

## REAL CARE CLAIMS INFORMATION

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### SUMMARY

This section explains the process and requirements for processing claims and submitting claims to Real Care Health Plans.

**REALCARE CLAIMS  
PO BOX 97357  
LAS VEGAS NV 89193**

### CLAIMS CHECKLIST

- Submit claims to the claims office identified on the back of the members ID card.
- Verify Members Eligibility and Benefits
- Make sure that appropriate Pre-certifications are obtained prior to submittal of claim
- Use CPT coding schemes from 2001 to designate procedures and ICD- 9-CM codes for diagnoses.
- Bill within a 180 days

### MAILING CLAIMS

Check the back of the member ID card for appropriate claim billing address.

### EOB

For each fee-for-service claim submitted, Real Care Health Plan will issue an EOB. The EOB will state the amount paid on the claim, or why the claim was denied. Remark codes are listed on the EOB. These codes explain how the claim was processed.

## REAL CARE CLAIMS APPEALS (CONT'D)

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### **SUMMARY**

This section explains the process and requirements for challenging claims for Real Care Health Plan

### **CLAIM APPEALS**

The purpose of the claim appeals process is to:

- Allow the provider to voice concerns and appeal claim denials or perceived under payments.
- Ensure these concerns are acted upon promptly.
- Ensure the concerns are addressed consistently and fairly.

Your request for claim review will be expedited when you include the following:

- Cover letter explaining your request for review/reconsideration
- Copy of HCFA or UB92
- EOB
- Supporting medical documentation (i.e., notes, reports, etc.)

### **1ST LEVEL APPEALS**

Initially, the physician should address any question regarding claim payment or denial to Member Services at the telephone number on the member's identification card or 1-800-438-7325 (Get-Real). A Customer Service Associate (CSA) will investigate the claim and, when appropriate, forward the claim to a nurse reviewer for review. The CSA or nurse reviewer will respond to the physician in writing after the claim has been reviewed.

OR

A written request for review may be sent to the Claims Office that originated the Explanation of Benefits.

### **2ND LEVEL APPEALS**

A physician who is not satisfied with the 1st level determination may submit a written request for reconsideration to Real Care Health Plan. The Medical Director, or his designee, will review the issue and notify the physician of the decision in writing.

## CLAIMS APPEALS (CONT'D)

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### **3RD LEVEL APPEALS**

A physician who is not satisfied with the 2nd level determination may appeal to Real Care Health Plan Medical Director or designee, or an independent reviewer. The physician may submit a written request asking for an appeal of the decision rendered by Real Care Health Plans.

#### **THE FOLLOWING INFORMATION SHOULD BE SUBMITTED:**

- Written request for review
- Medical records and pertinent notes
- Copy of EOB
- Copy of letter of determination from the health plan's Medical Director.