Claims Transition Information

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Claims | **Submissions**

ELECTRONIC CLAIM SUBMISSIONS

- It is encouraged to use electronic claim submission as the primary submission method.

PORTAL SUBMISSION

- Providers can submit claims through our **NEW** secure online Provider Portal at **CommonwealthCareAlliance.org** > Providers > Provider Portal. Providers can submit claims along with any documentation, track payments, and more.
- Within the Provider Portal: FirstSource Claims User Guide and Video

CLEARINGHOUSE

- For electronic data interchange (EDI) transactions, CareSource accepts electronic claims through our clearinghouse, Availity. Providers can also use their existing clearinghouse if they are configured to accept the CCA Payer ID (A2793).

Claims | **Billing Overview**

CCA accepts both electronic (EDI) and paper claim submissions.

- Electronic billing is preferred. Use Payer ID **A2793**.
- Mail paper claims to: Commonwealth Care Alliance
  Attn: Claims Department
  P.O. Box 1127
  Dayton, OH 45401-1127
- Contracted providers must file claims no later than 90 days from the date of service or discharge date unless the filing limit is otherwise stipulated in their contract.

Provider shall not seek or accept payment from a CCA member for any covered service if the member is wholly enrolled and eligible for both Medicare and MassHealth.

Please refer to *CCA's Claims and Billing Procedures* (Section 7 of the Provider Manual) for detail.

Claims | **Corrected Claims**

To modify a paid or denied claim, providers must submit a corrected claim electronically or on paper.

- If the correction requires changes to the original data, the new claim can be sent via EDI/Clearinghouse.
- If the correction requires additional information (e.g., invoice, prescription, Medicaid Records, or Primary Carrier Explanation of Benefit) the corrected claim can be submitted on paper or in the Provider Portal.

Corrected submissions should include:

- Original claim number (most recent claim iteration available)
- Any necessary modifications from the original claim
- Any required supporting documentation

Please refer to *CCA's Claims and Billing Procedures* (Section 7 of the Provider Manual) for more detail.

Explanation of Payment (EOP) | Example

This can state changes including separation of Medicare and Medicaid adjudication outcomes, visibility to coordination of benefits between Medicare and Medicaid, and Claim Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) information displayed separately for Medicare and Medicaid.

Past CCA EOP

Claim Identifier:	MA	**Provider Name:**	LG NEWCORP INC
Claim#:	260170206700	**Provider ID:**	1033936810
DRG:			
Patient Name:	[redacted]	**Insured Name:**	[redacted]
Patient Account #:	[redacted]	**Insured ID:**	[redacted]

Service Date From - To	Procedure Code	Service Code	Modifier(s)	Total Charge	Excluded Amount	Reason Codes	Allowed Amount	Other Carrier Amount	Deductible Amount	Copay Amount	Coinsurance Amount	Payment Amount
11/19/25 - 11/25/25	0124			$8,088.00	$0.00	94, 253	$12,724.29	$0.00	$0.00	$0.00	$0.00	$12,724.29
11/19/25 - 11/25/25	0259			$1,620.46	$1,620.46	M15, N1, M15, N1, 97	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
11/19/25 - 11/25/25	0301			$357.00	$3[illegible]							
11/19/25 - 11/25/25	0307			$28.00	$2[illegible]							
11/19/25 - 11/25/25	0450			$2,154.00	$2,							
			Patient Responsibility									
			Totals	$12,247.46								
			Claim Interest	$0.00								

Claim Identifier:	MA		
Claim#:	260170206800		
DRG:	885		
Patient Name:	[redacted]		
Patient Account #:	[redacted]		

Service Date From - To	Procedure Code	Service Code	Modifier(s)	Total Charge	E: A
10/31/25 - 11/13/25	0124			$18,226.00	$5,
10/31/25 - 11/13/25	0259			$2,803.58	$2,
10/31/25 - 11/13/25	0301			$1,843.00	$1,

Total:

New CCA EOP

Patient:	[redacted]	**Insured:**	[redacted]
Patient Acct #:	[redacted]	**Product Name:**	CareSource MyCare Ohio (HMO D-SNP)
Rendering Provider:	[redacted]		

Line of Business	Line Number	Service Date	Procedures (Modifiers)	Units	Total Charge	Allowed Amount	Provider Discount (Disallowed)	Other Plan Payment (COB)	Other Adjustment	Patient Obligation	Net Payment Amount	Adjustment Reason	Remark
MCR	1	1/3/2026 - 1/3/2026	71045(26)	1	$79.00	$0.00	$79.00	$0.00	$0.00	$0.00	$0.00	CO39	
MED	1	1/3/2026 - 1/3/2026	71045(26)	1	$79.00	$0.00	$79.00	$0.00	$0.00	$0.00	$0.00	CO45	N219
Total:					$158.00	$0.00	$158.00	$0.00	$0.00	$0.00	$0.00		

