



# Ambetter from Superior HealthPlan

# Agenda



- 1) Ambetter Overview
- 2) Provider Portal
- 3) Verification of Eligibility, Benefits and Cost Shares
- 4) Specialty Referrals
- 5) Prior Authorization
- 6) Claim Submission / Payment
- 7) Complaints/Grievances and Appeals
- 8) Specialty Companies/Vendors
- 9) Public Website / Provider Tool Kit
- 10) Contact Information



# The Affordable Care Act

# The Affordable Care Act



## Key objectives of the Affordable Care Act (ACA):

- Increase access to quality health insurance
- Improve affordability

## Changes already in place (pre 2014):

- Dependent coverage to age 26 (without being a full time student)
- No denials based on pre-existing conditions
- No lifetime maximum benefits

## Latest addition to complete the essential benefits package:

- Preventative care covered at 100% with no deductibles or co-pays

# The 10 Essential Health Benefits

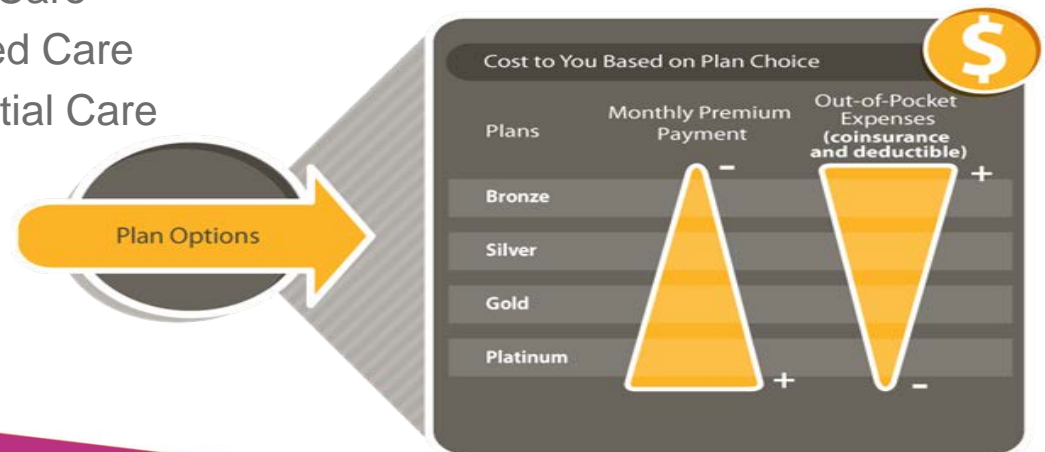


- 1) Preventive and Wellness Services
- 2) Maternity and Newborn Care
- 3) Pediatric Services including Pediatric Vision
- 4) Outpatient or Ambulatory Services
- 5) Laboratory Services
- 6) Various Therapies (such as physical therapy and devices)
- 7) Hospitalization :
- 8) Emergency Services
- 9) Mental Health and Substance Use Services (both inpatient and outpatient)
- 10) Prescription Drugs

# Overview of Benefit Structure



- Essential Health Benefits (EHBs) are the same with every plan. Every health plan will cover the minimum, comprehensive benefits as outlined in the Affordable Care Act.
- Plans vary based on the individual liability limits or cost share expenses to the member.
- Under the Affordable Care Act (ACA), “Metal Tiers” are used to categorize these limits. Each plan offered on the Health Insurance Marketplace (or Exchange) will be categorized within one of these metal tiers: Platinum, Gold, Silver, and Bronze.
- Metal tiers for Ambetter are named:
  - ✓ Gold = Ambetter Secure Care
  - ✓ Silver = Ambetter Balanced Care
  - ✓ Bronze = Ambetter Essential Care



# Affordable Care Act Patient Questions?



Are your patients asking you for information on the Affordable Care Act?

Refer them to the government website: <https://www.healthcare.gov/>

# What is Healthcare.gov?



Healthcare.gov is an online marketplace for purchasing health insurance.

Potential members can:

- Register
  - Determine eligibility for all health insurance programs under the exchange
  - Shop for plans
  - Enroll in a plan
- 
- Exchanges may be State-based or federally facilitated or State Partnership – Texas is a Federally Facilitated Marketplace

***The Health Insurance Marketplace is the only way to purchase insurance AND receive subsidies.***





# What you need to know

# Ambetter from Superior HealthPlan



Ambetter from Superior HealthPlan is a commercial HMO product in the Texas Health Insurance Marketplace.

- Patients must choose a Primary Care Provider (PCP).
- Authorizations are required for certain services.
- All out of network services require prior authorizations (unless emergency - matter of life or limb).

