



## Provider/CA Manual

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# Section 1: Understanding ActivHealthCare

## Our Mission/Vision

ActivHealthCare was established by the Georgia Chiropractic Association in 1993 as a provider-sponsored managed care organization with the objective to provide chiropractors with a voice in the managed care arena. Since its inception, ActivHealthCare has successfully established itself as the clear market leader in chiropractic managed care in the state of Georgia.

The mission of ActivHealthCare (AHC) is to:

- Promote the value and quality of chiropractic services to consumers
- Convey fiscal benefits of chiropractic services to managed care organizations
- Expand market share of chiropractic services on behalf of participating chiropractors

AHC is committed to the quality of services provided to providers and patients. With strong ties to the chiropractic community and more than 15 years of managed care experience, AHC understands the importance of strong managed network relationships in the current healthcare environment.

As the managed care market evolves and matures, AHC is positioned to maintain its role as the market leader and provide a positive influence in the growth and direction of chiropractic services.

It is the vision of the chiropractors who are stockholders of ActivHealthCare that AHC:

- Maintain its position as the chiropractic-led, chiropractic-friendly network for chiropractic providers in the Southeast
- Seek and engage in contractual relationships with payors that are mutually beneficial to both payors and members by:
  - Maintaining a network of credentialed doctors
  - Reimbursing member doctors at a fair rate
  - Establishing and maintaining business relationships with payors that reflect the integrity of our profession and doctors
  - Providing, through its members, high quality service for the end users
- Represent the profession to the business community and public at large, creating new professional opportunities for members through marketing, personal, and professional contacts
- Regularly and completely report on the status of AHC's financial condition, contracts, marketing efforts and business opportunities.

## Why should you be a part of ActivHealthCare?

AHC was formed to address the growing threats to the chiropractic profession from managed care. AHC is working to build a strong, regional network that will fairly represent chiropractors. AHC participates in managed care, but our approach is not based upon discouraging chiropractors from treating patients. Furthermore, our fees are often insignificant when compared to the fee schedules AHC has been able to negotiate on your behalf.

AHC is the perfect bridge between the strong benefit plan and your chiropractic office. You want access to major plans. AHC provides you with that access.

Our client base includes managed care organizations and insurance carriers, which represent several million covered lives throughout the Southeast. You would be the preferred chiropractic professional by major plans for the covered lives in your area. Once credentialed, your office will be listed by each of our contracted networks. As AHC adds contracts, you will be automatically added to their list of professionals.

AHC offers a website as an information resource to help you and your CA understand our network. You can also contact our office for help in dealing with claims problems, credentialing issues, or network advice.

As a member of our network, you enjoy the following features of AHC:

- Contracts with managed care organizations and insurance carriers
- Your name in the provider directory for thousands of employers
- Covered employees in your area will easily locate you
- Information that will target your marketing to covered insureds
- Website resources to assist your office in understanding the insurance industry
- Access to the fee schedules of currently contracted networks
- Quality network that will work on your behalf when negotiating with managed care organizations
- EDI capabilities for easier and faster claims processing

## Marketing Your Practice

AHC is continually marketing chiropractic in many different ways. AHC contracts directly with:

- Insurance companies
- Networks
- Hospital/Doctor groups
- TPA's and ERISA benefit plans

As AHC's client base grows and expands, so will your patient steering.

AHC promotes the benefits of chiropractic by:

- Promoting the value and quality of chiropractic services to the consumers
- Adding chiropractic coverage to benefit plans
- Expanding chiropractic coverage in benefit plans
- Expanding market share of chiropractic services on behalf of participating providers
- Negotiating the highest possible fee schedule

Providers should market their own individual practices through:

- Involvement in the surrounding community and activities
- Joining the AHC network and taking advantage of patient steering
- Seminars at local employers' Human Resources meetings
- Advertising, mailings, health fairs
- Approaching local businesses about being on their Workers' Compensation panel of doctors

All provider members are included in the online provider directory at [www.ActivHealthCare.com](http://www.ActivHealthCare.com). The provider locator feature allows patients to search the directory for a chiropractor in their area.

## Website Basics

The AHC website, [www.ActivHealthCare.com](http://www.ActivHealthCare.com), is your source for the most current information. At [www.ActivHealthCare.com](http://www.ActivHealthCare.com), you will find:

- Current information and news
- Provider Locator
- Fee Schedules
- Term Summary Sheets
- Network Affiliates
- Contacts
- Resources
- And much more

The menus provide links to other pages throughout the website. The Provider and CA's Corner menus allow the member to obtain additional information relevant to their practice.



The Providers menu includes links to the credentialing and re-credentialing forms and information. In addition, the provider has access to the Provider Manual, Frequently Asked Questions, and other information from this menu.

From the CA's Corner menu, the CA can review instructions on how to file a claim, check on claim status, and view the CA Manual.

To view the term summary sheets and fee schedules, you must be a member of the AHC network. **A password is required to view term summary sheets, fee schedules, and employer lists.** If you currently have a password, you may login and view the desired information.

If you do not have a password, then you will need to register.

If you lose or forget your password, you may reset your password.

The screenshot shows a web page titled "User account" with three main sections. The top section, "Not a Member?", contains a "Register here" link. The middle section, "Do you already have an account?", includes a "Username or e-mail address:" field, a "Password:" field, and a "Login" button. Below the password field is a note: "The password field is case sensitive." The bottom section, "Lost your password?", contains a "Reset your password here" link. At the top of the page, there are links for "Create new account", "Log in", and "Request new password".

## Contact Us

[Sign up for our Email Newsletter](#)

[Check on Claim Status](#)

Department: \*

- General Claim Questions
- EDI Questions
- Invoice Questions
- Accounting
- Website Questions
- Credentialing
- General Provider Questions
- Marketing
- Board of Directors

Please select a department to direct your message.

