Claims Transition Information

commonwealth care alliance®

MA-Multi-P-5583954a

Table of Contents

Claims | **Billing Overview**

Commonwealth Care Alliance® (CCA) accepts both electronic data interchange (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 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 more detail.

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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 CCA Provider Homepage > 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 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**).

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

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Claims | **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

We partner with ECHO Health for EFT. You must enroll with ECHO Health to participate.

Sign up for ECHO Health online at enrollments.echohealthinc.com/EFTERADirect/CareSource to complete your enrollment in EFT with your Tax ID, bank information, ECHO payment draft number and payment amount. For questions, call ECHO Support at 1-888-485-6233.

*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.

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.

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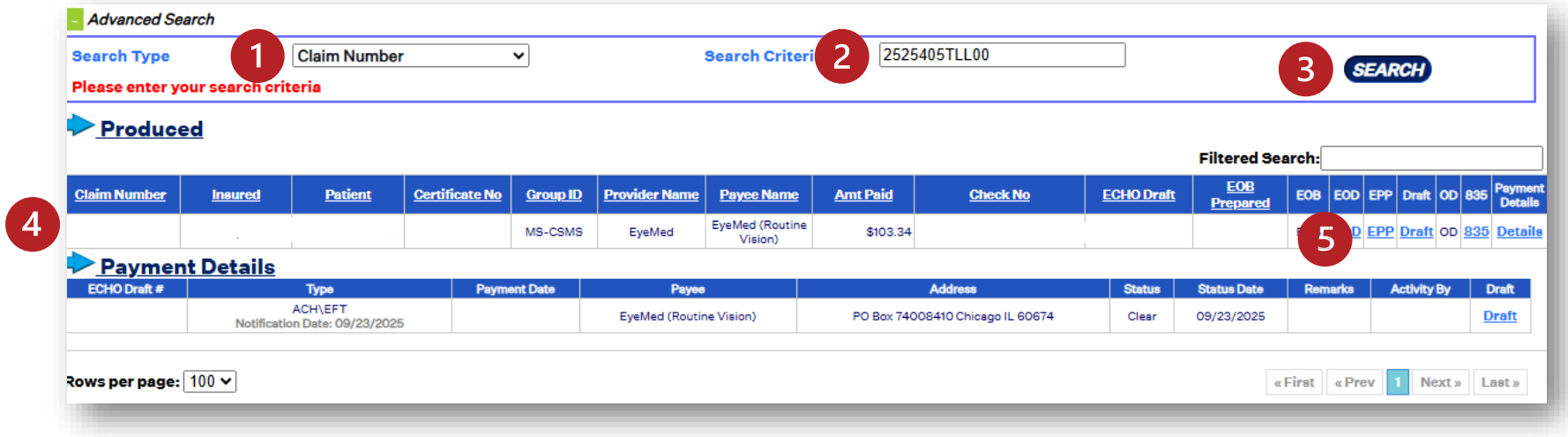
EPP | ECHO

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**: claim number.
2. Input the appropriate information in the **Search Criteria** field.
3. Click **Search**.
4. Locate the appropriate payment.
5. Click **EPP**.



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Claims | **Explanation of Payment (EOP)**

Past CCA EOP

Claim Identifier: MA
Claim#: 260170206700
DRG:
Patient Name:
Patient Account #:

Provider Name: LG NEWCORP INC
Provider ID: 1033936810
Insured Name:
Insured ID:

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							
11/19/25 - 11/25/25	0307			$28.00	$2							
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:
Patient Account #:

Service Date From - To	Procedure Code	Service Code	Modifier(s)	Total Charge	E
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,

The new CCA EOP will display Medicare and Medicaid adjudication results separately, giving you clearer visibility into coordination of benefits. You will also see Claim Adjustment Reason Codes (CARC) and Remittance Advice Remark Codes (RARC) codes broken out for each payer.

New CCA EOP

Patient:
Patient Acct #:
Rendering Provider:

Insured:
Product Name: CareSource MyCare Ohio (HMO D-SNP)
Payor Claim #: 2605702YGN00

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:
Patient Acct #:
Rendering Provider

Insured:
Product Name: CareSource MyCare Ohio (HMO D-SNP)
Payor Claim #: 260570332H00

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:
Patient Acct
Rendering Provider:

Insured:
Product Name: CareSource MyCare Ohio (HMO D-SNP)
Payor Claim #: 26057033HJ00

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

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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
REF*1L*OH_DUAL
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

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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 the 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 for the claim you are correcting (most recent claim iteration available)
- Any necessary modifications from the original claim
- Any required supporting documentation

Mailing address for corrected and rejected paper claims: **Commonwealth Care Alliance**
P.O. Box 1127
Dayton, OH 45401-1127

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

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Claims I **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 and 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 United States Postal Service mail to the billing address received on the claim.