Patient:	[redacted]	**Insured:**	[redacted]
Patient Acct #:	[redacted]	**Payor Claim #:**	260570332H00
Rendering Provider	[redacted]	**Product Name:**	CareSource MyCare Ohio (HMO D-SNP)

Line of Business	Line Number	Service Date	Procedures (Modifiers)	Units	Total Charge	Allowed Amount	Provider Discount (Disallowed)	Other Plan Payment (COB)	Other Adjustment	Patient Obligation	Net Payment Amount	Adjustment Reason	Remark
MCR	1	1/10/2026 - 1/10/2026	71260(26)	1	$510.00	$0.00	$510.00	$0.00	$0.00	$0.00	$0.00	CO198	N640
MED	1	1/10/2026 - 1/10/2026	71260(26)	1	$510.00	$0.00	$510.00	$0.00	$0.00	$0.00	$0.00	CO109	N36
Total:					$1,020.00	$0.00	$1,020.00	$0.00	$0.00	$0.00	$0.00		

Patient:	[redacted]	**Insured:**	[redacted]
Patient Acct	[redacted]	**Payor Claim #:**	26057033HJ00
Rendering Provider:	[redacted]	**Product Name:**	CareSource MyCare Ohio (HMO D-SNP)

Line of	Line	Service	Procedures	Units	Total	Allowed	Provider Discount (Disallowed)	Other Plan	Other	Patient	Net Payment	Adjustment	Remark

Electronic Remittance Advice (ERA) | Example

```
ST*835*11511
BPR*C*26.57*C*BOP**01*111111111*DA*11111111111111111111*1311143265**01*987612345*DA*13579*20250901
TRN*1*21115B20005282211ECPT0*1311111114
REF*EV*ECHO
DTM*405*20250825
N1*PR*CCA Dual Eligibles
N3*One South Main St
N4*Dayton*OH*45402
REF*2U*31114
PER*BL*IT Service Desk*TE*9375312950
PER*IC**UR*https://www.caresource.com/providers/provider-portal/appeals/
N1*PE*TheClinic*XX*1316490402
N3*PO Box 123
N4*Boston*MA*02116-9876
REF*TJ*111222333
LX*1
CLP*AAAZZZY2K*1*315*26.57*6.78*MB*2536803ZZZ00*21*1
NM1*QC*1*JOHNSON*JILL****MI*9988771100
NM1*82*1*SMITH*MICHAEL***DO*XX*1112223334
REF*1L*MA_DUAL
REF*1W*CD_OHMCRM
REF*G1*RS6TTV8
REF*EA*41191122
REF*SY*999999999
DTM*050*20250829
AMT*AU*33.89
SVC*HC|76771|26*315*26.57**1
DTM*472*20250813
CAS*OA*253*.54
CAS*CO*45*281.11
CAS*PR*2*6.78
REF*6R*AAAZZZY2K-1
REF*0K*CareSource Policy
AMT*B6*33.89
LQ*HE*N381
LQ*HE*N45
CLP*AAAZZZY2K*2*315*0**MC*2536803ZZZ00*21*1
NM1*QC*1*JOHNSON*JILL****MI*9988771100
NM1*82*1*SMITH*MICHAEL***DO*XX*1112223334
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REF*1W*CD_OHMCRM
REF*G1*RS6TTV8
REF*EA*41191122
REF*SY*999999999
DTM*050*20250829
AMT*AU*25.76
SVC*HC|76771|26*315*0**1
DTM*472*20250813
CAS*OA*23*27.11
CAS*CO*45*289.24**94*-1.35
REF*6R*AAAZZZY2K-1
REF*0K*CareSource Policy
AMT*B6*25.76
LQ*HE*N23
LQ*HE*N381
SE*56*11511
```

Two 2100 Loops Showing Medicare and Medicaid Adjudication

CLP02 – Claim Status Code

- 1 Processed as Primary
- 2 Processed as Secondary

CLP06 – Claim Filing Indicator

- MB indicates Medicare Part B
- MC indicates Medicaid

CLP07 – Payer Claim Control Number

- Single Claim ID used in both segments indicating dual adjudication

Claims Payments | **Electronic Funds Transfer (EFT)**

ECHO Health offers three payment options:

1. EFT – preferred
2. [Default] Virtual Card Payment (QuicRemit) – Standard bank and card issuer fees apply*
3. Paper Checks

*Payment processing fees are what you pay your bank and credit card processor for use of a payment terminal to process payments via credit card. You will need to register in advance and edit the default payment.