Name: \*

Email: \*

Phone: \*

Comments: \*

Submit

The Contact Us link on the homepage provides a list of contact options. Click on the desired contact, and complete the form at the bottom.

Once the form is completed, your comments will be automatically directed to the appropriate staff person at AHC.

Patients and employers can find a provider that is a member of the ActivHealthCare Network by using the **Provider Locator**. Various search criteria are available, which provides the patient with many options to locate a provider.

It is important that member providers keep their contact information with AHC current for the correct listing to appear in the provider locator.

## **Network Frequently Asked Questions**

### **What is the benefit for me to join AHC?**

By joining AHC you will have access to the patients that use our affiliated networks. Currently, AHC has more than 30 affiliated networks and is continuing to grow. You will only have to credential and pay one network, ActivHealthCare, not 30. AHC will handle the credentialing audits for you.

### **Will being in the network require more work on my part?**

No. As a matter of fact AHC may reduce your work. AHC is here to provide a resource of information. This is done through our website and our customer service representatives who are available to research and answer your questions. In many cases our contracted networks require claims to be submitted through our billing service. AHC will combine multiple carriers' explanations of benefits into an easy to read bulk pay remittance. As a member of the AHC network, you can combine multiple claims questions into one single phone call.

### **Will network membership restrict patient treatments?**

Often employee benefit plans or insurance policies may have Utilization Review (UR) or Quality Assurance Programs (QA) in place. AHC may help to administer these programs, but AHC is doing so fairly and objectively. Whenever possible, AHC works as your advocate to ensure UR or QA programs are fairly written and administered. The final determination on patient treatment is always between you and your patient.

### **What is the benefit for you to submit claims through AHC?**

By submitting claims through AHC you will receive in-network benefits. In most cases, this means lower deductibles and higher claims reimbursements. AHC has established a partnership with Office Ally for EDI. AHC is not a billing service, but we provide a centralized billing service for your paper claims. You can contact AHC representatives for claims status on numerous patients at one time as opposed to making several phone calls to multiple companies. AHC will communicate to you the information received from the carriers. AHC will provide a single, easy to read bulk pay remittance that summarizes the information on the various explanations of benefits received. If you have any questions, AHC is here to help. AHC will assist you in following up on unprocessed claims if the claims were filed through AHC. Many network affiliates prefer for claims to come from a single source. Filing claims properly through AHC avoids costly problems associated with correcting claims that are paid as out-of-network.

### **Is there a cost for using AHC for claims billing?**

Yes, there is a small administrative or access fee. AHC offers you access to network plan participants through your affiliation with us. These fees are usually offset by lower deductibles and more patient steerage. In some cases, AHC has negotiated higher fee schedules to offset the access fees.

**Why are admin fees charged?**

Administrative fees, or admin fees, are basically access fees that AHC and other networks charge the providers for steering the patients to member providers. Patients prefer to use a network of providers to save money by reducing their out-of-pocket expense. Unfortunately, most of AHC's network affiliates do not pay AHC for the use of AHC's network of chiropractors. If they pay AHC, the provider is not charged admin fees on their claims.

**How much are the admin fees?**

AHC has more than one level of admin fees. The highest published fee is 10% of the allowed amount. If AHC is able to invoice the providers directly, the admin fee is reduced to 8% of the allowed amount. If AHC is paid by the network affiliate, you are not charged an admin fee. Overall, 10% is not really 10%. For example, if the payment on a claim is less than 10% of the allowed, AHC does not balance bill you for the remaining portion and AHC does not take it from an unrelated claim like some other networks do. Also, if there is coordination of benefits, AHC deducts a maximum of 10% of the amount paid, not 10% of the amount allowed. This method reduces the admin fee significantly. The overall percentage of admin fees collected YTD for 2006 has actually been 8.75% of the allowed amount. That is a significant reduction off of the 10% admin fee published on the Term Summary Sheets. The admin or access fees are published on the Term Summary Sheets and posted on the AHC website at [www.ActivHealthCare.com](http://www.ActivHealthCare.com).

**Are there other costs to be in the ActivHealthCare network?**

Yes. There is a credentialing fee for initially joining the network in addition to any access fees that apply.

**How many networks should I join?**

You should pay very close attention to how many and which networks you join. There are some networks we do not have access to (yet) that would greatly benefit you. Some large carriers do not contract out their chiropractic and require that you credential directly with them. Additionally, there are some networks that you should be very careful about joining. They may not bring you anything that you do not already have through AHC or they may not have any business in your area. Also, if you are in the same network through multiple sources, you will be paid at the lowest fee schedule. Many times the marketing information may be misleading. The best answer is to tell you to do your research. If you receive solicitation from other networks, AHC will be glad to review the material for you. AHC staff will review the material for fee schedule, network overlaps, business model and opportunity in your area.

## Section 2: Understanding Our Network Affiliates

### **What is a Network Affiliate?**

Network affiliate refers to the various networks or insurance groups with which AHC contracts. A network may focus on hospitals and M.D.s, but come to AHC for chiropractors, or a network may want to expand or supplement its number of chiropractors in an area.

The list of network affiliates includes the logos that you may see on insurance identification cards. This helps you identify the affiliates. In addition, the list includes the names of the affiliates.

As network affiliates are added, the website will be updated. It is recommended that you download the most current list of network affiliates and keep it handy. The list will tell you with whom we have contracts and give a brief explanation of where to file claims.

Website registration is necessary to gain access to the complete network affiliate information.

### **What are Term Summary Sheets?**

When AHC negotiates fee schedules, we negotiate contracts with the insurance plans. Each contract is different and has specific terms and conditions which have been agreed to by both sides. As a provider joins the AHC network, they agree to become a party to all of these pre-negotiated contracts.