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Claims | **Claim Appeals and Disputes**

ALL CLAIM APPEALS MUST BE:

- Must be submitted within **60 calendar days** of the original adjudication date
  - Coordination of Benefits (COB) denials must be submitted within 60 days of the COB denial date (retro-authorization policy still applies)
- Non-contracted providers must include a signed Waiver of Liability form holding the member harmless regarding the outcome of the appeal.
- Submitted via one of these methods:
  - Provider Portal (preferred method)
  - Mail: Commonwealth Care Alliance
    P.O. Box 1947
    Dayton, Ohio 45401-1947
  - Fax: 857-453-4517

CLAIM DISPUTES

- Used for payment-related issues (e.g., incorrect adjustments, timely filing denials, overpayment recovery)
- Must be submitted in writing within 90 days of the payment or denial date (per EOP)
- Must include supporting documentation and Request for Claim Review form
- Submit via portal, fax, or the address above

NOTE: If you are responding to a denied authorization that required medical necessity review, please submit an appeal.

- 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.

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Claims | **Payment Disputes**

Contracted providers may file a payment dispute for CCA's reconsideration if they disagree with CCA's decision of denial or reimbursement of a claim.

- Disputes must be submitted via fax, portal, or mail. Disputes should be sent to:
  - Mail:

    Commonwealth Care Alliance
    Attn: Appeals Department
    P.O. Box 1947
    Dayton, OH 45401-1947

  - Fax: 1-937-531-2398

Payment dispute requests will be considered when received within 90 days from the original payment or denial date, as indicated on the EPP, with supporting documentation and the *Request for Claim Review* form.

Contracted providers may file a dispute for CCA's reconsideration if they believe CCA is paying an amount different than contractually agreed upon.

For additional questions on provider Payment Disputes or Appeals, please contact CCA Provider Services at 1-866-420-9332 from 8 a.m. to 5 p.m. Eastern Time (ET) Monday, Tuesday, Wednesday, and Friday, and from 8:30 a.m. to 5 p.m. ET Thursday.

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

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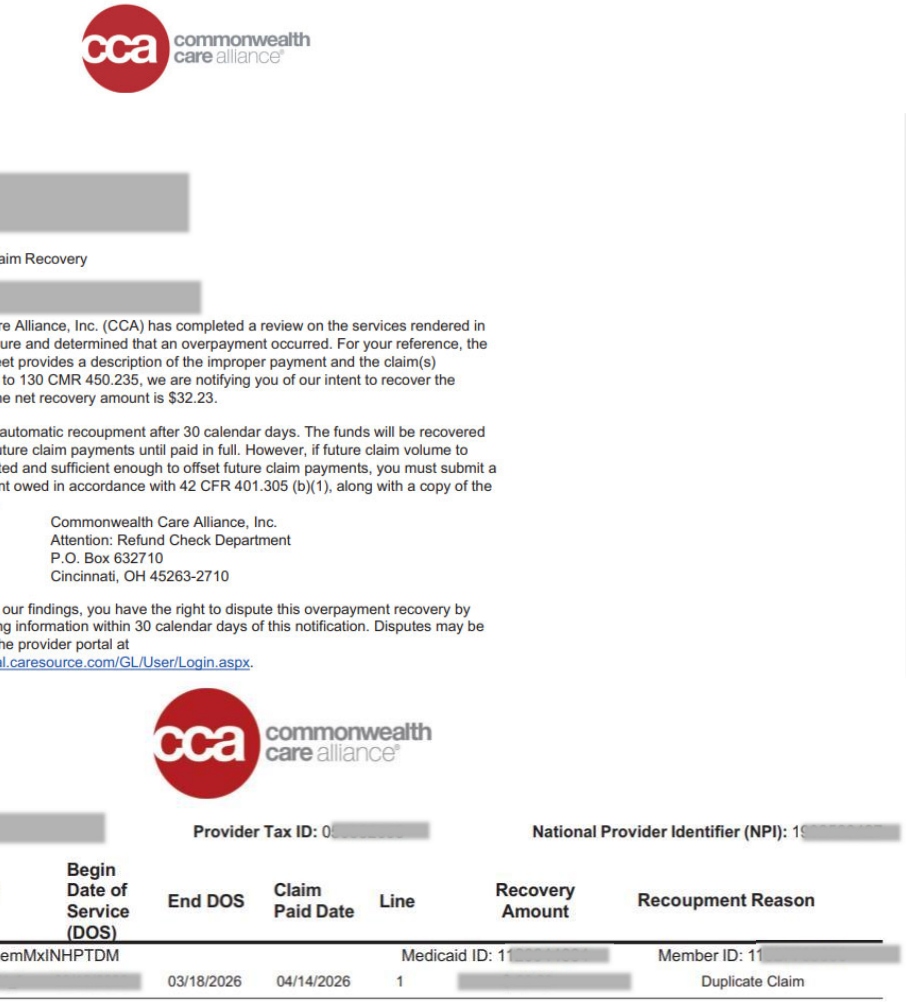
Claims | **Recovery Letters**



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.

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.

