HEALTH PLAN POLICY		
Policy Title: Claims Submission and Timely Filing Guidelines		**Number:** OPC23 **Revision:** E
Department: Operations	**Sub-Department:** Claims	
Applicable Lines of Business: ☐ Children's Health Insurance Plan ☒ Medicare ☐ Commercial Insured ☐ Non Insured Business ☒ Health Insurance Exchange ☒ USFHP ☐ Medicaid		
Effective Date: 09/28/2017		
Revision Date(s): 12/27/2018, 03/25/2020, 03/24/2021, 02/23/2022, 02/13/2023		

PURPOSE:

Outlines CHRISTUS Health Plan (CHP) claims submission and timely filing guidelines.

DEFINITIONS AND ACRONYMS:

- **Center for Medicare and Medicaid Services (CMS)** – The federal agency responsible for administering the Medicare and Medicaid programs, as well as the federally-facilitated Marketplace.
- **CHRISTUS Health Plan (CHP)**
- **Claim Receipt Date** – Unless otherwise agreed to in the provider's contract, the receipt date for claims, electronic and paper, is the date the claim is received into CHP's claims clearing house system.
- **Clean Claim** – A claim that has no defect, impropriety, lack of any required substantiating documentation (including the substantiating documentation needed to meet the requirements for encounter data) or circumstance requiring special treatment that prevents timely payment and which claim consists of the data elements of Forms CMS-1500 and UB-04 required or conditionally required for non-electronic claims. Claims to secondary carriers must disclose amounts paid by the primary carrier. Electronic claims must comply with all federal laws applicable to electronic claims, implementation guides, companion guides, and trading partner agreements, data elements must be complete, legible, and accurate. Additional data elements or information do not render a claim deficient, though missing required data elements will render the claim deficient.
- **General Billing Guidelines** – Standards and rules set by Medicare and TRICARE, and any state regulations for the appropriate billing of claims.
- **Louisiana Department of Insurance (LDI)** – The regulatory body that governs and regulates insurers and other companies that conduct insurance business in Louisiana and assists Louisiana-based insurance consumers.
- **New Mexico Office of Superintendent of Insurance (NM OSI)**
- **Texas Department of Insurance (TDI)** – The regulatory body that governs and regulates insurers and other companies that conduct insurance business in Texas and assists Texas-based insurance consumers.
- **US Family Health Plan (USFHP)** – A U.S. Department of Defense-sponsored healthcare program that services military family members exclusively and delivers full TRICARE Prime benefits to active-duty, activated Guard and Reserve, and military retirees and their family members.

POLICY:

Claims Submission:

Electronic Claims:

Electronic claims must be submitted via the CHRISTUS Health Plan clearinghouse. Clearing house

information is as follows:

US Family Health Plan –

- Clearinghouse: Change Healthcare
  - Payer ID: 90551
- Clearinghouse: Availity
  - Payer ID: USFHP

CHRISTUS Health Plan Medicare Advantage -

- Clearinghouse: Change Healthcare
  - Payer ID: 10629

CHRISTUS Health Plan New Mexico Health Insurance Exchange

- Clearinghouse: Change Healthcare
  - Payer ID: 21062

CHRISTUS Health Plan Texas and Louisiana Health Insurance Exchange

- Clearinghouse: Change Healthcare
  - Payer ID: 52106

Nueces County Hospital District

- Clearinghouse: Change Healthcare
  - Payer ID: 45210

***Acknowledgement Response Advice* – retain the 'accepted' or 'rejected' notice generated from the clearinghouse for claims submitted either directly to them or through a separate clearinghouse in those instances where proof of timely filing may be required.

*5010 - Is the current version and transaction standards for HIPPA compliant EDI to send and receive claims and all other HIPPA adopted electronic transactions

*837i – The standard format transmitting healthcare claims electronically. It is used for electronic submission of institutional claims

*837p – The standard format for transmitting healthcare claims electronically. It is used for electronic submission of professional claims.

Paper Claims:

Paper claims must be filed using the required form and data elements for physicians, non-institutional, or institutional providers on the CMS-1500 (02.12) or CMS-1450, whichever is appropriate claim form for Medicare Claims.

Paper claims must be sent to the appropriate address for the Member plan as shown below.

