

Annual Provider Training 2016

Tips, Tools and Reminders for the Ultimate
Experience with AmeriHealth Caritas Iowa

More than
30 YEARS
of making
care the heart
of our **work.**





Presentation Overview

- Claims overview, including:
 - Claim submission.
 - Common causes of claim rejections.
 - Common causes of claim denials or inaccurate payment.
 - Other claim reminders.
- Review the prior authorization process, including the formal appeals process.
- AmeriHealth Caritas Iowa resources.

Claim Submission





Acceptable Claim Methods & Forms

Acceptable claim submission methods:

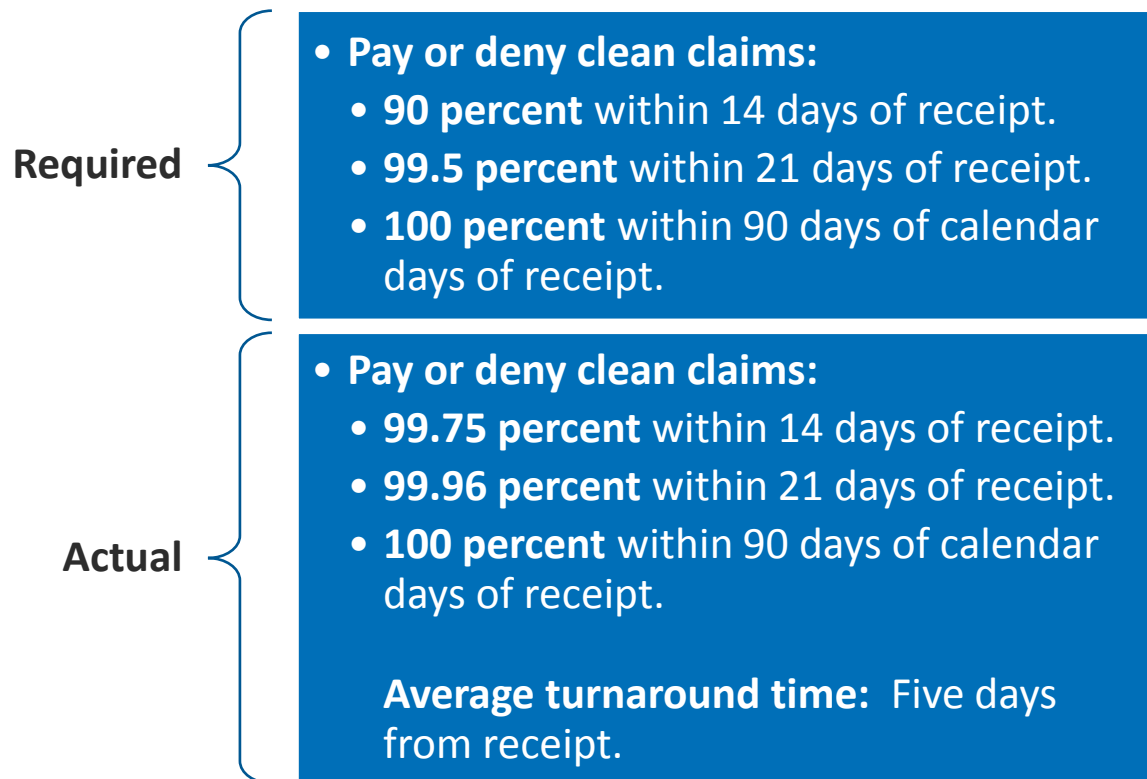
- Electronically through a clearinghouse.
- Paper claims via mail.

Claim form:	Used for:
• UB-04.	• Institutional services, including facilities.
• CMS-1500.	• Professional services.
• AmeriHealth Caritas Iowa Claim for Targeted Medical Care.	• Waiver providers. • Consumer-directed attendant care (CDAC) providers. <ul style="list-style-type: none">• Providers can also use the CMS-1500.

Reminder: For individual CDAC providers, a member signature is required on the Claim for Targeted Medical Care.