There are certain items, which are agreed to in almost every contract, that impact each practice as they treat patients and submit claims. AHC takes those items and sets them up in a standard format so that it is easier to read and understand. Some of the items included on the term summary sheets are:

- Utilization management issues
- Dates the agreement becomes effective
- Co-insurance payments required
- How to file claims for this particular carrier

You should attach copies of these sheets to your contract with AHC.

A sample term summary sheet is shown on the following page.

## ActivHealthCare Term Summary Sheet

<b>Network:</b>	SAMPLE
<b>Product:</b>	PPO
<b>Payor:</b>	Various Payors and TPA's
<b>Effective date:</b>	January 1, 2008
<b>Admin Fees:</b>	_____ % To Network (Based upon allowed charges)
<b>PCP Referral:</b>	Follow Instructions on Beneficiaries' ID card
<b>Utilization Management:</b>	Varies By Plan-Follow Instructions on Beneficiaries' ID Card
<b>Eligibility Verification:</b>	Call Number Listed on Beneficiaries' ID card
<b>Co-Payment Collection:</b>	Collect Co-Payment or Deductible (as indicated) on ID card at time of service
<b>Reimbursement Terms:</b>	<b>Group Health:</b> _____ % of area Medicare fee schedule RBRVS  <b>Workers Compensation:</b> _____ % off the applicable state's current Worker's Comp fee schedule; or _____ % off the Provider's usual billed charges, or the Health Benefits rate, whichever is less
<b>Claims Filing:</b>	File claim along with a copy of the patient's <u>insurance</u> card to:  ActivHealthCare P.O. Box 1368 Lilburn, GA 30048

**PLEASE ATTACH TO YOUR ACTIVHEALTHCARE CONTRACT**

This document is a summary only of certain aspects of the Payor Contract in question. A copy of the Payor Contract can be made available upon written request to ActivHealthCare by Provider. Pursuant to Sections 2F and/or 2I of the Provider Agreement, Provider agrees to be bound by the terms and conditions of the Payor Contract in question.

## What are Fee Schedules?

Fee schedules are the heart and soul of managed care. Every provider and CA should understand them.

AHC closely monitors fee schedules and negotiates the highest schedules possible on your behalf.

A fee schedule may be presented in a number of formats. Three common formats are:

- A flat fee per CPT code
- A percent of Medicare or RBRVS
- A discount off of charges

When you accept a fee schedule, you agree to accept the fee schedule amount, or your actual charge, whichever is less, as payment in full for services rendered.

Sometimes, depending on what was not paid and the reason, you may balance bill the patient for the amount not paid by the insurance carrier.

For example, patients are responsible to pay you for co-pays, deductibles and coinsurance portions that are not paid by the insurance carrier. The patient may also be billed for items that are specifically not covered by the insurance plan, i.e. vitamins, cervical pillows, massages, etc. However, you must let the patient know in advance and in writing that certain items may not be covered and will be the patient's financial responsibility.

The patient is not responsible for the portion of the claim that is denied due to PPO or network discounts. As a participating provider, you are agreeing to a fee schedule that is set by the PPO network and is approved by AHC. If your charge for a particular CPT code is more than the fee schedule, the insurance carrier or claims administrator may deny a portion of your claim. You cannot bill the patient for the portion of the claim denied for this reason.

However, benefit plans often have limits on chiropractic care. Some plans limit the maximum benefit payable per visit, some limit the number of visits per benefit year and some limit both. You can bill the patient for claims that exceed the plan limits, up to the fee schedule amount for the services rendered. For example, if the services add up to \$75 and the fee schedule for the services adds up to \$58, the plan limit might be only \$50 per visit. The patient is still responsible for the additional \$8, if you choose to hold them responsible for it.

### Sample Fee Schedule

CPT Code	Network Affiliate A	Network Affiliate B	Network Affiliate C	Network Affiliate D
72040	60.00	49.00	42.00	75.00
72050	110.00	72.00	60.81	120.00
72070	75.00	50.00	43.72	82.50
72100	75.00	52.00	45.03	82.50
72110	130.00	72.00	61.67	112.50
97010	20.00	15.00	13.52	13.00
97012	20.00	25.00	23.19	29.25
97014	20.00	20.00	19.08	22.75
97022	20.00	18.00	24.62	29.25
97024	20.00	15.00	13.52	19.50
97032	22.00	20.00	22.76	29.25
97035	22.00	16.00	17.05	26.00
97110	20.00	30.00	29.94	
97112	20.00	28.00	32.92	
97140	20.00	31.00	34.13	
98940	31.00	37.00	32.89	52.00
98941	38.00	47.00	44.34	59.80
98942	48.00	57.00	57.14	67.60
98943	29.00	30.00	34.00	
99203	80.00	81.00	107.33	91.00

- Network Affiliate E = 85% of Billed Charges
- Network Affiliate F = 160% of Medicare (based on state of Georgia)(SC area only)
- Network Affiliate G = 95 % of 2005 Medicare (based on state where services rendered)
- Network Affiliate H = 110 % of Medicare (based on state where service rendered)
- Network Affiliate I = 80% of Billed Charges
- Network Affiliate J = 90% of Billed Charges
- Network Affiliate K = 125 % of Medicare (based on state where services rendered)

Again, you must let the patient know in advance and in writing that they may be responsible for certain items and for services that exceed their plan limits. AHC's bulk pay remittance will distinguish between PPO or network discounts and plan limits.

Some insurance plans require pre-certification of treatments, especially HMOs. You have an obligation to follow the rules of the patient's insurance plan. If you fail to obtain pre-certification and it is required, your claim might be denied. The patient and the plan will expect you to write off this type of denial. With that in mind, be sure to get clear answers to questions when verifying benefits.

And finally, some patients will change carriers and not notify you. Or they may provide you with incorrect information. While you have an obligation to file claims in a timely manner, you cannot do so without the patient providing correct information. If the claim is denied because the patient did not provide accurate information, but you acted in good faith, you should balance bill the patient.