US Family Health Plan

PO Box 981696

El Paso, TX 79998-1696

CHP Medicare Advantage

PO Box 981651

El Paso, TX 79998-1651

CHP New Mexico Health Insurance Exchange

PO Box 981636

El Paso, TX 79998-1636

CHP NCHD

PO Box 981638

El Paso, TX 79998-1638

CHP Texas and Louisiana Health Insurance Exchange

PO Box 981654

El Paso, TX 79998-1654

Claims Timely Filing:

Unless otherwise agreed upon in a provider's contract, a provider must submit a claim to CHRISTUS Health Plan as outlined below. Claims not received before the expiration of applicable timely filing deadline will be denied.

For **all** products, the following guidelines are used to determine the start date for the timely filing period.

- Non- Institutional/Professional:
    - Use the line item "From" date of service to determine timeliness for non-institutional/professional claim line items that contain date spans.
- Inpatient Institutional:
    - Use the "Through" date on an institutional claim as the date of service for claims that contain span dates (i.e., "From" and "Through" dates) to determine timeliness
- Outpatient Institutional:
    - Use the line item date of service to determine timeliness for Outpatient Institutional claim line items.

US Family Health Plan –

- Non- Institutional/Professional: 365 calendar days from the date of service
- Institutional: 365 calendar days from date of

discharge **CHRISTUS Health Plan Medicare Advantage -**

- Non- Institutional/Professional: 365 calendar days from the date of service
- Institutional: 365 calendar days from date of discharge

CHRISTUS Health Plan New Mexico Health Insurance Exchange

- Non- Institutional/Professional: 120 calendar days from the date of service
- Institutional: 120 calendar days from date of discharge

CHRISTUS Health Plan Texas Health Insurance Exchange

- Non- Institutional/Professional: 95 calendar days from the date of service
- Institutional: 95 calendar days from date of discharge

CHRISTUS Health Plan Louisiana Health Insurance Exchange Paper Claims:

  - Non- Institutional/Professional: 45 calendar days from the date of service
  - Institutional: 45 calendar days from date of discharge

- **Electronic Claims:**
  - Non- Institutional/Professional: 30 calendar days from the date of service
  - Institutional: 30 calendar days from date of discharge

Nueces County Hospital District

- Non- Institutional/Professional: 120 calendar days from the date of service
- Institutional: 120 calendar days from date of discharge

** Special requirement -- for February 29th date of service: Claims having a date of service of February 29th must be filed by February 28th of the following year to be considered as timely filed.

Coordination of Benefits

Claims submitted requiring coordination of benefits should be submitted within 120 days of receipt of the primary payer's determination and should be accompanied by the primary payers Explanation of Payment.

Claims submitted that exceed the timely filing deadline, or that are not accompanied by the explanation of payment, will be denied.

**CHRISTUS Health Plan reserves the right to audit all claims filed to ensure accuracy and compliance with the health plan standards and policies.

REFERENCES:

- Medicare Claims Processing Manual, Chapter 1, Subsection 70 - Time Limitations for Filing Part A and Part B Claims
- 42 C.F.R. § 422.520(a)(3) – Prompt Payment by MA organization
- Medicare Managed Care Manual, Chapter 11 - Section 100.2

- Medicare Managed Care Manual, Chapter 13
- Medicare Claims Processing Manual, Chapter 25 – Institutional Claim Form CMS-1450
- Medicare Claims Processing Manual, Chapter 26 – Professional Claim Form CMS-1500
- TRICARE Manuals - Display Chap 8 Sect 3 – Claims Filing Deadline
- www.tdi.texas.gov – Texas Department of Insurance, 28 TAC §§21.2806
- www.ldi.la.gob – Louisiana Department of Insurance, Title 22 §1832 and §1833

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	09/28/2017	Initial release.	Quality Improvement Committee
A	12/13/2018	Yearly review. Added NCHD to payer ID and claim mailing address. Changed CHP to CHRISTUS Health Plan.	Executive Leadership
B	03/25/2020	Yearly review. Changed title. Removed unnecessary verbiage. Added Louisiana payer information.	Executive Leadership
C	03/24/2021	Yearly review. No change to policy content.	Executive Leadership
D	02/23/2022	Yearly review. No change to policy content.	Executive Leadership
E	02/13/2023	Annual review. Updated reference links.	Executive Leadership