



## Electronic Claims Submission (EDI) – Training

### Part 1 – How to complete the CMS-1500 form

Contact Information:

[EDI@ActivHealthCare.com](mailto:EDI@ActivHealthCare.com)

888-635-0459

770-455-0040

# Two parts of Training

Part 1: How to complete CMS-1500 form for 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](http://www.activhealthcare.com).
2. Complete forms carefully and completely.
3. Return completed forms to:

ActivHealthCare

P.O. Box 1368

Lilburn, GA 30048

# IMPORTANT!!!

You **MUST** clearly understand the difference between the following two terms:

**Network** - the group of providers – First Health, Coventry National Network, Beech Street, etc...

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

This is fundamental to EDI processing with AHC.

# Understanding Network Affiliates

To process EDI and 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 AHCØ1.

	American PPO		MedAvant/NPPN/Plan Vista
	Beech Street Corp.		Memorial Health Partners (MHP)
	CorVel Corporation		MultiPlan
	Coventry Health Care of Georgia		National ChoiceCare
	Coventry National Network		National Providers Network
	Evolutions Healthcare Systems, Inc.		NovaNet
	First Health Network		Patient 1 <sup>st</sup> network (Core Administrators)
	1st Medical Network (SuperMed as of 04/01/09)		PPO Next
	Focus (Coventry owned)		Procura management (fka QRS)
	Fortified Provider Network (FPN)		Quality Healthcare Partnership (QHP)
	Galaxy Health Network		Three Rivers Provider Network
	Health One Alliance, LLC		TLC Advantage
	Integrated Health Plan, Inc.		University Health Link
	Mail Handlers (see Coventry National Network)		USA Managed Care (USA MCO)



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.

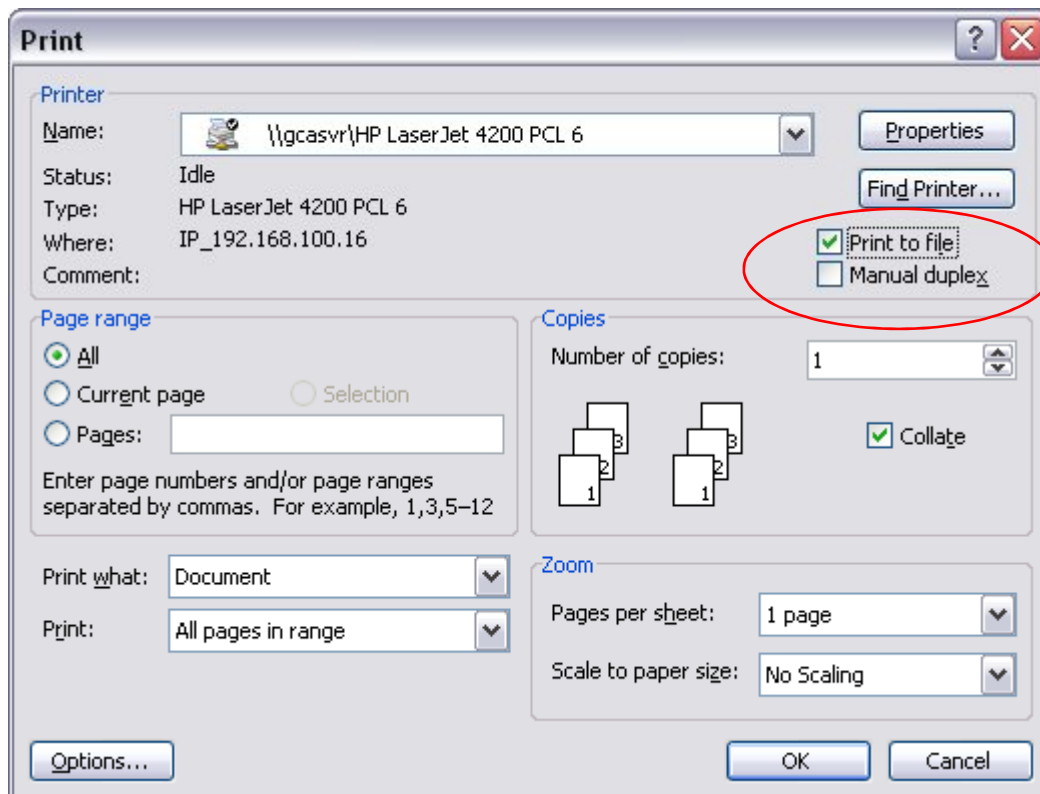
# Office Software (continued)

