



New Provider Orientation

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

Home Page and Menus

Corporate Vision
Why Choose AHC?
Credentialing
Network Resources
Frequently Asked Questions
News

How to File a Claim
Check on Claim Status
Frequently Asked Questions
Network Resources



In addition to the top menu choices, you may also link to other pages from the side menus.

- ⇒ Credentialing
- ⇒ Network Resources
- ⇒ Benefits of Chiropractic
- ⇒ Insurance Benefits
- ⇒ Forms

Network Resources

- [Credentialing/QA Program](#)
- [Network Affiliations](#)
- [Employer Lists](#)
- [Term Summary Sheets](#)
- [Fee Schedules](#)
- [EDI Information](#)
- [Provider/CA Manual](#)
- [Training](#)
- [Frequently Asked Questions](#)
- [News](#)

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

Click on the links to view the desired information.

Table of Contents

	Page
Section 1: Understanding ActivHealthCare	3
■ Our Mission/Vision	3
■ Why Should You Be a Part of ActivHealthCare?	4
■ Marketing Your Practice	5
■ Website Basics	6
■ Network Frequently Asked Questions	9
 Section 2: Understanding Our Network Affiliates	 11
■ What is a Network Affiliate?	11
■ What are Term Summary Sheets?	11
■ What are Fee Schedules?	13
■ Employer Lists	15
■ Network Affiliates Frequently Asked Questions	15
 Section 3: Claims Administration	 16
■ Completing the CMS-1500	16
■ EDI	17
Enrollment	17
Preparing Your Management Software	18
Claims Submission	19
Office Ally's Online Entry Tool	22
Claims Follow-up	23
EDI Frequently Asked Questions	23
■ How to File Paper Claims	27
■ Claims Frequently Asked Questions	28
 Section 4: Credentialing	 30
■ Credentialing	30
■ Credentialing Checklist	31
■ Credentialing Frequently Asked Questions	32
 Section 5: Contact Information/Resources	 33

Provider Login

When a provider or CA selects Term Summary Sheets or Fee Schedules from the side menus, the provider login will be displayed.

If you have a password, enter your registered email and password in the space on the right. If you are not sure if you have a password or have forgot your password, you may click here for it to be emailed to you. If you have not previously registered, you may register for a password where indicated. Passwords are case-sensitive.

Provider Login

Please enter your email and password provided by ActivHealthCare to access Term Summary Sheets.

If you have not been provided with a password, please register [here](#)

Email:

Password:

Passwords are case sensitive.

[Click here](#) if you have lost your password.

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.

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



American PPO



MultiPlan



Beech Street Corp. (A Viant Company)



National ChoiceCare



CorVel Corporation



NovaNet



Coventry Health Care of GA



National Providers Network



Coventry National Network



Patient 1st Network
(Core Administrators)



Evolutions Healthcare Systems, Inc.



PPO Next (a Viant Co.)



1st Medical Network



Procura Management (fka QRS)



First Health Network (Coventry owned)



SouthCare (Coventry owned)



Focus (Coventry owned)



SuperMed (fka 1st Medical Network)

Network Affiliates - continued

Claims for the following networks should be:

- sent electronically with AHC01 prefix if you are enrolled with Office Ally through ActivHealthCare, **OR**
- mailed to P.O. Box 1368, Lilburn, GA 30048



Fortified Provider Networks



Galaxy Health Network



Health One Alliance



Integrated Health Plan



Mail Handlers Benefit Plan
(see Coventry National Network)



MedAvant / NPPN / Plan Vista



Memorial Health Partners



The Covenant Companies



The Initial Group



Three Rivers Provider Network



TLC Advantage



University Health Link



USA Managed Care

Claims for the following networks should be sent to the payer listed on the insurance card **without** the AHC01 prefix:



Companion Workplace Health



IBG – Industry Buying Group



Employers Health Network



InStil Health



Employers Choice Network



Prime Health Services

Claims Processing

Correct completion of the CMS-1500 and AHC claims is critical to accurate and prompt claim processing.

There are two methods of submitting your AHC claims:

- Your AHC claims may be 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 the EDI processing to electronically submit your claims with no monthly fees. More information is available at www.ActivHealthCare.com, Network Resources, EDI Information.

Print Documentation

We recommend that you print the Provider/CA manual and the term summary sheets to have available as a reference.

Check the website regularly since it is your most up-to-date source of information.

Communication

Please keep us informed of changes in your contact information.

We will contact you via newsletters, e-mails, and mailings.