# Member ID Card



		<b>IN NETWORK COVERAGE ONLY</b>
		<b>TDI</b>
<b>Subscriber:</b> Jane Doe <b>Member:</b> John Doe <b>ID #:</b> UXXXXXXXXX <b>Plan:</b> Ambetter Balanced Care 1 + Vision + Adult Dental		<b>Effective Date of Coverage:</b> XX/XX/XX <b>Rx BIN#:</b> 008019
<b>Copays</b> <b>PCP:</b> <b>Specialist:</b> <b>ER:</b>	<b>Coinsurance (Med/Rx):</b> <b>Deductible (Med/Rx):</b> <b>Rx (Generic/Brand):</b>	

**Ambetter.SuperiorHealthPlan.com**

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<b>Member/Provider Services:</b> 1-877-687-1196 <b>Relay Texas/TTY:</b> 1-800-735-2989 <b>24/7 Nurse Line:</b> 1-877-687-1196	<b>Medical Claims:</b> Superior HealthPlan Attn: CLAIMS PO Box 5010 Farmington, MO 63640-5010
<b>Numbers below for providers:</b> <b>Pharmacy Help Desk:</b> 1-855-339-4805 <b>EDI Payor ID:</b> 68069 <b>EDI Help Desk:</b> 1-800-225-2573 ext. 25525 <b>Pharmacy Administer:</b> US Script	

Additional information can be found in your Evidence of Coverage. If you have an emergency, call 911 or go to the nearest emergency room (ER). Emergency services by a provider not in the plan's network will be covered without prior authorization. For updated coverage information, visit [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com).

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*Possession of an ID Card is not a guarantee of eligibility and benefits.*



# Verification of Eligibility, Benefits and Cost Sharing

# Ways to Verify



Eligibility, Benefits and Cost Sharing can be verified in 3 ways:

1. The Ambetter secure provider portal found at: [Ambetter.SuperiorHealthPlan.com](https://Ambetter.SuperiorHealthPlan.com)
  - If you are already a registered user of the Superior HealthPlan secure portal, you do NOT need a separate registration.
2. Call Provider Service at: 1-877-687-1196
  - Provider services is available to assist you M-F 8:00 AM – 6:00 PM CST.
3. 24/7 Interactive Voice Response system: 1-877-687-1196
  - IVR Quick Nav. Tips:
    - ✓ Press 1: to check member eligibility or hear benefit and co pay information
    - ✓ Press 2: for claims information and processing
    - ✓ Press 3: to submit or check on authorizations
    - ✓ Press 4: for Behavioral Health Services
    - ✓ Press 5: if you are calling for any other reason

