



Network Orientation & Billing Training

10/2021

Introduction

Welcome to ActivHealthCare!

This brief presentation will provide you with a summary of Activ's website, www.ActivHealthCare.com, introduction to our CMS1500 billing requirements, and an overview of Activ's Provider Portal.

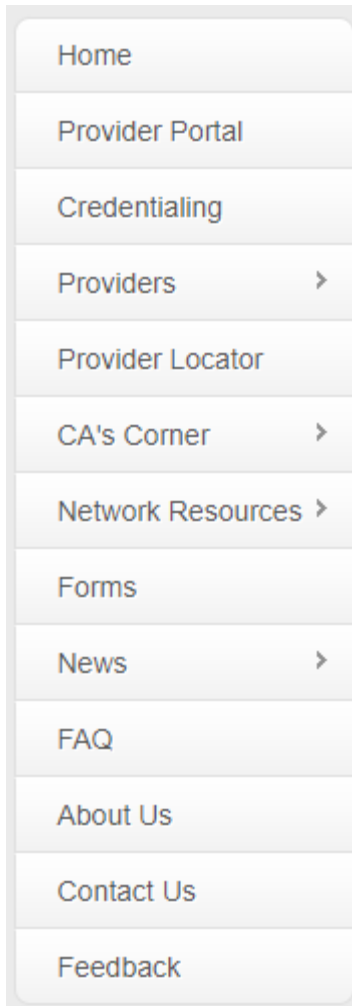
Activ has two equally important objectives:

1. We market our network of providers to insurance payors and networks, secure group contracts on behalf of our network, and work as an advocate for our providers.
2. We provide delegated credentialing services to our insurance payors and networks, bringing them highly qualified healthcare Providers.

Activ is not a billing service, but we are involved in the billing. Our group contracts are executed under a single Tax Id #. All billing must flow through us. This presentation and other training documents provide details on how to submit claims.

Contact us if you have questions. All staff members involved with billing or coverage verification should review this presentation and become familiar with all training documents.

www.ActivHealthCare.com



Our website offers access to information you will need to take full advantage of your network membership.

To the left is our menu bar. Please take some time to review the different tabs. You can find answers to most questions on our website under Network Resources, Forms and FAQ.

Also, the website provides access to our Provider Portal, which allows you to see fee schedules, check claim status, print remittance advices, and more.

Website –CA’s Corner

Check on Claim Status

To check on the status of a claim please complete the required information below and your request will be forwarded to a member of the ActivHealthCare staff.

Insured Name *

Patient Name *

Member ID# (Policy Holder) *

Date of Birth *

Year ▼ Month ▼ Day ▼

Insurance Information *

Date of Service *

Year ▼ Month ▼ Day ▼

Person to contact with claim status:

Contact Name *

Contact Number *

Provider (not practice) Name *

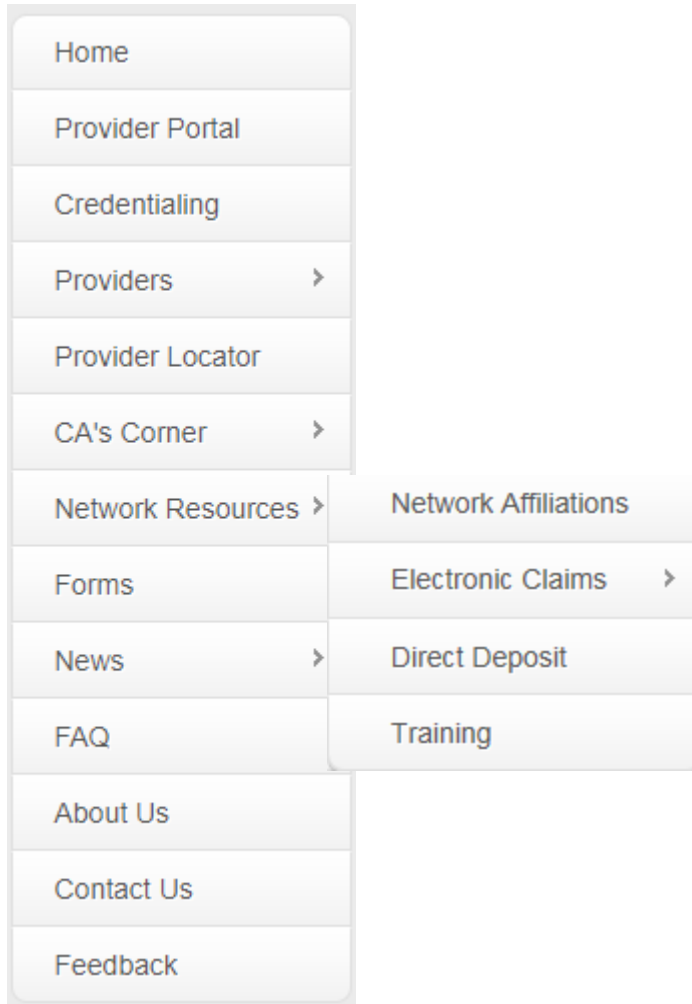
Practice State *

Comments

Submit

The CA’s Corner has a sub-menu. You can check claim status through our Provider Portal, but if the claim has been open or pending for more than 45 days, we suggest you use the Check on Claim Status feature. It will generate an e-mail to ActivHealthCare. We will contact the carrier to determine the reason for the delay.

