

## ***Claims and Billing Manual***

### **Claims and billing overview**

Having a fast and accurate system for processing claims allows providers to manage their practice and the care of Anthem HealthKeepers Plus and Anthem HealthKeepers Plus Commonwealth Coordinated Care Plus (Anthem CCC Plus) members more efficiently. With that in mind, HealthKeepers, Inc. has made claims processing as streamlined as possible.

Please share the following guidelines with your staff, billing service and electronic data processing agents:

- Submit clean claims making sure the right information is on the right form.
- Submit claims as soon as possible after providing the service(s).
- Submit claims within the contracted filing time limit.

You can check the status of claims using the Availity Web Portal (<https://www.availity.com> or <https://mediproviders.anthem.com/va> > Login).

**Note:** You must register with Availity (<https://mediproviders.anthem.com/va> > Register) to access the secure portion of the website; once registered, you can log in to a single account and perform numerous administrative tasks.

Generally, there are two types of forms you'll need for reimbursement:

- *CMS-1500*: to be used for professional services
- *CMS-1450 (UB-04)*: to be used for institutional services

These forms can be found on the CMS website (<https://www.CMS.gov> > Medicare > CMS Forms > CMS Forms List) and are available in both electronic and hard copy/paper formats.

**Note:** Using the wrong form or not filling out the form correctly or completely will result in your claim being returned and subsequent processing and payment delays.

### **Submitting clean claims**

Claims are defined as clean when they are submitted without any defects, with all required information for processing and within the specified time frame.

For claims that aren't accepted, an error report is generated and sent to you. Scenarios where claims may be returned include:

- Claims submitted with incomplete or invalid information (including those submitted through electronic data interchange EDI).
- Claims submitted without the proper HIPAA-compliant code set.

You are responsible for working with your EDI vendor to ensure returned claims are corrected and resubmitted.

<https://mediproviders.anthem.com/va>

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### Claim filing limits

If HealthKeepers, Inc. is the primary or secondary payer, you have 365 days to file the claim. Claims must be submitted within the contracted filing limit to be considered for payment, and claims submitted outside this time frame are denied for timely filing. Compliance is determined using the last date of service on the claim and our receipt date.

For specific details regarding filing limits for the claim types listed below, review the *Anthem HealthKeepers Plus Provider Manual* (<https://mediproviders.anthem.com/va> > Useful Publications > Manuals, Directories, Training & More > Anthem HealthKeepers Plus Directories, Training, & Resources > *Anthem HealthKeepers Plus Provider Manual*):

- Physician and institutional claims
- Third-party liability/coordination of benefits claims
- Claim follow-up
- Provider disputes
- Retroeligible member claims

### Electronic claims submission

HealthKeepers, Inc. encourages providers to submit claims electronically using the Availity Web Portal (<https://www.availity.com> or <https://mediproviders.anthem.com/va> > Login) or a clearinghouse utilizing EDI. Providers should check with their clearinghouses to determine the correct payer ID for Anthem HealthKeepers Plus.

Benefits of using the Availity Web Portal include:

- **Multiple payers:** A single sign-on provides access to multiple payers.
- **No charge:** HealthKeepers, Inc. transactions are available at no charge to providers.
- **Accessible:** Availity functions are available 24/7 from any computer with internet access.
- **User friendly:** A standard screen format makes it easy to find necessary information and increases staff productivity.
- **Compliant:** Availity is compliant with HIPAA regulations.
- **Training:** Live, web-based and prerecorded training is available at no charge to users.
- **Support:** Availity Client Services is available Monday through Friday from 8 a.m. to 7 p.m. ET at **1-800-AVAILITY (1-800-282-4548)**.

To start the electronic claims submission process or for questions, contact EDI at **1-800-470-9630**. For assistance, you can also reference the *Website User Guide: Claims Transaction Tools* located at <https://mediproviders.anthem.com/va> > Provider Education > Manuals, Directories, Training & More > Anthem HealthKeepers Plus Directories, Training, & Resources.

## Submitting paper claims

Paper claims are scanned for clean and clear data recording. To obtain the best results, paper claims must be legible and submitted in the proper format.

### To speed up processing and prevent delays, follow the requirements below:

- Use the correct form and be sure the form meets CMS standards.
- Use black or blue ink.
- Don't stamp or write over boxes on the claim form.
- Don't staple claims together; we will consider the second claim an attachment and not an original claim to be processed separately.
- Remove all perforated sides from the form leaving a quarter of an inch border on the left and right sides of the form.
- Type information within designated fields, being sure the information falls completely within the text space and is properly aligned.
- Don't highlight fields on the claim form or attachments; highlighting makes it difficult to create a clear electronic copy when the document is scanned.
- Use the **Remarks** field for messages.
- If you use a dot matrix printer, don't use draft mode; the characters generally don't have enough distinction and clarity for the optical scanner to read the form accurately.
- Send the original claim form to the address below and retain a copy for your records:

Claims  
HealthKeepers, Inc. for Anthem HealthKeepers Plus  
P.O. Box 27401  
Richmond, VA 23279

### When submitting paper claims, you must include the following provider information:

- Name
- Rendering provider group ID number/billing provider ID number
- TIN
- NPI number (excluding atypical providers)
- Medicare number (if applicable)

**Note:** Some claims may require additional attachments; be sure to include all supporting documentation when submitting your claim. Claims with attachments should be submitted on paper.

After filing a paper claim, you will receive a response within 30 business days of receipt by HealthKeepers, Inc. If your claim contains all required information, we will enter your claim into the system for processing and send you a remittance advice or a claims disposition notice when the claim is finalized.

### Monitoring submitted claims

After submitting a claim, you can monitor and make changes to the claim by:

- Using the Availity Web Portal.
- Calling Provider Services at:
  - **1-800-901-0020** for Anthem HealthKeepers Plus
  - **1-855-323-4687 for Anthem CCC Plus**
- Confirming receipt of *Batch Status Reports* from your vendor/clearinghouse to ensure claims have been accepted by HealthKeepers, Inc.
- Correcting and resubmitting *Batch Status Reports* and *Error Reports* electronically.
- Correcting errors and immediately resubmitting to prevent denials due to late filing.

### Electronic remittance advice

You can choose to receive electronic remittance advices (ERAs). ERAs are received through an electronic mailbox set up between HealthKeepers, Inc. and you and/or your clearinghouse. For more information, call the EDI Solutions Help Desk at **1-800-590-5745**.

### Client participation/member liability

A portion of members eligible for Medicaid on the basis of being a member in an institutional setting or receiving a 1915(c) home- and community-based services waiver have member liability (also referred to as client participation) that must be met before Medicaid reimbursement for services is available. The Virginia Department of Medical Assistance Services (DMAS) has the responsibility of determining member liability amounts. Through DMAS eligibility and enrollment files, we are notified of any applicable member liability amounts. This information is made available to you, and you are required to collect this amount from members and bill gross/full charges. We adjudicate claims and deduct patient liability amounts.

In the event the sum of any applicable third-party payments and the member's financial participation equals or exceeds the reimbursement amount established for services, we'll not make payment to you.