Refer to [www.ActivHealthCare.com](http://www.ActivHealthCare.com) for the most up-to-date fee schedules. Website registration is required to obtain fee schedules.

## **Employer Lists**

Employer lists are provided to AHC by our contracted networks. These are also posted on the website behind password protection. This is done to protect the confidentiality requested by our clients.

The purpose of this information is two-fold. First, by asking our network affiliates to list their clients, we are able to determine if there are any recognizable companies in our service area. Second, you can review the list and target your marketing efforts accordingly.

Please note that some companies listed may not offer chiropractic coverage or may not offer it to all employees. These lists are simply provided to us by our network affiliates. AHC does not audit the list. Because of the constantly changing nature of the employer lists, some companies listed may have changed since the list was produced.

## **Network Affiliate Frequently Asked Questions**

### **How will I identify which patients are affiliated with AHC networks?**

The employer or insurance carrier will identify the PPO the patients use by placing either the name or logo of the MCO or PPO on the insurance identification card. If it is not on the identification card, you should ask for the name of the PPO network when you verify insurance coverage.

### **What if the insurance carrier or claims payor does not recognize me as a participating provider?**

If the patient's coverage uses an affiliated network, but the claims payor or insurance carrier does not recognize you as a participating provider contact the AHC customer service department.

## Section 3: Claims Administration

### Completing the HCFA1500 or CMS-1500

Many of the rejected and problem claims are due to incomplete or incorrect information on the HCFA1500, also known as the CMS-1500. It is important to thoroughly complete the form paying particular attention to the following boxes that are often completed incorrectly:

- 1a. Insured's ID number
- 4. Insured's name
- 8. Full-time student (if appropriate & child is 18 or older)
- 9a-d. Other insurance information (if applicable)
- 10a-c. Patient's condition related to: (extremely important)
- 11. Insured's policy group or FECA # (see ID card)
- 11a. Insured's date of birth and sex
- 11b. Employer name (see ID card)
- 11c. Insurance plan name (list PPO network name) (Obtain from the ID card)
- 14. Date of current illness or injury
- 24 j. NPI Number
- 31. Provider's name (this should be a signature)
- 32. Name and address of facility (put office address here)
- 33. Physician's suppliers billing name (we will replace your information in this field with the AHC information)

Become familiar with this form and the process your office follows for its completion. A sample is shown on the following page. If the form is not completed properly, it will slow down the claims process or result in the claim being denied by the insurance payor.

There are several reasons why a claim payment might be delayed.

- There is incorrect or incomplete information on the CMS-1500.
- The claim is for a new patient and is submitted without a copy of their insurance card. Attach a copy of the insurance card for all new patients.
- The patient has primary insurance through another company. The primary coverage EOB is needed before payment can be made.
- The claim is mailed to the wrong address. Be sure to send claims for current contracted networks to our office, unless stated otherwise.
- If box 8, accident details, is not complete, the insurance company must ask for further information, slowing down the claim payment.

# How to File Claims Using EDI

## Enrollment

Electronic Data Interchange (EDI) is a transfer of data between two companies using the Internet. AHC offers this service for electronic claims processing to you through a partnership with Office Ally (OA).

Why should you consider EDI? The benefits of EDI include:

- No monthly fees
- Improved cash flow with quicker payments
- Less time required from your office staff to process claims
- All claims transmitted to one location 24 hours a day, 7 days a week
- Online access to claim status, history and summary reports
- Online claims correction capability
- Reduced costs for postage, printer cartridges and claim forms
- Improved accuracy in claims processing

To file claims electronically, you will only need a computer with Internet service. While computerized claims processing software is desirable, it is not required.

### **Enrollment is easy**

Download the enrollment paperwork from [www.ActivHealthCare.com](http://www.ActivHealthCare.com). Complete the enrollment forms, which include the following:

- Business Partners or Trading Partners Agreement between you and Office Ally
- Addendum to AHC Provider Agreement allowing for the EDI
- Office Ally Enrollment Form for AHC members
- Medicare Part B Provider Application, if applicable

Mail the original and signed enrollment forms to **ActivHealthCare**:

Attn: EDI  
ActivHealthCare  
P. O. Box 1368  
Lilburn, GA 30048

Allow up to 30 days for enrollment. Once your enrollment is processed by OA, you will be contacted by email with a username and password. OA will provide technical support in addition to training on how to upload claims. AHC will work with OA and your office during the start-up phase.

## Preparing Your Management Software

If you do not have claims management software, but would like to file claims electronically, you may use Office Ally's Online Entry Tool.

The following are requirements to use EDI:

- Enrollment is required. If you have not enrolled, refer to the previous page or [www.ActivHealthCare.com](http://www.ActivHealthCare.com) for enrollment instructions.
- You will need the username and password provided by Office Ally after enrollment.
- A NPI number is required in box 33 of the CMS-1500. If the payor requires a NPI, use the payor assigned NPI number; otherwise, use the doctor's license number. This will need to be set up in your software.
- You will need to know how to print your claim "to file" from your software. If you can print a claim, you have this capability. Contact your software vendor if you need assistance with this step.
- Once you print a claim to file, you will need to know where to locate this file on your computer for uploading.

To determine which claims should be submitted as AHC in-network claims, review the list of AHC network affiliates on the website. A password is required to enter the network affiliations section of the website. You must be a member provider to obtain a password. Refer to Website Basics on page 6 for instructions on how to obtain a password and view this information.

Once you login to the website, you will be able to view network affiliations and employer lists. If a network or employer is included in the affiliations or employer list, the patient's claim should be submitted as an AHC in-network claim to receive the in-network fee payments.

**If you have the same payor that is filed both as an AHC in-network claim and an out-of-network claim, then you will need to set up two payors in your software (one with the AHCØ1 prefix and one without). See the following information on AHC In-Network Claim Submission for more information on the AHCØ1 requirements.**

In order to avoid delays in payment, it is very important that you have your insurance carrier database set up correctly in your claims management software.