Payment Timelines for Clean Claims





Paper Claim Submission

Submit paper claims with dates of service to:

AmeriHealth Caritas Iowa
Attn: Claims Processing
Department
P.O. Box 7113
London, KY 40742

**Paper claims sent to the Des Moines office will experience delays.*

Claim for Targeted Medical Care
If handwritten, use blue or black ink only. Accuracy is important.
This form may be downloaded at www.amihealthcaritas.com

Member information
1. Member ID number

Provider information
2. Member name
3. NPI provider number
4. Provider name
5. Provider address
6. ZIP code
7. Medical ID number
8. Taxpayer code
9. Tax ID number

Other information
10. Other health insurance
Name of other insurance Yes No
11. Other health insurance denied Yes No
12. Other health insurance payment
13. Client participation amount

Services
14. Procedure code
15. Modifier
16. Place of service
17. First date
18. Last date
19. Service charges
20. Service charges

Authorized signature(s)
21. Total claim charges \$
22. Provider signature
23. Date

(If signing, I agree that I am submitting this claim in compliance with the terms and conditions on the back of this form.)

iahealth
Caritas
Iowa





Why Electronic Claim Submission?

Faster claims processing!	
Eliminates mail time.	<ul style="list-style-type: none">• Claims get to AmeriHealth Caritas Iowa sooner without the additional time for mail delivery.
Reduces data issues.	<ul style="list-style-type: none">• Automated data field validation by clearinghouse PRIOR to the claim being sent to AmeriHealth Caritas Iowa.<ul style="list-style-type: none">• Allows providers to correct claims prior to receipt from AmeriHealth Caritas Iowa.• Ensures information needed for AmeriHealth Caritas Iowa to process claims is present when received.
Easier claim tracking.	<ul style="list-style-type: none">• Receipt of reports from clearinghouse.<ul style="list-style-type: none">• Know when the claims are accepted by the clearinghouse and received by AmeriHealth Caritas Iowa.



Electronic Claims Submission

How do I submit claims electronically?

Two options:

- Use your **existing clearinghouse** or vendor.
 - If you **use a clearinghouse other** than Change Healthcare, your clearinghouse **will send claims** through Change HealthCare to be received by AmeriHealth Caritas Iowa.
- Use Change Healthcare, AmeriHealthCaritas Iowa's **electronic data interchange (EDI)** vendor.
 - Contract directly with Change Healthcare.
 - Connects your **administrative/billing system** to submit claims directly to Change Healthcare.
 - **Robust EDI transactions**, validation and reporting.
- Use Change Healthcare's **WebConnect** option.
 - Alternative for **low volume providers** currently submitting paper claims.
 - Allows for claims to be **sent electronically** rather than paper.
 - Offers **data validation** and acceptance reports.
 - **Access through NaviNet** (provider portal).

Payer ID:
77075



Electronic Funds Transfer (EFT) Enrollment

Question:	Answer:
<ul style="list-style-type: none">• Why should I enroll?	<ul style="list-style-type: none">• Faster payment! Received 3 – 5 days sooner.• No more paper checks.• Money deposited directly into checking account.
<ul style="list-style-type: none">• How do I enroll?	<ul style="list-style-type: none">• Online: Visit www.emdeon.com/eft.• Paper: Call 1-866-506-2830, select option 1.
<ul style="list-style-type: none">• How long does the enrollment process take from start to finish?	<ul style="list-style-type: none">• Typically, about 20 business days.
<ul style="list-style-type: none">• What else should I know about EFT enrollment?	<ul style="list-style-type: none">• It is critical to follow all prompts and instructions from Change Healthcare to ensure enrollment.• If you need help during the EFT enrollment process, call Change Healthcare at 1-866-506-2830.