# Non Payment of Premium



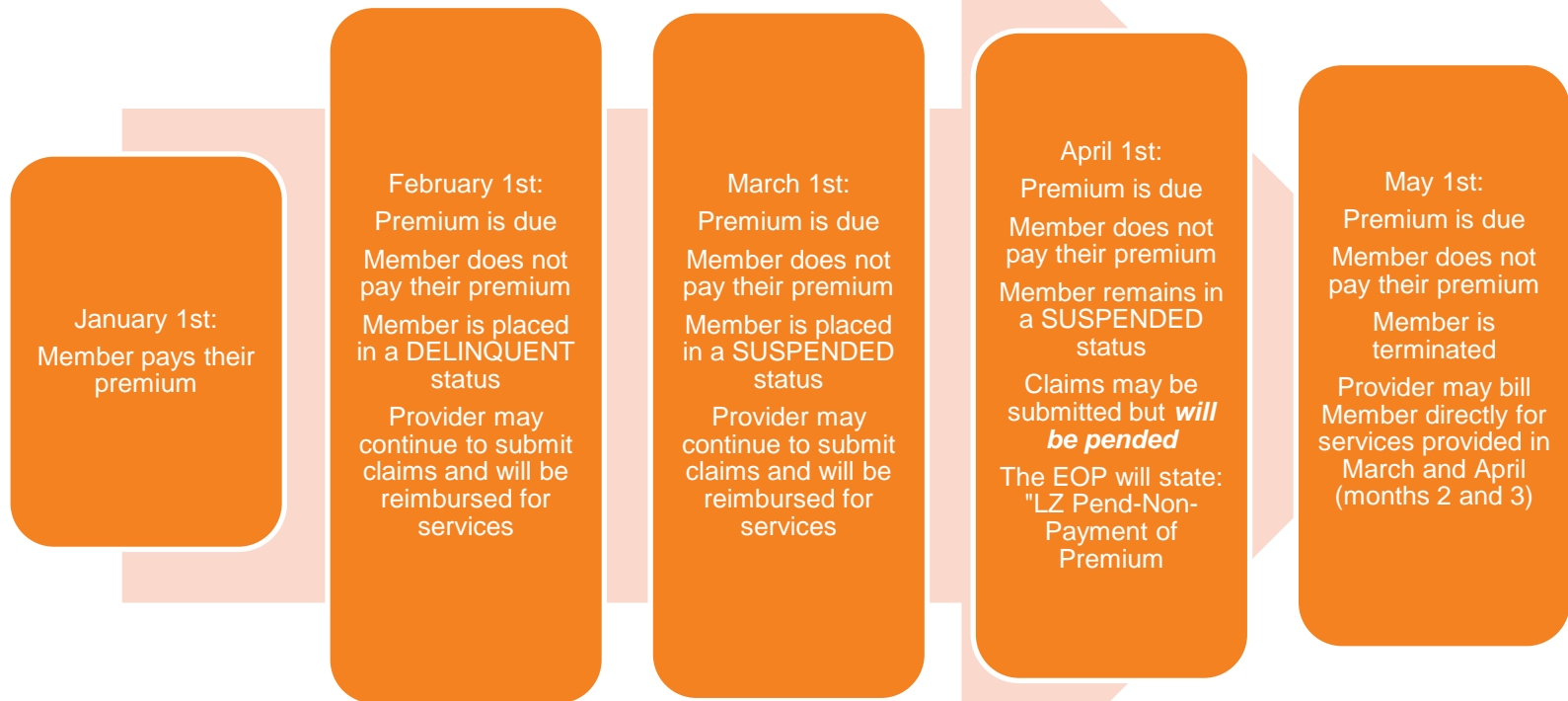
What happens if a member fails to pay their premium?

A provision of the Affordable Care Act requires that Ambetter allow members receiving subsidies a three month grace period to pay premiums before coverage is terminated.

When providers are verifying eligibility through the Secure Web Portal, the following results may appear:

- Month 1 of non-payment of premium, the member will be confirmed as enrolled and eligible.
- Months 2-3 of non-payment, the member will be confirmed as enrolled and eligible however an additional alert message will be returned indicating nonpayment of premium.

# Grace Period Flow





# Secure Provider Portal



# Provider Portal

## To Login or Register



Superior HealthPlan x  
www.superiorhealthplan.com/for-providers/

superior healthplan. Search [ español ]  
Contact Us Newsroom Calendars

Find a Doctor | For Members | **For Providers**

Superior HealthPlan > For Providers

### For Providers

- Login or Register**
- Network Participation
- Pharmacy
- Pre-Auth Needed?
- Medicare Advantage
- Electronic Transactions
- Primary Care Update
- Resources



**Service Coordination – Authorization Approval Letter Change for LTSS Providers**  
Beginning December 15, 2014, LTSS Providers will see a change on the Superior prior authorization approval letter. We will begin to provide information of the Member's STAR+PLUS eligibility status in the approval letter, indicating whether the Member is "HCBS STAR+PLUS Waiver" eligible, or "NON Waiver Eligible." The procedure code(s) for the authorized service(s) will also...  
[Read More](#)

**Provider Services**  
In order to expedite your call, please have your Tax Identification number, NPI, Member ID, DOB, billed amount and date of service available.  
**Ambetter**  
(877) 687-1196

# Provider Portal




Go Back to Superior HealthPlan


 FROM 


[Learn More](#)   [Our Health Plans](#)   [Health and Wellness](#)   [For Members](#)   [For Providers](#)

[For Brokers](#)   [Language ▾](#)   [Login ▾](#)   [Find A Provider](#)   [Contact Us](#)  

Open Enrollment is here! Call us today to enroll! 1-877-687-1196 [Enroll Now >](#)

 **Find the Right Health Plan**

 **Learn About Ambetter**

 **Save Money on Healthcare**



# Provider Portal



Go Back to Superior HealthPlan

ambetter. FROM superior healthplan. Learn More Our Health Plans Health and Wellness For Members For Providers

For Brokers Language Login Find A Provider Contact Us Search Ambetter from Superior HQ

Open Enrollment is here! Call us today to enroll! 1-877-687-1196 [Enroll Now >](#)

[Login](#)

[Join Our Network](#)

[Pharmacy](#)

[Provider Resources](#)

[Provider News](#)

## For Providers

*Healthy partnerships are our specialty.*

[f](#) [t](#) [e](#) [r](#)

With Ambetter, you can rely on the services and support that you need to deliver the best quality of patient care. You're dedicated to your patients, so we're dedicated to you.