## Claims Submission for AHC Network Affiliates

One of the most critical functions in a provider's office is insurance claims submission. AHC understands the importance of this task and will help you manage your insurance receivables. AHC will assist with your EDI claims and will continue to work on your behalf to resolve all outstanding insurance claims.

The steps for EDI claims processing are as follows:

- Step 1:** Verify the patient's insurance coverage through the insurance payor. Be sure to verify that you are listed in the PPO network, if applicable.
- Step 2:** Determine if the patient's insurance is listed in the AHC network affiliates or employer lists. This information is available at [www.ActivHealthCare.com](http://www.ActivHealthCare.com). If this is not an in-network claim, view the instructions for filing non-AHC claims at [www.ActivHealthCare.com](http://www.ActivHealthCare.com).
- Step 3:** Thoroughly complete the health insurance claim form in your management software program. This form is often referred to as a CMS-1500. Be sure to pay attention to the requested information. Refer to page 16 for specific CMS-1500 instructions. In addition, a **NPI number is required** in box 33. This is the NPI provided to you by the payor. If the payor does not require a NPI, then use the provider's Federal ID number. **If this box is left blank, the claim will be rejected by Office Ally.**
- Step 4:** Include the name and address of the insurance payor in the blank area of the upper right hand corner (above box 1a) of the CMS-1500 form.

If this is a claim for one of the AHC network affiliates, complete the payor information in the following format:

**AHCØ1** Insurance Payor's Name  
Insurance Payor's Street Address or P.O. Box  
Insurance Payor's City, State and ZIP code

Obtain the insurance payor's information from the insurance identification card. Do **NOT** put ActivHealthCare as the payor name and address, except for Coventry HMO claims. If AHC is listed as the payor name then Office Ally will not know where to send your claim for payment. By placing AHCØ1 as a prefix to the insurance payor's name, Office Ally will know how to direct this claim for payment. This format will expedite the processing of your claims by providing AHC with the payor's address on the CMS-1500.

- Step 5:** Once the claim information has been completed, print the claim "to file" according to your software specifications. You will need to know where to find this file on your computer. Office Ally will train you to upload this file electronically. You will receive an upload confirmation by email. You will then be able to monitor the status of the claim online.

**Step 6:** In most cases the insurance claims payor will process the claim and send AHC an explanation of benefits within 30 days. AHC will process the claim through our system and issue a bulk pay remittance to you summarizing all claims processed for your office during the week.

**Step 7:** In some cases, the carrier may not process a claim promptly. If the carrier needs additional information, they may respond to you directly or to AHC. If they request the information from AHC, you will be contacted by AHC with their request.

There are two situations where the same payor might be shown on a CMS-1500 in two different ways.

- If the patient is insured with NovaNet, an AHC network affiliate, as identified on their insurance identification card and box 11c of the CMS-1500, then the payor would be entered on the CMS-1500 **with the AHCØ1 prefix in front of the payor name** as shown in example 1 below. In this example, Aetna is the payor for NovaNet (from box 11c). Therefore, the payor is identified on the top of the CMS-1500 as AHCØ1 Aetna, with the mailing address on the insurance identification card. If the insurance card has the mailing information to NovaNet, then the payor would be AHCØ1 NovaNet as shown in example 2.

**CMS-1500  
Example 1**

AHCØ1 Aetna 123 Main Street Anywhere, USA 12345	CARRIER
<b>INSURANCE CLAIM FORM</b>	
PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

**CMS-1500  
Example 2**

AHCØ1 NovaNet 321 Main Street Anywhere, USA 54321	CARRIER
<b>INSURANCE CLAIM FORM</b>	
PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



## Claims Follow-Up

### Checking your claim status – This step is critical.

Within 24 hours of upload, your file summary is ready. This report lists the status of all claims received by OA. This acts as your receipt that your claims have been entered into the OA system.

- Log into [www.officeally.com](http://www.officeally.com) and click **DOWNLOAD FILE SUMMARY**.
- Click the pink-colored day on the calendar.
- Below the calendar, click **VIEW** and then click **OPEN**.

*Please note: ANSI 837 users may receive an ERR Report in place of their file summary. You should contact OA if you receive this report.*

### Follow-up tools available from Office Ally

- **Patient Look-Up** – check patient eligibility for IPAs
- **View Claim History** – see claim status and EDI responses for an entire File ID or a specific claim.
- **Inventory Reporting** – search for claims using a variety of options including date uploaded, patient name, insurance company or tax ID.
- **Code Search** – check the validity of CPT codes, ICD9 codes, place of service codes and modifiers.
- **Claim Fix** – rejected claims are listed by date; click on a rejected claim, make any necessary changes and click **UPDATE**. Updated claims will automatically be reprocessed that night.
- **Eligibility Request** – request real-time patient eligibility for select insurance companies.

## EDI Frequently Asked Questions

### Can all claims be submitted electronically or just AHC claims?

You may submit all of your medical claims through Office Ally. This includes AHC payors, Medicare and other claims that would not involve AHC.

### Can I file Medicare claims electronically?

You are welcome to file Medicare claims through Office Ally, but it is not required.

### Are there any charges/fees to electronically file claims?

There will not be any monthly charges paid to AHC; however, according to the agreement, OA offers an optional service that includes additional fees of \$0.35 per claim to print and mail any CMS-1500s that cannot be sent electronically (i.e. the insurance company is not on our payor list or your pre-enrollment is not

completed for that insurance company). Also, if Medicare claim volume exceeds 50% of overall claims submitted, OA charges a flat monthly fee of \$19.95 for any month where Medicare claims volume exceeds 50%.

