



May 21, 2019

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## **Peach State Health Plan (Ambetter) Claim Payment Issues**

During the month of April there were some irregularities by Peach State Health Plan (PSHP) in the processing of some Ambetter claims. In some cases, claims appeared to have been processed in a manner that was inconsistent with the Summary of Benefits or the benefits verification. For example, a deductible and copay may have been taken on the same claim, and depending on CPT code, different coinsurance rates applied.

ActivHealthCare noticed the problem and discussed it with PSHP. We have been working with PSHP for the past few weeks on this issue. We finally have answers to questions and a process for correcting any incorrect payments. Below are some of the questions and answers:

### **When did the problem begin, what was the cause and what was the scope?**

The problem began around the first of April. PSHP has confirmed that the problem is a "global issue", which probably means it was due to computer program updates to the claims processing system and probably had an effect on all types of providers. It did not cause all claims to be processed incorrectly, but it did affect about 20 - 25% of the claims.

**Has the problem been resolved?** On 5/20/2019, Activ received word back from PSHP to confirm the problem is being fixed. However, the most recent two payments from PSHP appear to be correct.

**Have claims been delayed as a result of the problem?** Yes, PSHP payments did slow down during the first week of May, but they seem to be back on track now. The check received by Activ on 5/13/2019 was more than twice as large as a normal weekly payment. We did two check runs last week to distribute the money to you as quickly as possible.

**How do we know if we were paid incorrectly?** As previously mentioned, only about 20 - 25% of the claims were incorrectly processed. PSHP sells dozens of different Ambetter policies. You will need to compare the payments received in April to the benefits verified to find discrepancies. You can also look at the Remittance Advice from Activ. If you have a deductible and copay on the same claim or more than one coinsurance amount on a claim, the payment may be wrong.

**What do we do if we think a claim was processed incorrectly?** On 5/17/2019, PSHP advised Activ to have providers submit a [Provider Request For Reconsideration and Claim Dispute Form](#) for claims that may have been underpaid. You will need to put Activ's Tax ID number (TIN) on the form. [Click Here](#) to view the form with Activ's TIN. The form will also be posted to Activ's website under Forms. Please read and follow directions carefully. On 5/20/2019, PSHP told us the problem claims may be automatically fixed, but they were not sure. PSHP said Providers should submit the reconsideration form mentioned above, just to be sure the claims are corrected.

**Can I get a list of my paid claims from Activ on one report?** Yes. If you would like a spreadsheet of your PSHP claims processed YTD, please e-mail the request with your Tax ID number to [mbrickhouse@activhealthcare.com](mailto:mbrickhouse@activhealthcare.com).

**Will Admin Fees be applied to corrected claims?**

Activ will not take a duplicate Admin Fee on a claim. If one is taken in error, we will refund you.

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**PSHP Bundling CPT Codes**

In our meeting with PSHP, we discussed the frequent bundling of CPT codes. You may have seen a denial on a 98943 or 97140 with the remark code 018, "This procedure is normally included in the cost of primary procedure".

Activ has argued that the codes should not be bundled with a 98941. PSHP said Providers will need to submit a [Provider Request For Reconsideration and Claim Dispute Form](#) with medical records to show the services are separate procedures. It must be submitted with Activ's Tax ID number. You can [Click Here](#) to access the form from our website.

Be sure to include SOAP notes with your request. Follow form instructions carefully.

PSHP also stated they will look into it a little deeper, but suspect the system edits are automatically generating the denial. The bottom line is, if your claim is incorrectly bundled, you need to request a review with records.

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**Ambetter Provider Login for Verifying Patient Eligibility**

Many Providers have created a Provider Login on Ambetter's website under the ActivHealthCare Tax ID number. This was done without our permission and was contrary to our specific instructions. At first, this created a problem due to HIPAA concerns. However, recently we were given instructions on how to limit Provider access to just eligibility.

The Ambetter Provider Login is a better way to verify patient eligibility than Availity. It is a primary source and should be the most up to date

To set up an account, do the following:

1. You will need to go to the Ambetter website based on where your patient purchased his/her policy. For example, if your patient lives in Georgia, [Click Here](#).

If your patient lives in TN, [Click Here](#).

Providers near the border may need to register in both states.

2. To view eligibility as an in-network Provider, you must create an account under the ActivHealthCare TIN.
3. [Answer "NO" when asked if you want to be the Account Manager.](#)
4. Notify Activ as soon as you set up the account. We will need to limit your access to Eligibility only. You need to notify Activ by e-mailing [info@activhealthcare.com](mailto:info@activhealthcare.com).

If you have any questions, please contact Marah Ngan at 770-455-0040 x107.

ActivHealthCare, Inc. | (770) 455-0040 | [www.ActivHealthCare.com](http://www.ActivHealthCare.com)

1926 Northlake Parkway, Suite 100, Tucker, GA 30084

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