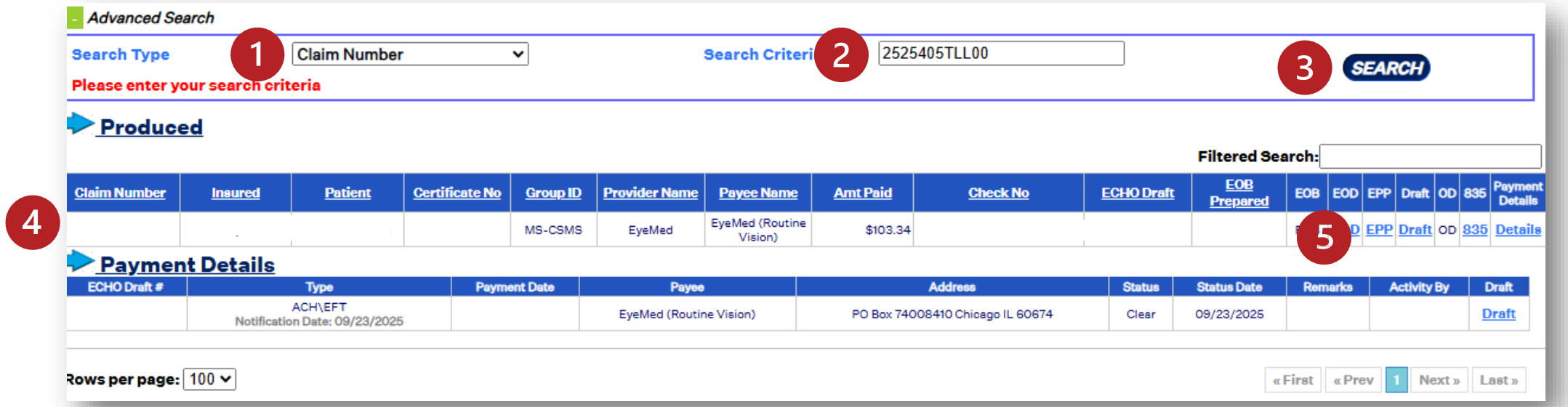
Enroll to complete your enrollment online. ECHO Health will work directly with you to complete your enrollment in EFT.

Providers who elect to receive EFT payment can also choose to receive an EDI 835 (Electronic Remittance Advice) through a designated clearinghouse. Providers can download the PDF version of the Explanation of Provider Payment (EPP) from the Provider Portal.

Notice: Email notifications are not sent when a deposit/payment is made.
Deposits/payments are made twice weekly.

EPP | ECHO

1. Click the **Search Type** drop-down list and choose appropriate search criteria.
   - The below search options may provide the best results:
     - **ECHO Draft Number**: this is the payment check number on the Remittance tab on the claim.
     - **Provider ID**: the provider's tax ID number.
     - **Claim Number**: CareSource's claim number.
2. Input the appropriate information in the **Search Criteria** field.
3. Click **Search**.
4. Locate the appropriate payment.
5. Click **EPP**.



Claims | **Common Claim Rejections**

Claim Status Code	Rejection Descriptions
538	Corrected claim with no original Claim ID
33	Member not found for submitted member ID
544	Lab claim missing Clinical Laboratory Improvement Amendments (CLIA) number
632	Sanctioned due to Centers for Medicare & Medicaid (CMS) preclusion
453	Invalid procedure code
187	Date of service after received date
488	Invalid diagnosis code

Claim Rejections

EDI claim rejections will be returned to providers using X12 standard acknowledgement formats

- 999 - Implementation Acknowledgement
- 277CA - Health Care Claim Acknowledgement

Paper claim and portal rejections will be returned via USPS Mail to the billing address received on the claim.

Claims | **Claim Appeals and Disputes**

ALL CLAIM APPEALS MUST BE:

- Submitted within 60 calendar days from the original adjudication date. COB denials must be submitted 60 days from the date of the COB denial (the retro-authorization policy still must be followed).

- Submitted via one of these methods:
  - Provider Portal
  - Mail:
    Commonwealth Care Alliance
    Attn: Provider Appeals
    P.O. Box 1947
    Dayton, Ohio 45401-1947
  - Fax: 857-453-4517

- Non-contracted providers must include a signed Waiver of Liability form holding the member harmless regarding the outcome of the appeal.

CLAIM DISPUTES

- CCA also offers a claim payment dispute process. Additional information pertaining to claim appeals and claim payment disputes can be found in the Provider Manual.

NOTE: An appeal or dispute is not a retro-authorization request.

- The Provider Portal is the most efficient method of submission to ensure timely receipt and resolution of the appeal.
- As a CCA provider, you may submit a dispute or appeal for a member.
- Providers must obtain a member's written consent to appeal an Adverse Benefit Determination on their behalf.
- We may contact you to obtain documentation when a member has filed a request for one of these. CCA does not retaliate or discriminate against any member or provider for utilizing the grievance and appeals process.

Claims | **Recovery Letters**

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May 15, 2026

[redacted]

RE: Outstanding Claim Recovery

Dear [redacted]

Commonwealth Care Alliance, Inc. (CCA) has completed a review on the services rendered in the attached enclosure and determined that an overpayment occurred. For your reference, the attached spreadsheet provides a description of the improper payment and the claim(s) identified. Pursuant to 130 CMR 450.235, we are notifying you of our intent to recover the overpaid amount; the net recovery amount is $32.23.