Common Causes of Claim Rejections





Common Causes of Claim Rejections

Cause:	How to avoid rejection:
<ul style="list-style-type: none">• Future claim dates.	<ul style="list-style-type: none">• Ensure the beginning and ending service dates are prior to the claim submission date.
<ul style="list-style-type: none">• Illegible claim information.	<ul style="list-style-type: none">• Neatly print or type all of the information on the claim form (paper claims only).
<ul style="list-style-type: none">• Member not found.	<ul style="list-style-type: none">• Verify the member's AmeriHealth Caritas Iowa eligibility, member ID and date of birth with AmeriHealth Caritas Iowa on day of service.<ul style="list-style-type: none">• You can do so through NaviNet (provider portal) or Eligibility and Verification Information System (ELVS).
<ul style="list-style-type: none">• Incomplete forms.	<ul style="list-style-type: none">• Ensure all required data elements on the claim form are completed (paper claims only).



Common Causes of Claim Rejections (Continued)

Cause:	How to avoid rejection:
<ul style="list-style-type: none">• Invalid service from date.	<ul style="list-style-type: none">• Ensure all dates are valid and service dates are prior to the claim submission date.
<ul style="list-style-type: none">• Service line days required with revenue code.	<ul style="list-style-type: none">• Ensure the units/basis for measurement field is correct (e.g. using “DA” for days rather than “UN” for units).
<ul style="list-style-type: none">• Duplicate claim.	<ul style="list-style-type: none">• Submit the claim one time in each batch submission.
<ul style="list-style-type: none">• Using a P.O. Box address in “Field 33” instead of a street address.	<ul style="list-style-type: none">• Use the physical address in “Field 33.”<ul style="list-style-type: none">• A P.O Box address is not considered a valid address.

****Reminder: AmeriHealth Caritas Iowa *does not* have access to all electronic claim rejections.****

Common Causes of Claim Denials or Inaccurate Payments





Common Causes of Claim Denials or Inaccurate Payments

Cause:	How to avoid:
<ul style="list-style-type: none">• Incorrect or invalid National Provider Identifiers (NPIs) being utilized.	<ul style="list-style-type: none">• Use the appropriate NPI when submitting claims.• For long-term services and supports (LTSS) and habilitative service providers, use the correct NPI that is associated with the service being provided.• The clinic NPI should be used for:<ul style="list-style-type: none">• Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) when submitting encounter claims.• Behavioral health agencies (such as Community Mental Health Centers (CMHCs) and substance use disorder providers) when submitting for behavioral health services.
<ul style="list-style-type: none">• Member's date of birth (DOB) does not match.	<ul style="list-style-type: none">• Validate member's enrollment with AmeriHealth Caritas Iowa by checking NaviNet for the member's DOB.



Common Causes of Claim Denials or Inaccurate Payments

Cause:	How to avoid denial:
<ul style="list-style-type: none">Member is not eligible for coverage on the date of service.	<ul style="list-style-type: none">Validate member enrollment with AmeriHealth Caritas Iowa when you perform the service.
<ul style="list-style-type: none">Explanation of Benefits (EOBs) from primary insurers missing or incomplete.	<ul style="list-style-type: none">Include all EOBs with claims submission for member's that have other primary coverage.<ul style="list-style-type: none">For services that Medicare or commercial insurance do not cover, AmeriHealth Caritas Iowa has removed denial edits from claims processing logic that required an EOB from primary carrier.Specific to home health providers: use the appropriate indicators when billing for services when coordination of benefits (COB) may not be required.
	Note: Medicare claims now crossover automatically.



Common Causes of Claim Denials or Inaccurate Payments

Cause:	How to avoid denial:
<ul style="list-style-type: none">• Not using proper codes and modifiers.	<ul style="list-style-type: none">• Ensure you are utilizing the appropriate service code and modifiers (if applicable) for the service(s) rendered.
<ul style="list-style-type: none">• Incorrect or Missing Tax Identification Number (TIN)/Social Security Number (SSN).	<ul style="list-style-type: none">• Use the appropriate TIN/SSN when submitting claims.<ul style="list-style-type: none">• Individual CDAC providers only need to include the last four digits of their TIN/SSN.



