Explanation of the claims process

Time frame for commercial and Medicare claims submission

Physicians, other health care professionals and facilities are required to submit claims within 90* days of the date(s) of service. Untimely claims will be denied. The claims filing deadline is based on the date of service on the claim; it is not based on the date the claim was sent or received.

* For claims with dates of service on or after April 1, 2010, the minimum time frame for claims submitted by New York licensed providers for services rendered to members with New York lines of business (New York situs plans) has changed to 120 days from the date of service.

We strive to process all complete claims within 30 days of receipt. Physicians and other health care professionals have a variety of methods available to verify and ensure that claims are received within the filing deadline.

If a physician or other health care professional does not receive a Remittance Advice within 45 days, he or she should check the status of the claim at that time. We offer multiple tools for checking claims status:

- Oxford Express at 1-800-666-1353 (automated self-service system available 24 hours a day, seven days a week)
- Our website at www.oxfordhealth.com (available 24 hours a day, seven days a week)
- Provider Services at 1-800-666-1353 (Monday – Friday, 8 a.m. – 6 p.m. ET)

Exceptions:

- If a claim is disputed, you have 180 days from the date of the Remittance Advice statement to appeal the claim, with the exception of claims for New Jersey members; in this case, you have 90 days from the date of the Remittance Advice statement for such claims.
- If an agreement currently exists between you and Oxford or UnitedHealthcare containing specific filing deadlines, the health plan's agreement will govern.
- If coordination of benefits has caused a delay, you will need to provide proof of denial from the primary carrier and will have 90 days from the date of the primary carrier Explanation of Benefits to submit the claim to us.
- If the member has a health benefits plan with a specific time frame regarding the submission of claims, the time frame in the member's Certificate of Coverage will govern. Claims submitted after the 90-day filing deadline that do not fit one of these exceptions will not be reimbursed; the reason stated will be "filing deadline has passed" or "services submitted past the filing date."
- For claims submitted after April 1, 2010, if a claim is submitted past the filing deadline due to an unusual occurrence (e.g., provider illness, provider's computer breakdown, fire, or flood) and the provider has a historical pattern of timely submissions of claims, the provider may request reconsideration of the claim.

Clean and unclean claims

Because we process claims according to state and federal requirements, a clean claim is defined as a complete claim or an itemized bill that does not require any additional information to process it.

A clean claim includes at least the following:

- Patient name and Oxford member ID number
- Provider ID number
- Provider information, including federal tax ID number (FTIN)
- Date of service
- Place of service
- Diagnosis code
- Procedure code
- Individual charge for each service
- Physician or other health care professional signature

An unclean claim is defined as an incomplete claim, a claim that is missing any of the above information or a claim that has been suspended in order to get more information from the physician or other health care professional. If you submit incomplete or inaccurate information, we may reject the claim, delay processing or make a payment determination that must be adjusted later when complete information is obtained (e.g., denial, reduced payment).

Required information for electronic claims

To expedite payment on electronic claims, we must receive complete and accurate information from your office. Complete and accurate information includes the Payer ID, which is 06111, and the required information listed in this section. Additionally, you will need to include information which is listed in the Provider Reference Manual section called Required information for all claims submissions.

Required provider information

- Provider ID number and/or NPI (National Provider Identifier) – Identification numbers assigned to the
physician or other health care professional and the NPI
enumerator, respectively

- Federal tax ID number/Employer Identification
  Number (FTIN/EIN) – Identification number assigned
to the provider by the IRS
- Physician or other health care professional name
  – Complete first name and last name of the physician or
  other health care professional rendering services
  (correct spelling assists us with validation)

Required patient information*

*Please note: Prior to submitting a claim, please confirm
the patient's current eligibility information through our
website at www.oxfordhealth.com, Oxford Express or
an EDI vendor.