### **How do I identify AHC claims?**

Review the list of AHC network affiliates, or PPOs, found on the AHC website. If the patient is covered by a benefit plan or carrier that uses one of the AHC network affiliates or employers, and the instructions on the corresponding term summary sheet advises you to submit claims to AHC, then you should identify the claims uploaded to OA by placing AHCØ1 in front of the payor name at the top of the CMS-1500, or what would be the top of the CMS-1500 if you were printing a hard copy. **This is critical so that the claims are sent to the correct payor and not processed as out-of-network.**

A list of the network affiliates is available at [www.ActivHealthCare.com](http://www.ActivHealthCare.com). If you see one of the logos on an identification card, then the claim should be submitted with AHCØ1 in front of the payor name at the top of the CMS-1500. If this is not done properly at the provider office level, there will be numerous payment errors or delays in payment to your office.

### **How long until claim payments are received?**

If there are no processing delays, a typical claim may be paid as early as 10 business days.

### **Do I need to purchase software?**

No, the Office Ally website will interface with all practice management software packages. All you need is Internet access. The OA technicians will assist and train your office staff on set-up and use of the Office Ally tools. If you do not have practice management software, you may use OA's online entry tool.

### **Is my software compatible?**

OA's ability to accept a print-image file means they are compatible with nearly every practice management system. Essentially, if your software allows you to print claims in your office, you can send claims to Office Ally.

### **Do I need high-speed Internet access?**

No, dial-up Internet access will also work.

### **What if I don't have billing software?**

For providers without billing software, OA offers a free, online entry tool. This tool allows you access to a blank, electronic CMS-1500 on the OA website. You type data into it the same way you would a paper CMS-1500. Additionally, this tool allows you to store patient, facility and provider information so you do not have to re-type the same information over and over.

**How long does it take to get started after I send my enrollment form?**

Please allow up to 30 days for us to process your enrollment. Once your enrollment form is submitted to OA, OA will email you a user name and password for uploading claim files. An OA enrollment specialist will contact you to set up an appointment with one of their technical staff for training.

**I am already enrolled with Office Ally, what do I need to do to process claims with AHC?**

You must notify AHC so that we may contact OA to indicate AHC on your enrollment. This is important so your AHC claims are not processed out-of-network. You will also need to submit a check for the set-up fee along with the two AHC enrollment forms.

**Who do I contact if I have a problem uploading my claims?**

Call the customer support team for OA at (949) 464-9129 or send an e-mail to support@officeally.com. Customer service or technical support is available 24 hours a day, 7 days a week at no additional charge.

**How do I send claims to Office Ally?**

Most users send claims to OA as follows:

1. Create a claim file using your current billing software.
2. Log into www.officeally.com and click UPLOAD HCFA1500.
3. Click SELECT FILE.
4. Find your file and click OPEN.
5. Click UPLOAD.

Office Ally also supports FTP transfers and offers an online entry tool. They will walk you through this process step-by-step during your set-up appointment.

**What formats does OA accept?**

OA does accept the HIPAA compliant ANSI 837 format. However, if your software does not produce this format, text files, print-image files and NSF format files are also accepted.

**What if my software isn't HIPAA compliant?**

Your claims will be converted to the required format by OA before they are sent to the payor. It is not necessary to upgrade or purchase new software.

**Is Office Ally HIPAA compliant?**

Yes, OA is certified HIPAA compliant. The Trading Partner's Agreement details the HIPAA policies and procedures that are followed to protect your private health information as well the security measures used in the computer systems to ensure privacy.

**What insurance companies am I able to send to electronically?**

By enrolling with Office Ally, you are automatically set up to send to all payors on the OA Payor List except those with asterisks next to their name. Those payors require you to go through a pre-enrollment process before AHC can send your claims electronically to them. To view the Office Ally Payor List, go to [www.ActivHealthCare.com/network-resources/electronic-claims/edi-processing](http://www.ActivHealthCare.com/network-resources/electronic-claims/edi-processing) and click on the Payor List link.

**How do I pre-enroll for insurance companies that require pre-enrollment?**

When you are filling out the OA enrollment form, list any of the payors for which you would like to pre-enroll. OA will start the pre-enrollment process for the companies you've selected and get any necessary paperwork to you. Those companies requiring pre-enrollment are identified on the OA Payor List. There is no cost for pre-enrollment.

**How long does the pre-enrollment process take?**

Pre-enrollment for most commercial payors is usually complete within one week. Pre-enrollment for Medicare and CHAMPUS varies from one to six weeks.

**What tools and features are available on [www.officeally.com](http://www.officeally.com)?**

Office Ally offers many features including tools for tracking claims, running reports based on your own specifications, checking eligibility, verifying codes (ICD9, CPT, POS, Modifiers), fixing claims directly on the website, entering claims online and sending attachments electronically. OA continually adds new features and upgrades existing services to meet your EDI needs.

**Do I have to submit in a HIPAA compliant format?**

No, the law allows providers to submit in a non-HIPAA compliant format to a clearinghouse. The clearinghouse must convert the claims into the 837 HIPAA compliant format prior to transmission to the insurance company or claims payor. It is against the law for a provider to submit directly to an insurance company in a non-compliant format.

## How to File a Paper Claim

One of the most critical functions in a provider's office is insurance claims submission. AHC understands the importance of this task and is here to help you manage your outstanding insurance receivables. By utilizing AHC's insurance billing service, we will work on your behalf to resolve all outstanding insurance claims.

For specific plans it is necessary to submit the claims for your patients' services on paper and through U.S. mail. To facilitate those claims, send them directly to the address on the back of the patient's insurance identification card. If you are not sure about where to submit the claim, call the number for the company on the insurance card. They will give you the most accurate information.

The steps for claims processing are as follows:

- Step 1:** Verify the patient's insurance coverage through the insurance payor. Be sure to verify that you are listed in the PPO network, if applicable.
- Step 2:** Thoroughly complete the health insurance claim form. This is often referred to as a CMS-1500. Be sure to pay attention to the requested information. Refer to page 16 of this manual for detailed instructions on properly completing the CMS-1500.
- Step 3:** The upper right hand corner (above box 1a) of the CMS-1500 form has a blank space. Many providers use this place to print the name and address of the insurance payor. If the claim is sent to AHC for processing, some providers will place our name and address in this field. Although that helps you know to send the claim to AHC, it does not help AHC know where to send the claim for payment.