AmeriHealth Caritas Iowa Systemic Issues Resulting in Denials

Issue:	Resolution:
Denying some home health services .	<ul style="list-style-type: none">• System updated to allow for appropriate billing for revenue codes and procedure codes.<ul style="list-style-type: none">• For example, allowing Revenue Code 559 with Procedure T1000.• System updated to allow for vaccine billing revenue codes to be payable.
Denying long-term care (LTC) claims if admission date was prior to April 1, 2016.	<ul style="list-style-type: none">• System updated to remove the denial edit.
Denying outpatient physical therapy (PT)/occupational therapy (OT)/speech therapy (ST) services when performed in a LTC setting.	<ul style="list-style-type: none">• Updated system to allow outpatient therapy to be reimbursable in an LTC setting.



AmeriHealth Caritas Iowa Systemic Issues Resulting in Denials

Issue:	Resolution:
Denying “Present on Admission (POA)” indicator in LTC and behavioral health settings.	<ul style="list-style-type: none">Removed denial to not require indicator for POA in LTC/behavioral health settings.
RHC and FQHC denials when Medicare was the primary insurance based on claim type.	<ul style="list-style-type: none">Removed denial logic to allow for UB-04 billing when Medicare is the primary insurance.
EOB needed for services Medicare or commercial insurance does not cover.	<ul style="list-style-type: none">For services that Medicare or commercial insurance does not cover, AmeriHealth Caritas Iowa has removed denial edits from claims processing logic that required an EOB from the primary insurance carrier.
	Note: Medicare claims now crossover automatically.



AmeriHealth Caritas Iowa Systemic Issues Resulting in Denials

Issue:	Resolution:
Maximum Units Exceeded (MUE) resulting in full claim denial for inpatient claims.	<ul style="list-style-type: none">• We updated our system logic to deny at the line level rather than the entire claim.
Pre-vocational and supported employment services resulting in inaccurate payments.	<ul style="list-style-type: none">• Clarification from state to utilize hours vs. quarter hour units.<ul style="list-style-type: none">• System updates and communication to providers is currently underway.

Other Claim Reminders





Claim Filing Deadlines

Type:	Deadline:
Original paper & electronic claims:	<ul style="list-style-type: none">Submitted within 180 days from the date of service.
Rejected claims:	<ul style="list-style-type: none">Corrected and resubmitted within 180 days from the date of service.
Denied claims:	<ul style="list-style-type: none">Resubmitted as a corrected claim within 365 days from the original date of service.
Claims with EOBs:	<ul style="list-style-type: none">Submitted within 60 days of the date on the primary insurer's EOB (claim adjudication).<ul style="list-style-type: none">Exception: Services Medicare does not cover, but are covered by Medicaid.



Submitting Claims Adjustments

Method:	What to do:
• Electronically:	<ul style="list-style-type: none">• CMS 1500:<ul style="list-style-type: none">• Use code CLM05-3 with a 7 (corrected claim) or 8 (voided claim) in box 22.• Include original claim number.<ul style="list-style-type: none">• Providers can also include in claim level notes segment.• UB-04: Bill a “7” in field 4.
• Paper:	<ul style="list-style-type: none">• Write “corrected” or “resubmission” “on the claim, include the ACIA claim number, and address to: AmeriHealth Caritas Iowa Attn: Claims Processing Department P. O. Box 7113 London, KY 40742
• Phone:	<ul style="list-style-type: none">• Call Provider Services at 1-844-411-0579, option 2.