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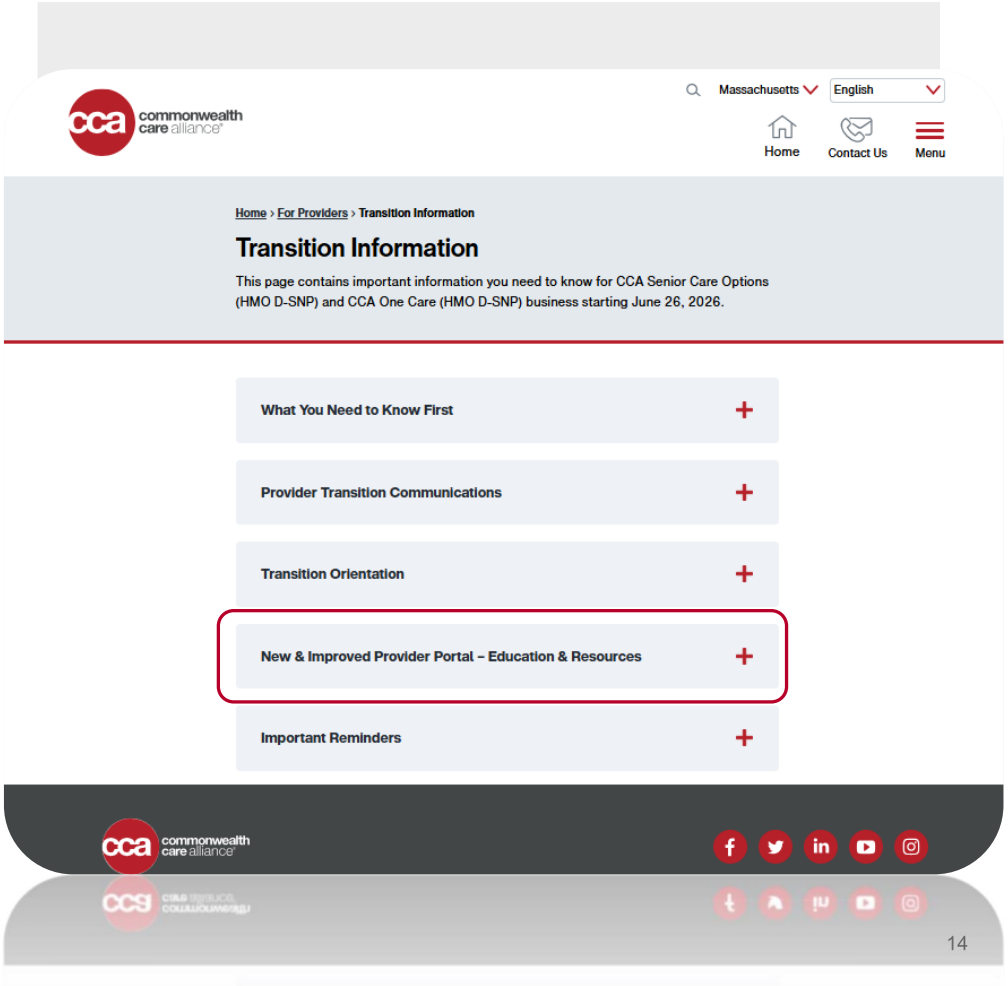
Provider Portal | **Training Resources**

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.



