Electronic Claims Submission (EDI) – Training

Part 1 – How to complete the CMS-1500 form

Contact Information:

EDI@I-AHC.net

866-374-9558

770-455-0040

Two parts of Training

Part 1: How to complete CMS-1500 form for Integrated-ActivHealthCare.

- Understanding Network verses Payor
- Understanding Network Affiliates
- Preparing your office software & Completing the CMS-1500 Form
- ID card Examples

Part 2: How to use Office Ally (done by Office Ally conference call).

How to Enroll

To Enroll:

1. Print enrollment forms from our website, www.ActivHealthCare.com
2. Complete forms carefully and completely.
3. Return completed forms to:

   ActivHealthCare, Inc.
   1926 Northlake Pkwy, Suite 100
   Tucker, GA 30084

IMPORTANT!!!

You <u>MUST</u> clearly understand the difference between the following two terms:

Network - the group of providers – First Health Network, PHCS, MultiPlan, Memorial Health Partners, etc.

Payor – the company listed on the insurance card to which claims are to be sent.

This is fundamental to EDI processing with I-AHC.

Understanding Network Affiliates

To process EDI and I-AHC network claims, you need to understand how to determine if a claim should be filed as in-network.

The next slide will give you a list of your network affiliates which will require our Office Ally payor prefix AHCØ2.

Integrated ActivHealthCare

NETWORK AFFILIATES

Claims for the following networks should be:

- Sent electronically with the prefix AHCØ2 if you are enrolled with Office Ally through I-AHC **OR**
- Mailed to 1926 Northlake Parkway, Suite 100, Tucker, GA 30084
- To verify in-network benefits, use I-AHC TIN (do NOT put on claim)

Alliant Health Plans		Memorial Health Partners (South Carolina only)	
Atlantic Integrated Health, Inc		MultiPlan	MultiPlan
Beech Street Corp. (Owned by MultiPlan)		PHCS	PHCS
Coventry National Network (South Carolina only)		SimpleCare	SimpleCare (Alliant Health)
Evolutions Healthcare Systems, Inc.		SoloCare	SoloCare (Alliant Health)
First Health (SC only)		The Covenant Companies	
Galaxy Health Network		The Initial Group	
Health One Alliance		TLC Advantage	

Claims for the following networks should be sent to the payer listed on the insurance card **without** the AHCØ2 prefix:

Coventry Health Care of the Carolinas, Inc. (fka WellPath) (SC only)		Prime Health Services	

Enroll in Office Ally electronic claims service at www.ActivHealthCare.com

Updated 05/2018

Preparing your office software and completing the CMS-1500 form

Office Software

It is NOT essential to have office billing software for our EDI. You can use the OA online tools.

However, it is necessary to fully understand the following slides whether you are uploading from your office software or using the OA online tools.

The OA training will explain the online tools and how to upload a file.

