



Provider/CA Network Training

February 2014

Training Outline

- Reading ID Cards
- Benefit Verification
- Completing the CMS-1500
- Electronic Claims Enrollment and Filing
- Coventry Health Care of GA
- New Customer Service Center
- Questions

Reading ID Cards

Network vs. Payor

Understanding the difference between them

Network: the group of providers, i.e., First Health, MHP, or SuperMed

Payor: the company listed on the back of the insurance card to which claims are to be sent.

If a Network is contracted with ActivHealthCare, it is called a **Network Affiliate**.

If a Network is listed as the “mail to” address on the ID card, it is considered the Payor for the purpose of completing a CMS-1500.

Network Affiliates

Claims for these networks must be submitted through Activ.

 Alliant Health Plans	 Fortified Provider Networks	 Piedmont WellStar Health Plans <i>(Network closed to new members)</i>
 American PPO	 Health One Alliance	 Patient 1st Network (Core Administrators)
 Beech Street (Owned by MultiPlan)	 Galaxy Health Networks	 Procura Management (fka QRS)
 CorVel Corporation	 Memorial Health Partners	 South Georgia Purchasing Alliance, Inc. (TLC Benefits Network)
 Coventry Health Care of GA <i>(Network closed to new members)</i>	 MultiPlan	 SuperMed (fka 1st Medical Network)
 Coventry Healthcare Network	 NovaNet	 The Covenant Companies
 Evolutions Healthcare Systems, Inc.	 NRECA (CBA) (See First Health Network)	 The Initial Group
 First Health (Coventry owned)	 PHCS	 TLC Advantage
 Focus (Coventry owned)		

Network Affiliates (continued)

Claims for these networks should be sent directly to the Payor listed on the insurance card.



Companion Workplace Health



IBG - Industry Buying Group



Employers Choice Network



Prime Health Services



Care Improvement Plus

Trust Activ's Instructions

When you call a Payor to verify the mailing address, they will rarely know who ActivHealthCare is.

The Payor will tell you to mail claims to the address on the insurance card.

IGNORE them!!!

Follow ActivHealthCare's instructions.

Activ works with the network's contracting department.

The customer service personnel will not know who we are.

If you have doubts, call, fax or e-mail Activ.

ID Card Example – MHP

CORESOURCE
A Trademark Company

Questions?
855.402.8831
www.mycourcesource.com

Employee	Medical Plan
Employer: Gulfstream Aerospace Corp. Group #: GA0000 CS Savannah PPO Employee: Employee ID: E12345678	Dependent Coverage: Yes Memorial www.memorialhealth.com 877.342.0280 Aetna Signature Administrators' PPO By aetna www.aetna.com/vas 855.402.8831

If you live in, or receive services in Bryan, Chatham, Effingham or Liberty counties you must utilize the MHP Network to receive in-network benefits. If you live outside of these four counties, and services are provided outside of these four counties, you will have access to the MHP and Aetna Signature Administrators Networks.

Primary Network

Medical Claims Submission	Eligibility
EDI: Payer ID CB624 Mail: CoreSource, Inc. P.O. Box 105 Arnold, MD 21012	To confirm eligibility, verify benefits or check the status of a claim, call CoreSource at 855.402.8831 or visit our website at www.mycourcesource.com. This card does not guarantee eligibility or payment.

Care Management
Pre-certification is required for all hospital admissions and specified outpatient procedures. In an emergency, call within 48 hours or the next business day. For pre-certification, please call ActiveHealth at 855.698.3504. Failure to pre-certify will result in a reduction in benefits.