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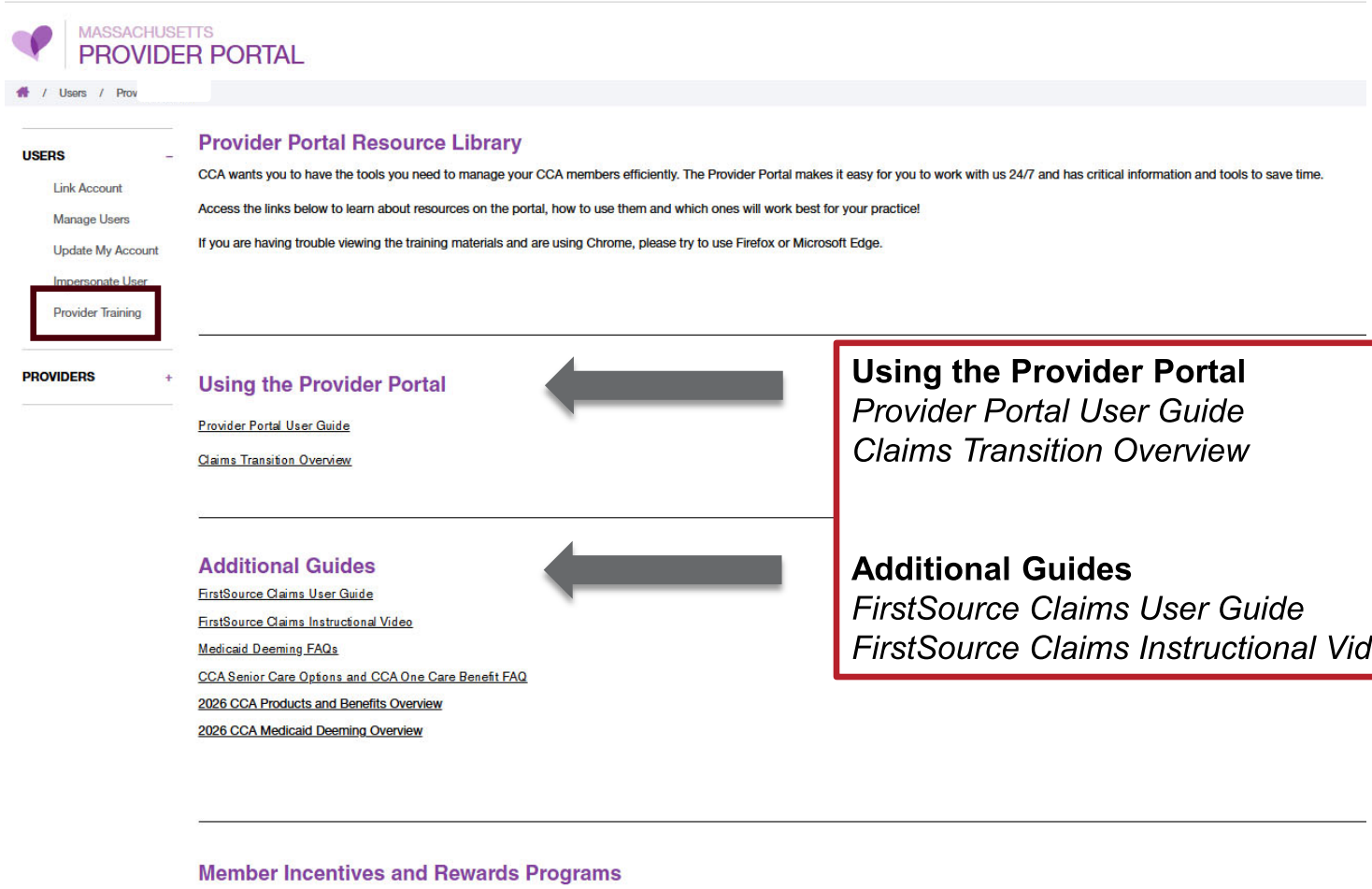
Provider Portal | **Training**



Using the Provider Portal
Provider Portal User Guide
Claims Transition Overview

Additional Guides
FirstSource Claims User Guide
FirstSource Claims Instructional Video

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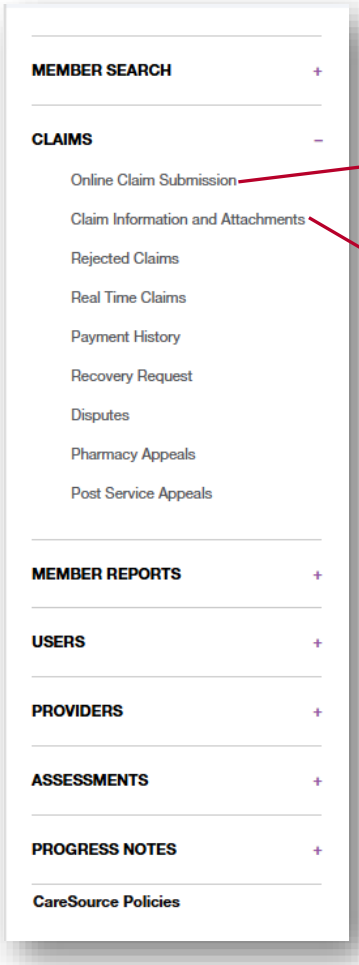
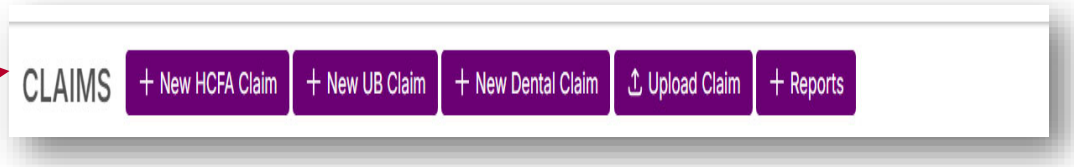
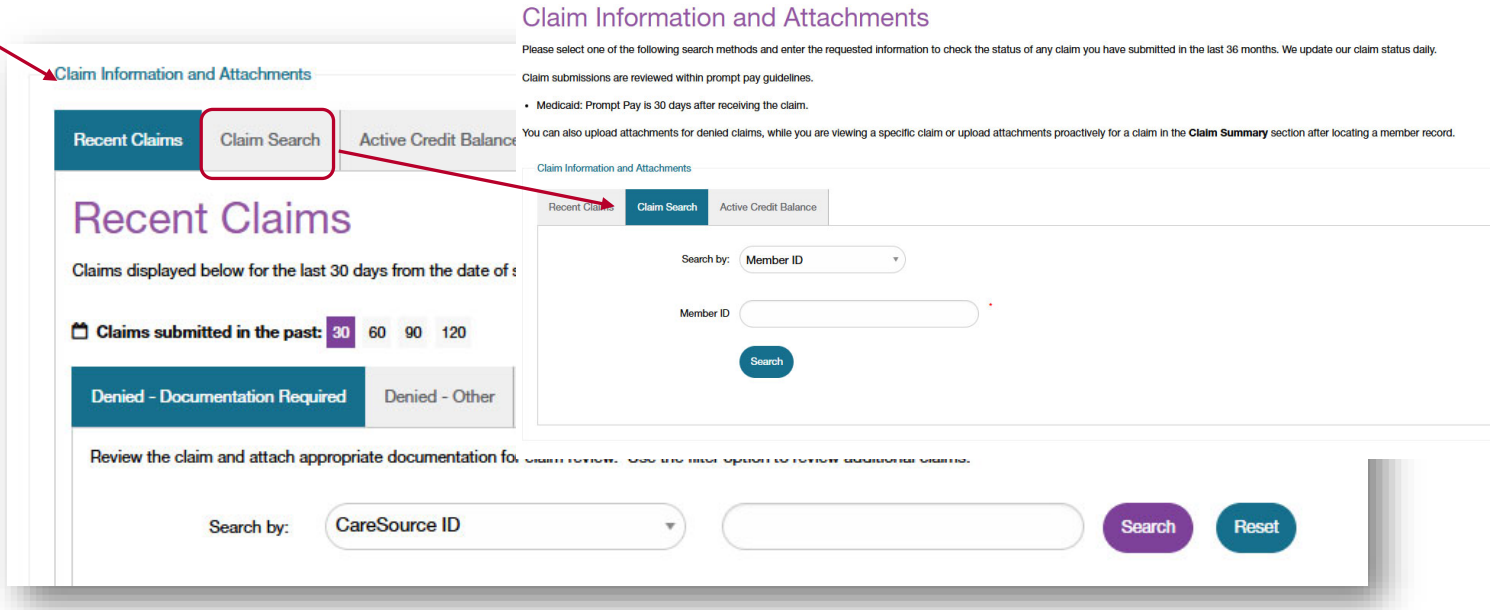
Provider Portal | **Claim Submission Information**