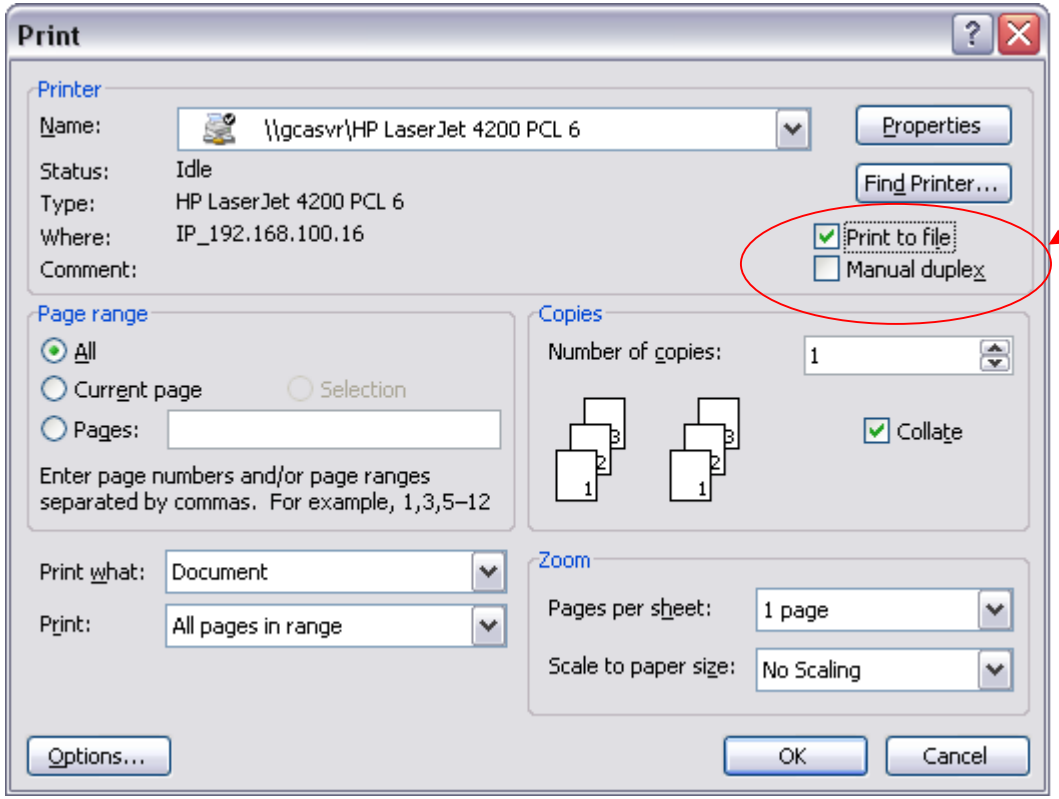
Office Software (continued)

There are certain functions you will need to be able to perform, such as:

- Printing to file
- Changing/adding carriers/payors
- Changing/adding plan names
- Having Internet access

If you have problems with your office software, you will need to contact your software vendor.

Print to file function



Instead of printing paper CMS-1500 forms, use the Print to File Function to create a file to upload to Office Ally

You will need to name the file as you create it. We suggest using a naming system to allow easy file recognition and sorting, i.e. 20090324 (yyyymmdd).