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

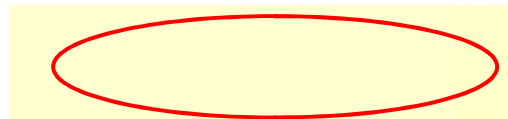
1. Payor prefix, if applicable, at the top of the CMS-1500 form
2. Payor name and address at the top of the CMS-1500 form
3. Insurance plan name or program name, i.e. network affiliate in box 11c of the CMS-1500 form
4. All other pertinent insurance claim form information must be completed correctly.

# Two Very Important Points

**Payor prefix** – The AHC payor prefix is **AHCØ1**. The payor prefix is used to identify claims that Office Ally should send to AHC. This prefix (**AHCØ1**) must be used when the network logo shown on the patient's insurance ID card is on the AHC network affiliate list and the Term summary sheet instructs you to file the claim with 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 AHC purposes, you will need to use box 11c of the CMS-1500 form to identify the network, i.e. First Health, Beechstreet, etc... that applies to the patient. If not, the claim may be delayed or paid incorrectly. The network will be on the insurance card.

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA



CARRIER

**AHC01 prefix,  
then the payor  
name and  
address from  
the insurance  
id card.**

HEALTH INSURANCE CLAIM FORM									
1. MEDICARE <input type="checkbox"/> (Medicare #)					2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				
3. PATIENT'S BIRTH DATE MM DD YY					4. INSURED'S NAME (Last Name, First Name, Middle Initial)				
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				
7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) b. AUTO ACCIDENT? PLACE (State) c. OTHER ACCIDENT?				
11. INSURED'S POLICY GROUP OR PLAN NUMBER					12. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				
13. INSURED'S POLICY GROUP OR PLAN NUMBER					14. EMPLOYER'S NAME OR SCHOOL NAME				
15. INSURANCE PLAN NAME OR PROGRAM NAME					16. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, refer to and complete item 5 a-d				
17. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM									
18. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits to the undersigned physician or supplier for services described below)					19. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits to the undersigned physician or supplier for services described below)				
20. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)					21. IS PATIENT HAS HAD SAME OR SIMILAR ILLNESS SINCE FIRST DATE				
22. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					23. ID NUMBER OF REFERRING PHYSICIAN				
24. RESERVED FOR LOCAL USE					25. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES				
26. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO TEN 24E BY LINE)					27. OUTSIDE LAB? \$ CHARGES				
28. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.					29. PRIOR AUTHORIZATION NUMBER				
24. A DATE(S) OF SERVICE From To B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPIDEMIOLOGY I EMG J CUB K RESERVED FOR LOCAL USE									
25. FEDERAL TAX ID NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.				
27. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)					28. TOTAL CHARGE \$				
29. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)					29. AMOUNT PAID \$				
30. SIGNATURE					30. BALANCE DUE \$				
31. DATE					31. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #				
32. SIGNED					32. PIN#				
33. DATE					33. GRP#				

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

# Preparing Your Software

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

For example, if the patient insured with Mail Handlers Plan, which is covered under an AHC network affiliate, Coventry, as identified on their insurance identification card, then the payor would be entered on the CMS-1500 and updated in your database **with the AHCØ1 prefix in front of the payor name.**

AHCØ1 Mail Handlers  
PO Box 8402  
London, KY 40742

**INSURANCE CLAIM FORM**

FICA

CARRIER ↑

# Address Format is Extremely Important!!!!

Correct Format - **AHCØ1 Mail Handlers**  
**PO Box 8402**  
**London, KY 40742**

Incorrect Formats – Do not use the formats below.

