

HMO Blue[®] Texas

Claims Filing and Payment Information

Avoid delays with proper submissions

HMO Blue Texas is committed to providing prompt payment of claims and complying with the requirements of Texas prompt pay laws and regulations. You can help us avoid delays in claims payment by submitting claims to the appropriate address. If a member's primary care physician is affiliated with a capitated independent practice association (IPA) or medical group, claims for certain types of services must be submitted to the IPA or medical group rather than to the normal address used for HMO Blue Texas claims. Paper claims that should have been sent to an IPA or medical group, but were incorrectly submitted to HMO Blue Texas will be rejected and you will receive notice to re-file it with the appropriate IPA or medical group. Claims submitted electronically to HMO Blue Texas directly via Availity that should have been sent to an IPA or medical group first will be forwarded to the appropriate IPA or medical group on your behalf. We will notify you via BCBSTX' electronic response file that the claim was forwarded and provide you with the name of the contact person. This notification will not be on the Availity Electronic Batch Response (EBR) that you receive initially, but will appear on the Delayed Payer Response (DPR) generated by the HMO application to Availity the day after transmission.

To determine the appropriate IPA or medical group for claims submission, please refer to the member's HMO Blue Texas identification card to obtain the physician organization (POrg) code. You may refer to the table below for the claims filing address, and the claims and Utilization Management (UM) phone numbers for the capitated IPAs and medical groups in your area. **Please note that it is important that you have a copy of the member's most current identification card.**

| Physician Organization Code (POrg) | Capitated IPA/Medical Group Name | IPA/Medical Group Claims Filing Address | IPA/Medical Group Claims Inquiry/UM Phone Numbers |
|------------------------------------|------------------------------------|---|---|
| KELS | Kelsey-Seybold Clinic | Kelsey-Seybold Clinic Claims Administration P.O. Box 841209 Pearland, TX 77584 | Claims: 713-442-5440 UM: 713-442-5339 |
| RNPO | Renaissance Physician Organization | Renaissance Physician Organization P.O. Box 2888 Houston, TX 77252-2886 | Claims: 832-553-3300 or 800-280-8888 UM: 832-553-3333 |

If the POrg code that appears on the member's identification card appears in the table above, you should file claims for physician, other professional services and outpatient diagnostic testing services with the IPA or medical group. If the POrg code that appears on the member's identification card does not appear in the table or if the claim is not for the services stated above, you will need to file the claim with HMO Blue Texas and send it to:

HMO Blue Texas
P.O. Box 660044, Dallas, TX 75266-0044
877-299-2377

For questions about which services should be filed with the capitated IPA or medical group and which services should be filed with HMO Blue Texas, call your Provider Relations office.

Behavioral Health Claims Filing

Behavioral health claims, regardless of the member's PCP or physician POrg code, should be sent to Magellan Behavioral Health Providers of Texas, Inc. at:

Magellan Behavioral Health
Attention: Claims
P.O. Box 1659, Maryland Heights, MO 63043
800-729-2422

Claims Submission – Timely Claims Filing Procedures - Effective April 21, 2008*

HMO Blue Texas claims must be submitted within **180** days of the date of service. Physicians and other Professional Providers must submit a complete claim for any services provided to a member. Claims that are not submitted within **180** days from the date of service are not eligible for reimbursement. Claims submitted after the designated cut-off date will be denied on a Provider Claim Summary (PCS). *The member cannot be billed for these denied services.* HMO Blue Texas network Physicians and other Professional Providers may not seek payment from the subscriber for claims submitted after the **180** day filing deadline. Please ensure that statements are not sent to HMO Blue Texas members, in accordance with the provisions of your HMO Blue Texas contract.

If a Physician or other Professional Provider feels that a claim has been denied in error for untimely submission, the Physician or other Professional Provider may submit a request for claim appeal/reconsideration review. The Claim Appeal/ Reconsideration Review form and instructions are located in the HMO Blue Texas Physician & other Professional Provider – Provider Manual in Section F.

If a claim is returned to the Physician or other Professional Provider of service for additional information, it should be resubmitted to HMO Blue Texas within **180** days. The **180** days begin with the date HMO Blue Texas mails the request. If claims are filed electronically, then Physicians or other Professional Providers must make the necessary corrections and refile the claim electronically in order for the claim to be processed.

HMO Blue Texas Statewide Claims Filing Address

P.O. Box 660044
Dallas, TX 75266-0044

HMO Blue Texas Toll-free Customer Service Number

877-299-2377