

MEMORANDUM

TO: RightCare Participating Providers

FROM: RightCare from Scott & White Health Plan (“RightCare”)

SUBJECT: Corrected Claim and Redetermination Memo

DATE: May 1, 2020

Dear Participating Providers:

Corrected claims and redeterminations, with a date of service prior to 11/01/2019, must be submitted to the address below: Please see page two for more details.

Mail your corrected claim form to:

Dates of Service prior to 11/01/2019
RightCare from Scott & White Health Plan
Attn: Claims Appeals
MS-A4-144
1206 West Campus Drive
Temple, Texas 76502

If you have any additional questions or need assistance, please call the RightCare Provider Line at 1-855-TX-RIGHT (1-855-897-4448).

Corrected Claims and Redeterminations Medicaid

CORRECTED CLAIMS	REDETERMINATIONS
DEFINITION	
A replacement of a previously submitted claim that needs a change or correction to charges, clinical or procedural codes, dates of service, member information, etc. It is not an inquiry or redetermination.	The review of a previously adjudicated/processed claim at the request of a provider to assess if the original determination/decision was correct or should be reversed based on additional information not previously available during the original determination.*
WHEN TO FILE	
Can be submitted within 120 days from the date of determination. Corrected claim notation: 1500 - Box 22 = CORRECTED CLAIM UB04 - Bill Type = xx7	Can be submitted within 120 days from the date of determination or payment made by RightCare from Scott and White Health Plan.
HOW TO FILE	
<p>Fill out and submit the claim form with the correct information.</p> <p>Mail your corrected claim form to:</p> <p>Dates of Service prior to 11/01/2019 RightCare from Scott and White Health Plan Attn: Claims Appeals MS-A4-144 1206 West Campus Drive Temple, Texas 76502</p> <p>Dates of Service 11/01/2019 and after RightCare from Scott and White Health Plan PO Box 211342 Eagan, MN 55121-1342</p> <p>Or electronically through your clearing house using "Frequency code" 7 for 1500 and/or Bill Type xx7 for UB04.</p>	<p>Fill out and submit the Provider Claim Redetermination Request Form found on the RightCare website. Provide relevant documentation.</p> <p>Mail your redetermination to:</p> <p>Dates of Service prior to 11/01/2019 RightCare from Scott and White Health Plan Attn: Claims Appeals MS-A4-144 1206 West Campus Drive Temple, Texas 76502</p> <p>Dates of Service 11/01/2019 and after RightCare from Scott and White Health Plan PO Box 211342 Eagan, MN 55121-1342</p> <p>The redetermination request form is processed within 30 days of receipt.</p> <p>Or submit electronically through the Provider Portal at https://rightcare.firstcare.com/Web/</p>

*A redetermination can be filed for claims based on filing limits, ClaimCheck or code editing, contracted rate of payment policy, coordination of benefits (COB), data entry error, and overpayment or underpayment.