When you partner with us, you benefit from years of valuable healthcare industry experience and knowledge. We're dedicated to helping your practice run as efficiently as possible, which is why we always strive for prompt claims processing.

At the end of the day, our job is to make yours easier. That way, you can focus on your patients. They've always been able to count on you. And, as a partner with Ambetter, you'll be able to count on us.

# To Login or Register



Choose “Create An Account” if this is your first time to the portal.  
Choose “Login” if you are a returning user.

The screenshot displays the ambetter website interface. At the top, there are logos for SUPERIOR HealthPlan, ADVANTAGE by Superior HealthPlan, and ambetter from Superior HealthPlan. A navigation bar includes a 'Features' link and a 'CREATE ACCOUNT' button. The main content area is titled 'The Tools You Need Now!' and lists three primary services: 'Check Eligibility' (with a thumbs-up icon), 'Authorize Services' (with a checkmark icon), and 'Manage Claims' (with a dollar sign icon). A 'Login' modal window is open, showing fields for 'User Name (Email)' (containing 'name@domain.com') and 'Password', with a green 'Login' button and a link for 'Forgot Password / Unlock Account'. Below the login window, there is a section titled 'Need To Create An Account?' with a registration description and an orange 'Create An Account' button. Further down, there are two blue buttons: 'Provider Registration Video' and 'Provider Registration PDF'. Two red arrows point from the right side of the slide to the 'Login' button and the 'Create An Account' button.

# Begin Your Registration

The process could take up to 48 hours for approval.



**Register Provider** Your Progress

**Your Details**

Registration Type: **Medical Provider** | Dental Provider | Vision Provider | Foster Care Member, Medical Consenter, Foster Parent, DFPS Staff, RTC/CPA Staff, CASA Staff, SSCC

Tax ID:  ?

First Name:

Last Name:

Email:  ?

Re-enter Email:

Password:  ?

Retype Password:

**Your email address is your login.**

[Next →](#)

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# Provider Portal Sample

## Verification of Benefits page



[Back to Eligibility Check](#)

- Overview**
- Benefit Tracker
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Pharmacy PDL
- Coordination of Benefits
- Claims
- Summary of Benefits**

This patient is eligible as of today, Oct 3, 2014.

**Patient Information**

Name [REDACTED]  
Gender F  
Birthdate Sep 2, 1982  
Age 32 years old  
Member # U9002549401  
Address [REDACTED]

**PCP Information**

UNASSIGNED PCP

[View PCP History](#)

[Care Gaps](#)

Due for annual adult physical

**Eligibility History**

Start Date	End Date	Product Name
Mar 1, 2014	Dec 31, 9999	

# Benefit Limitation Tracking



Tracker shows total visits, used, and remaining allowed.

	Total Visits Available	Used Year to Date	Remaining
Rehabilitation Outpatient Services (Including Speech, Occupational and Physical Therapy) *	35	0	35
Home Health Care Services *	20	0	20
Chiropractic *	26	0	26

\* Requires prior authorization - please contact the number listed on your ID card

“Used Year to Date” is updated nightly based on claims processed.



# Referrals & Authorizations



# Specialty Referrals






- Ambetter from Superior HealthPlan is an HMO Benefit Plan.
- Members enrolled in Ambetter must use in-network participating providers, except in the case of emergency services.
- If an out-of-network provider is used (except in the case of emergency services), the member will be 100% responsible for all charges.
- Members and providers can find other participating providers by visiting [www.Ambetter.SuperiorHealthPlan.com](http://www.Ambetter.SuperiorHealthPlan.com) and clicking on Find a Provider.

# Specialty Referrals





Go Back to Superior HealthPlan


 FROM  Learn More Our Health Plans  Health and Wellness For Members For Providers

For Brokers Language Login **Find A Provider** Contact Us Search Ambetter from Superior HQ

Open Enrollment is here! Call us today to enroll! 1-877-687-1196 [Enroll Now >](#)

  
**Find the Right Health Plan**


  
**Learn About Ambetter**

  
**Save Money on Healthcare**

# Specialty Referrals



## Find a Provider



Click to View the 2015 Participating Pharmacy Network

**We've Mapped Your Location**  
This helps us find a provider closer to you  
If it's not right, change it here

**Search the Way You Want**

- Provider** - search the person's last name
- Hospital** - search the hospital by name
- Other** - there are many other types of medical providers such as:
  - FQHC - Federally Qualified Health Center
  - RHC - Rural Health Clinic Health Departments, DMEs and Pharmacies and many more

**Not Seeing a Search Option?**  
Click the [Advanced Search](#) link for more search options

Please Enter Your Location

City or Zip Code:

- OR -

County:  
Select County

# Specialty Referrals



- Members are encouraged to first seek care or consultation with their Primary Care Provider.
- When medically necessary care is needed beyond the scope of what a PCP provides, PCPs should initiate and coordinate the care members receive from specialist providers.
- Paper referrals are not required for members to seek care with in-network specialists.
- The referring provider should be listed in the appropriate block on the claim form (if applicable).

