

# AmeriHealth Caritas District of Columbia

## Common Billing Questions



**AmeriHealth Caritas**<sup>™</sup>  

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**District of Columbia**

# Claims Submission and Processing

## General Guidelines

- All claims must be submitted to AmeriHealth Caritas DC within **180 days** from the date of service (or the date of discharge for inpatient admissions). This applies to capitated and fee-for-service claims.
- AmeriHealth Caritas DC is required by District and Federal regulations to capture specific data regarding services rendered to its members. All billing requirements must be adhered to by the provider in order to ensure timely processing of claims.
- When required data elements are missing or are invalid, claims will be **rejected** by AmeriHealth Caritas DC for correction and re-submission. Claims for billable services provided to AmeriHealth Caritas DC members must be submitted by the provider who performed the services.
- Please allow for normal processing time before re-submitting a claim either through the EDI or paper process. This will reduce the possibility of your claim being rejected as a duplicate claim. Claims are not considered as received under timely filing guidelines if rejected for missing or invalid provider or member data.
- For specific billing instructions, please refer to the AmeriHealth Caritas DC Claims and Billing Manual, available at [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com)>Providers>Claims and Billing.

# How do I submit claims to AmeriHealth DC?

## Paper Claims

Paper claims may be submitted to the appropriate address below:

### Medicaid

#### **AmeriHealth Caritas DC/Medicaid**

Attn: Claims Processing Department

P.O. Box 7342

London, KY 40742

### Alliance

#### **AmeriHealth Caritas DC/Alliance**

Attn: Claims Processing Department

P.O. Box 7354

London, KY 40742

## Electronic (EDI) Claims

AmeriHealth Caritas DC participates with Emdeon. As long as you have the capability to send EDI claims to Emdeon, through direct submission or via another clearinghouse/vendor, you may submit claims electronically. Electronic claim submissions to AmeriHealth Caritas DC follows the same process as other electronic commercial submissions.

To initiate electronic claims:

- Contact your practice management software vendor or EDI software vendor.
- Inform your vendor of AmeriHealth Caritas DC's EDI Payer ID#: **77002**.
- You may also contact Emdeon at **877-363-3666** or visit to [www.emdeon.com](http://www.emdeon.com) for information on contracting for direct submission to Emdeon. AmeriHealth Caritas DC does not require Emdeon payer enrollment to submit EDI claims.

# How do I enroll for EFT and ERA?

## Electronic Funds Transfer (EFT)

EFT simplifies the payment process by:

- Providing fast, easy and secure payments
- Reducing paper
- Eliminating checks lost in the mail
- Not requiring you to change your preferred banking partner

You may enroll through our EFT partner, Emdeon by completing an enrollment form or by calling 866-506-2830.

### New to Emdeon EFT?

Go to [www.emdeon.com/epayment](http://www.emdeon.com/epayment) and select Enroll Now to initiate the enrollment process.

### Existing Emdeon EFT User?

Complete and submit the “EFT Payer Add Change Delete Authorization Form” – available online at [www.emdeon.com/epayment/enrollment/EFTPCF.php](http://www.emdeon.com/epayment/enrollment/EFTPCF.php).

## Electronic Remittance Advice (ERA) or 835 Transmissions

For information about, or to sign up to receive Electronic Remittance Advice (ERA), check with your practice management/hospital information system vendor to confirm that you have the ability to process ERA or 835 files. Your vendor should be able to provide instructions on how to receive ERA’s for AmeriHealth Caritas DC.

Many systems utilize this file to generate reports and auto-post payments. Your software vendor is responsible to facilitate ERA transmissions with Emdeon.

If your vendor does not have the ability to process ERA transmission, call Emdeon's customer service at **877-363-3666** and follow the appropriate prompts for alternative ERA options.

# What are encounters and why are they important?

## Encounter Reporting

- Encounters occur whenever an AmeriHealth Caritas DC member is seen in a provider's office or facility, whether the visit is for preventive health care services or for treatment due to illness or injury. An encounter is any health care service provided to an AmeriHealth Caritas DC member.
- Encounters must result in the creation and submission of an encounter record (CMS-1500 or UB-04 form or electronic submission) to AmeriHealth Caritas DC.
- In order to support timely statutory reporting requirements, PCPs must submit encounters within thirty (30) days of the visit.
- The information provided on these records represents the encounter data that AmeriHealth Caritas DC reports to the District's Medicaid and Alliance programs, according to mandatory reporting requirements.

# What are AmeriHealth Caritas DC's timing filing requirements?

## Timely Filing Rules

- **Rejected** claims are defined as claims with missing or invalid data elements, such as the provider tax identification number or member ID number, that are returned to the provider or EDI source without registration in the claim processing system. Rejected claims are not registered in the claim processing system and can be re-submitted as a new claim. Claims originally rejected for missing or invalid data elements must be re-submitted with all necessary and valid data within 180 calendar days from the date services were rendered (or the date of discharge for inpatient admissions).
- **Denied** claims are registered in the claim processing system but do not meet requirements for payment under AmeriHealth Caritas DC guidelines. They should be re-submitted as a corrected claim. Claims originally denied must be re-submitted as a corrected claim within 365 days of the remittance date on which the claim was denied for any reason(s) other than timely filing.
- **Claims with Explanation of Benefits (EOBs)** from primary insurers, including Medicare, must be submitted within 60 days of the date on the primary insurer's EOB. This exception is applicable when the claim cannot be submitted within 180 days of the date of service due to the involvement of a primary insurer.

# What is the Prompt Payment Act?

## Prompt Payment Act of 2002

AmeriHealth Caritas DC is contractually obligated to meet the following prompt payment guidelines according to the provisions of the D.C. Prompt Payment Act of 2002:

- Pay or deny ninety percent (90%) of all clean claims within 30 days of receipt and ninety-nine percent (99%) of clean claims within ninety days of receipt.

Note: A clean claim is defined as having no material defect or impropriety, including any lack of reasonably required substantiating documentation or information which may prevent timely payment.

- In the event that a clean claim is not paid within 30 days of receipt, and AmeriHealth Caritas DC does not notify the provider within said 30 days of any missing information required to pay the claim, AmeriHealth Caritas DC will implement measures to determine and pay interest penalties in accordance with the provisions of the Prompt Payment Act of 2002.

# How do I inquire about or dispute a claim?

## Claims Inquiries

If a provider does not receive payment for a claim within 45 days or has concerns regarding any claim issue, claims status information is available by:

- Visiting the provider area of AmeriHealth Caritas DC's website, [www.amerihealthcaritasdc.com](http://www.amerihealthcaritasdc.com), to access NaviNet – free, web-based solution for electronic transactions and information through a multi-payer portal.
- Using the self-service Interactive Voice Response (IVR) by calling 202-408-2237 or toll-free at 888-656-2383 and selecting the appropriate prompts.
- Calling Provider Services at 202-408-2237 or toll-free at 888-656-2383.

## Claim Disputes

If a claim or a portion of a claim is denied for any reason or underpaid, the provider may dispute the claim within 60 days from the date of the denial or payment. Claim disputes may be submitted in writing, along with supporting documentation, to:

**AmeriHealth Caritas DC**

Attn: Claim Disputes

P.O. Box 7358

London, KY 40742





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