Utilization Management (UM) and Prior Authorization



Utilization Management (UM) Key Information



Hours of operation:	Contact information:
<ul style="list-style-type: none">• 8:30 a.m. to 5 p.m. Central Time• Monday – Friday.<ul style="list-style-type: none">• Please note: LTSS UM hours are 8 a.m. to 5 p.m. Central Time, Monday – Friday.	<ul style="list-style-type: none">• Physical Medicine:<ul style="list-style-type: none">• Phone: 1-844-411-0604• Fax: 1-844-399-0478• Behavioral Medicine:<ul style="list-style-type: none">• Phone: 1-844-214-2474• Fax: 1-844-214-2469• LTSS:<ul style="list-style-type: none">• Phone: 1-844-411-0604, option 4• Fax: 1-844-399-0479
After hours:	Acute psychiatric inpatient requests:
<ul style="list-style-type: none">• An on-call nurse is available after hours through Member Services at 1-855-332-2440.<ul style="list-style-type: none">• The Member Services representative will activate the on-call process for the nurse.	<ul style="list-style-type: none">• The Behavioral Health Utilization Management team is available 24/7/365 at 1-844-214-2474.



Three Ways to Submit a Prior Authorization Request

Fax

- Use **prior authorization request** forms, located at www.amerihealthcaritasia.com/provider/resources/prior-auth.aspx.

NaviNet (Jiva)

- Request **inpatient, outpatient, home care and durable medical equipment (DME)** services.
- Submit **extension-of-service** requests.
- Request prior authorizations and **attach supporting clinical documents/contact information**.
- Verify **elective admission authorization** status.

Telephonic

- Have **clinical information** ready when making a request.



Prior Authorization Process

Step:	Function:
1. Provider submits prior authorization request.	<ul style="list-style-type: none">• Submission via fax, phone or NaviNet (provider portal).
2. Eligibility and benefits review.	<ul style="list-style-type: none">• Is this an ACIA member?<ul style="list-style-type: none">• Yes: proceed to benefit review.• No: notify provider.• Is the requested service/item a covered benefit?<ul style="list-style-type: none">• Yes: proceed to medical necessity review.• No: notify provider.
3. Medical necessity review.	<ul style="list-style-type: none">• Is the service/item as requested medically necessary?<ul style="list-style-type: none">• Yes: authorize service as requested and notify provider.• No: full or partial adverse determination by a medical director or designee.• Provider may request peer-to-peer.• Member/provider may appeal.



Prior Authorization Process (Continued)

Step:	Function:
4. Peer-to-peer.	<ul style="list-style-type: none">• The opportunity for the treating provider to discuss an adverse decision (medical necessity denial) with the AmeriHealth Caritas Iowa Medical Director who made the decision (or the appropriate designee).<ul style="list-style-type: none">• Treating provider must request peer-to-peer within two business days from the date of the notification of the adverse decision.• AmeriHealth Caritas Iowa Medical Director will respond to request for peer-to-peer within one business day.• A peer-to-peer request is not an appeal. The member and/or provider maintain the right to appeal an adverse decision.



Prior Authorization Process (Continued)

Step:	Function:
5. Appeal.	<ul style="list-style-type: none">• Resolution of the appeal is as expeditiously as the member's health condition requires, but no more than 45 days after receipt of the appeal.• An appeal to AmeriHealth Caritas Iowa can be filed via mail or by phone from the:<ul style="list-style-type: none">• Member.• Member's representative.• Provider on behalf of the member with written consent from the member.• Provider disputes can also be submitted via mail.
6. State fair hearing process.	<ul style="list-style-type: none">• The member must first exhaust AmeriHealth Caritas Iowa's appeals process.• An appeal can be filed online, via fax, phone or mail from the:<ul style="list-style-type: none">• Member.• Member's representative.• Provider on behalf of the member, with written consent from the member.



Prior Authorization Review Time Frames

Review type:	Timeframe:
<ul style="list-style-type: none">• Standard prior authorization.	<ul style="list-style-type: none">• As quickly as required by the member's health condition, not to exceed seven calendar days.
<ul style="list-style-type: none">• Expedited prior authorization.*	<ul style="list-style-type: none">• As quickly as required by the member's health condition, not to exceed three business days.
<p>*Expedited request is completed when the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function.</p>	

****Emergency room services (in-network and out-of-network) do not require prior authorization. However, AmeriHealth Caritas Iowa reserves the right to retrospectively review all cases.****



Utilization Management Criteria

Determinations of medical necessity are made on a case-by-case basis in accordance with the definition of medical necessity.

Criteria:	Description:
McKesson InterQual® Criteria.	<ul style="list-style-type: none">• Nationally recognized and evidence based criteria:<ul style="list-style-type: none">• Inpatient Level of Care (LOC)• Outpatient Request<ul style="list-style-type: none">• Home health• Therapy• Durable medical equipment (DME)• Behavioral health services• Imaging
American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC).	<ul style="list-style-type: none">• Used for determinations related to substance use disorder services.• Criteria used to make adverse decisions is available to practitioner upon request.

AmeriHealth Caritas Iowa Resources





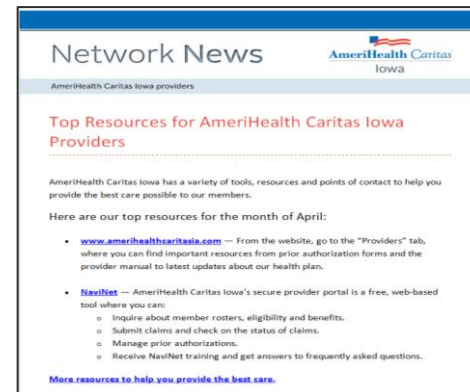
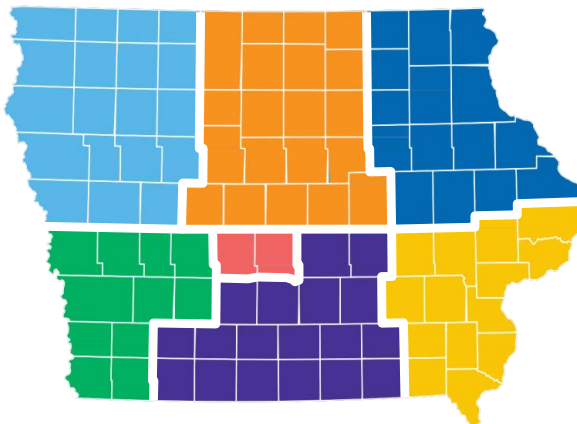
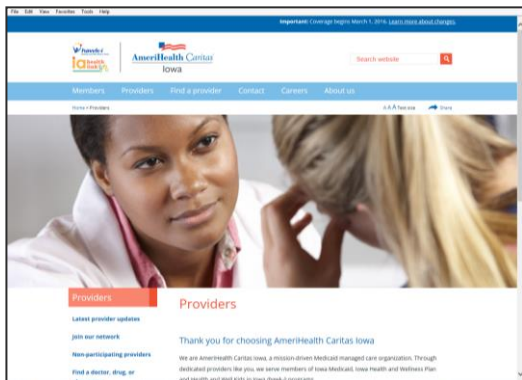
AmeriHealth Caritas Iowa Resources

Contact Provider Resources for:	Contact your Provider Network account executive for:
<ul style="list-style-type: none">• Claim status inquiries.• Incorrect rate applied.• Payment disputes.• Provider billing errors.• Provider changes.• Authorization updates after claim denials.	<ul style="list-style-type: none">• Agreement/contract discussions.• Authorization issues.• Coding or fee schedule updates.• Contracting.• Credentialing.• Data requests.• Provider education and training.• Regulatory changes.

Tip: Go to the “Provider” section at www.amerihealthcaritasia.com for a list of Provider Network account executives, as well as their contact information, territories and specialties.



