# **Claims**





## Claims – The Benefits of Using Electronic Claims, EFT, & ERA

- Electronic claim submission has been proven to significantly reduce costs. Claims are processed faster, consequently payments arrive faster.
- Enrolling in Electronic Funds Transfer (EFT) has many advantages:
  - 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

### Claims – How to Sign Up for Electronic Services through Change Healthcare

First Choice VIP Care Plus partners with Change Healthcare (formerly Emdeon) to provide electronic claims submission, electronic funds transfer, and electronic remittance advices.

For electronic claims submission, 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.
- First Choice VIP Care Plus Payer ID is 77009.

# 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/medicalhospital-eft-enrollment-forms

Please note, in order to complete the enrollment form, you will need your First Choice VIP Care Plus provider number, which can be found on the paper remit. 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 First Choice VIP Care Plus Provider Services at 1-888-978-0862. Providers may submit new and corrected paper claims to:

First Choice VIP Care Plus Claims Processing Department P.O. Box 7106 London, KY 40742-7106

#### How to File a Claim

- 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 Payment Example\***

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%)

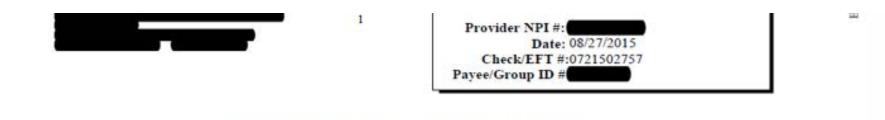
Medicaid Allowable \$95.00

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

Insurance Payable Amount: \$95.00

\*example only

#### Sample Remittance Advice



Remittance Advice	
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Member Na Member ID:						ACNT: DRG:	001-77-329	4640	ICN: 1522	25E0218	00 AS	G: Y	MO	DA/MIA	:	
1265639942	08/01/15-08	01/15	23	001		99284		460.00	114.95	0	00	0.00 CO	368.04	91.9	4 9	.00 R38
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co co	ontractual	Obliga	tion													
R38	are exce	eds fee	sched	ule/maxi	mm all	owable or	contracted	legislath	e fee arrang	ement						

Real time claim status is available via NaviNet or by calling Provider Services at 1-888-978-0862.

- First Choice VIP Care Plus processes electronic claims on average in fourteen (14) calendar days and paper claims in thirty (30) calendar days.
- If a First Choice VIP Care Plus provider has a question regarding the way a claim was processed or adjudicated, the provider may submit an inquiry. The provider inquiry form is located on the First Choice VIP Care Plus website under the Provider Resources tab.
  - 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 their manuals, memos, or other related documents for guidance.

#### **Claims – Provider Claim Inquiry Form**

	Provider Claim Dispute Form
	to change a decision made by First Choice VIP Care Plus related to ded. A provider dispute is not a pre-service appeal of a denied or rative complaint.
A provider may dispute the claim within <b>180 days</b>	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 an in-network provider	□ I am an out-of-network provider
Member information	
Name (last, first):	Member date of birth:
Member ID:	
Claim information	
Claim number:	Billed amount: \$
Dates of services:	



by Select Health of South Carolina