Please refer to *FirstSource Claims User Guide and Instructional video under Additional Guides on the Provider Portal* for detail.

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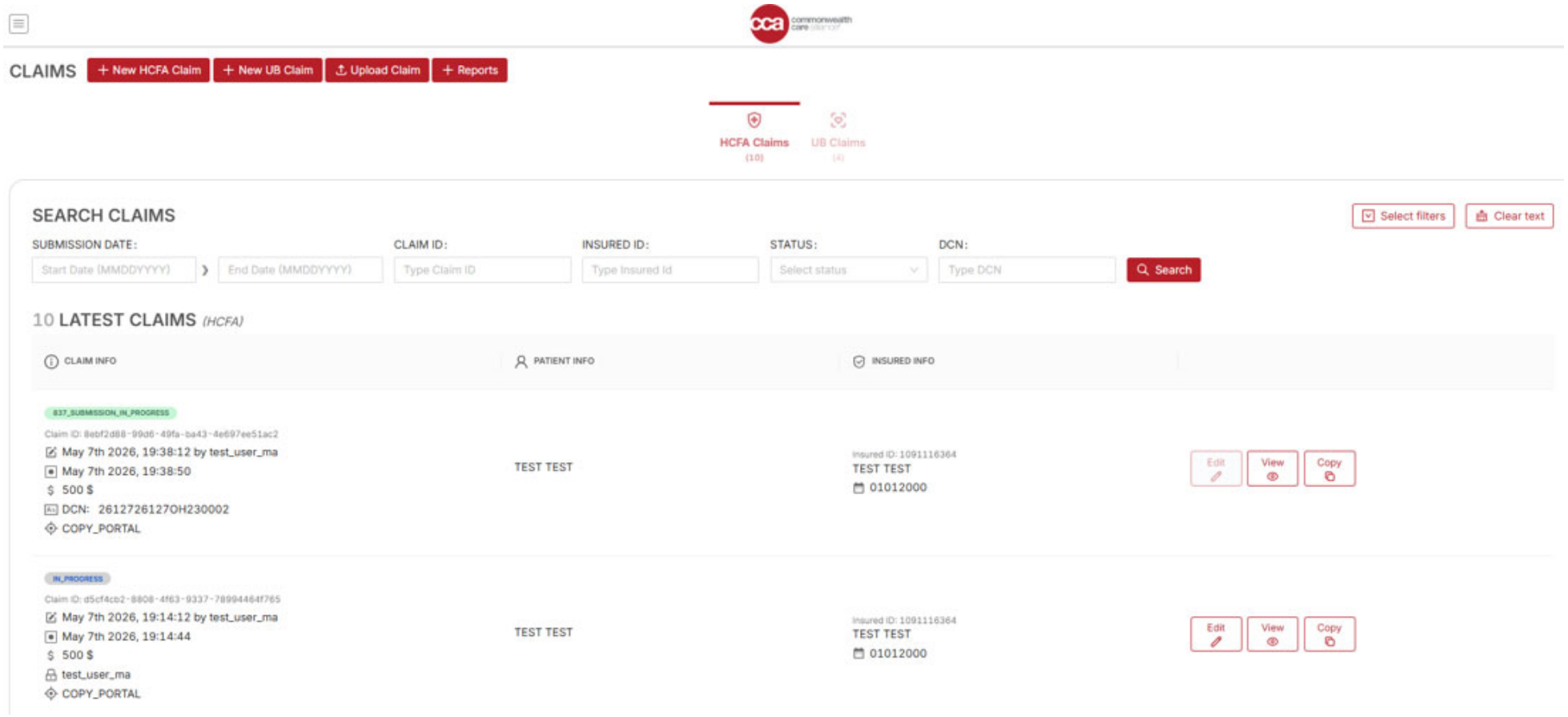
Provider Portal | **Claims Submission Screen**