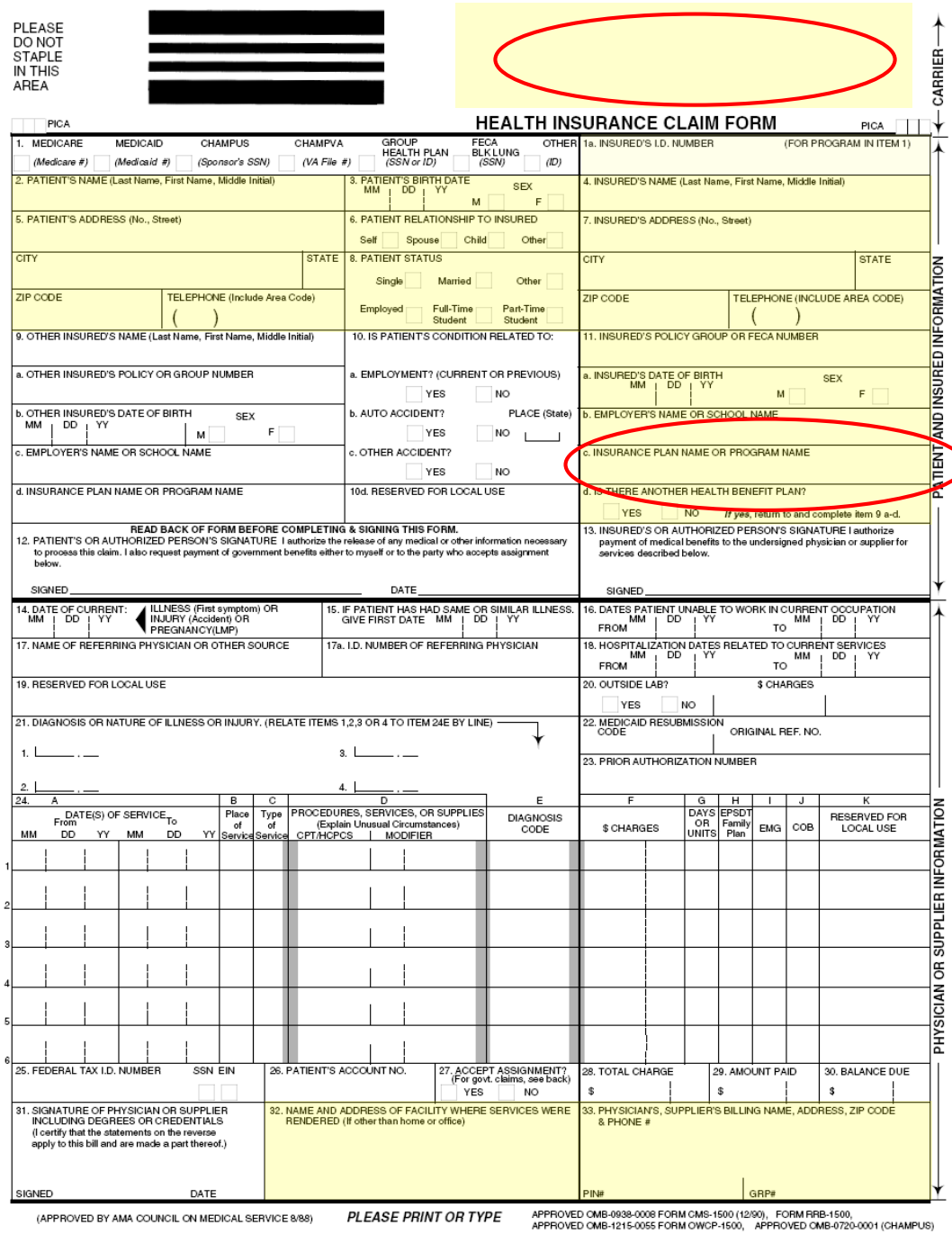
Things You Must Communicate

1. Payor prefix, if applicable, at the top of the CMS-1500 form
2. Payor name and address at the top of the CMS-1500 form
3. Insurance plan name or program name, i.e. network affiliate in box 11c of the CMS-1500 form
4. All other pertinent insurance claim form information must be completed correctly.

Two Very Important Points

Payor prefix – The I-AHC payor prefix is **AHCØ2**. The payor prefix is used to identify claims that Office Ally should send to I-AHC. This prefix (**AHCØ2**) must be used when the network logo shown on the patient's insurance ID card is on the I-AHC network affiliate list and the Term summary sheet instructs you to file the claim with I-AHC. The payor prefix, payor name and payor address will be placed at the top of the CMS-1500 form.

Insurance plan name or program name – for EDI and I-AHC purposes, you will need to use box 11c of the CMS-1500 form to identify the network, i.e. First Health, MultiPlan, PHCS, etc… that applies to the patient. If not, the claim may be delayed or paid incorrectly. The network will be on the insurance card.



AHCØ2 prefix, then name and address from insurance id card.

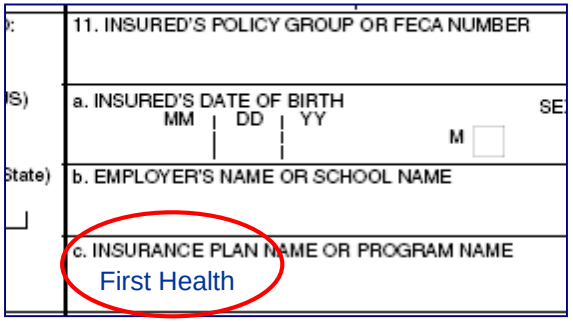
Network name goes here.