MultiPlan
Out of Network Only

AHC01 CoreSource
PO Box 105
Arnold, MD 21012

HCFA Box 11c: MHP

Payor or "Mail To" address

Memorial Health Partners

Georgia Counties Map



Memorial Health Partners covers these counties

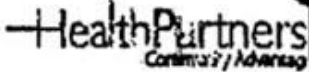
- Appling
- Beauford
- Brantly
- Byan
- Bulloch
- Burke
- Camden
- Candler
- Chatham
- Effingham
- Emanuel
- Evans
- Glynn
- Jenkins
- Laurens
- Liberty
- Long
- McIntosh
- Montgomery
- Richmond
- Screven
- Tattnall
- Toombs
- Truetlan
- Wayne



ID Card Example – Consumers Life/1st MN

AHC01 Medical Mutual of Ohio
 PO Box 94648
 Cleveland, OH 44101-4648
 HCFA Box 11c: SuperMed

CONSUMERS LIFE INSURANCE COMPANY
A MEDICAL MUTUAL OF OHIO Company
www.CONSUMERSLIFE.com


Continuity of Care

IDENTIFICATION NUMBER CARD
NAME 1 OF 1
MEMBER'S MEMBER NAME

In Ohio, providers must obtain precertification prior to inpatient Admissions.
 This card is for identification purposes only, and does not constitute proof of eligibility.
 Underwritten by Consumers Life Insurance Company.

To order a network provider directory, call 1-888-241-2583

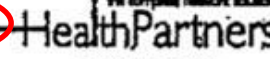


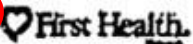
<small>GROUP NUMBER</small>	<small>EFFECTIVE DATE</small>	
461551001	01/01/06	

	In-Network	Out-of-Network
DEDUCTIBLE	\$-41500 F-44500	\$-53000 F-59000
COINSURANCE	100%	70%
CV COPAY	\$ 30	\$ 45
AMBULANCE COPAY	\$ 50	\$ 60
IN ROOM COPAY	\$100	\$150
OUTPATIENT: Physical, Occupational and Speech Therapist; Chiropractic Copay	\$ 35	\$ 45
OUTPATIENT: Psych, Drug and Alcohol Copay	\$ 35	\$ 45
PRESCRIPTION DRUG	<small>Retail ONLY Available</small> \$15/\$30/\$50	

medco:

Rx BIN / PCN # 810014
 Rx GRP # MN0DRUG
 Rx Help Desk 800-822-1657

To Locate a Network Provider: www.ConsumersLife.com or:

<p>GEORGIA:  HealthPartners</p> <p>1-800-882-3118</p>	<p>OR</p> <p> Medical Network <small>MN</small> <small>Georgian</small></p> <p>1-888-910-6676</p>
<p>OHIO:  SuperMed <small>Plus</small></p> <p>1-800-882-3118</p>	
<p>FOR ALL OTHER STATES:  First Health <small>Plus</small></p> <p>1-800-889-0277</p>	

Payor address

See Georgia

Ignore other states.

Network name

ID Card Example – NRECA/First Health

Member ID#:
HABERSHAM EMC
GROUP #: 11078


Medical office visit copay: None
Emergency room copay: None
Preventive copay: None

NRECA
A Tripartite Group Corporation

Medical PPO: Family

Members and Providers: Eligibility/Benefits/Claim Status CBA 402-483-8260
Providers: Real-time Eligibility/Claim Status Emdeon #00223

To find a PPO provider, call First Health at 800-228-5118

 **First Health**
Network

AHC01 CBA
PO Box 6249
Lincoln, NE 68506-6249

HCFA Box 11c: First Health

86-7322
on
eeling

–Emergency Admissions (within 2 business days)
–Non-Emergency Outpatient MRI or CT (spine, knee, hip & other extremities)

Optional (Enrollment Required)
–First Steps Maternity Program
–Cancer Centers of Excellence Program

–Tobacco Cessation Support

Lab Card Select: 800-750-1283
www.LabCardSelect.com
Contact Lab Card Select to schedule specimen pick-up or to locate a Quest Diagnostics collection site location.

