

# Claims



- ❖ Electronic claim submission has been proven to significantly reduce costs. Claims are processed faster, consequently payments arrive faster.
- ❖ Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)
  - Cash flow advantages knowing payments will be made automatically on specific dates
  - Eliminates lost, stolen, or delayed checks sent in the mail
  - Decreases administrative costs and increases convenience with no trips to the bank to make deposits during office hours
  - Allows you to keep your preferred banking partner
  - Safe and secure
  - Reduces paper
  - EFT is FREE

AmeriHealth Caritas VIP Care Plus partners with Change Healthcare to provide electronic claims submission, electronic funds transfer, and electronic remittance advices.

**The first step is to contact your practice management system vendor or clearinghouse to verify if you are currently signed up with Change Healthcare or need to initiate the process.**

- **Change Healthcare’s toll free number is: 1-877-363-3666.**
- **AmeriHealth Caritas VIP Care Plus Payer ID is: 77013.**

## Enrolling with Change Healthcare for EFT



In order to sign up for EFT through Change Healthcare, please complete an enrollment form available on their website:

<https://www.changehealthcare.com/support/customer-resources/enrollment-services/medical-hospital-eft-enrollment-forms>

**Note:** In order to enroll for EFT, you will need your AmeriHealth Caritas VIP Care Plus provider number, which can be found on the paper remittance. This number will be required to fill in the Trading Partner ID field on the enrollment form. If you cannot locate your provider number, please contact AmeriHealth Caritas VIP Care Plus Provider Services at 1-888-667-0318.

Providers may submit new and corrected paper claims to:

AmeriHealth Caritas VIP Care Plus  
Claims Processing Department  
P.O. Box 7074  
London, KY 40742-7074

- Please submit only one claim for both the Medicare and Medicaid covered services; file it as you would to Medicare.
- For Medicaid-only covered services, file the claim as you would file it to Medicaid.
- We will process the Medicare benefit and automatically crossover the claim to process under the Medicaid benefit.
- You will have 365 days from the date of service to submit claims.
- Your office will receive one remittance advice and one payment for both benefits.

# Claims – How to Resubmit a Claim

Upon receiving a remittance advice, if a provider determines that an error occurred upon submission of the claim, a provider may correct and resubmit the claim.

## For electronic claims:

- In loop 2300 in the CLM\*05 03, enter the appropriate Claim Frequency Type code (billing code) 7 for a replacement/correction, or 8 to void a prior claim.
- In loop 2300 in the REF\*F8\*, include the last iteration of the claim number you are correcting.

## To resubmit a paper claim, the provider should:

- In box 22 of the HCFA 1500 include the appropriate resubmission code and in box 4 of the UB-04 the appropriate Bill Type.
- The last iteration of the claim number you are correcting in box 22 of the HCFA 1500 and box 64 of the UB-04.
- Mark the claim as corrected and submit to:  
AmeriHealth Caritas VIP Care Plus  
Claims Processing Department  
P.O. Box 7074  
London, KY 40742-7074

## Scenario # 1:

Provider Charges \$150.00

Medicare Allowable \$100.00

Medicare Payable Amount: \$80.00  
(80%)

Medicaid Allowable \$75.00

Medicaid Payable Amount: \$0.00  
(Medicare paid more than Medicaid  
allowed so no additional payment)

Insurance Payable Amount: \$80.00

## Scenario # 2:

Provider Charges \$150.00

Medicare Allowable \$100.00

Medicare Payable Amount: \$80.00  
(80%)

Medicaid Allowable \$95.00

Medicaid Payable Amount: \$15.00  
(Medicaid allowed more than Medicare)

Insurance Payable Amount: \$95.00

\*Example only



Real-time claim status is available via NaviNet or by calling Provider Services at 1-888-667-0318.

- AmeriHealth Caritas VIP Care Plus processes electronic claims on average in fourteen (14) calendar days and paper claims in thirty (30) calendar days.
- If a participating AmeriHealth Caritas VIP Care Plus provider has a question regarding the way a claim was processed or adjudicated, the provider may dispute the claim by calling Provider Services or in writing via Claim Dispute Form. This form is located on the AmeriHealth Caritas VIP Care Plus website under the Provider Resources tab. **This must be done within 180 days of the remittance advice date.**
  - Providers should submit all supporting documentation and an explanation as to why they believe the claim was processed or paid incorrectly.
  - We follow both Medicare and Medicaid guidelines, so please reference CMS and MDHHS manuals, memos, or other related documents for guidance.

# Using NaviNet for Claim Status



[Print page](#)



## Claim Status Inquiry

### Instructions

Select the type of search you would like to perform, enter your search criteria, and click "Search". Claim records will appear in the table below.

\* Required Fields

Collapse Search Criteria  Collapse Search Criteria After Search

**Search Type**


\* Search Type:

**Provider Information**


\* Group Name:

Provider Name:

**Member Information**

\* Medicare ID/HICN:  

**Claim Information**

\* Service Start Date:  \* Service End Date:  

Claim Number:

Claim Number	Member ID	Member Name	Date of Birth	Gender	Service Date Range	Total Amount Billed	Total Amount Paid	Claim Status	Remark Code
<i>Please use search options above.</i>									

*Online Remittance Advice will be available for claims paid on or after May 2015. Claim status inquiries are available for claims submitted May 1, 2015 to the present. Please call Provider Services for further inquiries.*

# Claims – Provider Claim Inquiry Form



## Provider Claim Dispute Form

A dispute is a request from a health care provider to change a decision made by AmeriHealth Caritas VIP Care Plus related to claim payment or denial for services already provided. A provider dispute is not a pre-service appeal of a denied or reduced authorization for services or an administrative complaint.

A provider may dispute the claim within **180 days** from the date of the denial or payment.

### Submitter contact information

Name (last, first): \_\_\_\_\_

Phone number: \_\_\_\_\_

### Provider information

Name (last, first): \_\_\_\_\_

Phone number: \_\_\_\_\_

NPI number: \_\_\_\_\_

Tax ID: \_\_\_\_\_

I am a participating provider

I am not a participating provider

### Member information

Name (last, first): \_\_\_\_\_

Member date of birth: \_\_\_\_\_

Member ID: \_\_\_\_\_

### Claim information

Claim number: \_\_\_\_\_

Billed amount: \$ \_\_\_\_\_

Dates of services: \_\_\_\_\_

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[www.amerhealthcaritasvipcareplus.com](http://www.amerhealthcaritasvipcareplus.com)



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VIP Care Plus