PROVIDER Update

CalViva HEALTH

Health Net COMMUNITY SOLUTIONS

NEWS & ANNOUNCEMENTS | AUGUST 15, 2018 | UPDATE 18-575 | 3 PAGES

Submitting Claims with Member Identification Number Starting with R and AK Rejection Code

The information in this provider update is applicable to claim submissions for members whose member identification (ID) number starts with the letter "R". If the member's ID number starts with any other letter other than the letter "R", then information in this communication does not apply.

Starting January 1, 2018, to the present, there has been an influx of medical claims submissions where a participating provider has submitted the medical claim with an incorrectly entered "R" member identification (ID) number, causing the medical claim to be rejected. At this time, Health Net Community Solutions Inc., on behalf of CalViva Health, will reprocess the previously submitted claim with the incorrectly entered "R" number. However, when submitting claims using an assigned "R" number, providers must ensure the completeness and accuracy of the number.

COMPLIANCE REQUIREMENT

As a reminder, on behalf of CalViva Health, Health Net is required to comply with requirements for providing complete claims information to regulatory agencies. Accordingly, claims must reflect complete and accurate data in all the required fields on the Centers for Medicare & Medicaid Services (CMS)-1500 or UB-04.

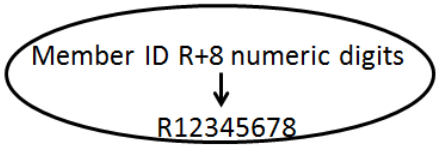
All claims submitted must include the member's complete R ID number on the CMS-1500 in box 1a and the UB-04 in field 60. Refer to the diagrams below and on page 2 for examples of correct and incorrect submissions of a member's R ID number.

Correct method of submitting claims with member's R ID number

The following three examples are the correct methods of submitting claims with the member's R ID number on the CMS-1500 in box 1a or the UB-04 in field 60.

Example one:

Claims submission using the member's ID number with R followed by eight numeric digits:



THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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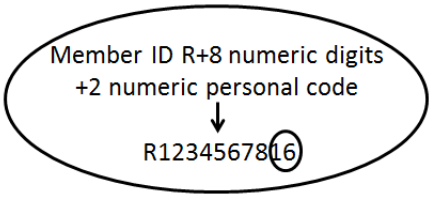
 OTH022884EW00 (8/18)

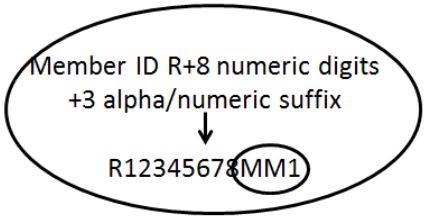
Example two:

Claims submission using the member's ID number with R followed by eight numeric digits and the member's two-digit numeric personal code:



Example three:

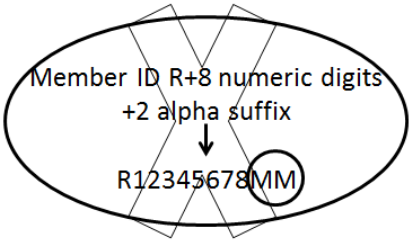
Claims submission using the member's ID number with R followed by eight numeric digits and the member's three-digit alpha/numeric suffix:



Incorrect method of submitting claims with member's R ID number

Claims submission with the member's R ID number other than the examples provided above will result in rejection code 02. Such rejection will be returned to the provider with a written notice describing the reason for return. Below is an example of claims submission with an incorrect member R ID number resulting in claim rejection.

Claims submission using the member's ID number with R followed by eight numeric digits and a two-digit alpha suffix:



AK REJECTION CODE

As a follow up to provider update 18-445, *Medical Paper Claims Submission Rejections and Resolutions*, distributed June 29, 2018, medical claims missing the necessary requirements are not considered clean claims and will be returned to providers with a written notice describing the reason for return.

Additionally, the AK reject code was not included in provider update 18-445. Billing a "0","8" or "X" in box 22 will result in an AK rejection.

Reject code	Reject reason	Requirements	CMS-1500
AK	Original claim number and frequency code required	Resubmission code is required for all corrected claims. If resubmission code is 6, 7 or 8 (box 22 on CMS-1500), the original claim number is required (box 22 on CMS-1500).	Box 22

If the original claim was rejected instead of paid or denied, do not send a corrected claim. The claim should be resubmitted as a first time claim.

RESUBMISISON GUIDELINES

Claims must be resubmitted if there is an incorrect CPT, blank CPT, incorrect diagnosis (DX) code, no place of service, or other inaccurate or missing information.

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.