

Provider Bulletin
January 1, 2010**Important Updates Regarding Claim Filing**

This provider bulletin is an update to BlueChoice HealthPlan Medicaid's Provider Operations Manual (Manual). This information is effective immediately and will be reflected in the next Manual update.

Initial Claims Filing

As of **October 1, 2009**, BlueChoice HealthPlan Medicaid will accept claims from all providers up to **365 days** after the date of service.

Claims Returned Via Mail for Needing Additional Information - These claims are not noted as received in our claims system, therefore you have 365 days from the date of service to re-file the claim electronically or by mail.

You may submit original paper claims submissions to:

BlueChoice HealthPlan of South Carolina
P.O. Box 100124
Columbia, SC 29202-3124

Claims Needing Additional Information - You must resubmit claims originally rejected for missing or invalid data elements within **90 calendar days** from the date of rejection to the correspondence mailing address below.

Claims Filing Follow-Up

In addition, there are other changes taking effect regarding claim filing. As of **December 1, 2009**:

Claims Reconsideration - For providers who disagree with a BlueChoice HealthPlan Medicaid reimbursement determination, we have made the decision to extend the number of days the provider has to contact us to **90 calendar days** after the date on our remittance advice.

Corrected Claims - You must resubmit previously denied claims with corrections and requests for adjustments within **90 calendar days** from the date of denial. You must clearly mark the claim as a "corrected claim" and include the original claim number so that we do not deny the claim as a duplicate or for exceeding the filing limit.

You may submit a Provider Dispute Resolution form, corrected claims and other general correspondence regarding claims, including any supporting documentation to:

BlueChoice HealthPlan of South Carolina
P.O. Box 100148
Columbia, SC 29202-3148

Appeals and Grievances - A provider may file a grievance up to **90 calendar days** from the date you became aware of the issue. A provider may file an appeal up to **90 calendar days** from the date of the notice of action letter advising of the adverse determination. A provider may file an appeal up to **90 calendar days** from the date of a claims denial.

Please contact our Customer Care Center at **1-866-757-8286** with any questions.

www.BlueChoiceSCMedicaid.com