



April 6, 2021

## RE: Cigna STAR+PLUS and Cigna CarePlan (Medicare-Medicaid Plan) Claim Rejection Process Update

Dear Provider:

In compliance with Centers for Medicare and Medicaid Services (CMS) and State regulations, Cigna STAR+PLUS and Cigna CarePlan is updating the front-end HIPAA validation edits for all claims received by Texas Medicaid Healthcare Partnership (TMHP).

In the past, provider claims and data submissions to Cigna STAR+PLUS and Cigna CarePlan have not been rejected for many of the HIPAA edits. Instead, you will receive a 277CA response file that will show you the rejected claims to correct and re-submit. These claims have not made it into our claims system because they did not pass HIPAA edits. These claims are not denied, they are in rejected status.

**Effective August 1, 2021, Cigna STAR+PLUS and Cigna CarePlan will reject claims that do not comply with CMS implementation guidelines.** Information on CMS requirements (HIPAA X12 format) and Electronic Data Interchange (EDI) can be found online at: [www.cms.gov](http://www.cms.gov).

Many other large insurance plans have already implemented these edits. So your claims may already be completely HIPAA compliant, and you will not notice any difference after August 1, 2021. But if your clearing house/claim submitter has not implemented the required HIPAA edits, you could see a change.

### How does this affect you?

- Claims submitted electronically by your clearing house/claim-submitter must have correct HIPAA edits including correct data types where required to submit successfully into Cigna STAR+PLUS and Cigna CarePlan for processing.
- Claims without the correct HIPAA edits will likely result in a rejection, not a denial.
- The rejection could happen at your clearing house/claim submitter.
- A rejection means that your claims will not make it to us to process and that will delay payment to you
- Your rejected claim would require correction and electronic resubmission to us.



What should I do now?

- Make sure you're in the habit of checking electronic response files after filing and noting any rejection or error codes. See page three of this letter for an example of the kinds of responses you might receive.
- If you receive rejection or error codes, immediately correct the data element(s) shown and refile the claim with us electronically so you can receive payment

If you have questions regarding the implementation of this change, please contact your Provider Relations representative or the Cigna STAR+PLUS and Cigna CarePlan Provider Services at 1-877-653-0331, Monday through Friday, from 8 a.m. to 5 p.m., Central Time.

Thank you for your participation in our provider network and for the care you provide our members.



## Examples of Messages That Providers May See from Clearinghouse

Submitters will receive the following:

1. **TA1 acknowledgement** confirming receipt of the submitted data file.
2. **999 acknowledgements** which include additional information about whether the transaction had errors. This includes whether the transaction is in compliance with HIPAA requirements. The 999 acknowledgement may recognize receipt of a transaction, such as a healthcare claim, but it does not necessarily mean that transaction will be adjudicated by Cigna STAR+PLUS and Cigna CarePlan.

The 999 Acknowledgement may produce three results:

- Accepted (A)
- Rejected (R)
- Accepted with errors (E)

The 999 acknowledgement will also report on exactly what syntax issues caused the error in the original transaction.

3. **Error Summary Report** – The Error Summary Report includes the number of records received, the number accepted, and the number rejected.
4. **Detail Error Report** - The Detail Error Report provides a breakdown of errors summarized in the Error Summary Report. The Detail Error Report will provide, record by record, the field level details communicating the error causing the rejection.
5. The original erroneous data records will be provided back to the submitter with field level details communicating the cause of the rejection. Providers should review the information on the Detail Error Report and resubmit a corrected claim or file.