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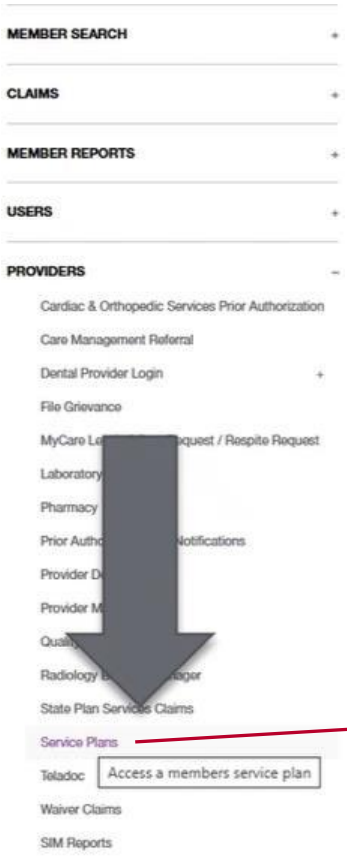
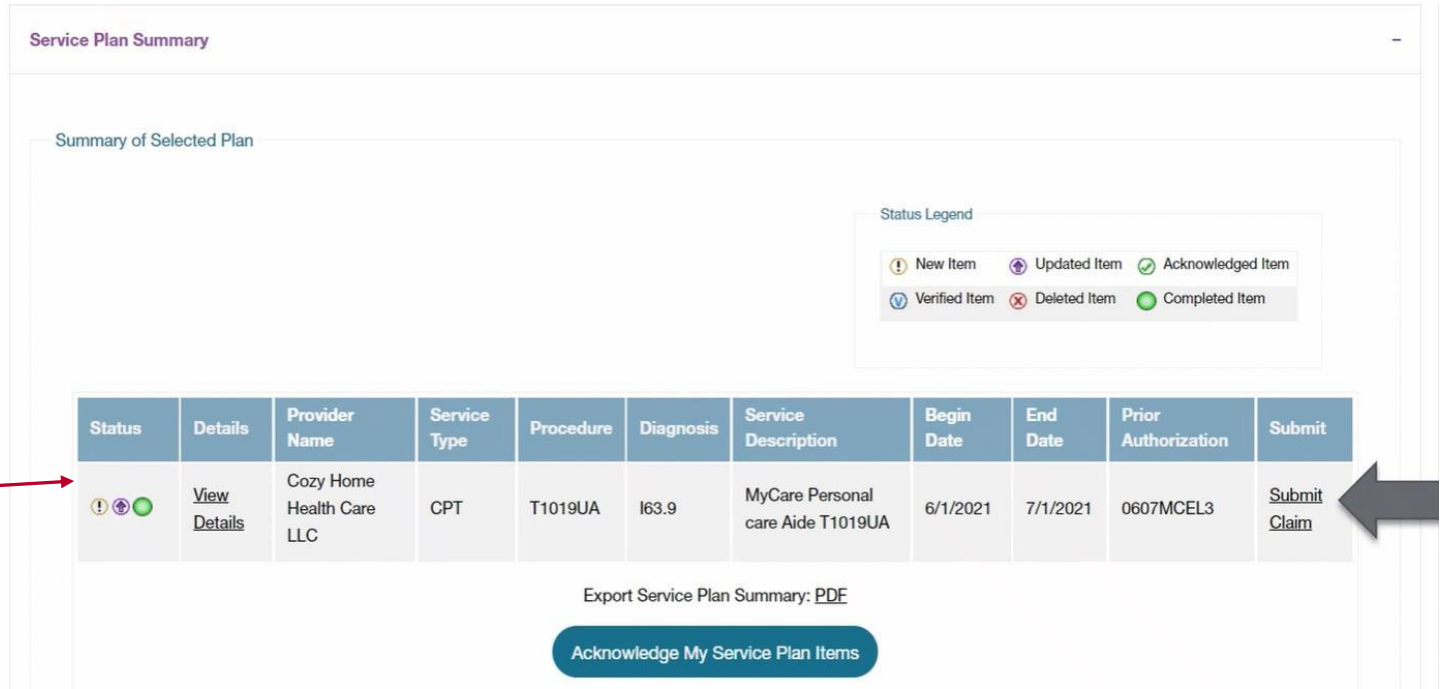
Provider Portal | **Service Plan Claim Submission Information**



Long-Term Services and Supports (LTSS) and Home- and Community-Based Services (HCBS) providers without an NPI or MassHealth ID will be able to submit claims using service plans in the Provider Portal.



