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ActivHealthCare Tax ID #

When verifying benefits, the insurance carrier will often ask for the provider's Tax ID #. The carrier is trying to verify if the provider is a Participating Provider. Since ActivHealthCare is under a group contract with our network clients, all Activ providers have been added to the various networks, i.e. Alliant, First Health, PHCS, MHP and Peach State Health Plan, under the ActivHealthCare Tax ID #.

As stated in our Provider Staff Training presentation on our website, ActivHealthCare **does** give permission for Participating Providers to give the Activ Tax ID # when verifying benefits. **HOWEVER**, ActivHealthCare **does not** give permission to **ANYONE** to use the ActivHealthCare Tax ID # to submit claims. We specifically state in the training presentation that you **may not use** the Activ Tax ID # when submitting claims.

Unauthorized (unlawful) use of the ActivHealthCare Tax ID # can result in claim payments being delayed, claims may be paid to the wrong provider, or claims may simply go unpaid. It also creates more work for us

Claims should be submitted as instructed by ActivHealthCare, which is through ActivHealthCare. Customer service representatives at the insurance carrier are not aware of the contract details. When they look you up in their system they will see you under the Activ Tax ID #. If you have any questions about this, please give ActivHealthCare a call at 770-455-0040.

Peach State Health Plan (Ambetter)

For the past few months we have been dealing with a large number of claims which were rejected by Ambetter with the remark that Provider's NPI number is not registered with the State. After numerous e-mails and phone calls, we have finally gotten to the bottom of this. It has nothing to do with the NPI number.

The problem is the claims are being submitted with incorrect member and patient information. Ambetter is automatically rejecting the claims for one of the following reasons:

1. Incorrect patient date of birth,
2. Incorrect patient/member ID number, or

3. Incorrect last two digits on the member ID number.

The remark code they are giving is probably a programming error on their end, but the bottom line is the information provided on a claim to identify a member/patient is not matching what Ambetter has in their system.

In one case we found the last two digits of member ID number, the suffix, which was listed on the ID card did not match what Ambetter had in their system. Be sure to verify the suffix when verifying coverage.

Ambetter Appeals

In our last newsletter, we discussed the appeal of CPT code 97140. As of today, it has been over 60 days and we have only received a request for medical records on a few claims. The requests for medical records were forwarded to the appropriate offices.

In filing our appeals on the 97140-59, we found that many providers are using the code incorrectly. For that reason, we will leave it up to each individual provider to determine if an appeal should be filed or not. If you are confident your office used CPT code 97140 correctly and wish to submit an appeal, you will need to follow Ambetter procedures.

In order to file an appeal with Ambetter, a provider must complete a Provider Request for Reconsideration and Claim Dispute Form which can be obtained from the [Ambetter website](#).

There are two items on the form which need to be explained:

1. Provider Tax ID # - This would be the Activ Tax ID #. (The only other time you may use it.)
2. Control/Claim Number - This would be the Peach State Health Plan (Ambetter) claim number. Within the next week, ActivHealthCare will begin placing the Ambetter claim number on your Remittance Advice. It will be labeled PSHP Clm# and will display on the right-hand side. Until then, you will need to contact ActivHealthCare for that number.

If you have any questions on the process, please do not hesitate to contact ActivHealthCare at (770) 455-0040.

Ambetter Corrected Claim Submission Process

Every now and then a provider must submit a corrected claim. Ambetter has a specific process for doing this which must be followed. Please [click here](#) for the link to that process.

There are three steps:

1. Handwrite "Corrected Claims" at the top of the CMS1500.
2. Put a 7 in box 22 under Resubmission Code and the original claim number in box 22 under Original Ref No. These numbers cannot be written, they must be printed on the form.
3. Send the form to ActivHealthCare so we can attach a copy of the original Explanation of Payment to the form and send it to Peach State Health Plan.

OR, you can submit the correction electronically as an 837P. Refer to the Peach State Health Plan document memo for more instructions.

Alliant Health Plan

Effective immediately, the claims address for Alliant Health Plan has changed. This will necessitate a change to the address you put on the top of the CMS1500 form. The new address, in the correct format for claims is:

AHC01 Alliant Health Plan
P.O. Box 2667
Dalton, GA 30722

Do not mail claims directly to Alliant. Either submit electronically through Office Ally or mail paper claims to ActivHealthCare. The address for ActivHealthCare is:

ActivHealthCare
1926 Northlake Pkwy, Suite 100
Tucker, GA 30084

Office Ally

This past month we have had at least two providers who enrolled directly with Office Ally and submitted claims electronically. The claims were processed as out of network and denied. The providers did not enroll with Office Ally through ActivHealthCare as we instruct in our training presentation. As a result of enrolling directly, Office Ally did not link the providers to the ActivHealthCare account. Therefore, the special programming sequence Office Ally did for ActivHealthCare did not happen and ActivHealthCare never received the claims submitted by the provider. We corrected the problem once we identified it, but the claims went back several months.

If you have enrolled directly with Office Ally, please let us know. You have to be linked to Activ, which requires the completion of a one page form. If you submit through Office Ally and do not see your claims on our Customer Service Center, there is a problem. The claims should be posted within three business days. If not, give us a call.

MultiPlan/PHCS and Kaiser

We have received notification from MultiPlan that Kaiser is accessing the MultiPlan/PHCS PPO network for certain PPO and POS Plans. It will not apply to the Kaiser HMO. If it applies, you should see the MultiPlan/PHCS logo on the insurance card.

Resources on Website

It is essential for Provider Staff to review and understand the [Provider Staff Training](#) that is available on our website.

There are a few training presentations, with Provider Staff Training being the most important. Almost every question asked of us can quickly be answered and almost every mistake made by a CA can easily be avoided by using resources available at www.ActivHealthCare.com.