CCA will initiate an automatic recoupment after 30 calendar days. The funds will be recovered through offsets to future claim payments until paid in full. However, if future claim volume to CCA is not anticipated and sufficient enough to offset future claim payments, you must submit a check for the amount owed in accordance with 42 CFR 401.305 (b)(1), along with a copy of the overpaid claims to:

Commonwealth Care Alliance, Inc.
Attention: Refund Check Department
P.O. Box 632710
Cincinnati, OH 45263-2710

If you disagree with our findings, you have the right to dispute this overpayment recovery by submitting supporting information within 30 calendar days of this notification. Disputes may be submitted through the provider portal at https://providerportal.caresource.com/GL/User/Login.aspx.

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Provider Name: [redacted] **Provider Tax ID:** [redacted] **National Provider Identifier (NPI):** [redacted]

Claim ID	Patient Account Number	Begin Date of Service (DOS)	End DOS	Claim Paid Date	Line	Recovery Amount	Recoupment Reason
Member Name: ujPeAbTestTDM TestmemMxINHPTDM					Medicaid ID: [redacted]		Member ID: [redacted]
[redacted]			03/18/2026	04/14/2026	1	[redacted]	Duplicate Claim

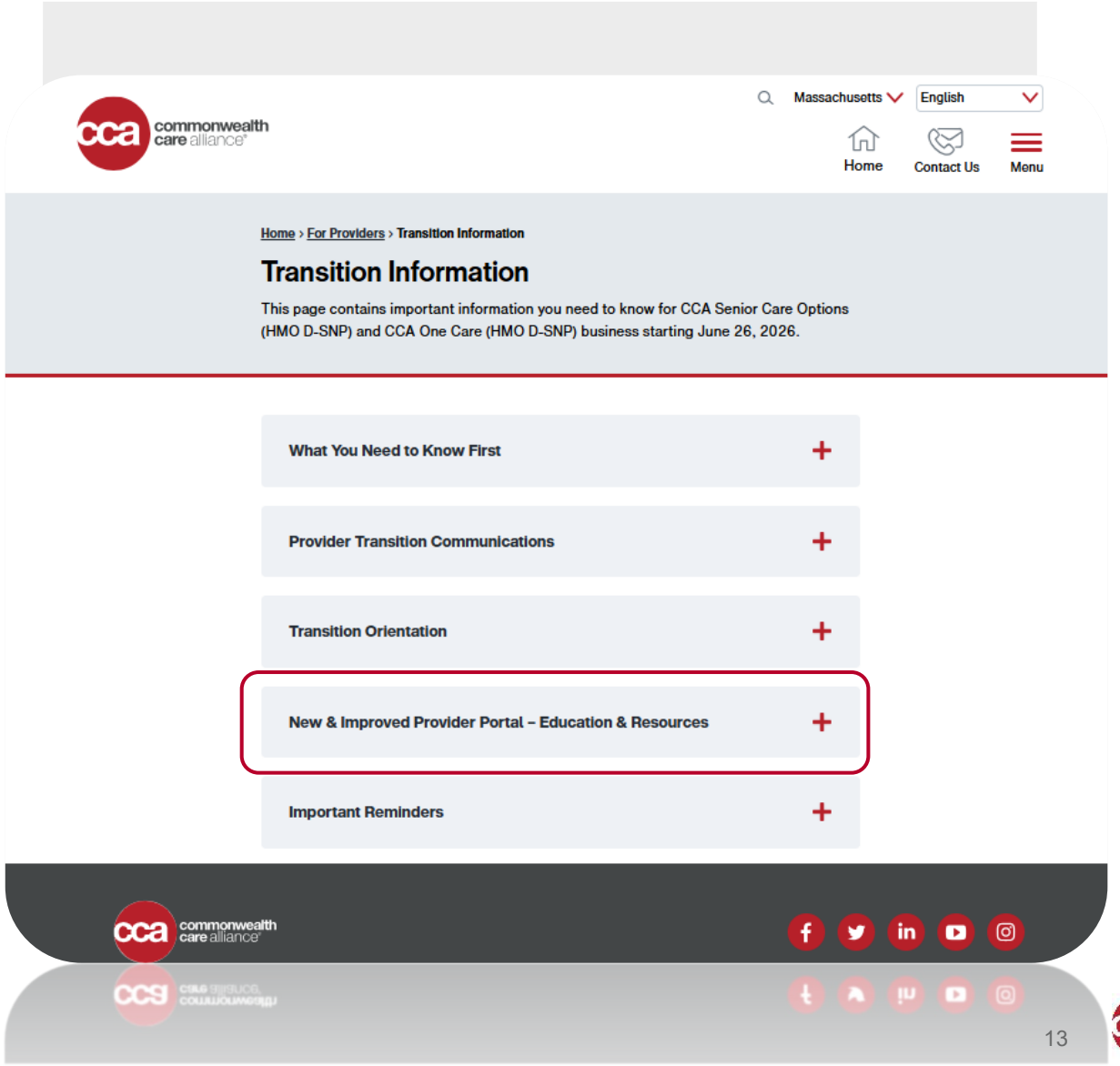
Providers may receive this updated format on any recovery letters that are mailed. The claim detail page includes more information about the claim, including claim line level information and claim line recoupment reasons.