Preparing Your Software

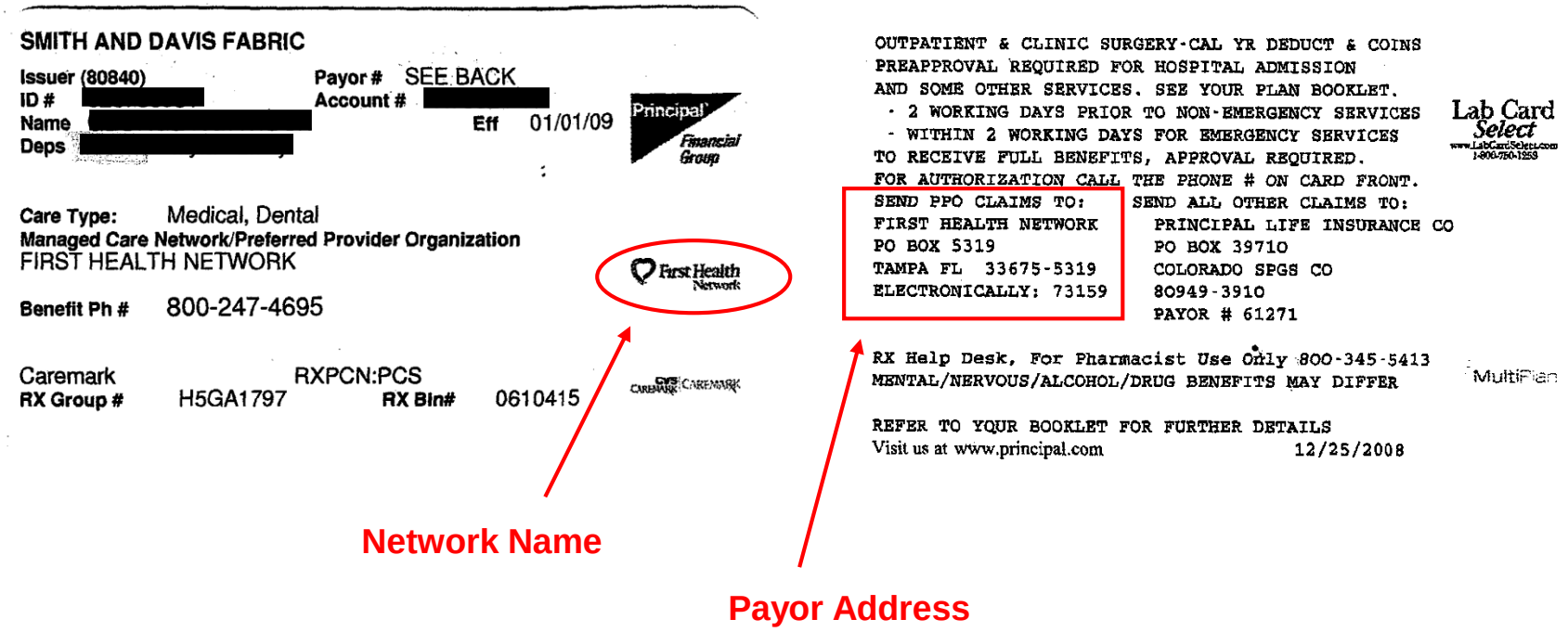
For all AHC network affiliates, you will need to change the Payor name in your database to include the I-AHC payor prefix, AHC02.

Example, Principal is the payor (from the back of the insurance ID card) for First Health (in box 11c), then the payor is identified on the top of the CMS-1500 as AHCØ2 First Health, with the mailing address from the insurance identification card.

It is critical to include the I-AHC network affiliate in box 11c of the CMS-1500.