Website – Network Resources



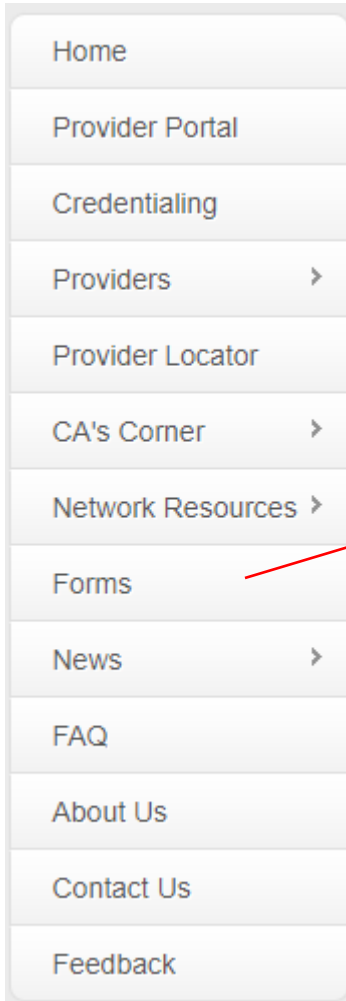
Some of the menu tabs will have a sub-menu.

You can open the sub-menu by using your mouse to hover over > on the menu. For example, the sub-menu for Network Resources will give access to:

- Network Affiliations,
- Electronic Claims enrollment information,
- Direct Deposit enrollment information, and
- Training information.

It is very important for anyone involved with claims or coverage verification to review the Training documents.

Website –Forms



The Forms tab gives quick access to:

- Ambetter Request for Reconsideration and Claim Dispute Form
- CareSource Appeals Form
- EDI enrollment forms for Office Ally
- Direct Deposit (EFT) Enrollment Form
- Provider Address change forms
- Network Options forms to opt-in or opt-out of networks

Network Affiliates

Claims for these networks must be submitted through Activ.

For Georgia:

Alliant Health Plan
Ambetter
CareSource
Clover Health
First Health
Georgia Health Advantage
HealthSmart Complete
Memorial Health Partners
MultiPlan
Patient 1st Network
PHCS
South GA Purchasing Alliance
WellCare

For South Carolina:

Ambetter
Beech Street
Clover Health
Memorial Health Partners
MultiPlan
PHCS

For Tennessee:

Alliant Health Plan
Ambetter
Beech Street
Georgia Health Advantage
MultiPlan
PHCS

Claims Submission and Address Formatting

The Payor's address will be found on the patient's insurance ID card. Below is the format that should be followed and here are some examples.

AHCØ1 Name of Payor
Insurance co. Payor ID
Address
City, State Zip

AHCØ1 Peach State Health Plan Ambetter
68069
P.O. Box 5010
Farmington, MO 63640-5010

AHCØ1 CareSource
GACS1
P.O. Box 8730
Dayton, OR 45401-8730

AHCØ1 Alliant Health Plans
58234
P.O. Box 2667
Dalton, GA 30722

Submitting through Office Ally is the only way to have proof of timely filing.

CMS1500 form.

Please be sure to complete the form and verify all information is correct.

Many claims are rejected due to incorrect Patient name, date of birth or insurance ID number.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA OTHER

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F) PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other) PATIENT STATUS (Single/Married/Other) EMPLOYMENT (Employed/Full-time/Part-time/Student)

4. INSURED'S NAME (Last Name, First Name, Middle Initial) INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

5. INSURED'S I.D. NUMBER (For Programs in Item 1)

6. PATIENT'S STATUS (Single/Married/Other)

7. INSURED'S POLICY GROUP OR FECA NUMBER

8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) OTHER INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F) EMPLOYER'S NAME OR SCHOOL NAME

9. OTHER INSURED'S POLICY OR GROUP NUMBER

10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? (Current or Previous) YES/NO (b. AUTO ACCIDENT? YES/NO (c. OTHER ACCIDENT? YES/NO (d. RESERVED FOR LOCAL USE)

11. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F) EMPLOYER'S NAME OR SCHOOL NAME

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) (MM/DD/YY)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE (MM/DD/YY)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM/DD/YY TO MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17a. Name, 17b. NPI)

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM/DD/YY TO MM/DD/YY)

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? (YES/NO) \$ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 9

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE (From MM/DD/YY To MM/DD/YY) B. PLACE OF SERVICE C. EMERGENCY D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ICD-9-CM J. PROVIDER ID NUMBER

25. FEDERAL TAX I.D. NUMBER (SSN/EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (YES/NO) 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR CREDENTIALS (Certify that the statements on the reverse apply to this claim as a part thereof.)

32. SERVICE FACILITY LOCATION INFORMATION (John Chiropractic Center, 4455 Highway 84, Tucker, GA 30084-7069, 1932992610)

33. BILLING PROVIDER INFO (PH) (John Chiropractic Center, 4455 Highway 84, Tucker, GA 30084-7069, 14322895876)

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

Patient's Information

AHCØ1 Payor Name from ID Card
Payor ID #
Payor Address from ID Card
Payor City, State, Zip

Insured's Information

Network Name from ID card

Taxonomy code and Doctor's NPI Number

Service Address & NPI #

Doctor TIN

Service Provider

111N00000X
14322895876

Address/NPI number for who checks are payable to

If Mailing Paper Claims, Send Claims To:

ActivHealthCare
1926 Northlake Pkwy, Suite 100
Tucker, GA 30084

The address format at the top of the paper CMS1500 forms must be completed as in the samples on the previous slides for EDI.

ActivHealthCare is not the payor. Do not put the ActivHealthCare name or address at the top of the CMS1500 form. If you do, the claims will not reach the payor.

Note: Mailing paper claims is the least secure, least dependable and, often, the most expensive way to submit claims. For these reasons, we strongly suggest providers utilize Office Ally for submitting claims.

Office Ally is one of the most affordable clearinghouses available. You can use them for all claims, not just those being submitted through ActivHealthCare.

Note: If you use any clearinghouse other than Office Ally, you must submit paper claims.

Benefit Verification – Tax ID

Payors may require your Tax ID # when verifying benefits. If so, give them the ActivHealthCare Tax ID # to obtain correct in-network benefits.

58-2068734

Do not use Activ's Tax ID # when submitting claims, even if the insurance payor tells you to do so. Either Activ or Office Ally will put the ActivHealthCare Tax ID # on the claims.

You may only use Activ's Tax Id # to verify in-network status, verify benefits, check claims eligibility or to signup for insurance company Provider Portals, such as, CareSource, Ambetter, etc.

Provider Portal

Home
Provider Portal
Credentialing
Providers >
Provider Locator
CA's Corner >
Network Resources >
Forms
News >
FAQ
About Us
Contact Us
Feedback



Provider Portal

Click on your state below to continue to the appropriate Provider Portal.

[Georgia](#)

[North Carolina](#)

[South Carolina](#)

[Tennessee](#)

The Provider Portal can be accessed from the www.ActivHealthCare.com website. It is a secured portal giving access to our Claims Management system. Start by selecting your state.

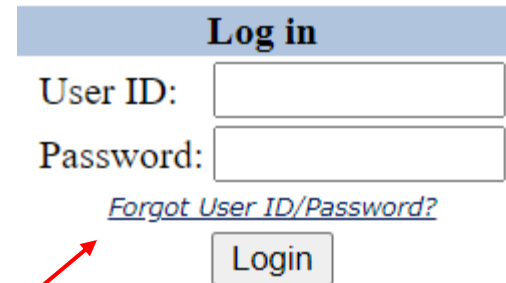
Provider Portal login

A Log In is required for the Provider Portal. (It is not the same as the Credentialing Center.)

User ID: Provider Tax ID #

Password: The first time it is accessed you will use the Provider Tax ID #. It will then prompt you to change the Password.

If you forget the Password, you can use the [Forgot User ID/Password](#) feature.



Log in

User ID:

Password:

[Forgot User ID/Password?](#)

Login

[Provider Portal Help Center](#)

Website – Provider Portal

Georgia [Term Summaries](#)
[Fee Schedules](#)

Tennessee [Term Summaries](#)
[Fee Schedules](#)

North Carolina [Term Summaries](#)
[Fee Schedules](#)

South Carolina [Term Summaries](#)
[Fee Schedules](#)

Open Claims
Claims Display

Remittance Advice
Form 1099
Provider Utilization Analysis
Amount Paid Chart

The Provider Portal gives access to Fee Schedules, contract Term Summary Sheets, Open Claims, Claim details, Remittance Advices (EOBs) and 1099 tax forms.

You can use the Amount Paid Chart or Provider Utilization Analysis to see how you compare to the overall network of Providers.

Contact Information

ActivHealthCare
1926 Northlake Pkwy, suite 100
Tucker, GA 30084
Phone: 770-455-0040
General Fax: 770-455-6188
Credential Fax: 678-990-1124



[Like Us on Facebook](#)

We are here to help you and your doctors with any questions or problems.



I attest that I have completed the AHC Provider Staff Training and understand the presented Content.

Date Training Completed: _____

Staff/Contractor name (Printed): _____

Staff/Contractor name signature: _____

Providers name(s): _____

After completing the training, please print and sign this page and fax back to 678-990-1124.