Printed: 12-09-2009

Quest Diagnostics **Lab Card Select**

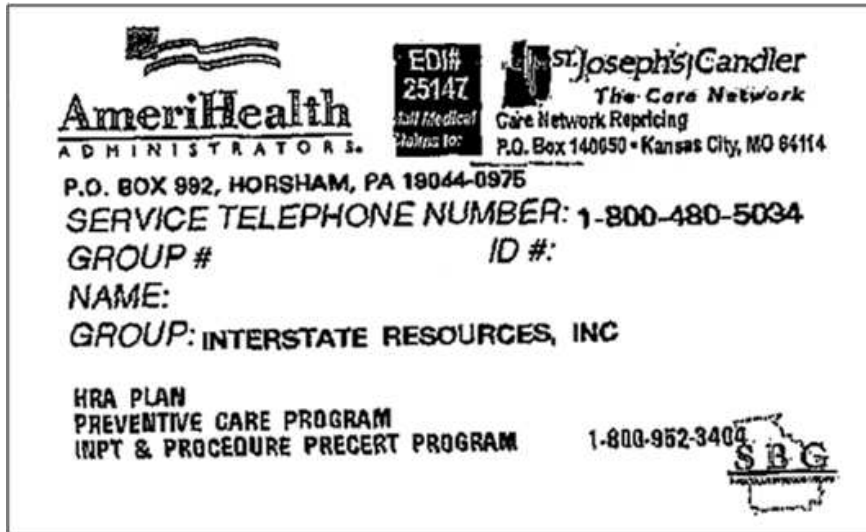
Network name?

Payor?

Send claim through?

ActivHealthCare

ID Card Example – First Health Wrap Network



Works like Multiplan. The fee schedule is 145% of 2006 GA Medicare rates.

Network name

This card is for identification only and does not prove eligibility. Please read your benefit booklet for details of your coverage, its limitations and exclusions.


For service information, including the patient's current eligibility and coverage level, call the toll-free number on the front of this card.

Send all claims to the address on the front of this card.

www.amerihhealth-tqa.com

WRAP NETWORK
 **First Health**
Network

Multiplan – AUTO have you responded??



P.O. Box 1368 • Lithium, GA 30048
1526 Northlake Ferry, Suite 100 • Tucker, GA 30084
ph 770.455.0040 • toll free 888.635.0499 • fax 678.736.8186
mbrickhouse@activhealthcare.com

MultiPlan AUTO LIABILITY OPTION FORM

As a Participating Provider of ActivHealthCare, Inc., I, _____
(Print Provider's Name)

choose to (Initial by your selection below):

_____ I elect to Opt In or Participate in the MultiPlan, PHCS and Beech Street networks. I understand that these network include Group Medical, Auto Medical and Workers' Compensation product lines as stated on the Term Summary Sheet provided by ActivHealthCare.

_____ I elect to Opt Out or Not Participate in the MultiPlan, PHCS and Beech Street networks. I understand that by choosing to Not Participate, ActivHealthCare will terminate my participation in the Group Medical and Workers' Compensation networks of MultiPlan, PHCS and Beech Street. The termination process from the existing Group Medical and Workers' Compensation products may take up to 90 days from the first of the month following notification to ActivHealthCare. Also, I understand that I have the responsibility to notify my affected patients of this decision.

Provider Signature: _____ Date: _____

Provider Tax ID #: _____

Provider Phone #: _____

NOTE: We need to receive one response per credentialed provider. If multiple providers are in the same practice, we need a separate form for each individual provider.

If you have any questions, Please contact Mark Brickhouse: Phone 770-455-0040 x 108 or email MBrickhouse@ActivHealthCare.com.

Fax completed form to 678-736-8186
(No cover sheet is needed)

OR

Mail to above letterhead address

MultiPlan/*Beech Street – How it works

MultiPlan is a 2nd tier network. They allow Payors to take a discount on a claim if the provider is not a member of the primary network.

MultiPlan contracts with:

- Cigna
- United Healthcare
- Aetna
- MailHandlers – 01/01/2014

There is always a primary or 1st tier network other than MultiPlan. You just have to determine if you are a member of it or not. If you are a member, and Activ is not, follow their instructions.

If you are not a member of the primary network, there is one other factor to consider.....PHCS.

MultiPlan (continued)

PHCS is owned by MultiPlan. If a provider has a direct contract with PHCS, the provider is automatically contracted with MultiPlan at the PHCS fee schedule.

ActivHealthCare is not contracted with PHCS.