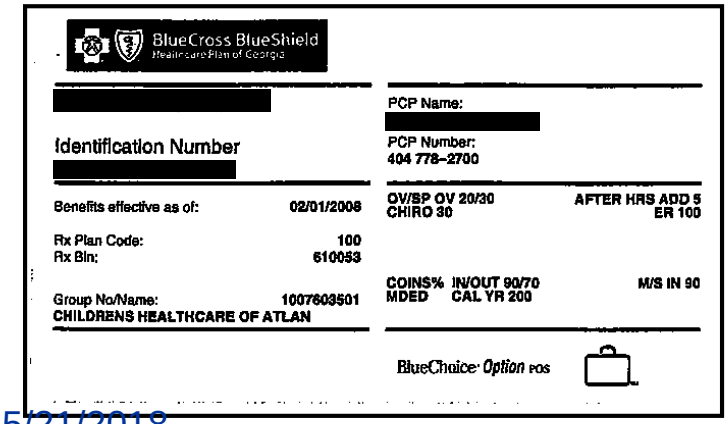


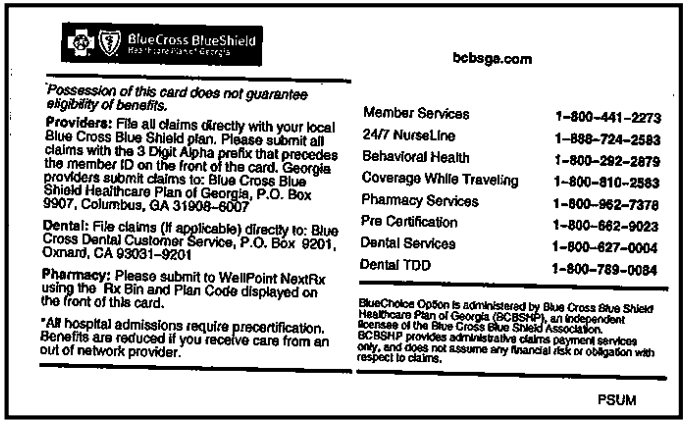
First Health ID Card Example



If the patient is insured with a company that is not an I-AHC network affiliate, then that payor is shown on the top of the CMS-1500 **without** the AHCØ2 prefix.

Therefore, in this example, BCBS would be in your payor database without the AHCØ2 prefix.





MultiPlan Exception

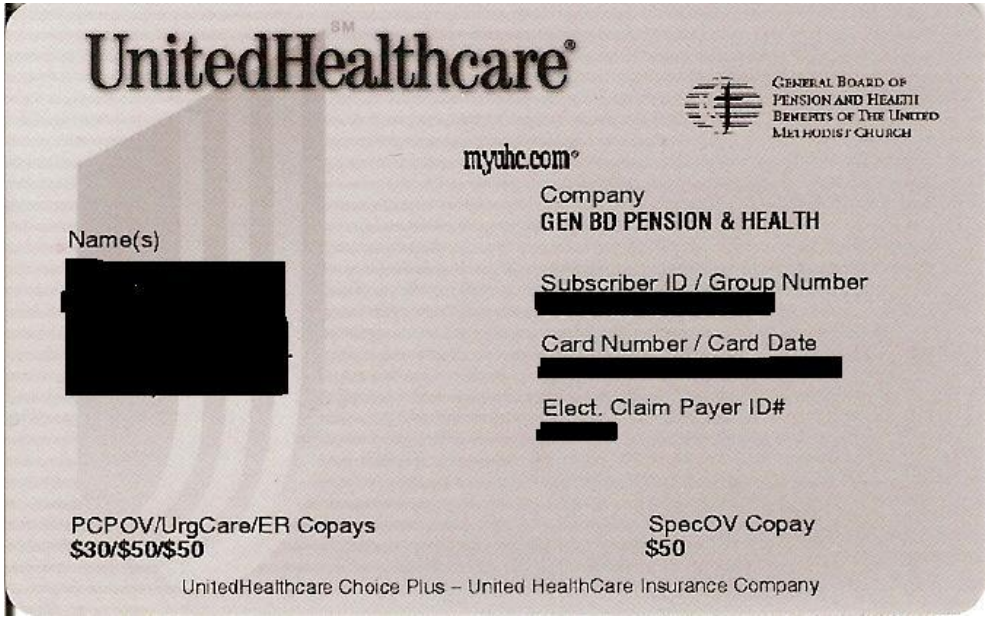
Sometimes the ID card may not show the name of the network affiliate.

