map/) or call 1-855-852-7005 and select the appropriate menu options. Hours are Monday through Friday 8 a.m. to 6 p.m. Eastern Time.

For dental claims, please contact Avesis at 1-844-232-3119 option 1. Hours are Monday through Friday 8 a.m.to 6 p.m. Eastern Time.

Respectfully,

Claims Department