How to File Claims with ActivHealthCare

1. If the Primary Network is listed on our Network Affiliates sheet, the claim will come to ActivHealthCare.

2. The format on the HCFA must be correct regardless of how the claims are being filed. All claims should have AHC01 as the prefix, followed by the name and address of the Insurance Payor.

Example 1 for GA: AHC01 Peach State Health Plan Ambetter *(or name from ins. ID card)*
68069
PO Box 5010
Farmington, MO 63640

Example 2 for SC: AHC01 Absolute Total Care Ambetter *(or name from ins. ID card)*
68069
PO Box 5010
Farmington, MO 63640

Example 3 for TN: AHC01 Ambetter of TN *(or name from ins ID card)*
68069
PO Box 5010
Farmington, MO 63640

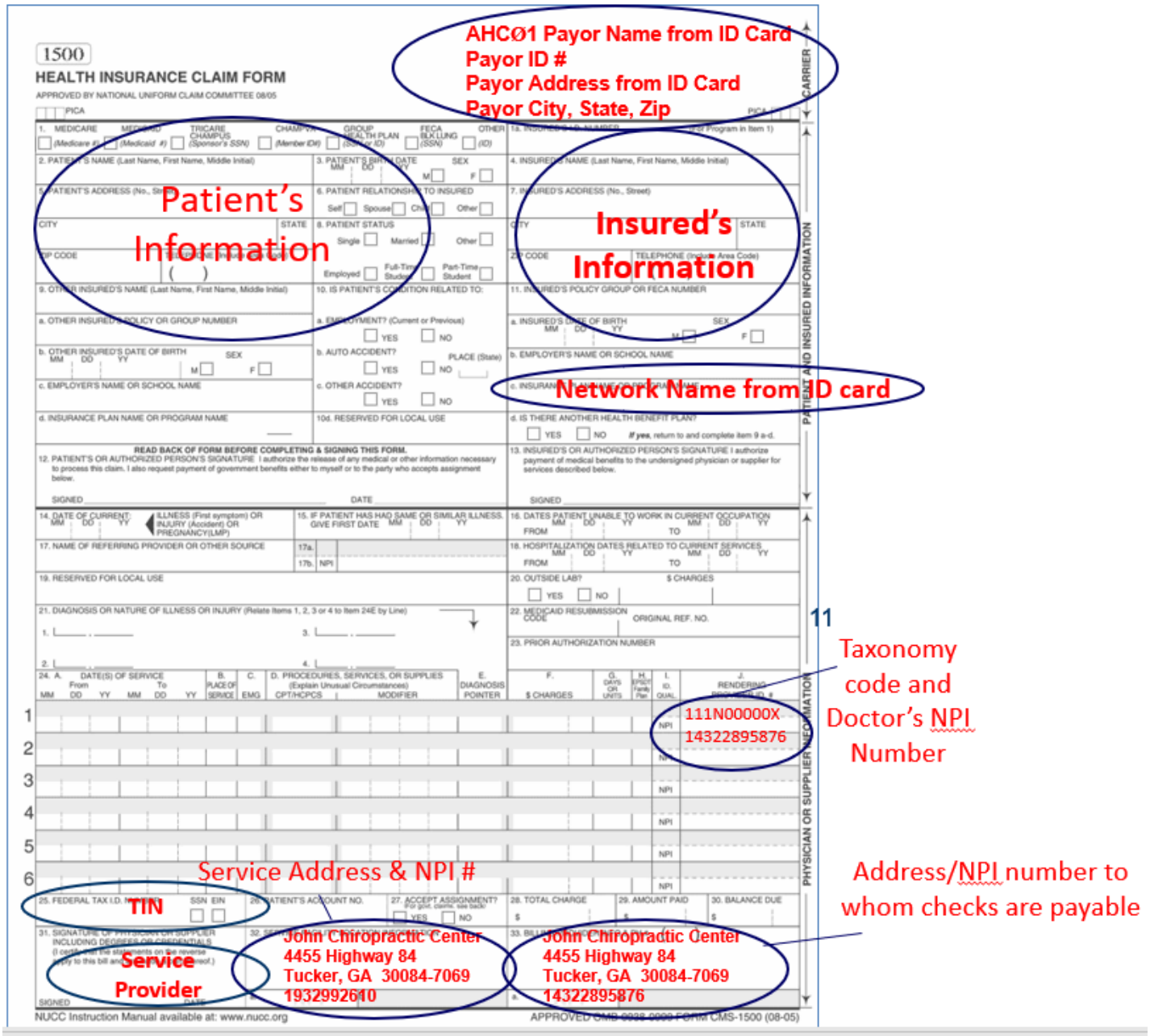
3. There are two ways to file your claims.

1. EDI – Electronic claims can only be filed through Office Ally using an 837P file. If you do not use Office Ally, you must submit claims on paper.

2. Mail – Paper claims can be mailed to ActivHealthCare; however, we suggest filing them electronically to expedite the processing of your claims. Please mail paper claims to:

ActivHealthCare, Inc.
1926 Northlake Pkwy Ste. 100
Tucker, GA 30084

Claim form with instructions



How to File a Claim and a Corrected Claim with Ambetter

1. The format on the top of the HCFA should be:

AHC01 Ambetter *(or name from insurance ID card)*
68069
P.O. Box 5010
Farmington, MO 63640-5010

2. The ID number must include the prefix and the suffix.
Incorrect number: 12345678
Correct number: U1234567801

3. Patient's name should match what is on the ID card. Do not file with a nickname.

3. Timely filing is 180 days from the date of service.

4. To dispute a claim, a Reconsideration Request Form must be completed and sent to Ambetter. Do not send it to ActivHealthCare.

5. Corrected claims need to be submitted with the following information.

CMS-1500 Example *(please use red and white claim form for official submission)*