In order to identify the name and the address of the ultimate insurance payor, we request that you complete this field in the following format:

AHCØ1 Insurance Payor's Name  
Insurance Payor's Street Address or P.O. Box  
Insurance Payor's City, State and ZIP code

Obtain the insurance payor's information from the insurance identification card. By placing the AHCØ1 prefix in **FRONT** of the insurance payor's name, you will know to send the claim to the AHC office. This format will expedite the processing of your claims by providing AHC with the payor's address on the CMS-1500.

If AHC does not know the billing address of the insurance claims payor or the name of the PPO network (box 11c), we will have to request a copy of the insurance identification card from you. Remember, we get

the insurance payor's information from you. By working together, we can recover every benefit dollar possible.

- Step 4:** Send the claim to the AHC office. AHC processes some claims in-house, but most claims must be sent to a third party for processing. If the claim form is completed properly, AHC will send your claim to the appropriate insurance payor within 24 hours after receiving the claim. We will also enter or log the claim into our centralized billing system.
- Step 5:** In most cases the insurance claims payor will process the claim and send AHC an explanation of benefits within 30 days. We will promptly process the claim through our system and issue a bulk pay remittance to you summarizing all claims processed for your office during the week.
- Step 6:** In some cases, the carrier may not process a claim promptly. If the carrier needs additional information, they may respond to you directly or to AHC. If they request the information from AHC, we will relay that request to you.

If the carrier fails to respond on a claim, AHC will resubmit the claim to the carrier. We will continue to follow up on the claim until it is resolved.

## Claims Frequently Asked Questions

### **Which claims should I submit through AHC?**

You should only submit claims for patients affiliated with the AHC contracted networks. Most of our contracts require you to submit claims through AHC. A few of the contracts provide for direct billing from you to the payor. Those contracts are identified on our list of current contracted networks found on at [www.ActivHealthCare.com](http://www.ActivHealthCare.com). A password is required to enter the network affiliations section of the website. Refer to Website Basics on page 6 for instructions on how to obtain a password.

### **Will the insurance carrier or third party recognize me as a preferred provider if I do not use AHC?**

No, not unless you have a direct contract with the PPO, HMO or MCO. You are listed as a PPO, HMO or MCO participating provider through your affiliation with AHC. As such, you are recognized by the AHC tax identification number and billing address.

### **Will the insurance carrier or third party administrator know who AHC is?**

No, they probably will not. AHC contracts with the PPO, HMO or MCO network and not directly with the claims payor. The PPO, HMO or MCO has the contract with the claims payor. For example, the claims payor normally does not know that

First Health uses AHC chiropractors. There are several hundred companies paying First Health claims throughout the country. By contracting with AHC, you are listed in the directories of all the First Health plan participants.

### **How do I verify a patient's insurance benefits?**

Call the number on the insurance identification card to verify coverage and obtain a description of benefits. The insurance carrier may ask for your tax identification number to determine if you are a participating provider. In that case, you should provide the AHC tax identification number, 20-5009369. Ask about co-pays, deductible, coinsurance percentages, effective dates, chiropractic benefits and other information on your insurance verification form. If the claim is for an accident, let the carrier know at the point of insurance verification. Your goal in the verification process is to obtain an accurate estimate of what will be allowed and paid by the carrier and what financial responsibility the patient will have.

### **How long does it take to process claims?**

If the claim was sent via EDI, and there were no problems with the claim, it will normally take about two to three weeks for the payment to be received. If the claim was sent via U.S. mail, it may take about four to six weeks. Paper claims have additional mail and handling time. If you have not received a response to your claim within these time periods, you should check the claim status online.

### **How do I check claim status?**

First determine how the claim was submitted, when it was submitted and to what company it was submitted. If the claim was submitted to the address on the insurance identification card and the appropriate time period as specified above has passed, you should contact the carrier for claim status. If the claim was submitted to AHC and the specified period has passed, please contact AHC.

### **If I have a complaint, who do I contact?**

Complaints should be factual, professional and directed to the correct person or department. It is very important to keep to the point and avoid exaggerations. It is equally important to be professional. That does not mean you cannot be firm and direct, just try to avoid losing your temper, name calling, and making degrading comments to the person trying to help you. Finally, you need to direct your complaint to the right person. Start by working with the customer service person; give them a chance to help. If they cannot help, progress to their supervisor. If you still do not get any resolution to your problem, put it in writing or in an e-mail. to establish a paper trail. Be brief and to the point. If dealing with a carrier, your patient can be a valuable resource in the complaint department. They have the resources of their human resource department at their disposal. Sometimes the problem may require a call from a client or plan participant to be resolved.

## Section 4: Credentialing

AHC credentials providers for many networks using standard criteria for each Chiropractor. AHC's comprehensive provider credentialing plan includes standards for credentialing and re-credentialing which follow the guidelines of NCQA and URAC.

Through our credentialing process and quality assurance program, we assure our network affiliates that our providers meet the strict standards that our network affiliates require.

All providers must undergo initial credentialing, with approval by the Credentialing Committee before being accepted into the AHC network. Providers must also undergo re-credentialing every three years.

To become a participating provider with AHC, a provider is required to:

- Complete an AHC credentialing application.
- Complete the state specific uniform healthcare practitioner's application form.
- Submit a variety of documents such as state chiropractic licenses, business and professional liability; certificates/ declaration pages, federal tax identification forms, etc.
- Undergo primary source verification of their credentials.

The necessary documents are available to download at [www.ActivHealthCare.com](http://www.ActivHealthCare.com).

