



November 20, 2018

Provider Notice

Change to Medical Paper Claim Submission: CMS-1500 Form Box 33 (Billing Provider Address)—Effective February 25, 2019

Effective February 25, 2019, FirstCare Health Plans will no longer accept P.O. Box addresses in Box 33 (Billing Provider Address) of the CMS-1500 Form. This change is being implemented in order to align with the National Uniform Claim Committee (NUCC) requirements, as adopted by the Centers for Medicare and Medicaid Services (CMS). In accordance, providers are required to, submit the billing provider's name, physical street address or physical location, and a telephone number in Box 33.

FirstCare will begin rejecting medical paper claims received on or after **February 25, 2019**, to enforce compliance with the above requirements. **Please note, payment will continue to be mailed to the primary correspondence address on file with FirstCare (even if that address is a P.O. Box).**

While FirstCare continues to accept the paper CMS-1500 Form, providers are highly encouraged to submit forms electronically via our secure Provider Self-Service Portal. Providers may also use a clearinghouse for its electronic claim submissions.

Verification Procedures

Federal and state regulations require FirstCare Health Plans to capture specific data regarding services rendered to its Members. In order to ensure prompt and accurate payment to providers, it is essential that FirstCare be kept informed of changes in provider information and/or status. Network providers must inform both FirstCare and HHSC's claims administrator for traditional fee-for-service and fiscal agent (TMHP) of any changes to the provider's address, telephone number, group affiliation, etc.

Paper Claim Submission

The mailing address for all claim-related correspondence including original claim submissions, adjustment requests, and recovery correspondence is:

FirstCare Health Plans
ATTN: Claims Department
P.O. Box 211342
Eagan, MN 55121

If a claim is deemed deficient or an unclean claim to the point of unpayable, FirstCare will notify the provider with a written notice indicating the reason for rejection. If a paper claim is rejected, providers should correct the error and resubmit the paper claim as an original claim. FirstCare does not supply claim forms to providers.



Provider Relations Contacts

Should you have any questions regarding the information contained in this update, please contact your designated FirstCare Provider Relations Representative at the following:

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| Email | Provider_Relations@FirstCare.com |
| Telephone | Abilene Area: 325-670-3882 or 325-670-3884 |
| | Amarillo Area: 806-467-3200 |
| | Lubbock, Waco and other service areas: 806-784-4380 |

References

The following links provide additional resources to assist with submitting clean paper claims.

- National Uniform Claim Committee 1500 Claim Form Reference Instruction Manual; <http://www.nucc.org/index.php/1500-claim-form-mainmenu-35/1500-instructions-mainmenu-42>
- CMS-1500 Claim Form Sample; <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>
- Texas Medicaid Provider Procedures Manual: CMS-1500 Paper Claim Filing Instructions; http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx