



## First Health Network

ActivHealthCare recently completed a new contract directly with the First Health Network. The new agreement will allow ActivHealthCare to offer the First Health Network to Providers located in GA, NC, SC, and TN.

The new contract will be for First Health Network Group Medical only. It will not include Auto or WC. The fee schedule is about 10% higher than we had previously. It is 120% of the current year's CMS fee schedule based on the place of service. We have posted a new Term Summary Sheet and Fee Schedule on the ActivHealthCare Provider Portal.

As a result of the new First Health Network Agreement, we have terminated our old Coventry agreement, which was for GA only. The old Coventry contract will officially end on 06/01/2022.

**ACTION REQUIRED BY YOU:** – Please go to <https://www.activhealthcare.com/forms> and select the appropriate Network Option Form for your State. Complete the form, marking a box to Opt-In or Opt-Out of each Network Affiliate. Once completed, please fax or e-mail the form back to us as instructed on the form.

## CareSource (GA Only)

CareSource has made changes to its claims policies as of 01/01/2022. We were only recently (03/09/2022) given confirmation on these changes. The changes are:

1. Effective 01/01/2022, prior authorization will be required for **all** modalities. CareSource will not cover any Physical Medicine CPT codes, not even the first visit, without prior authorization from them. You cannot balance bill patients for the modalities like you can with Medicare.
2. Effective 01/01/2022, CareSource will no longer require prior approval of adjustment codes (98940 – 98943) after the 15th visit.

*(Be sure to click the download button below to read the entire newsletter.)*

CareSource will continue to require the AT modifier on all adjustment CPT codes.

CareSource said Providers should appeal claims denied for adjustments because of the diagnosis code.

ActivHealthCare finds the change in Physical Medicine codes to be disappointing.

#### **ACTION REQUIRED BY YOU:**

- If you wish to be terminated from the CareSource network, please e-mail your request to [mbrickhouse@ActivHealthCare.com](mailto:mbrickhouse@ActivHealthCare.com). Simply state, “please terminate (Doctor’s Name and Tax ID number) from CareSource as soon as possible.”
- If you do not want to be terminated from the CareSource network, please e-mail [mbrickhouse@ActivHealthCare.com](mailto:mbrickhouse@ActivHealthCare.com) and state that you do not wish to be terminated.

If a significant number of Providers wish to remain in the network, we will simply terminate those who wish to leave and keep the contract in place for others. However, if very few providers want to stay in, we will terminate the agreement.

## **CPT Modifiers**

ActivHealthCare does not employ certified Billers & Coders. However, we do receive advice from payors and various trusted billers. We also use resources such as the CPT manual and Google searches.

As we mentioned last fall, Ambetter wants the GP modifier used on CPT codes for Physical Medicine services. We are still seeing some Providers billing without the GP modifier and the claims are being denied.

If you did not bill with the modifier and the CPT code is denied, please submit a Corrected Claim. You can find instructions on our website at <https://www.activhealthcare.com/network-resources/training>.

## **Cotiviti**

ActivHealthCare has received a couple of complaints about COTIVITI requesting medical records on an excessive number of patients. COTIVITI is doing reviews for Peach State Health Plan (Centene, aka Ambetter). Contractually, the insurance company does have a right to review medical records.

If you believe their requests are excessive, please give them a call to discuss and ask why. If you are not satisfied, you may contact Provider Relations for Ambetter. If you still are not satisfied, please notify ActivHealthCare.

## Billing Services

We have noticed that some Providers are using offshore billing companies or billing companies that use offshore employees. **Please stop!** It is a major security concern.

Our Group Provider Agreements do not allow anything to be outside of the U.S. without written permission from the client. Also, the phone calls we receive from offshore billing representatives are very frustrating. The companies do not use the Provider Portals and they tend to have more billing issues.

When looking for a billing service, pricing is important. Pricing has two components; 1) the amount they charge you for resolved claims, and 2) the amount they cost you in lost revenue from claims billed incorrectly.

There are many good companies located in the Southeast. You can e-mail us at [info@activhealthcare.com](mailto:info@activhealthcare.com) and we will share some names with you.

## Why Use Office Ally?

Office Ally is currently the only clearinghouse from which ActivHealthCare can accept claims. We have used them since 2006 and recommend them for several reasons, including:

- 1.They are very reasonably priced. Currently the price is \$35 per month.
- 2.Office Ally is easy to use and allows you to pull electronic Remittance Advices or 835s.
- 3.You can fix and resubmit claims when you need to.
- 4.An Office Ally report is the only acceptable proof of timely filing for ActivHealthCare.
- 5.If you are a new practice, they offer practice management software.

Office Ally produces reports which show if your claims were accepted or rejected. If a claim is rejected, you will need to fix the claim on the Office Ally website and resubmit it. The top 5 reasons a claim gets rejected by Office Ally are:

- 1.Wrong ID Number
- 2.Wrong DOB
- 3.No Eligibility
- 4.Timely Filing
- 5.Invalid Diagnosis/CPT Code