

Claims Processing: Enhancements**Purpose of this communication:**

- To notify providers of a recent enhancement aimed at improving electronic and paper claim processing times. Effective immediately, providers are encouraged to include the patient's health plan name on each claim submission.

What do I need to know?

- What is the enhancement?
 - CareCentrix is rolling out an enhancement relating to the 837 Claim regarding health plan rerouting.
 - This enhancement will allow providers to submit the patient health plan name in the group name field in addition to the group number.
 - CareCentrix will be utilizing the health plan name value submitted in the Group Name field to help determine accurate health plan routing.
- What are the recommended health plan names?
 - Reflect the health plan name on the claim which is indicated on the patient's insurance card.
 - The CareCentrix logic is NOT case sensitive, so "cigna" or "Cigna" or "CIGNA" are all acceptable.

What do I need to do?

- Begin submitting the health plan name in the 2000B-SBR04 Group Name field, or in box 11C on the professional paper claim form, or Box 61 on the institutional paper claim form.

Additional suggestions to improve processing times:

- Whenever you receive a REJECTED claim, if you resubmit the claim, it should be a new original claim (frequency 1). You should bill with the accurate subscriber ID as located on the member's insurance card.
- Avoid submitting duplicate claims. When you have received a 277CA response from CareCentrix that is NOT a rejection, DO NOT rebill the claim.

Thank you in advance for your cooperation and continued partnership. If you have any questions, please reach out to your assigned network management representative for assistance.