~~AHCØ1  
Mail Handlers  
PO Box 8402  
London, KY 40742~~

~~Mail Handlers  
AHCØ1  
PO Box 8402  
London, KY 40742~~

~~AHC-Ø1 Mail Handlers  
PO Box 8402  
London, KY 40742~~

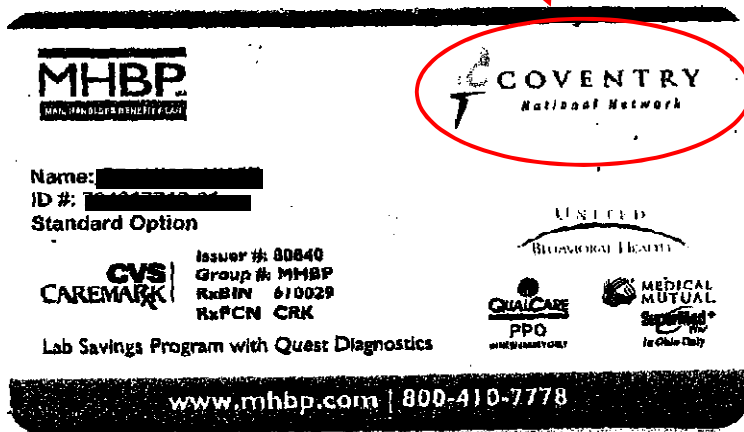
~~AHCØ1 / Mail Handlers  
PO Box 8402  
London, KY 40742~~

~~Mail Handlers AHCØ1  
PO Box 8402  
London, KY 40742~~

# Mail Handlers ID Card Example

Network Name

Payor Address



The front of the ID card features the MHBP logo at the top left. A red circle highlights the Coventry National Network logo, which is pointed to by a red arrow labeled 'Network Name'. Below the logo, there are fields for Name and ID #, both of which are redacted. The card also lists 'Standard Option' and 'Lab Savings Program with Quest Diagnostics'. At the bottom, the website www.mhbp.com and phone number 800-410-7778 are displayed. Various logos for CVS Caremark, United Behavioral Health, Qualicare PPO, and Medical Mutual are also present.

**MHBP**  
MAIL HANDLERS BENEFIT PLAN

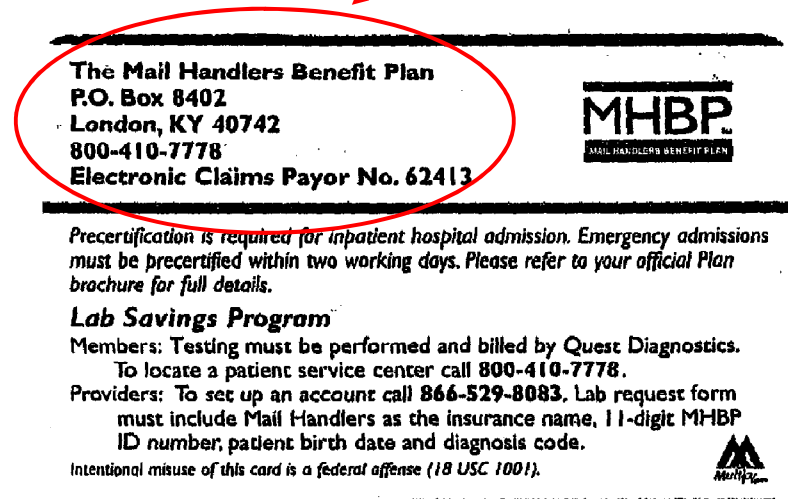
**COVENTRY**  
National Network

Name: [REDACTED]  
ID #: [REDACTED]  
Standard Option

CVS CAREMARK | Issuer #: 00840  
Group #: MHBP  
RxBIN: 610029  
RxPCN: CRK

Lab Savings Program with Quest Diagnostics

www.mhbp.com | 800-410-7778



The back of the ID card features the MHBP logo at the top right. A red circle highlights the payor address information, which is pointed to by a red arrow labeled 'Payor Address'. The payor address includes 'The Mail Handlers Benefit Plan', 'P.O. Box 8402', 'London, KY 40742', '800-410-7778', and 'Electronic Claims Payor No. 62413'. Below this, there is a disclaimer about precertification for hospital admissions and a section for the 'Lab Savings Program' with instructions for members and providers. At the bottom, it states that intentional misuse of the card is a federal offense and includes the MHBP logo.

**MHBP**  
MAIL HANDLERS BENEFIT PLAN

**The Mail Handlers Benefit Plan**  
P.O. Box 8402  
London, KY 40742  
800-410-7778  
Electronic Claims Payor No. 62413

*Precertification is required for inpatient hospital admission. Emergency admissions must be precertified within two working days. Please refer to your official Plan brochure for full details.*

**Lab Savings Program**  
Members: Testing must be performed and billed by Quest Diagnostics. To locate a patient service center call 800-410-7778.  
Providers: To set up an account call 866-529-8083. Lab request form must include Mail Handlers as the insurance name, 11-digit MHBP ID number, patient birth date and diagnosis code.