- Patient's name and member ID number – Be sure
to accurately enter the patient's name and member ID
number as it appears on the patient's member ID card or
the electronic eligibility transaction (correct spelling
assists us with member validation); do not include the
asterisk or space when entering the ID number;
however, the last two bold numbers must be included
(Example: 12345602)

- Patient's date of birth – Be sure to confirm that this
date is correct

* For information regarding placement of required information in
the HIPAA 837 transaction format, please refer to the 837 Health
Care Claim: Professional ASC X12N (004010X98) Implementation
Guide, ADDENDA 837 Health Care Claim: Professional ASC
X12N (004010X98A1) Implementation Guide, 837 Health Care
Claim: Institutional ASC X12N (004010X96) Implementation
Guide, or the ADDENDA 837 Health Care Claim: Institutional
ASC X12N (004010X98A1) Implementation Guide, which can
be obtained from the Washington Publishing Company's website
HIPAA Implementation Guides can be obtained by contacting
our eSolutions support team at 1-800-599-4334.

Clearinghouses for electronic solutions

Ingenix® EDI Solutions (IEDIS)
Ingenix is the preferred clearinghouse for the submission
of claims for all Oxford plans. Ingenix offers a secure, easy-
to-use path to virtually all commercial and government
payers through the UnitedHealthcare Online All-Payer
Gateway™. You have the option to submit claims for
Oxford plans directly through Ingenix or indirectly through
your current clearinghouse or gateway.

Ingenix is dedicated to transforming organizations and
improving health care with a portfolio of services to:

- Prevent erroneous claims submission
- Increase claims and payment efficiency with connectivity
  and automation
- Optimize revenue cycle management by streamlining
coding, compliance, and reimbursement
- Control costs and improve health through data-driven
disease prevention
- Improve health care decisions with innovative tools
- Ensure efficiency with comprehensive consulting and
  implementation services

For more information about Ingenix solutions and
services, visit www.ingenix.com or call
1-888-445-8745 today.

Electronic claims can be submitted directly to us at no cost
via Oxford Direct Connect. For information, log in to www.
oxfordhealth.com as a provider or facility. Click on the
Transactions tab and then on Claims in the Submit column.

Corrected/resubmitted claims
(reconsideration) policy

To ensure a prompt response when resubmitting a claim, you
must include the following:

Physicians and other health care professionals

- A completed CMS-1500 or UB-04 claim form with the
corrected or resubmitted information
- The words "Corrected Claim" or "Resubmitted Claim"
written or stamped in Field 19 (Reserved for Local Use)
of the CMS-1500 form or Field 84 (Remarks) of the
UB-04 form
- A copy of our Remittance Advice or claim number
written on the claim form in Field 19 (Reserved for Local
Use) of the CMS-1500 form or Field 84 (Remarks) of
the UB-04 form

Facilities

* For facility EDI, use payer ID 06111 and include appropriate bill type.

Corrected/Resubmitted Claims (not requested
by Oxford)

Oxford Correspondence Department
P.O. Box 7081
Bridgeport, CT 06601-7081

See the Provider Reference Manual Section Eight on
Claims for more information.
Addresses, telephone and fax numbers

To access Provider Services, which includes medical management services, please call **1-800-666-1353** (Mon. – Fri., 8 a.m. – 6 p.m. ET).

Services and resources contact information

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health department – (for precertification only)</td>
<td>1-800-201-6991</td>
</tr>
<tr>
<td></td>
<td>Fax 1-800-760-4041</td>
</tr>
<tr>
<td>Clinical Appeals department</td>
<td>Fax 1-203-459-7351</td>
</tr>
<tr>
<td>Complementary and Alternative Medicine fax</td>
<td>1-800-201-7025</td>
</tr>
<tr>
<td>Electronic solutions support</td>
<td>1-800-599-4334</td>
</tr>
<tr>
<td>Fraud Hotline</td>
<td>1-800-915-1909</td>
</tr>
<tr>
<td>Fraud Hotline – Medicare Part D only</td>
<td>1-877-637-5595</td>
</tr>
<tr>
<td>(may be shared with patients)</td>
<td></td>
</tr>
<tr>
<td>Laboratory information – Laboratory Corporation of America (LabCorp)</td>
<td></td>
</tr>
<tr>
<td>Client services:</td>
<td></td>
</tr>
<tr>
<td>Patient service center locator number for members</td>
<td>1-888-LABCORP</td>
</tr>
<tr>
<td>North New Jersey</td>
<td>1-800-223-0631</td>
</tr>
<tr>
<td>South New Jersey</td>
<td>1-800-633-5221</td>
</tr>
<tr>
<td>New York</td>
<td>1-800-223-0631</td>
</tr>
<tr>
<td>Connecticut</td>
<td>1-800-631-5250</td>
</tr>
</tbody>
</table>

Or visit [www.oxfordhealth.com](http://www.oxfordhealth.com) for a complete list of participating laboratories.