AmeriHealth Caritas Iowa Resources



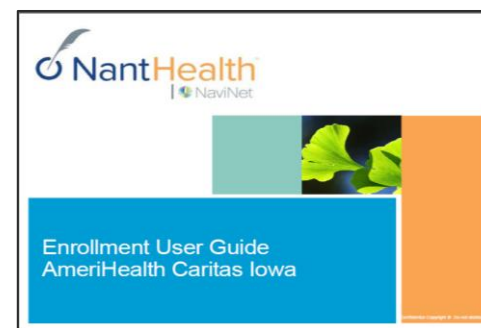
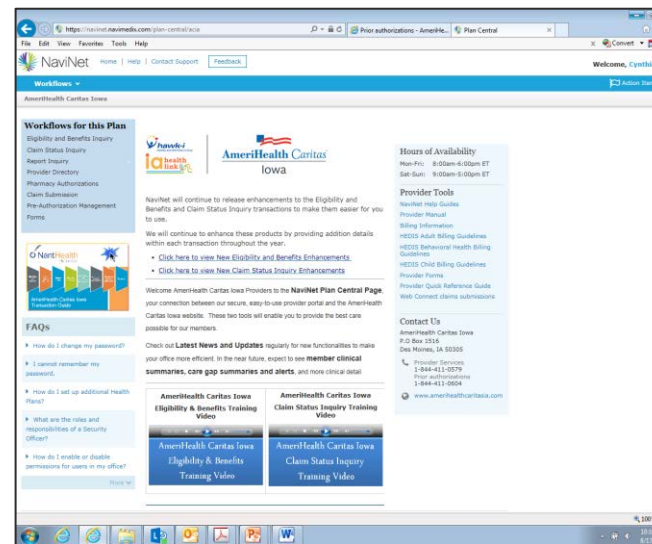
Resource:	
Provider Services:	1-844-411-0579. • Select option “2” for claims.
EDI technical support:	1-844-341-7644.
Website:	www.amerihealthcaritasia.com
Eblast:	Network News.
Provider Network account executives:	Statewide.



AmeriHealth Caritas Iowa Resources

NaviNet

- **Secure** provider portal.
- Providers can:
 - **Check** member eligibility and benefits.
 - **Submit** prior authorizations.
 - **Submit** claims.
 - **Check** claims status.
 - **Report inquiries** on administrative, clinical and financial reports.
- Go to <https://navinet.navimedix.com> to sign-in or sign-up.



Tip: The Providers section at www.amerhealthcaritasia.com, then “Resources,” has a NaviNet Enrollment Guide to help you sign-up for NaviNet.



AmeriHealth Caritas Iowa Resources

Avesis (Vision):

- **Provider relations specialist:** Cynthia Meraz.
 - **Phone:** 1-800-522-0258, ext. 11197.
 - **Email:** cmeraz@avesis.com.
 - **Hours:** 8 a.m. to 5 p.m., Central Time, Monday - Friday.
- **Provider services:**
 - 1-855-569-8338.
 - **Hours:** 6 a.m. to 7 p.m. Central Time, Monday - Friday.
- **Vision Utilization Management:**
 - **Email:** VisionUM@avesis.com.
 - **Fax:** 1-855-591-3566 or 1-855-569-8338.
 - **Hours:** 9 a.m. to 5:30 p.m. Central Time, Monday - Friday.

PerformRx (Pharmacy):

- **Pharmacy provider services:** 1-855-328-1612.
- **Pharmacy fax:** 1-855-825-2714.
- **Pharmacy member services:** 1-855-248-0453.
- **Pharmacy TTY/TDD:** 1-855-205-0983.
- **Formulary and forms:**
www.amerihealthcaritasia.com.
- **Hours:** 7:30 a.m. to 6 p.m., Central Time, Monday – Friday.

Access2Care (Transportation):

- **Non-emergency trips:** 1-855-346-9760 or TTY 1-800-735-2942.
- **Emergency trips:** call 911.
- **Ride assist (same day urgent trips, other ambulance trips):** Members call AmeriHealth Caritas Iowa's Member Services at 1-855-212-2213.
- **Hours:** 7:30 a.m. to 6 p.m., Central, Monday - Friday.

More than
30 YEARS
of making
care the **heart**
of our **work.**