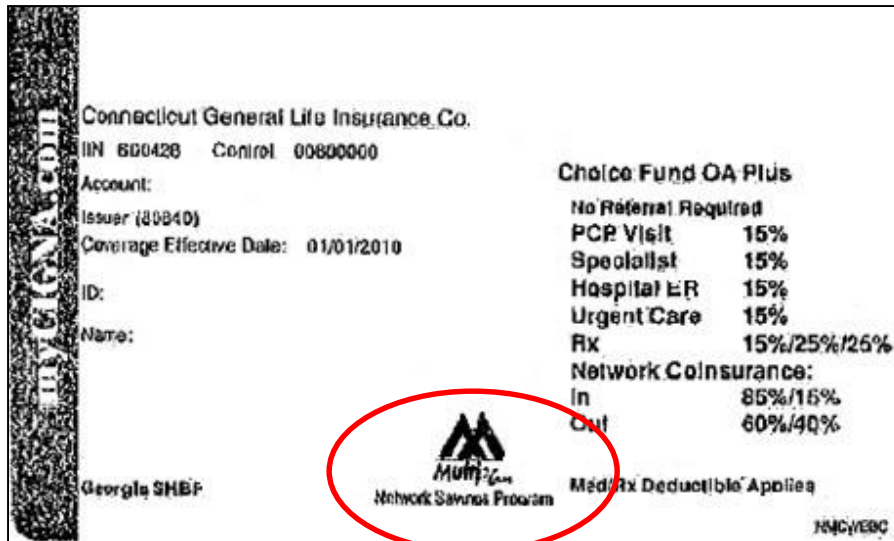
Your PHCS contract and fee schedule will supersede any relationship Activ has with MultiPlan.

If you have a PHCS contract, do not send MultiPlan claims to Activ.

Review of contracting order:

1. Primary Network membership – If not a Activ Network Affiliate, follow instructions on card and send direct. If Activ Network Affiliate, follow Activ’s instructions.
2. PHCS network membership – Send direct. Activ relationship superseded.
3. Not in 1 or 2, submit through Activ for MultiPlan.

ID Card Example – Cigna/MultiPlan



MultiPlan is also contracted with:

- Aetna;
- United Healthcare;
- Humana; and
- Other groups.

1. Cigna is the primary network.
Is provider a member of Cigna?
2. If not in Cigna network, is
provider a member of PHCS?
3. If not in PHCS, submit through
ActivHealthCare?

WWW.CIGNA.COM

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

INPATIENT ADMISSION AND OUTPATIENT PROCEDURES:
Your Network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow-up care within 24 hours.
Coinsurance/deductible is paid directly to the doctor/office by CIGNA using individual's available health funds.
Send Pharmacy Claims to: P.O. Box 5940, Scranton, PA 16505-5940

Send Medical Claims to:

P.O. Box 188050, Chattanooga, TN 37427-8050
Customer Service: 1-800-633-8519

We encourage you to use a PCP as a valuable resource and personal health advocate.

AWAY FROM HOME CARE

Exception – MultiPlan (continued)

What happens if you bypass ActivHealthCare, but do not have a direct 1st tier or PHCS contract?

1. Your claim will still be discounted by the Payor;
2. The claim will most likely be paid directly to ActivHealthCare;
3. Activ will not have a copy of your claim on file; and
4. The payment to you may be delayed because we do not have the claim in our system.

Worst case scenario:

Activ will receive a claims payment (EOB) with ActivHealthCare listed as the provider of service.

If we cannot determine who the provider is, payment may be held until you contact us for claim status.

Benefit Verification

Benefit Verification – Term Summary Sheets

A **Term Summary Sheet** is created by Activ for each Network Affiliate. The Term Summary Sheet (TSS) is generally a one page document which contains the important terms of the contract.

The TSS contains instructions on:

- Utilization Management
- Verification of Eligibility (Benefits)
- Claims Filing instructions;
- And other contract details.

PPO - In most cases, call the phone # on the insurance ID Card.

Coventry Health Care of GA – Call ActivHealthCare.

If in doubt, call Activ and we will help you figure it out

Benefit Verification – Tax ID

- Payors may require your tax ID number when verifying benefits. If so, give them the ActivHealthCare tax ID number to obtain correct in-network benefits.

