Claims

FirstChoice VIP CARE PLUS by Select Health of South Carolina | Healthy Connections PRIME

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/medical-hospital-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.

Claims - How to Submit Paper Claims

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

[redacted]

1

Provider NPI #: [redacted]
Date: 08/27/2015
Check/EFT #:0721502757
Payee/Group ID #[redacted]

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Remittance Advice

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PERF PROV	SERV DATE	POS/ TOB	NOS	REVCOD	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS/ CO-PAY	GROUP/REASON CODE AMT	PROV PAID	MSP PYMT	ADJ/ DEN
Member Name: [redacted] Member ID: [redacted]					ACNT: 001-77-3294640 DRG:		ICN: 15225E021800		ASG: Y		MOA/MIA:			
1265639942	08/01/15-08/01/15	23	001		99284		460.00	114.95	0.00	0.00	CO 368.04	91.96	0.00	R38
					Claim Totals		460.00	114.95	0.00	0.00	368.04	91.96	0.00	

PT RESP* 0.00
PREV PD 0.00 **INT** 0.00

Totals

# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS/ CO-PAY	TOTAL RC AMT	PROV PD AMT	TOTAL MSP AMT	PROV ADJ AMT	TOTAL INT PAYMENT	CHECK AMT
001	460.00	114.95	0.00	0.00	368.04	91.96	0.00	0.00	0.00	91.96

GLOSSARY:

CO Contractual Obligation
R38 Charge exceeds fee schedule/maximum allowable or contracted/legislative fee arrangement

Claims – Provider Claim Inquiry

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

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Provider Claim Dispute Form

A dispute is a request from a health care provider to change a decision made by First Choice 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 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: _____	

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