



New Provider Orientation

ActivHealthCare
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Website Basics

The ActivHealthCare (AHC) website, www.ActivHealthCare.com, is your source for the most current information. On the website you will find:

- Current information and news
- Provider Locator
- Fee schedules
- Term summary sheets
- Network resources
- EDI information
- Contacts
- Frequently asked questions, links, 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.

Homepage and Menus

The image shows a screenshot of the ActivHealthCare website homepage. The top navigation menu includes: HOME, PROVIDER LOCATOR, PROVIDERS, CA'S CORNER, NETWORK RESOURCES, FORMS, NEWS, FAQ, ABOUT US, and CONTACT US. Three callout boxes on the left point to specific menu items:

- Corporate Vision**
Credentialing
Provider Manual
FAQ
Marketing
- Check Claim Status**
How to File a Claim
Completing the HCFA1500
CA Manual
- Network Affiliations**
Electronic Claims
Provider/CA Manual
Training

The main content area features the **ActivHealthCare** logo and a heading **Home** with the sub-heading **Promoting Wellness through Chiropractic**. The text below reads: "ActivHealthCare is a full service, comprehensive chiropractic network. Our plans need credentialed professionals to provide employees with quality healthcare, as much as the active chiropractic office needs access to quality care." It continues with a paragraph about quality service and a link to "benefits of chiropractic care". A final paragraph states: "We believe chiropractic care should be the spearhead of alternative health care. Both our providers and networks, we believe we can have a positive influence on the healthcare industry. We can promote wellness through chiropractic care."

Network Resources



Network Resources

Welcome to the ActivHealthCare member provider resources. Here you will find links to:

- Network affiliations
- Employer lists
- Term summary sheets
- Fee schedules
- EDI information
- AHC Provider/CA Manual

If you have any questions, please [contact us](#).

After selecting Network Resources from the home page, the menu on the left appears.

Click on the links to view the desired information.

Provider Login

To view Term Summary Sheets, Fee Schedules, or Employer Lists, you must be logged in to the website. To login, click on the login button on the top right corner of the home page. The Provider Login will be displayed.

If you have a password, enter your registered Username and Password in the space on the right.

If you have not previously registered, you may register for a password where indicated.

If you can't remember your password, click on the Reset your password link and enter your email address. You will receive an email to reset your password. This is an automated process and is the fastest way to obtain access to the website.

Create new account Log in Request new password

User account

Not a Member?
[Register here](#)

Do you already have an account?

Username or e-mail address: *

You may login with either your assigned username or your e-mail address.

Password: *

The password field is case sensitive.

Log in

Lost your password?
[Reset your password here](#)

Sample Term Summary Sheet

ActivHealthCare Term Summary Sheet

Network: SAMPLE

Payor: Various Payors and TPA's

Term of Agreement: February 1, 2003- Annual Renewal Thereafter

Withhold Percentage, if Applicable: _____% To Network (Based upon allowed charges)

Eligibility Verification: Call Number Listed on Beneficiaries' ID Card

PCP Referral: Generally Not Required. Follow Instructions on Beneficiaries' ID Card

Utilization Management: Varies By Plan-Follow Instructions on Beneficiaries' ID Card

Co-Payment Collection: Collect Co-Payment or Deductible (As Indicated) on ID Card at Time of Service

Reimbursement Terms:

Group Health:
_____ % of Medicare
RBRVS
(Does Not Include Network Withhold)

Workers Comp:
_____ % 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

Claims Filing: File Claim Along With A Copy Of The Patient's Insurance Card To:

ActivHealthCare, Inc.
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.

Sample Fee Schedule

2006 Sample Group Health Fee Schedule

CPI 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	
98040	31.00	37.00	32.80	52.00
98041	38.00	47.00	44.34	59.80
98042	48.00	57.00	57.14	67.60
98043	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 = 120% of Medicare (based on state of Georgia)

Network Affiliate G = 125 % of 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

Note: This is a partial list of actual Fee Schedules for some of the Network Affiliates. Schedules do not take admin fees into consideration.

Network Affiliates

Claims for the following networks should be:

- sent electronically with AHCØ1 prefix if you are enrolled with Office Ally through ActivHealthCare, **OR**
- mailed to P.O. Box 1368, Lilburn, GA 30048

	Alliant Health Plans		Memorial Health Partners
	American PPO		MultiPlan
	Beech Street (A Viant Co)		National Choice Care
	CorVel Corporation		NovaNet
	Coventry Health Care of GA		NPPN
	Coventry National Network		Patient 1 st Network (Core Administrators)
	Evolutions Healthcare Systems, Inc		PPO Next (A Viant Co)
	1 st Medical Network (now SuperMed)		Procura Management (fka QRS)
	First Health Network (Coventry owned)		

Network Affiliates - continued

Claims for the following networks should be:

- sent electronically with AHCØ1 prefix if you are enrolled with Office Ally through ActivHealthCare, OR
- mailed to P.O. Box 1368, Lilburn, GA 30048

	Focus (Coventry owned)		SuperMed (fka 1 st Medical Network)
	Fortified Provider Networks		The Covenant Companies
	Galaxy Health Network		The Initial Group
	Health One Alliance		TLC Advantage
	Integrated Health Plan		University Health Link
	Mail Handlers Benefit Plan (See Coventry National Network)		USA Managed Care

Claims for these networks should be sent to the payer listed on the insurance card **without** the AHCØ1 prefix:

	Companion Workplace Health		IBG – Industry Buying Group
	Employers Health Network		Prime Health Services
	Employers Choice Network		

Claims Processing

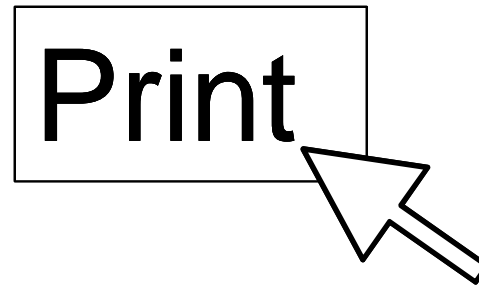
Correct completion of the CMS-1500 is critical for accurate and prompt claims processing.

There are two methods of submitting your AHC claims:

- Mailed as a paper claim: Information on how to complete these claims is available at www.ActivHealthCare.com, *CA's Corner, How to File a Claim*.
- You may also enroll in EDI processing to electronically submit your claims for *FREE*. More information is available at www.ActivHealthCare.com, *Network Resources, Electronic Claims, EDI Enrollment*.

Print AHC Documents

We recommend that you print
the **Provider/CA Manual**
and the **Term Summary Sheets**
to have available as a reference.



Check the website regularly,
it is your **most up-to-date**
source of information!

www.ActivHealthCare.com

Communication

Please keep us informed of **changes** in your contact information.



We will contact you via newsletters, emails, and mailings.