58-2068734

- **Do not use Activ's tax ID # when submitting claims.**
- Using the ActivHealthCare tax ID number without written permission from ActivHealthCare is illegal.
- Activ will put the ActivHealthCare tax ID number on claims for in-network providers when you submit the claim to us.

Completing the CMS-1500

NPI Numbers - required

NPI numbers are not an option, they are required.

NPI numbers must be placed in the following locations of the CMS1500 form:

- Box 24.j (treating provider's NPI required)
- Box 32.a
- Box 33.a

Failure to properly place NPI numbers on claims may result on a denial, delay or return of the claim.

Claims Address

At the top of the CMS-1500 form you must either:

- **Tell AHC where to send the claim using the payor name and address, or**
- Send a clear copy of the patient's ID card, front and back, with every claim
- ***THIS ONLY APPLIES WHEN MAILING CLAIMS TO AHC.***

IF Mailing, Send Claims To:

Coventry Health
Care of GA Claims



ActivHealthCare
P.O. Box 1368
Lilburn, GA 30048

All Claims for
Networks
(Alliant, SuperMed, First
Health, etc)



ActivHealthCare
P.O. Box 1368
Lilburn, GA 30048

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE (Medicare #)		MEDICAID (Medicaid #)		TRICARE CHAMPVA (Sponsor's SSN)		CHAMPVA (Member ID#)		GROUP HEALTH PLAN (Sponsor ID)		FECA BLK LUNG (SSN)		OTHER (ID)		12. INSURED'S PLAN NUMBER		13. OTHER PROGRAM (In Item 1)											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE (MM DD YY)		SEX (M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)													
5. PATIENT'S ADDRESS (No., Street, City, STATE, ZIP CODE)										6. PATIENT RELATIONSHIP TO INSURED (Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street, City, STATE, ZIP CODE)													
8. PATIENT STATUS (Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>										9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EMPLOYMENT? (Current or Previous) (YES <input type="checkbox"/> NO <input type="checkbox"/>				a. INSURED'S DATE OF BIRTH (MM DD YY)				SEX (M <input type="checkbox"/> F <input type="checkbox"/>									
b. OTHER INSURED'S DATE OF BIRTH (MM DD YY)										b. AUTO ACCIDENT? (YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____				b. EMPLOYER'S NAME OR SCHOOL NAME				c. INSURANCE PLAN NAME OR PROGRAM NAME									
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? (YES <input type="checkbox"/> NO <input type="checkbox"/>				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
d. INSURANCE PLAN NAME OR PROGRAM NAME										10d. RESERVED FOR LOCAL USE				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.				SIGNED _____ DATE _____									
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) (MM DD YY)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE (MM DD YY)				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a. _____				17b. NPI _____				20. OUTSIDE LAB? (YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____)									
19. RESERVED FOR LOCAL USE										21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)				22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.				23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE (From MM DD YY To MM DD YY)										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. ICD-9-CM Family Plan		I. QUAL		J. RENDERING PROVIDER ID#	
1																				NPI 14322895876							
2																				NPI							
3																				NPI							
4																				NPI							
5																				NPI							
6																				NPI							
25. FEDERAL TAX I.D. NUMBER (TIN) SSN EIN										26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For print claims, use check) (YES <input type="checkbox"/> NO <input type="checkbox"/>				28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$					
31. SIGNATURE OF PROVIDER OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are true.)										32. SERVICE FACILITY INFORMATION (John Chiropractic Center, 4455 Highway 84, Tucker, GA 30084-7069, 1932992610)				33. BILLING INFORMATION (John Chiropractic Center, 4455 Highway 84, Tucker, GA 30084-7069, 1932992610)				SIGNED _____ DATE _____									

AHC01 Payor Name from ID Card
Payor Address from ID Card
Payor City, State, Zip

Patient's Information

Insured's Information

Network Name

Doctor's NPI Number

14322895876

Service Address & NPI #

TIN

Service Provider

John Chiropractic Center
4455 Highway 84
Tucker, GA 30084-7069
1932992610

John Chiropractic Center
4455 Highway 84
Tucker, GA 30084-7069
1932992610

Address/NPI number for who checks are payable to

Electronic Claim Submission (EDI)

EDI Claims

Electronic Data Interchange (EDI) is a transfer of data between two companies using the Internet.