Please refer to the *Provider Education Series: Provider Portal Service Plan Review video on the transition information page for step-by-step guidance*.

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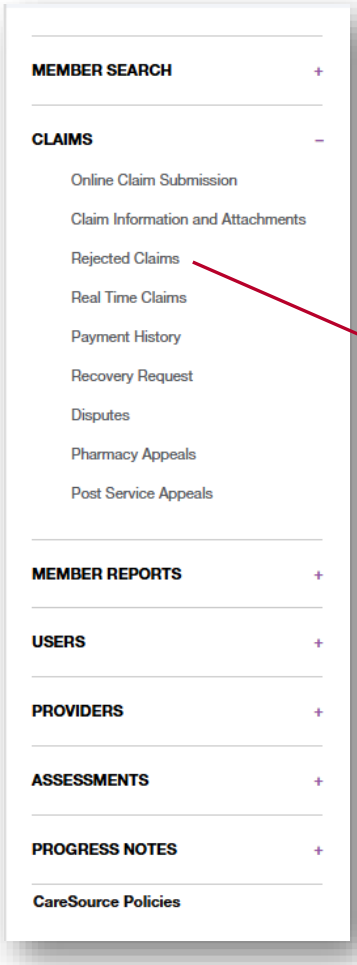
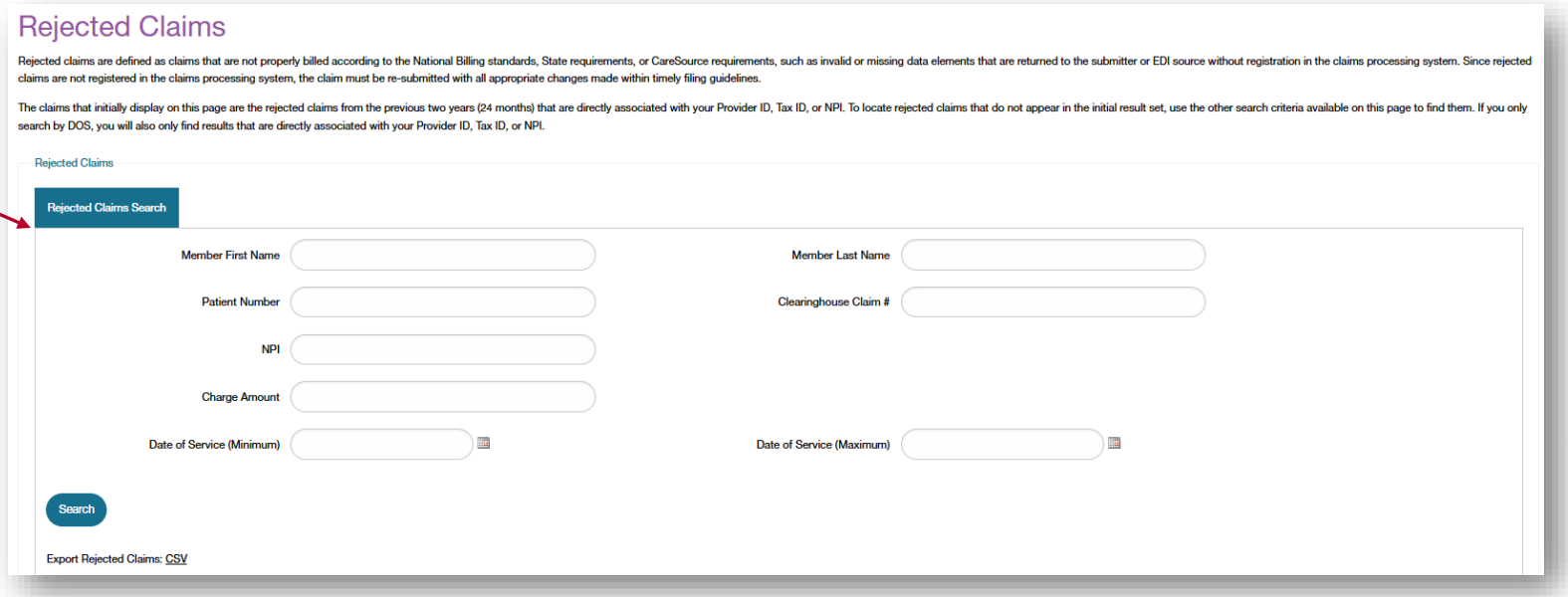
Provider Portal | **Rejected Claims**





Please refer to *FirstSource Claims User Guide and Instructional video under Additional Guides on the Provider Portal* for detail.