Every provider's credentialing application is reviewed by a licensed chiropractor, verified with the assistance of the National Practitioner Data Bank and examined for final approval by AHC's Credentialing Committee and Board of Directors.

To assist with collecting all the required documentation, a credentialing checklist is shown on the following page and can also be found on the AHC website.

Insurance requirements - AHC must have current information on file regarding your malpractice and general liability insurance policies. If you have not already done so, please contact your insurance carriers and add AHC as a certificate holder. It will cost you nothing, simplify your credentialing life and reduce our need to request this information from you.

Re-credentialing - As your credentialing period expires, AHC will send you a letter to notify you that it is time to re-credential. We will ask that you visit our website to download the necessary forms. Please complete and return all requested information prior to the deadline given. Completing the process early reduces network expenses and avoids gaps in network membership.



P. O. Box 1368  
Lilburn, GA 30048  
Phone: 770-455-0040 Fax: 770-455-6188

PROVIDER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE MAKE SURE YOU HAVE ENCLOSED THE FOLLOWING:

- \_\_\_\_ GA UNIFORM HEALTHCARE PRACTITIONER CREDENTIALING APPLICATION FORM PART 1 (15 pages) \*CAQH printout can replace part 1 & 2
- \_\_\_\_ GA UNIFORM HEALTHCARE PRACTITIONER CREDENTIALING APPLICATION FORM PART 2 (3 -5 pages)
- \_\_\_\_ PROVIDER INFORMATION FORM
- \_\_\_\_ LOCATION INFORMATION FORM
- \_\_\_\_ RELEASE AUTHORIZATION
- \_\_\_\_ PROVIDER AGREEMENT (13 pages) – Signature page 13
- \_\_\_\_ BUSINESS ASSOCIATE AGREEMENT (6 pages) – Signature page 6
- \_\_\_\_ COPY OF CURRENT STATE LICENSE (with expiration date)
- \_\_\_\_ NPI NUMBERS – INDIVIDUAL: \_\_\_\_\_ BUSINESS: \_\_\_\_\_
- \_\_\_\_ COPY OF CURRENT MALPRACTICE COVERAGE (1M/3M and NOT expired)
- \_\_\_\_ CERTIFICATE HOLDER REQUEST FORM – Please send this directly to your Malpractice Insurance carrier.
- \_\_\_\_ COPY OF CURRENT LIABILITY INSURANCE (valid insurance on building)
- \_\_\_\_ CMS WORKSHEET - completed and signed
- \_\_\_\_ W-9 - completed and signed
- \_\_\_\_ E-MAIL \_\_\_\_\_
- \_\_\_\_ CHECK PAYABLE TO: ActivHealthCare – (Initial Membership Fee)  
GCA Members - \$125  
Non-Georgia Chiropractic Association Members - \$660
- \_\_\_\_ Completed enrollment forms for **free** EDI with OFFICE ALLY.  
See the link from our website.

Note: If the Provider is NOT accepted into the ActivHealthCare Network, the initial membership fee shall be refunded less a \$150.00 administrative fee.

Please call 770-455-0040 or fax 770-455-6188 with any questions.

## Credentialing Frequently Asked Questions

### **How long does the credentialing process take?**

Once the completed paper work has been received by AHC, it takes 30 days to be credentialed and approved by the Credentialing Committee. Once approved, AHC will send you an acceptance letter and forward pertinent information to our network affiliates. It will then take anywhere from 30 to 60 days for the network affiliates to add you to the participation provider rosters of their contracted claims payors.

### **How do I change my address, tax ID, or add an office location?**

Complete the Provider Information, Location Information and a W-9 to change an address. To change the tax ID, complete the W-9 only. These documents are available at [www.ActivHealthCare.com](http://www.ActivHealthCare.com). Mail or fax the completed documents to AHC.

### **Am I required to submit a renewed license or insurance information before the credentialing expiration?**

Yes. Each year AHC will need verification that your license and insurance are current. The simplest way to do this is as follows:

- License – Each year fax your current license to AHC as soon as you receive it.
- Insurance – Add AHC as a certificate holder to your malpractice and liability insurance policies. The carrier will then automatically update AHC when your coverage changes or renews.

## Section 5: Contact Information/Resources

**Mailing address:**

ActivHealthCare  
P. O. Box 1368  
Lilburn, GA 30048

**Telephone numbers:**

Phone: 770-455-0040  
Fax: 770-455-6188  
Toll free: 866-374-9558

**Website:**

[www.ActivHealthCare.com](http://www.ActivHealthCare.com)

**Email contacts:**

Claims questions and information: [claims@activhealthcare.com](mailto:claims@activhealthcare.com)  
EDI information: [EDI@activhealthcare.com](mailto:EDI@activhealthcare.com)  
Credentialing information: [credentialing@activhealthcare.com](mailto:credentialing@activhealthcare.com)  
General provider information: [info@activhealthcare.com](mailto:info@activhealthcare.com)  
Accounting information: [accounting@activhealthcare.com](mailto:accounting@activhealthcare.com)

**Website resources:**

American Chiropractic Association: [www.acatoday.org](http://www.acatoday.org)  
Georgia Chiropractic Association: [www.gachiro.org/ca/](http://www.gachiro.org/ca/)  
International Chiropractic Association: [www.chiropractic.org](http://www.chiropractic.org)  
North Carolina Chiropractic Association: [www.ncchiropractic.com](http://www.ncchiropractic.com)  
Tennessee Chiropractic Association: [www.tnchiro.com](http://www.tnchiro.com)  
South Carolina Chiropractic Association: [www.scchiropractic.org](http://www.scchiropractic.org)  
HIPAA - United States Dept. of Health & Human Services: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

**Office Ally (EDI):**

Website: [www.officeally.com](http://www.officeally.com)  
Email: [info@officeally.com](mailto:info@officeally.com)  
Phone: (949) 464-9129  
Fax: (949) 376-6951