Intentional misuse of this card is a federal offense (18 USC 1001).

In another 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 AHCØ1 First Health, with the mailing address from the insurance identification card.

AHCØ1 First Health Network PO Box 5319 Tampa, FL 33675-5319	CARRIER ↑ ↓
<b>INSURANCE CLAIM FORM</b>	
PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

11. INSURED'S POLICY GROUP OR FECA NUMBER	
(S)	a. INSURED'S DATE OF BIRTH MM   DD   YY M <input type="checkbox"/>
State)	b. EMPLOYER'S NAME OR SCHOOL NAME
	c. INSURANCE PLAN NAME OR PROGRAM NAME First Health

# First Health ID Card Example

**SMITH AND DAVIS FABRIC**

Issuer (80840)

Payor # SEE BACK

ID # [REDACTED]

Account # [REDACTED]

Name [REDACTED]

Eff 01/01/09

Deps [REDACTED]



Care Type: Medical, Dental  
 Managed Care Network/Preferred Provider Organization  
 FIRST HEALTH NETWORK

Benefit Ph # 800-247-4695



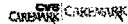
Network Name

Caremark  
 RX Group # H5GA1797

RXPCN:PCS

RX Bin#

0610415



Payor Address

OUTPATIENT & CLINIC SURGERY-CAL YR DEDUCT & COINS  
 PREAPPROVAL REQUIRED FOR HOSPITAL ADMISSION  
 AND SOME OTHER SERVICES. SEE YOUR PLAN BOOKLET.

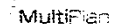
- 2 WORKING DAYS PRIOR TO NON-EMERGENCY SERVICES  
 - WITHIN 2 WORKING DAYS FOR EMERGENCY SERVICES  
 TO RECEIVE FULL BENEFITS, APPROVAL REQUIRED.  
 FOR AUTHORIZATION CALL THE PHONE # ON CARD FRONT.

SEND PPO CLAIMS TO:  
 FIRST HEALTH NETWORK  
 PO BOX 5319  
 TAMPA FL 33675-5319  
 ELECTRONICALLY: 73159

SEND ALL OTHER CLAIMS TO:  
 PRINCIPAL LIFE INSURANCE CO  
 PO BOX 39710  
 COLORADO SPGS CO  
 80949-3910  
 PAYOR # 61271



RX Help Desk, For Pharmacist Use Only 800-345-5413  
 MENTAL/NERVOUS/ALCOHOL/DRUG BENEFITS MAY DIFFER





REFER TO YOUR BOOKLET FOR FURTHER DETAILS  
 Visit us at [www.principal.com](http://www.principal.com)


12/25/2008

If the patient is insured with a company that is not an AHC network affiliate, then that payor is shown on the top of the CMS-1500 without the AHCØ1 prefix.

<p>BCBS P.O. Box 9907 Columbus, GA 31904</p>	<p>↑ CARRIER ↓</p>
<p><b>INSURANCE CLAIM FORM</b></p>	
<p>PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	

Therefore, in this example, BCBS would be in your payor database without the AHCØ1 prefix.

	
<p><b>Identification Number</b> [Redacted]</p> <p>Benefits effective as of: <b>02/01/2008</b></p> <p>Rx Plan Code: <b>100</b> Rx Bin: <b>610033</b></p> <p>Group No/Name: <b>1007603301</b> <b>CHILDRENS HEALTHCARE OF ATLAN</b></p>	<p>PCP Name: [Redacted]</p> <p>PCP Number: <b>404 778-2700</b></p> <p>QV/BP QV 20/30 <b>AFTER HRS ADD 5</b> CHIRO 30 <b>ER 100</b></p> <p>COINS% IN/OUT 90/70 <b>M/S IN 90</b> MDED CAL YR 200</p> <p style="text-align: center;">BlueChoice: <i>Option</i> eos </p>