Provider Portal | **Training**

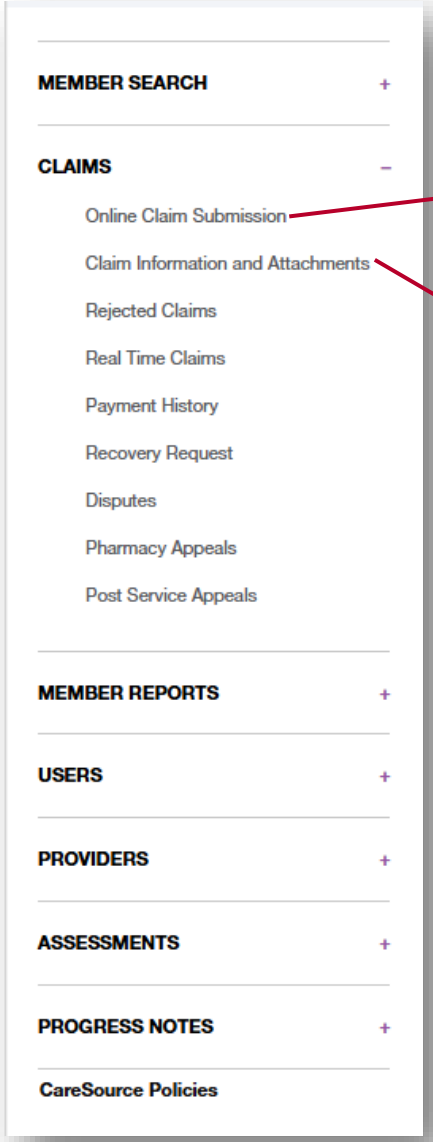
The **new** Provider Portal is a robust, secure and encrypted online tool available for all providers who serve our members.

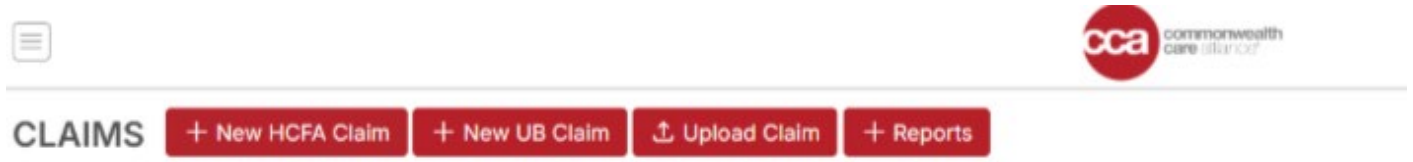
- Available Documents
  - Provider Portal Solutions
  - Clinical Practice Registry Flier
  - Provider Portal User Guide
  - Provider Portal Quick Start Guide
  - Provider Portal Registration Guide
- Available Training Videos
  - Portal Overview
  - Provider Portal: Service Plan Reviews Prior Authorizations
  - Provider Portal: Managing User Access
  - Provider Education Series: Provider Portal Service Plan Review

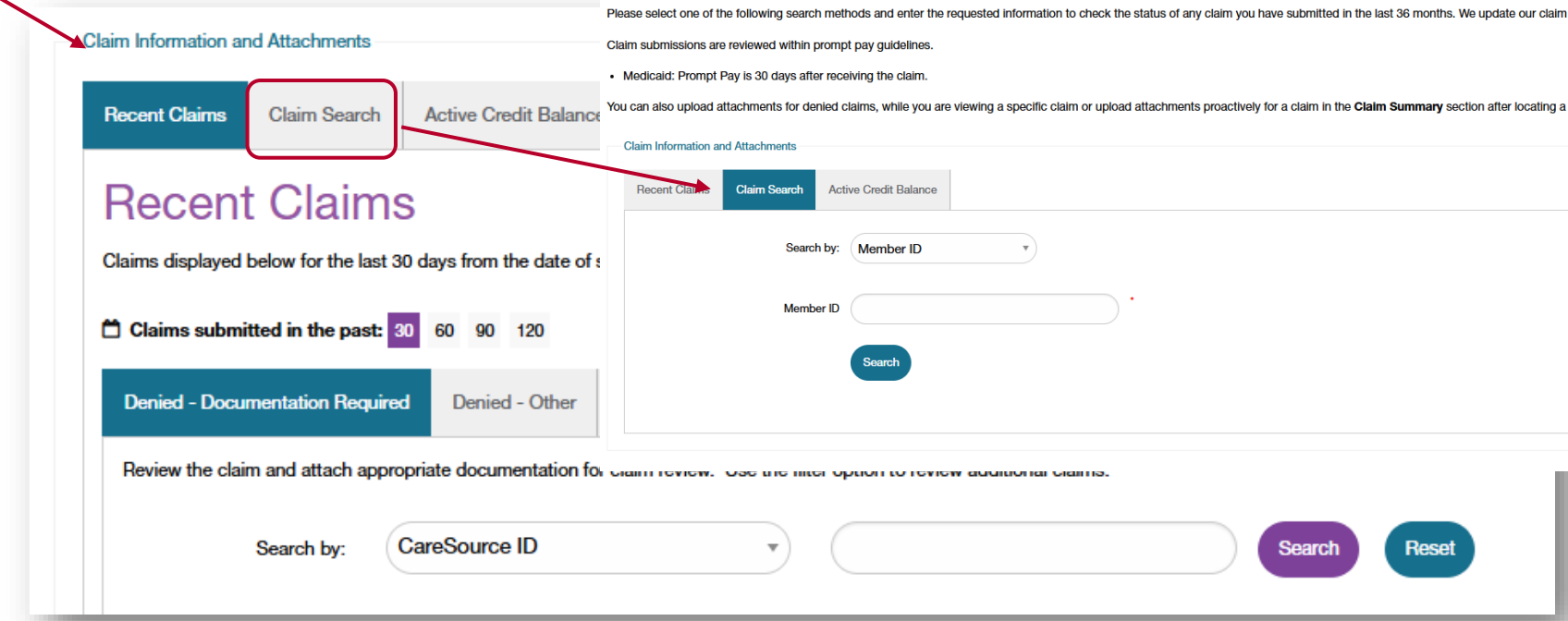
Visit the Transition Information page at CCA's website to access these resources.



