

# Claims

A Quick Guide on the Importance and Process of Handling Claims and  
Encounter Submissions

# Claims – The Benefits of Using Electronic Claims and EFT

- ❖ 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 partners with Change Healthcare to provide free electronic claims submission.

- Claims can be submitted electronically through Change Healthcare, or another clearinghouse.
- Contact your Practice Management System Vendor or EDI clearinghouse to inform them that you wish to initiate electronic claim submissions to First Choice VIP Care.
- Providers are not required to enroll with Change Healthcare to submit electronic claims if they are already using another EDI vendor to submit claims electronically.
- Change Healthcare's toll-free number is 1-877-363-3666.
- First Choice VIP Care's Payer ID is **32456**.

# Claims — Direct Entry Claims Submissions

Providers can submit claims directly to Change Healthcare through WebConnect. This service provides two methods for submitting claims:

- Key them in manually or import batches of claims.
- There is no cost to manually key claims in using WebConnect, but claims must be entered one at a time.
- For practices with high claim volume batches of claims may be imported via WebConnect, but there is a one-time setup fee of \$300 for this service.
- Providers should call 1-877-667-1512 and follow the appropriate prompts or go to [Change Healthcare ConnectCenter](#) to enroll for direct submission. Change Healthcare will also provide information on their various electronic solutions, the requirements for connectivity, and setup instructions
- Providers may also access WebConnect from our website or NaviNet.

# 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>

Please note, in order to complete the enrollment form, you will need your First Choice VIP Care 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 Provider Services at 1-888-978-0151.

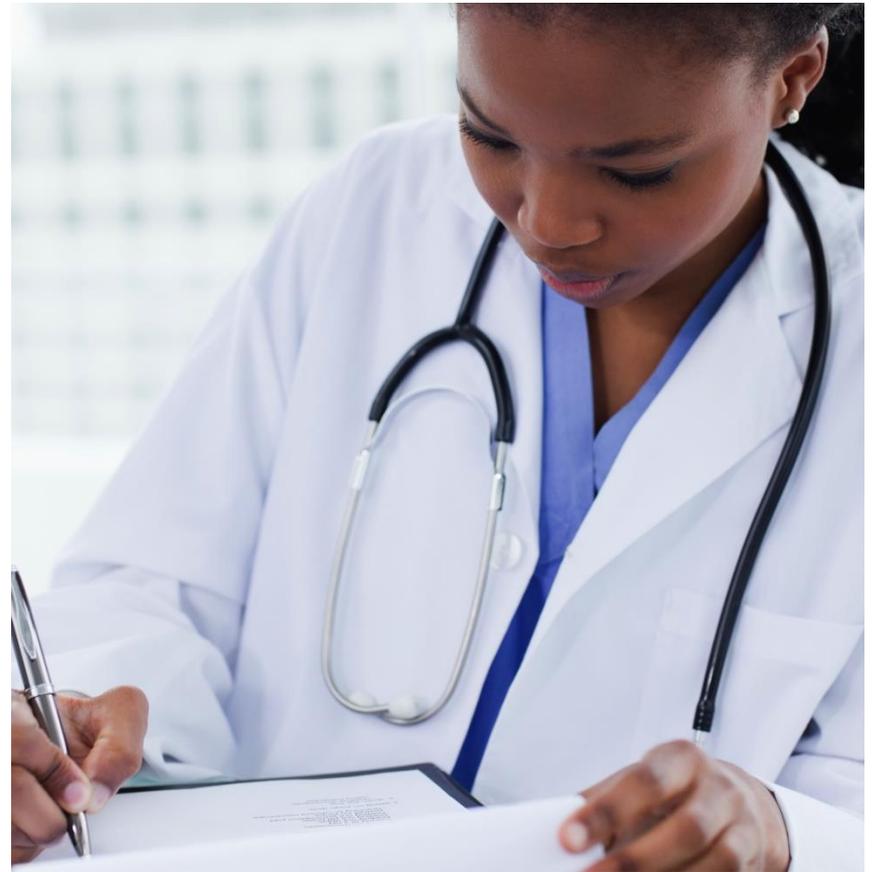
Enrollment for Electronic Remittance Advices (ERA) is also available at this link.

# Claims - How to Submit Paper Claims

Providers may submit new and corrected paper claims to:

First Choice VIP Care  
Claims Processing Department  
P.O. Box 7182  
London, KY 40742-7182

**Note:** Medicaid-only services and appropriate secondary payments (such as part A/B deductibles and coinsurance) should be sent to Healthy Connections Medicaid.



# Claims — Claims Processing Time Frames

- First Choice VIP Care processes electronic claims in fourteen (14) calendar days and paper claims in thirty (30) calendar days.
- Providers have 365 days from the date of service to submit claims.
- Real-time claim status is available via NaviNet or by calling Provider Services at 1-888-978-0151.



# Claims — Provider Claim Inquiry/Dispute

If a First Choice VIP Care provider has an inquiry, such as claim status, or a dispute regarding the way a claim was processed or adjudicated, the provider should do one of the following:

- Call Provider Service to make a verbal inquiry and/or dispute.
- Complete the Claim Dispute form which is located on the AmeriHealth Caritas VIP Care Plan website under Provider > Resources > Claims and Billing.
- Send a written request instead of the Claim Dispute form, including the following:
  - ✓ Submitter contact information (name, phone number).
  - ✓ Provider information (name, phone number, NPI number, Tax ID number).
  - ✓ Member information (name, DOB, member ID number).
  - ✓ Claim information (claim number, DOS, billed amount).
  - ✓ Reason for dispute.
  - ✓ Any documentation which supports your position that the plan's reimbursement is not correct.
- Disputes should be submitted within 180 days of the initial remittance advice to:

First Choice VIP Care  
Claims Processing Department  
P.O. Box 7182  
London, KY 40742-7182

# Claims — Provider Claim Inquiry/Disputes Form



## Provider Claim Dispute Form

A dispute is a request from a health care provider to change a decision made by First Choice VIP Care 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 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: \$ \_\_\_\_\_

Date(s) of service(s): \_\_\_\_\_

# Payment — Balance Billing Requirements

- Per Section 1902(n)(3)(B) of the Social Security Act, as modified by 4714 of the Balanced Budget Act of 1997, Medicare providers cannot collect Medicare Parts A and B deductibles, coinsurance, or copays from members enrolled as a Qualified Medicare Beneficiary (QMB).
- First Choice VIP Care **members** will have no out-of-pocket responsibility for all Medicare services. Some traditional Medicaid services may require copayments, as determined by the state. Providers must accept payment for these services as payment in full and **may not balance-bill** the First Choice VIP Care member.
- First Choice VIP Care **providers** will have deductibles and coinsurance applied to payments.
- In the event of a balance from deductible or coinsurance, providers should submit appropriate claims to **South Carolina Healthy Connections Medicaid**.
- Providers may also not bill for contractual disallowances and non-covered services (unless a prior written agreement was signed by the member and provider).
- All providers are encouraged to use the claims inquiry/dispute process to resolve any outstanding claims payment issues.

# Report Suspected Fraud, Waste or Abuse

Providers who suspect that a First Choice VIP Care provider, employee or member is committing fraud, waste or abuse should notify the First Choice VIP Care Special Investigative Unit as follows:

By phone: 1-866-833-9718

By U.S. mail:

First Choice VIP Care Special Investigative Unit  
200 Stevens Drive  
Philadelphia, PA 19113

Reports may also be sent directly to the U.S. Department of Health and Human Services one of the following ways:

By calling 1-877-7SAFERX (772-3379)

Online at [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov)

**Information may be left anonymously.**

