

AmeriHealth Caritas Iowa Claims Key Points

2016 Annual Provider Training

Iowa Department of Human Services (DHS) & Iowa Medicaid Enterprise (IME)



Topic:	Key Points:
Acceptable claim submission methods & forms.	<ul style="list-style-type: none"> • Electronically through a clearinghouse. • Paper claims via mail. • Forms: <ul style="list-style-type: none"> ○ UB-04 (institutional services). ○ CMS-1500 (professional services). ○ AmeriHealth Caritas Iowa Claim for Targeted Medical Care (waiver and consumer-directed attendant care (CDAC) providers).
Faster claims payment.	<ul style="list-style-type: none"> • Submit claims electronically. Eliminates mail time, reduces data issues and easier claim tracking. <ul style="list-style-type: none"> ○ Use your existing clearinghouse or vendor. Or use: ○ Change Healthcare, AmeriHealth Caritas Iowa’s electronic data interchange (EDI) vendor. ○ To enroll with Change Healthcare, go to www.changehealthcare.com or call 1-866-506-2830. ○ Be sure to use our payer ID 77075 on all electronic claim submission options.
Electronic Funds Transfer (EFT).	<ul style="list-style-type: none"> • Faster payment! Received 3-5 days sooner. No more paper checks. • Enroll online at www.emdeon.com/eft or call 1-866-506-2830, select option 1 to get paper version.
Common causes of claim rejections and how to avoid rejection.	<ul style="list-style-type: none"> • Future claim dates: ensure the beginning and ending service dates are prior to the claim submission date. • Illegible claim information: neatly print or type all of the information on the claim form (paper claims only). • Member not found: verify the member’s AmeriHealth Caritas Iowa’s eligibility, member ID and date of birth with AmeriHealth Caritas Iowa on day of service through NaviNet (provider portal) or Eligibility and Information Verification System (ELVS). • Incomplete forms: ensure all required data elements on the claim form are completed (paper claims only). • Invalid service from date: ensure all dates are valid and service dates are prior to the claim submission date. • Service line days required with revenue code: ensure the units/basis for measurement field is correct (e.g. using “DA” for days rather than “UN” for units). • Duplicate claim: submit the claim one time in each batch submission. • Using a P.O. Box address in “Field 33” instead of a street address: use a physical address since a P.O Box address is not considered a valid address.
Common causes of claim denials or inaccurate payments.	<ul style="list-style-type: none"> • Incorrect or invalid National Provider Identifiers (NPIs) being utilized: Use the appropriate NPI when submitting claims. <ul style="list-style-type: none"> ○ For long-term services and supports (LTSS) and habilitative service providers, use the correct NPI that is associated with the service being provided. <ul style="list-style-type: none"> ▪ The clinic NPI should be used for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) when submitting encounter claims or behavioral health agencies (such as Community Mental Health Centers (CMHCs) and substance use disorder providers) when submitting for behavioral health services. • Member’s date of birth (DOB) does not match: validate member’s enrollment with AmeriHealth Caritas Iowa by checking NaviNet (provider portal) for the member’s DOB. • Member is not eligible for coverage on the date of service: validate member enrollment with AmeriHealth Caritas Iowa when you perform the service. • Explanation of Benefits (EOBs) from primary insurers missing or incomplete: include all EOBs with claims submission for members 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. • Not using proper codes and modifiers: ensure you are utilizing the appropriate service code and modifiers (if applicable) for the service(s) rendered. • Incorrect or Missing Tax Identification Number (TIN)/Social Security Number (SSN): use the appropriate TIN/SSN when submitting claims.
Claim filing deadlines.	<ul style="list-style-type: none"> • Original paper & electronic claims: within 180 days from date of service. • Rejected claims: corrected and resubmitted within 180 days from date of service. • Denied claims: resubmitted as a corrected claim within 365 days from original date of service. • Claims with EOBs: submitted with 60 days of the date the primary insurer’s EOB (claim adjudication).