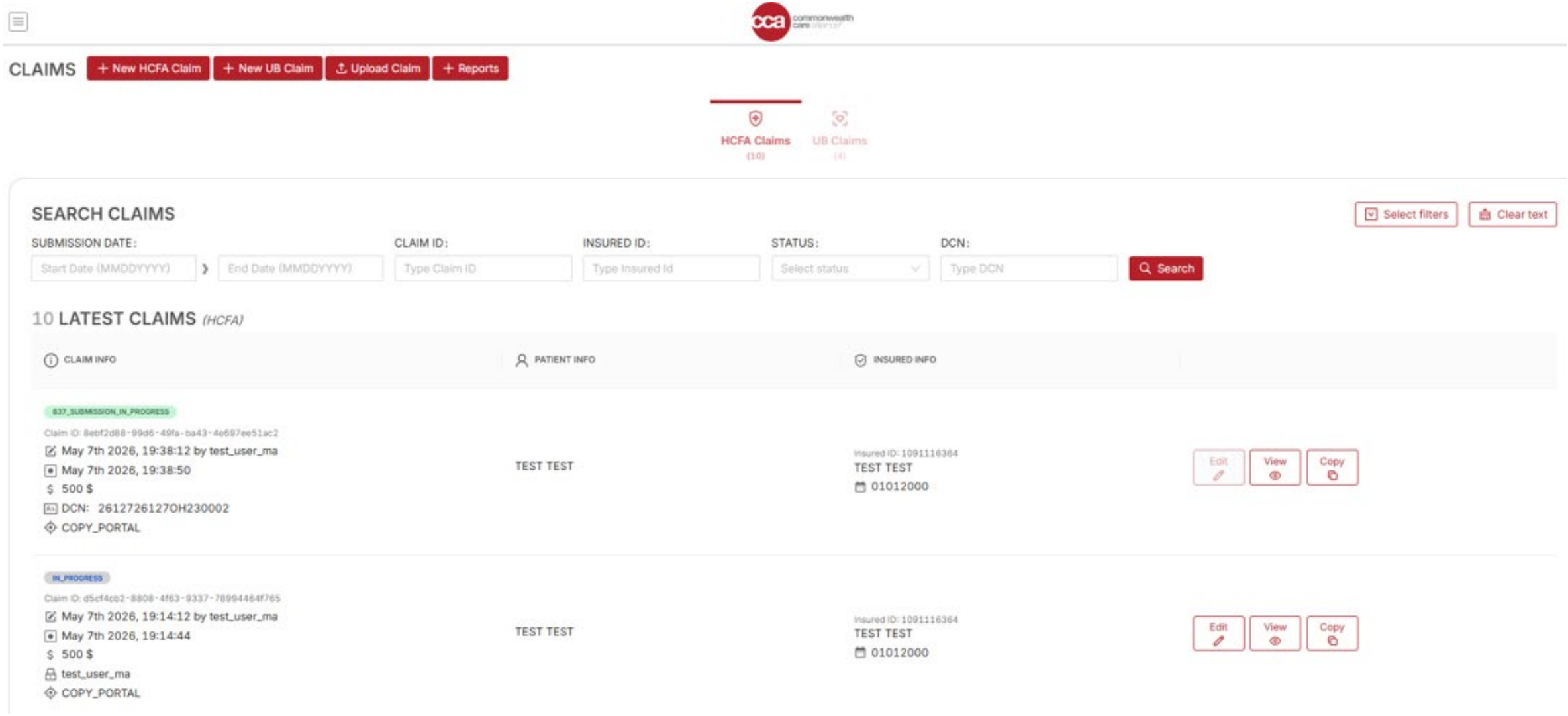
Provider Portal | **Claim Submission | Claim Information**



