

## FREQUENTLY ASKED PROVIDER QUESTIONS

### I have a question about claims. Who should I contact?

- ✚ Provider Relation Coordinators can be reached at 1.844-283-2884; Mon - Fri 8:00 a.m. - 5:00 p.m. or via email at [ProviderService@icirclecny.org](mailto:ProviderService@icirclecny.org)

### How can I schedule transportation for a member?

- ✚ Please contact Member Services at 1.844.694.2273 8:00 a.m. - 5:00 p.m.
- ✚ iCircle MLTC will cover non-emergent, medically necessary transportation services

### How do I become a provider?

- ✚ Visit our website at <https://www.icirclecny.org/> and complete the appropriate Credentialing Application.
- ✚ New Provider contracting is dependent on iCircle's current provider network adequacy and the reputation & offered services of the entity who is requesting to become an iCircle provider.

### Where can I submit my claims?

- ✚ Paper claims can be submitted to:
  - iCircle Care  
P.O. Box 1320  
Webster, NY 14580  
ATTN: Claims Department
- ✚ Electronic claims can also be submitted via Clearinghouse - VisibileDI
  - Clearinghouse: VisibileDI
  - Payer Name: iCircle
  - Payer ID: ICRCL
  - Authorization Number: Provided on Authorization from iCircle
  - Member Account Number: Member's Medicaid ID # (Also on Authorization)
- ✚ iCircle MLTC does not accept claims via email or any other method other than the above.

### I have questions about a member's vision benefits.

- ✚ iCircle MLTC partners with **Davis Vision** for our member's vision benefits. Providers may contact Davis Vision at 1.800.773.2847 for iCircle MLTC members, or may work in conjunction with the member's iCircle Care Manager.

### I have questions about a member's dental benefits.

- ✚ iCircle MLTC partners with **Healthplex** for our member's dental benefits. Providers may contact Healthplex at 1.888.468.5175 for iCircle MLTC members, or may work in conjunction with the member's iCircle Care Manager.

### I've never submitted a health insurance claim before, what do I do?

- ✚ If you provided an MLTC covered service and are not a medical facility you will need complete a **CMS 1500** form and appropriately submit it to iCircle MLTC. The form can be purchased here: <http://bookstore.gpo.gov>
- ✚ Most of the information needed to complete this form will be found on the authorization that you received from iCircle, as well as the instructions found on the form itself.
- ✚ If you have additional submission questions, we encourage you to call our Provider Network Team at 1.844-283-2884; Mon - Fri 9:00 a.m. - 5:00 p.m. or via email at [ProviderService@icirclecny.org](mailto:ProviderService@icirclecny.org)

### How long will it take for my clean claim to process?

- ✚ Electronic claims are typically processed within 30 days of receipt.
- ✚ Paper claims are typically processed within 45 days of receipt.

### How can I request an authorization or ask for an authorization to be corrected?

- ✚ Authorization creation / modification is at the discretion of iCircle's Clinical Care Management Team.
- ✚ New Requests can be discussed with the member's care management team by calling 1-844-424-7253.
- ✚ To request Authorization Revision, please use the form found on our website and email it to [Authrevisionreq@iCirclecny.org](mailto:Authrevisionreq@iCirclecny.org)

## FREQUENTLY ASKED PROVIDER QUESTIONS

### What is a Front-end Rejection (see definition below)? Why was my claim sent back?

- ✚ Claims with missing or incorrect information that prevent iCircle from processing will be sent back to the provider without being entered into the system. The provider will receive a letter advising them of the reason for the rejection. After correcting the information, the claim may be sent back to iCircle as an original claim.

### How do I file an appeal for a denied claim?

- ✚ To file an appeal, you'll need to complete an appeal form & supply all necessary documentation.
  - Appeals must include sufficient reasoning to overturn any previous claim / payment decision.
  - Appeal submissions are NOT a guarantee that a previous claim determination will be overturned.
  - Assistance with understanding appeals can be obtained by contacting the Provider Network Team.
- ✚ If you have a large number of denied claims or errors that you need assistance on, one of our designated Provider Relation Representatives can assist you to ensure you send all needed information for our internal review.

### What is your timely filing limit?

- ✚ Original, Primary claims have **120 days from the last date of service** to be submitted to iCircle.
- ✚ Secondary Insurance Claims have **120 days from receipt of the primary EOB (which also must be submitted to iCircle MLTC for consideration of secondary coverage).**
- ✚ Corrected claims (see definition below) have **12 months from the date of service.**
- ✚ Claim Appeals (see definition below) must be submitted no later than **90 days from date of denial/payment**
- ✚ To submit a Corrected Claim, or an Appeal, the original claim must have been fully processed and included on an iCircle MLTC EOP to your organization.

### How can I email you?

- ✚ iCircle Providers can contact our team at [ProviderService@icirclecny.org](mailto:ProviderService@icirclecny.org) for assistance and/or guidance.

## Definitions and Examples

### Corrected

- **Definition:** A corrected claim is a claim that requires changes be made to the original claim previously processed (a corrected claim is NOT a rejected claim). For rejected claims please see Front-end Rejection.
- **Example:** An error with the way the original claim was billed (i.e., # of units billed, date of service, diagnosis, procedure codes, modifiers, bill amount)

### Front-end Rejection

- **Definition:** A front-end rejection is a claim that has been rejected and needs to be resubmitted (meaning it is not recorded in our system).
- **Example:** Provider receives a rejection letter identifying the reason for rejection. (i.e., claim not on file, invalid claim number, NPI not on file, W-9 not on file, whiteout was used on claim). New claim submission is required.

### Appeals

- **Definition:** An appeal is a type of dispute you make when you want a reconsideration of a decision (determination) that was made regarding a service.
- **Example:** All denials (i.e., authorization related denials, rate issues and timely filing).

*\* The above information pertains to iCircle's Managed Long Term Care Plan (MLTCP) only. \**