



Network Notification

Date: January 9, 2017
To: Kentucky Medicaid physicians
From: Humana – CareSource®
Subject: Retro-termed eligibility process: Voiding claims and encounters

Please refer to the following Humana – CareSource (HCS) policies and procedures regarding retro-eligibility determinations.

HCS utilizes the daily 834 eligibility file from the Kentucky Department for Medicaid Services (KDMS) to identify member claims that received a retro-eligibility date and require termination of enrollment in the HCS claims payment system. HCS initiates and completes a member termination within five business days of receipt of the 834 file.

HCS then initiates the following steps to complete a retro-eligibility determination:

- Determines claims paid for dates of service in which member is identified as ineligible for Medicaid benefits (process takes five days)
- Sends a 30-day notice to the affected physician(s), informing them that recoupment of payment will occur for the identified claims
- Adjusts the payment(s) for listed affected claims if the physician does not appeal recoupment or does not submit a recoupment check within 10 business days
- Mails an explanation of payment (EOP) within five business days after completion of payment adjustment
- Submits to KDMS a voided encounter for affected claim(s) within 10 business days of the recoupment receiving a processed-date stamp (Please note: If the original encounter was denied or rejected by KDMS, a void does not need to occur)
- Mails a courtesy letter to affected physicians informing them of the clearing of the original payment from the KDMS system within five business days (Please note: It is possible that the state will not accept the voided encounter, which could delay the process another 10 business days)

The affected physician(s) can now proceed with billing the affected claim(s) to the patient's active Medicaid plan.

If the physician experiences issues receiving payment from another Medicaid plan within 60 days of an issued EOP reflecting recoupment of payments:

- Contact the Medicaid managed care plan in which the patient was enrolled in during the claim(s) dates of service.



In the event the patient was previously enrolled with another Medicaid plan and is now eligible with HCS:

- Submit a copy of the EOP that reflects the recoupment of payment, along with documentation from the previous managed care organization (MCO) that validates the original encounter was voided and accepted by KDMS
- Request a timely filing override with this documentation, if eligible
- Submit the claim to HCS within 90 days of the date of the accepted voided encounter (This will help you avoid timely filing denials if a claim has exceeded timely filing due to retro-eligibility from another Medicaid plan.)

If you have questions, please email the Humana – CareSource provider engagement team at kyproviderengagement@caresource.com, contact your provider representative directly (see link for contact information <https://www.caresource.com/documents/provider-relationsrepresentativecounty-assignment-map/>) or call 1-855-852-7005 and select the appropriate menu options. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

For dental claims, please contact Avesis by calling 1-844-232-3119 and selecting option 1. Hours of operation are Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

1660KY1216 (KY-P-0609)