AHC offers this service for electronic claims processing to you, FREE, through a partnership with Office Ally (OA).



***ActivHealthCare only accepts EDI claims through Office Ally!**

EDI Claims - Benefits

Why consider Office Ally?

- No monthly fees
- Faster Payments
- Quick and easy
- Online access to claim status, history and summary reports
- Online claims correction capability
- Reduced costs for postage, printer cartridges and claim forms
- Improved accuracy in claims processing
- **Only acceptable proof for timely filing**

EDI Enrollment

Enrollment is easy!

- Download and complete the enrollment forms from www.ActivHealthCare.com:
 - Addendum to AHC Provider Agreement allowing EDI
 - Office Ally EDI Business Agreement
 - Office Ally Enrollment Form for AHC members
- Mail the original and signed enrollment forms to **ActivHealthCare:**

Attn: EDI
ActivHealthCare
P. O. Box 1368
Lilburn, GA 30048

*Do not send forms
to Office Ally!*

EDI Enrollment (continued)

Allow up to 30 days for enrollment. Office Ally will then email you your username and password.

- OA will provide technical support in addition to training on how to upload claims
- AHC will work with OA and your office during the start-up phase

Office Ally Online Tools

- Patient Look-Up
- View Claim History
- Inventory Reporting
- Code Search
- Claim Fix
- Eligibility Request

See handout in folder for frequently asked questions

Claims Follow-Up

Critical Step – Checking Your Claim's Status!

Within 24 hours of upload, your file summary is ready. This report lists the status of all claims received by OA. This acts as your receipt that your claims have been entered into the OA system.

- Log into www.officeally.com and click **DOWNLOAD FILE SUMMARY**
- Click the appropriate day on the calendar
- Below the calendar, click **VIEW** and then click **OPEN**

Please note: ANSI 837 users may receive an ERR Report in place of their file summary. You should contact OA if you receive this report.

If **Filing EDI** through Office Ally, Address Claims using this format:

Coventry Health
Care of GA Claims



AHCØ1 Coventry
P.O. Box 7711
London, KY 40742-7711

All Claims for
Networks
(Alliant, SuperMed, First
Health, etc)



AHCØ1 *Name of Payor*
Address
City, State, Zip

Coventry Health Care of GA Format:

Group Name	Benefit Yr	Plan	Eff Date	Deduct	Co-Pay	Vst
DIVERSIFIED COMMERCIAL	01/01/13	25361	01/01/13		\$25	12

AHC01 Coventry
PO Box 7711
London, KY 40742-7711

Box 11c: Coventry

Group Name	Benefit Yr	Plan	Eff Date	Deduct	Co-Pay
DIVERSIFIED COMMERCIAL	01/01/13	25361	01/01/13	* FORWARD TO COVENTRY *	

AHC01 Coventry
PO Box 7711
London, KY 40742-7711

Box 11c: Coventry

Group Name	Benefit Yr	Plan	Eff Date	Deduct	Co-Pay
DIVERSIFIED COMMERCIAL	01/01/13	25361	01/01/13	* VERIFY *	

Contact ActivHealthCare to verify...

Setting Up Payors

Some payors may necessitate that you set up the payor *twice* in your management software. For example, Aetna will pay claims for AHC and non-AHC employer groups.

1 AHCØ1 Payor Name

2 (no prefix) Payor Name

Pay close attention to the network and payor information. Failure to properly identify the payor information at the top of the CMS-1500 will most likely result in your claim being processed out-of-network, creating additional work for your office staff and patients.

Coventry Health Care of GA & New Customer Service Center

CHC of GA – Benefits Verification

Activ is contracted with Coventry Health Care of GA to process the majority (95% +) of their chiropractic claims.

Call ActivHealthCare first to verify coverage when the CHC of GA logo appears on the ID card.



