

Claims Transformation Resource Guide



Commonwealth Care Alliance Massachusetts (CCA) and CCA Health Rhode Island are pleased to announce we are partnering with Cognizant to implement our new claims platform, Facets, effective April 1, 2023, for dates of service beginning April 1, 2023.

Making this shift now allows CCA to use one claims platform, improving claims payment accuracy for all Massachusetts and Rhode Island product lines.

The new self-service options are outlined below:

	FOR DATES OF SERVICE	
	Through March 31, 2023	April 1, 2023 & Beyond
Third Party Administrator	PCG	
Claims System	Senior Care Options, One Care	EZNET
	Medicare Advantage	QicLink
Facets		
Single Payer IDs	14315, 14316	A2793
Electronic Claims Processing (837s)	EZNET or submit claims to CCA	Availity Essentials Provider Portal
EFTs, EOP, & 835s	Payspan	Payspan

CONTACT INFORMATION

Availity

800-282-4548

M-F, 8am-8pm ET

[Provider Portal](#)

[Quick Start Guide](#)

[Getting Started](#)

[eTicket for Tech Support](#)

[Outages & Alerts](#)

[EDI Gateway Job Aid](#)

PaySpan

877-331-7154

M-F, 8am-8pm ET

[Payspan FAQ](#)

[Enroll](#)

CCA

866-420-9332

M-F, 8am-8pm ET

commonwealthcare.org

[MA: Provider Manuals](#)

[RI: Provider Manual](#)

1. Dates of service through March 31, 2023: Senior Care Options & One Care Plans: Submit via EZNET / Medicare Advantage Plans: Submit via Change Healthcare

2. Dates of service April 1, 2023, forward: Senior Care Options, One Care and Medicare Advantage Plans: Submit via Availity Essentials Provider Portal



What you can do:

- Submit claims
- Check claims status
- Check member eligibility & benefits

What you can do:

- 835s / EFTs
- EOPs / paper check
- Review payment processing status

Registered with Availity Essentials Provider Portal, select Commonwealth Care (CCA) in the payer dropdown.

Not registered, consider utilizing Availity, but it is not required.

Using another software and/or vendor to process claims transactions, instruct them to add CCA's new payer ID A2793.

Please note that direct submitters can test 837 files in advance: Go to [test files](#), click on "learn more", and follow the 5 simple instructions on the screen.

Auto registered, no action is required. (You have already enabled auto registration of new reg codes on your active receiving account.)

Not auto registered, you will receive a Payspan email with your new reg code, PIN & instructions on how to add this code to your existing account.

Receiving paper checks, consider [registering](#) to receive electronic fund transfers (EFTs) via Payspan. It only takes 5 minutes to complete!

RESOLVING CLAIMS

The start date for determining the timely filing period is:

- The "from" date reported on a CMS-1500 or 837-P for professional claims.
- The "through" or "last" date used on the UB-04 or 837-I for institutional claims.

Contracted providers must file claims within 90 days from the date of service (DOS) unless otherwise stipulated in your contract. Corrected claim requests will be considered when received within 90 days from the original payment or denial date as indicated on the EOP and accompanied by supporting documentation when applicable.

DO SPLIT CLAIMS WHEN:

They span over the March 31, 2023, DOS.
DOS occurs on or after April 1, 2023 – submit claims using the Availity portal.

DO NOT SPLIT CLAIMS WHEN:

They are inpatient claims that pay DRG – submit claims based on admit date.
Admissions date occurs on or prior to March 31, 2023.
Admissions date occurs on or after April 1, 2023 – submit claims using Availity Portal.