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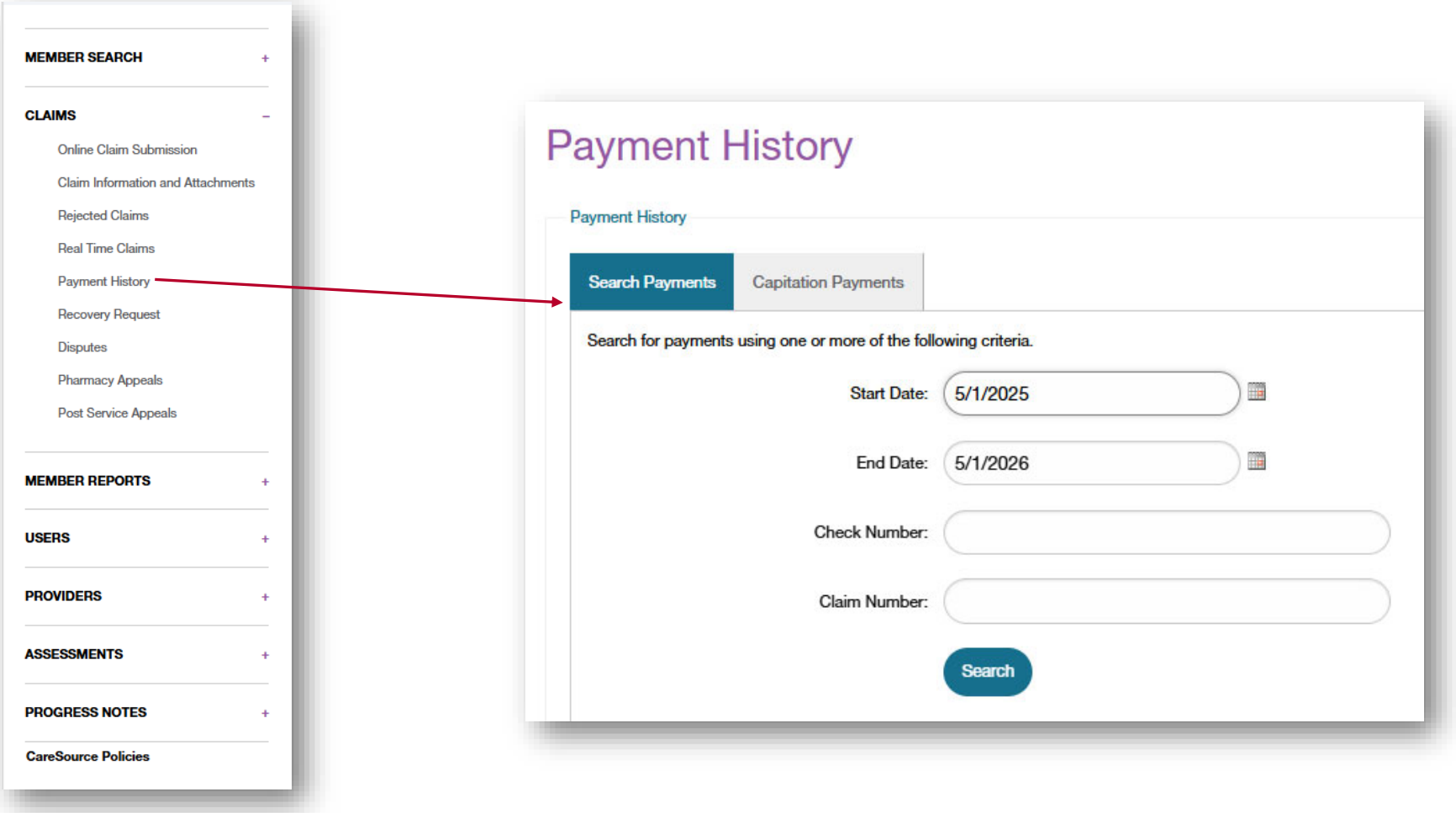
Provider Portal | **Payment History**



Please refer to *FirstSource Claims User Guide and Instructional video under Additional Guides on the Provider Portal* for detail.

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Claims | **Transition Impact**

Transition Impacts

- EPP format
- Accessing EOPs/835/EPP
- Portal Submission Options
- Recovery Letter Format
- Claims/Payment Policy Updates
- Application of CMS Claim Standards
  - *Be sure to follow CMS submission guidelines to ensure no interruption in claim processing*
- Mailing Addresses

Not Impacted

- Member IDs
- Deeming
- Benefits
- Opt-Out/Medicaid Run Out
- Payor ID
- Wholesale Policy
- Accessing Payment Policies Online

Find more Claims Transition Information training at commonwealthcarealliance.org/ma/providers/transition-information/.

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Thank you!