If Activ is not able to verify the coverage, we will refer you to CHC of GA for verification of benefits.

All Coventry claims must be mailed to or submitted electronically through ActivHealthCare for payment.

CHC of GA – Payor (Claims) Address

ActivHealthCare processes over 95% of the Coventry Health Care of GA claims.

Therefore, ActivHealthCare will be considered the payor most of the time.

In a few cases, Activ may refer you to Coventry. In those cases Coventry will be the payor.

If Activ verifies benefits, the payor address should be:

AHCØ1 Coventry
P.O. Box 7711
London, KY 40742-7711

If Activ refers you to Coventry to verify benefits, the payor address should be:

AHCØ1 Coventry Health Care
PO Box 7711
London, KY 40742-7711

ID Card Example – CHC of GA Advantra



Coventry will verify coverage for Advantra.

Format claims address like any other PPO:

AHCØ1 Coventry
P.O. Box 7156
London, KY 40742

If mailing the claim, send through ActivHealthCare.

Customer Service: 1-866-613-4977. (TDD: 1-866-347-2459), 8 am – 8 pm, local time, 7 days a week.
Medical Claim Mailing Address: P.O. Box 7156, London, KY 40742-7156 Emdeon Payer ID: 25133
For Pre-Certification: Please Call 1-866-449-0828
Mental Health Line: Call MHNnet: 1-800-752-7242 (TDD: 1-800-627-6684), 8:00 a.m. – 5:00 p.m Eastern, M-F
EMERGENCY: Go to the nearest emergency room or call 911.
Send Pharmacy Claims to:
Medco PO Box 14724 Lexington, KY 40512
Pharmacy Customer Service: 1-800-690-3412 (TDD: 1-800-716-3231), 24 hours/7 days a week
Pharmacy Provider Line: 1-800-922-1557
DO NOT bill Original Medicare.
www.ga.chcadvantra.com

Treatment Plan Forms – CHC of GA

- **NEW Treatment Plan Form**
 - Treatment Plan Form only required for Coventry Health Care of GA when paid by ActivHealthCare.
 - New improved form is on our website, www.ActivHealthCare.com. Go to Customer Service Center.
- **TPF is needed after the 6th visit**
 - Initial 6 Visits do not start over each year
 - Initial 6 will restart with:
 - Totally unrelated condition or 6-8 months between visits with exacerbation.
 - New physician, not in same office
- **Suggestions:**
 - Review Term Summary Sheet on Website for
 - TPF ***must*** be completed in full or will be returned

Direct Deposit aka EFT

- From our Home page, www.ActivHealthCare.com, click on Forms
- Then select the **EFT Electronic Fund Transfer** option. Image is listed below.

HOME
CREDENTIALING
PROVIDERS
PROVIDER LOCATOR
CA'S CORNER
NETWORK RESOURCES
CUSTOMER SERVICE CENTER
FORMS
NEWS
FAQ
ABOUT US
CONTACT US

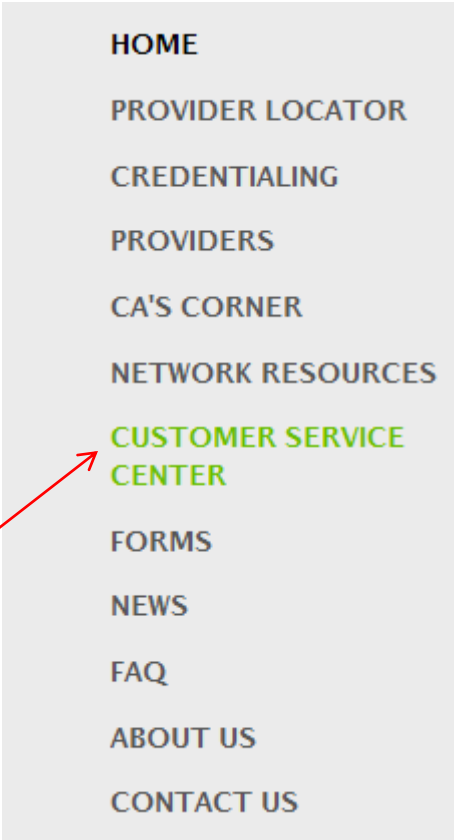
Electronic Funds Transfer (EFT) forms:

- [EFT FAQs](#)
- [EFT Enrollment Form](#)

Fill out information and Fax to:
(678) 736-8186

New Customer Service Center - Treatment Plan Forms

From www.activhealthcare.com home page, click on Customer Service Center.