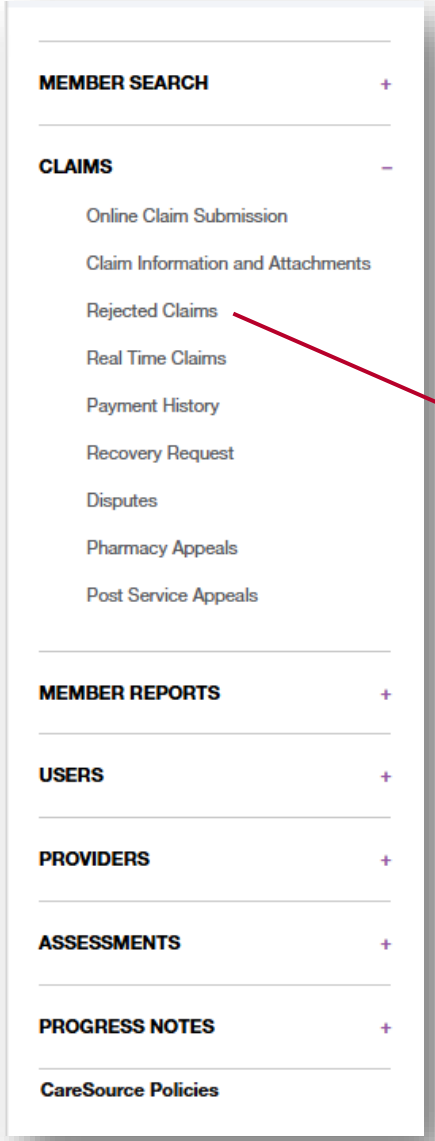


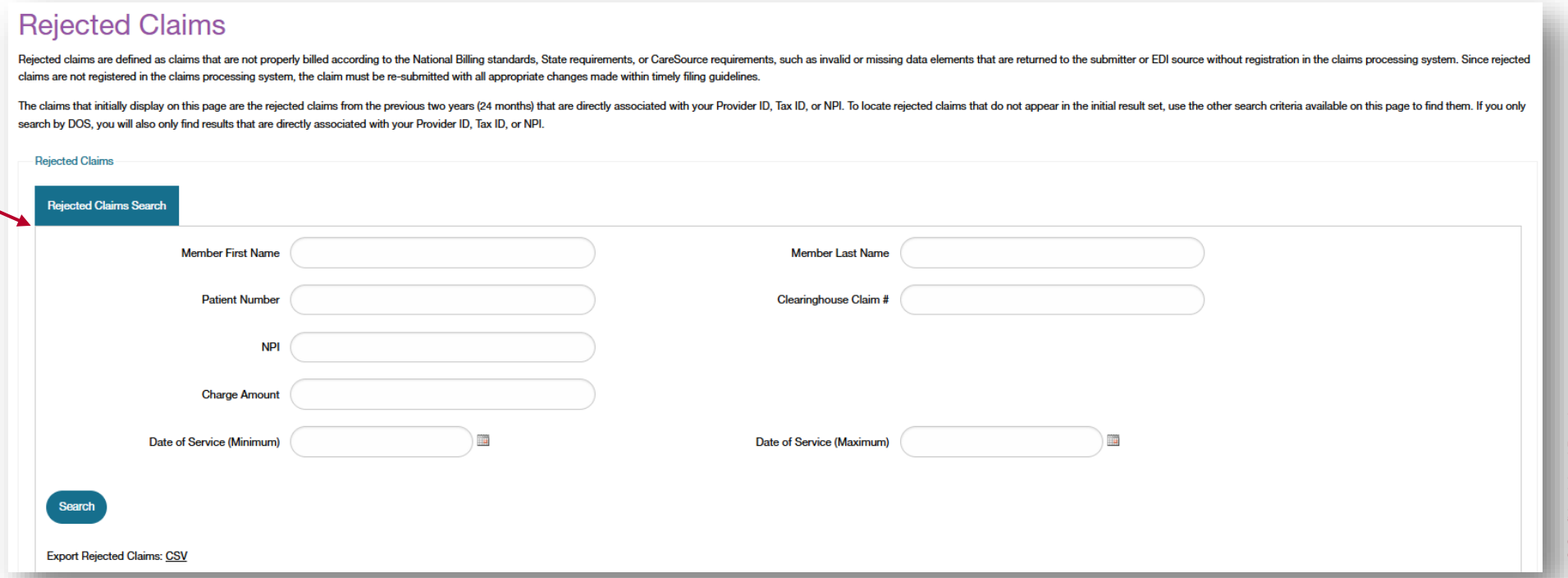


Provider Portal | **Claims Submission Screen**

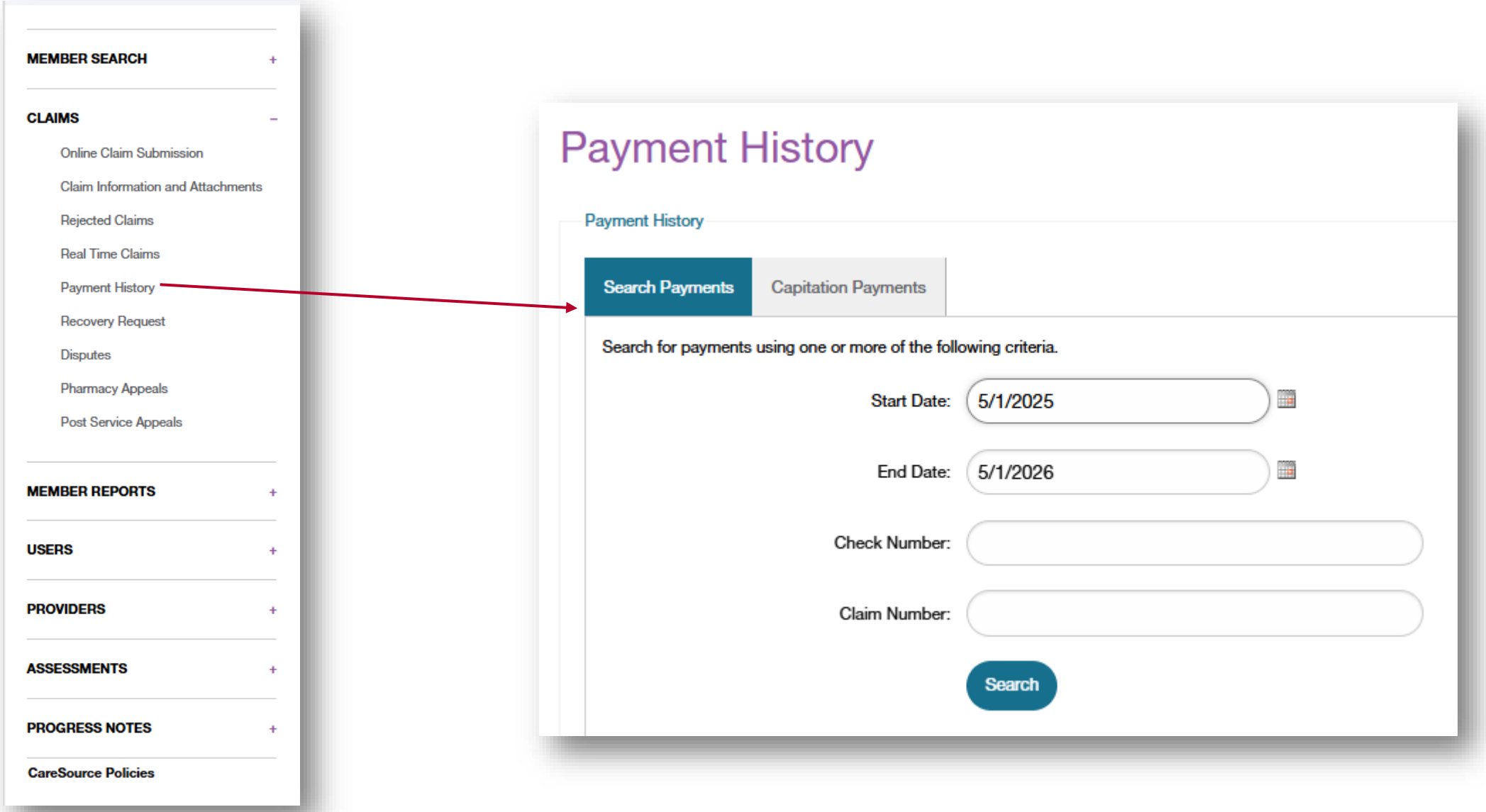


Provider Portal | **Rejected Claims**





Provider Portal | **Payment History**



Claims | **Key Reminders**

Additional items to remember as of July 1, 2026:

Member IDs

Current CCA members will not receive new cards in 2026. Members will have either a 10- or 11-digit ID number. There is no significance to the digit count other than the date they became a CCA member.

Opt Out Medicaid Run Out

Term ended December 31, 2025. Run out continues based on timely filing rules.

Deeming

All deeming-related processes will remain the same. Eligibility sweeps will be in effect to look for retro-eligibility.

Payment Policies

Payment policies may be changing. All updated policies are located on the CCA website at For Providers > Policies and Guidelines.

CMS Standards

In enforcing CMS claim rules adjustments may be required to ensure accurate and clean claim submission.

Payments outside of claims will be addressed directly with providers. Please contact your designated Account Manager or Provider Relations if you have any questions about payments outside of claims.

Thank you!

MA-Multi-P-5583954

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