Medicare customer service contact information

<table>
<thead>
<tr>
<th>Service</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Medicare Appeals department fax</td>
<td>1-866-950-5158</td>
</tr>
<tr>
<td>Pharmacy customer service (commercial members)</td>
<td>1-800-905-0201</td>
</tr>
<tr>
<td>Pharmacy notification (commercial members)</td>
<td>1-800-753-2851</td>
</tr>
<tr>
<td>– available 24 hours per day, seven days per week, including holidays</td>
<td></td>
</tr>
<tr>
<td>Pharmacy customer service (Medicare members)</td>
<td>1-800-711-4555</td>
</tr>
<tr>
<td>Pharmacy precertification – (Medicare members)</td>
<td>1-800-711-4555</td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td></td>
</tr>
<tr>
<td>Physician services/claim inquiry</td>
<td>1-877-369-7564</td>
</tr>
<tr>
<td>Precertification by fax</td>
<td>1-866-695-6923</td>
</tr>
<tr>
<td>Claim and payment inquiry</td>
<td>1-800-666-1353</td>
</tr>
<tr>
<td>Radiology information – CareCore National, LLC (commercial and Medicare radiology)</td>
<td>1-877-PREAUTH</td>
</tr>
<tr>
<td>Medicare member Complaints, Appeals and Grievances department fax</td>
<td>1-866-950-5158</td>
</tr>
<tr>
<td>Medicare member fraud, waste and abuse complaints</td>
<td>1-877-637-5595</td>
</tr>
<tr>
<td>Behavioral Health department – (for precertification only)</td>
<td>1-800-201-6991</td>
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<td>(may be shared with patients)</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Montefiore-CMO arrangement for Medicare members in Bronx County</td>
<td></td>
</tr>
<tr>
<td>Medical management/physician services, claim information</td>
<td>1-800-876-7455</td>
</tr>
<tr>
<td>Referral fax number</td>
<td>1-914-467-4362</td>
</tr>
<tr>
<td>Pharmacy customer service and precertification (Medicare members)</td>
<td>1-800-711-4555</td>
</tr>
</tbody>
</table>

See the Provider Reference Manual Section One on Oxford contact overview for more information.
To access our website, please go to www.oxfordhealth.com.

To log in to www.oxfordhealth.com, you will need a username and password. If you do not have a username and password, please click on Need to Register, fill in the required information and submit your request. Physicians and other health care professionals should have immediate access; facilities will receive a username and password by telephone within two to three business days.

From the providers or facility home page, you can perform the following transactions:

- Submit and check referrals, claims and precertification requests
- Submit notification of inpatient admissions (facilities only)
- Check patient benefits and eligibility
- Change your address, e-mail, username, password, and referral fax number
- Request materials
- Perform a physician search
- Learn about new business arrangements
- View radiology and laboratory program information
- View our prescription drug information
- View our medical and administrative policies
- View our clinical and preventive practice guidelines
- View our disease management initiatives

Oxford Express® (1-800-666-1353)

Use our automated telephone system to:

- Check patient eligibility
- Check the status of referrals and precertification requests
- Submit referrals and precertification requests
- Check the status of claims and request copies of remittance advices

eSolutions support team

We have a team of professionals dedicated to assisting you with electronic solutions for your administrative needs. They can also provide you with helpful information and assist you with a variety of topics related to Electronic Data Interchange (EDI), including:

- Understanding the benefits of electronic claims
- Resolving problems with your practice management vendor
- Addressing issues with your clearinghouse
- Reading your electronic claims tracking reports
- Setting up electronic claim payments and remittances
- Submitting electronic referrals
- Selecting hardware and software
- Topics related to www.oxfordhealth.com

For more information on electronic claims, please call the eSolutions support team at 1-800-599-4334.

See the Provider Reference Manual Section One on Oxford contact overview for more information.