



ActivHealthCare Newsletter

Network News

February 2012

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Dear Activ Providers,

December through January is always a busy time at ActivHealthCare, but these past two months have been crazy. The biggest issue has been Auto Med Pay. This is a very confusing and frustrating issue so without too much detail, let me lay out an outline of what we have learned.

- Coventry Auto Solutions is managing auto liability networks for several auto carriers. We have seen discounts on State Farm, Liberty Mutual and Progressive so far. However, not all discounted claims are due to a Coventry credentialing arrangement.
- Coventry is managing the re-pricing; the discounted auto liability claims may be due to your network relationship through MultiPlan, Focus, Integrated Health Plan, Beech Street or other networks.
- ActivHealthCare has not been involved in or the cause of any discounts at this point to our knowledge. So far, all have been the result of other network contracts, some over 10 years old, that the provider entered either directly or through a network other than ActivHealthCare.
- MultiPlan has entered the auto liability arena. MultiPlan sent a letter to contracted providers this past December explaining this.
- ActivHealthCare has received confirmation from MultiPlan that ActivHealthCare and our subsidiary, Integrated-ActivHealthCare, LLC, have "Opted Out" of the Auto Liability network. As a group, we are not participating in Auto Liability with MultiPlan.
- As an individual provider, you may still be contracted with MultiPlan because of a direct contract with MultiPlan or any one of the many companies MultiPlan has purchased in the past or contracted with that had you listed as a member.

If you do not want to receive Auto Med Pay discounts through MultiPlan or Coventry, you need to make a few phone calls to:

1. Determine if you have a relationship with these companies other than through ActivHealthCare. When contacting Coventry be sure to ask if you have an existing Focus contract. If so, you should terminate it.
2. How many ways do you have a relationship with the network?
3. What is/are the relationship(s)? (Some providers are in MultiPlan 10 ways or more.)
4. How do you terminate the relationships you do not want?

Here are the contact numbers:

Coventry Health Care (including Focus) - 800-793-6074
MultiPlan Auto and WC - 800-530-2127
MultiPlan Group Health - 800-950-7040

If you have any questions or want additional information on this matter, please e-mail me at mbrickhouse@ActivHealthCare.com. Just remember, doing nothing may result in huge discounts on your auto liability claims. Be sure to act promptly.

Mark Brickhouse
Executive Director

Updated Network Affiliates On Website

We have recently updated a new Network Affiliates list. In addition, a new fee schedule has just been posted for Memorial Health Partners.

Over the next few months, various affiliates will no longer be a part of our network. Due to lack of business from them, we have sent termination notices to the following networks:

- Integrated Health Plan
- Employers Health Network
- NPPN (a.k.a. MedAvant)

Remember to regularly review information provided on our website.

New Customer Service Center Now Online

We have listened to your requests, and have provided the ability to view your claims and check claims' status online. You can search for open and completed claims, view the remittance advice, and view your 1099. In addition to viewing your claims, you can now also create a treatment plan form online and verify Coventry eligibility.

To start viewing your claims or submit a treatment plan form, [click here](#). Use your Fed ID number for both the User ID and password in the Login section. You will be prompted to change your password the first time you log in. To view the remittance advice, you will need to disable your pop-up blocker.

Now that this capability is available to you, we like you to provide feedback and suggestions for improvement. Please send your comments about the Customer Service Center to info@activhealthcare.com with "CSC Feedback" in the subject line.

CBCA (Gulfstream TPA) Is Now Simplifi

CBCA Administrators Inc. has formed a new company called Simplifi ESP, LLC. While the new company became effective August 1, any noticeable changes have been minimal thus far. In 2012, you will begin to see the new logo on member ID cards, EOBs, and other communications. It is important to note that these are aesthetic changes only, and will not affect the services to customers.

Simplifi is also in the process of upgrading their claims processing system. This has necessitated changing group numbers. Please be aware of this change in processing your claims. If you are processing your claims electronically through Office Ally, please use the name "CBCA/Simplifi."

Is It Time For You To Re-Credential?

Every three years during your anniversary month, you must complete a re-credentialing application. Activ will notify you when it is time to re-credential. Now, you can submit your re-credentialing application online. This new application is designed to keep your information secure and comply with HIPAA requirements. Information previously submitted will automatically complete the application. You will only have to update information that has changed and add any new information. While the application is online, you will still be responsible for submitting the supporting documentation (W-9, payment, malpractice insurance, release authorization, and agreements) to complete the application. To start your application, [click here](#).

Our websites, www.ActivHealthCare.com and the [credentialing application](#), are actually two different websites. Both websites require logins that are separate from each other. You may create the same user ID and password for both or they may be different; however, you will always have to log in to each site independently. While a password for www.activhealthcare.com is not required to access the online credentialing application, you are encouraged to register with the Activ website so you can review the most recent term summary sheets, fee schedules, and employer lists. To register with the Activ website, [click here](#).

Necessities For Filing Electronic Claims

Use valid 9 digit Zip Code

Make sure you are sending 9 digit Zip Codes for your Billing Provider and Service Facility addresses. This affects boxes 32 and 33 on the CMS1500. Patient and Payer Zip Codes are not affected.

No P. O. Boxes in Billing Provider Address

Make sure you are sending a physical address for the Billing Provider. If you are currently submitting a PO Box address for the Billing Provider and cannot provide your PO Box via the Pay-To address field within your software, you may register your Physical Address with Office Ally. This is located in Box 33 of the CMS1500.

NPI

A valid NPI is required for all providers.

New ICD10 Codes

New ICD10 codes are not mandatory until October 2013, but Office Ally will start accepting these codes on 1/1/2012.

Claims Filing Tips To Avoid Delays/Denials

Two repeated claims filing errors continue to create problems for providers. Both can be avoided by regularly checking the website and enrolling your CA in our free, online webinar training.

The first filing error is not sending claims to the right address. Remember to send claims for First Health, HealthOne Alliance, Coventry, Beech Street, SuperMed, Alliant, MultiPlan, and most plans should be sent directly to ActivHealthCare. For a complete list of network affiliates and how to process their claims, visit the website and [print our networks affiliates listing](#).

The second costly mistake is failure to include the NPI number in all the necessary boxes on the CMS1500. The billing NPI number should always be shown in Box 33a. The rendering provider's NPI number should also be included in Box 24j if it is different than the NPI number in Box 33a.

Memorial Health Employee Health Plan Update

Effective January 1, 2012, Integra Employer Health assumed third party administrative responsibilities for the Memorial Health Employee Health Plan. In addition, Integra Health is also responsible for the run-out of 2011 claims.

Providers must register on the Integra Health website in order to submit and view referral information. Register at <https://provider.integrahealth.com>. A referral is not needed for a member to receive care. A referral is simply a notification of the member's need to see another provider, not an approval of care.

If a provider chooses to submit a referral, they should do so on this website. If a provider must fax the referral, use the referral form located on the Integra website. All faxed referrals will be available to view online within 3-5 business days.

How to Contact Us

You may always reach us by visiting the Contact Us section of our [website](#). This section includes checking on claims status, credentialing, general information, EDI, website issues, etc. This is a quick and easy way for you to contact the staff in the office.