- HOME
- PROVIDER LOCATOR
- CREDENTIALING
- PROVIDERS
- CA'S CORNER
- NETWORK RESOURCES
- CUSTOMER SERVICE CENTER**
- FORMS
- NEWS
- FAQ
- ABOUT US
- CONTACT US

New Customer Service Center - Treatment Plan Forms



Home

Log in

User ID:

Password:

Login

Customer Service Help
Center



Be sure to set your browser to allow pop-ups from this website.

Welcome to our
Customer Service Center

User ID: Your TIN
Password: Your TIN
(will prompt you to change after your first log in)



New Customer Service Center - Treatment Plan Forms



- Home
- Coventry HC of GA
- Claim Center
- Reporting
- Contact Us

Provider Logged in

Welcome

LogOut



- Submit Treatment Plan Form
- Treatment Plan Form Inquiry
- Coventry Eligibility Inquiry

Browser to allow pop-ups from this website.

Welcome to our
Customer Service Center



New Customer Service Center - Treatment Plan Forms



Home

Coventry HC of GA

Claim Center

Reporting

Contact Us

Member Logged in

Welcome

Chiropractic Treatment Plan Form

LogOut

Network Doctor's Name:

Treating Doctor:



Patient Information

Member ID#: Date of Birth (mmddyyyy):

First Name: Initial: Last Name:

Height: Feet Inches Weight:

Patient Type: New to your office Established Patient, New Injury Established Patient, New Episode Established Patient, Continuing Care

Provider Information

Provider Name: Federal Tax ID #: Individual NPI #:

Phone: () - Fax: () - Email Address:

Current Diagnosis

Diagnoses	ICD9 Code	Diagnoses	ICD9 Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continues....



New Customer Service Center – Coventry Eligibility



Home

Coventry HC of GA

Claim Center

Reporting

Contact Us

Submit Treatment Plan Form

Treatment Plan Form Inquiry

Coventry Eligibility Inquiry

Display Coventry Eligibility

Member Logged in

Welcome

LogOut

Member ID#: Date of Birth (mmddyyyy):

Disclaimer:

The coverage information provided on this screen is not a guarantee of payment. It is merely a description of benefits available under the patient's Plan or Policy. Our information is updated once a month. If the patient's coverage changed within the past 45 days, we may not have been notified of the changes. This rarely happens, but when it does, it usually coincides with the policy anniversary date. Other events which may affect coverage include failure to pay premiums, termination of employment, change of policy or other events which may cause a termination of or change to coverage. Please refer to the applicable Term Summary Sheet for more detailed benefit description and network rules pertaining to this account.

Back



New Customer Service Center – Claim Center



Home

Coventry HC of GA

Claim Center

Reporting

Contact Us

Member Logged in

Welcome

LogOut



Provic

Open Claims

Claims Display

Enter Subscriber's Last Name to Search

Last Name:

Go to

Leave Last Name blank and press "Go to" to view all Subscribers on file.

New Customer Service Center – Reporting



Home

Coventry HC of GA

Claim Center

Reporting

Contact Us

Provider Logged in

Welcome

LogOut



Archived Remittance Advice

Remittance Advice

Form 1099

Select Check Month to Continue

Check Month

April 2012

March 2012

February 2012

January 2012

December 2011

November 2011

October 2011

September 2011

August 2011

July 2011

June 2011

May 2011

April 2011

March 2011

February 2011

January 2011

Contact Information

ActivHealthCare
P.O. Box 1368
Lilburn, GA 30048
Phone: 770-455-0040
General Fax: 770-455-6188
Treatment Plan Fax: 678-990-0025
Credential Fax: 678-990-1124



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We are here to help you and your doctors with any questions or problems.

Questions