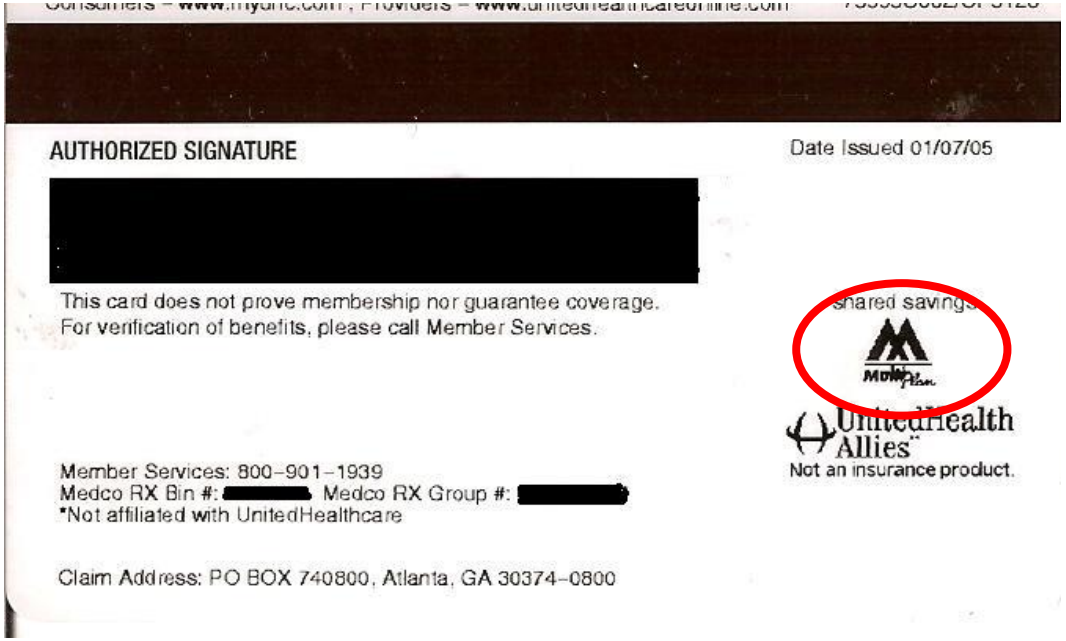
MultiPlan serves as a 2nd tier network for:

Aetna	Humana
Cigna	United Healthcare

If you do not have a direct contract with the carrier, MultiPlan will apply.

Note: It may not be mentioned on the ID card.


UnitedHealthcare
General Board of Pension and Health Benefits of The United Methodist Church
myuhc.com
Company
GEN BD PENSION & HEALTH
Name(s)
[redacted]
Subscriber ID / Group Number
[redacted]
Card Number / Card Date
[redacted]
Elect. Claim Payer ID#
[redacted]
PCPOV/UrgCare/ER Copays
$30/$50/$50
SpecOV Copay
$50
UnitedHealthcare Choice Plus – United HealthCare Insurance Company


AUTHORIZED SIGNATURE
[redacted]
Date Issued 01/07/05
This card does not prove membership nor guarantee coverage.
For verification of benefits, please call Member Services.
Member Services: 800-901-1939
Medco RX Bin #: [redacted] Medco RX Group #: [redacted]
*Not affiliated with UnitedHealthcare
Claim Address: PO BOX 740800, Atlanta, GA 30374-0800
UnitedHealth Allies
Not an insurance product.

Double Checking Claims

Make sure your claims include all required information **before** submission.

In other words be sure the CMS-1500 form is completed properly and completely with special attention to the following:

- Does the payor address require the AHCØ2 prefix?
- Did you include the name of the network in box 11c?
- Are the patient's name and date of birth correct?
- Are the insured's id number and name correct?
- Did you complete boxes 11, 11a and 11b of the CMS-1500?

OA Training and Tools

The OA training will train you on how to upload claims and use their tools online.

Phone number is (866) 575-4120

Additional follow-up tools available from Office Ally include:

- Patient Look-Up
- View Claim History
- Inventory Reporting
- Code Search
- Claim Fix
- Eligibility Request

Disclaimer

Integrated-ActivHealthCare and ActivHealthCare have arranged EDI processing for claims of I-AHC network affiliates through Office Ally (OA), a clearinghouse.

AHC staff will assist you in resolving any processing issues you experience on I-AHC in-network claims.

Neither I-AHC nor AHC is NOT responsible for your relationship with Office Ally and the processing of Medicare, BCBS, Medicaid, and other non-I-AHC claims.

You should contact OA at (866) 575-4120 with any questions regarding non-I-AHC claims. Neither I-AHC, AHC nor OA will make any corrections to claims. You are responsible for correct completion of the CMS1500 form.