		<p>bcbsga.com</p>
<p><i>Possession of this card does not guarantee eligibility of benefits.</i></p> <p><b>Providers:</b> File all claims directly with your local Blue Cross Blue Shield plan. Please submit all claims with the 3 Digit Alpha prefix that precedes the member ID on the front of the card. Georgia providers submit claims to: Blue Cross Blue Shield Healthcare Plan of Georgia, P.O. Box 9907, Columbus, GA 31908-6007</p> <p><b>Dental:</b> File claims (if applicable) directly to: Blue Cross Dental Customer Service, P.O. Box 9201, Oxnard, CA 93031-9201</p> <p><b>Pharmacy:</b> Please submit to WellPoint NextRx using the Rx Bin and Plan Code displayed on the front of this card.</p> <p><small>*All hospital admissions require precertification. Benefits are reduced if you receive care from an out of network provider.</small></p>		
		<p>Member Services <b>1-800-441-2273</b></p> <p>24/7 NurseLine <b>1-888-724-2583</b></p> <p>Behavioral Health <b>1-800-292-2879</b></p> <p>Coverage While Traveling <b>1-800-810-2563</b></p> <p>Pharmacy Services <b>1-800-962-7378</b></p> <p>Pre Certification <b>1-800-662-9023</b></p> <p>Dental Services <b>1-800-627-0004</b></p> <p>Dental TDD <b>1-800-789-0084</b></p>
<p><small>BlueChoice Option is administered by Blue Cross Blue Shield Healthcare Plan of Georgia (BCBSHP), an independent licensee of the Blue Cross Blue Shield Association. BCBSHP provides administrative claims payment services only, and does not assume any financial risk or obligation with respect to claims.</small></p> <p>PSUM</p>		

There is one exception to everything you just learned:  
Coventry Health Care of Georgia.

*Note: This is not the same as Coventry National Network.*

**On all Coventry Health Care of GA claims, it is necessary to call the AHC claims department, with the patient ID number, to determine if your claim should be filed as the HMO.**

Failure to do this could delay your claim payment, cause it to be rejected, or be paid incorrectly.

If your patient is insured by Coventry Health Care of GA, then the payor will be identified as follows.

AHCØ1 ActivHealthCare  
P. O. Box 1368  
Lilburn, GA 30048

INSURANCE CLAIM FORM

PICA

CARRIER

This is the only case where ActivHealthCare should be shown as the payor on the top of the CMS-1500.

It is critical to include “Coventry” in box 11c of the CMS-1500.

ActivHealthCare will not be able to complete the processing of your claim if box 11c is left blank or incorrectly identified.

11. INSURED'S POLICY GROUP OR FECA NUMBER
a. INSURED'S DATE OF BIRTH MM   DD   YY M <input type="checkbox"/>
b. EMPLOYER'S NAME OR SCHOOL NAME
c. INSURANCE PLAN NAME OR PROGRAM NAME Coventry

# MultiPlan Exception

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

MultiPlan serves as a 2<sup>nd</sup> tier network for:

Aetna

Humana

Cigna

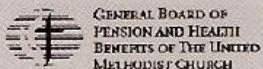
Great West

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<sup>SM</sup>



myuhc.com<sup>®</sup>

Company  
GEN BD PENSION & HEALTH

Name(s)



Subscriber ID / Group Number

Card Number / Card Date

Elect. Claim Payer ID#

PCPOV/UrgCare/ER Copays  
\$30/\$50/\$50

SpecOV Copay  
\$50

UnitedHealthcare Choice Plus – United HealthCare Insurance Company

Consumers – [www.myuhc.com](http://www.myuhc.com) ; Providers – [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) ; 73330002/01/07/05

AUTHORIZED SIGNATURE

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

UnitedHealthcare  
Allies<sup>SM</sup>  
Not an insurance product.

Claim Address: PO BOX 740800, Atlanta, GA 30374-0800

# 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 AHCØ1 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

ActivHealthCare (AHC) has arranged EDI processing for claims of AHC network affiliates through Office Ally (OA), a clearinghouse.

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

**AHC is NOT responsible for your relationship with Office Ally and the processing of Medicare, BCBS, Medicaid, and other non-AHC claims.**

You should contact OA at (866) 575-4120 with any questions regarding non-AHC claims. Neither AHC nor OA will make any corrections to claims. You are responsible for correct completion of the CMS-1500 form.

# One last thing

If you have not already done so, please go to [www.ActivHealthCare.com](http://www.ActivHealthCare.com), Network Resources, and download the following important network information:

- Provider/CA manual
- Term summary sheets
- Network affiliates list