# Prior Authorization



## Procedures / Services\*

- Potentially cosmetic
- Experimental or investigational
- High tech imaging, i.e., CT, MRI, PET (*facilitated by NIA*)
- Infertility
- Obstetrical ultrasound – two allowed in 9 month period, any additional will require prior authorization except those rendered by perinatologists. For urgent/emergent ultrasounds, treat using best clinical judgment and this will be reviewed retrospectively.
- Pain management – must have prior auth except if performed on the same day as surgery.

*This is not meant as an all-inclusive list.* Please visit the Ambetter website at [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com) and use the Pre-Screen Tool, or call Provider Services Authorization Department with questions at 1-877-687-1196.

All Out of Network (Non-Par) services require prior authorization excluding emergency services.

# Prior Authorization



## Inpatient Authorization

- All elective/scheduled admission notifications requested at least 5 business days prior to the scheduled date of admit including:
  - ✓ All services performed in out-of-network facilities
  - ✓ Behavioral Health/substance use
  - ✓ Hospice care
  - ✓ Rehabilitation facilities
  - ✓ Transplants, including evaluation
- Observation stays exceeding 23 hours require inpatient authorization. Observation stays 23 hours or less require notification to Ambetter from Superior HealthPlan.
- Urgent/Emergent Admissions
  - ✓ Within **1 business day** following the date of admission.
  - ✓ Newborn deliveries must include birth outcome.
- Partial inpatient, PRTF and/or intensive outpatient programs

All Out of Network (Non-Par) services require prior authorization excluding emergency services.

*This is not meant as an all-inclusive list.* Please visit the Ambetter website at [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com) and use the Pre-Screen Tool, or call Provider Services Authorization Department with questions at 1-877-687-1196.

# Prior Authorization



## Ancillary Services

- Air ambulance transport (non-emergent fixed wing airplane)
- DME
- Home health care services including:
  - Home infusion and therapy
  - Hospice
  - Furnished medical supplies & DME
- Orthotics/Prosthetics
- Hearing aid devices including cochlear implants
- Genetic testing
- Quantitative urine drug screen – Except for urgent care, ER and inpatient place of service.
- Therapy, including Occupational, Physical, Speech – each has benefit limits. Once member uses the benefit limit, no additional coverage is available.

All Out of Network (Non-Par) services require prior authorization excluding emergency services.

*This is not meant as an all-inclusive list.* Please visit the Ambetter website at [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com) and use the Pre-Screen Tool, or call Provider Services Authorization Department with questions at 1-877-687-1196.

# Prior Authorization Request Timeframes



Service Type	Timeframe
Elective/Scheduled Admissions	<b><u>5 business days</u></b> prior to the scheduled admission date
Emergent inpatient admissions	Notification within <b><u>1 business day</u></b>
Emergency room and post stabilization, urgent care, and crisis intervention	Notification within <b><u>1 business day</u></b>
Maternity admissions	Notification within <b><u>1 business day</u></b>
Newborn admissions	Notification within <b><u>1 business day</u></b>
NICU admissions	Notification within <b><u>1 business day</u></b>
Outpatient dialysis	Notification within <b><u>1 business day</u></b>



# Utilization Determination Timeframes



Prior Authorization Type	Timeframe
Prospective/Urgent	Three (3) calendar days of receipt of request.
Prospective/Non-Urgent	Three (3) calendar days of receipt of the request.
Concurrent/Urgent	Twenty-four (24) hours (1 calendar day) of request, followed by a letter within 3 working days.
Concurrent/Non-Urgent	Two (2) business days of request. Three (3) business days for an adverse determination

# Prior Authorization



Prior Authorization can be requested in 3 ways:

1. The Ambetter secure portal found at [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)
  - If you are already a registered user of the Superior HealthPlan portal, you do NOT need a separate registration!
  
2. Fax Requests to: 1-855-537-3447.
  - The fax authorization forms are located on our website at [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)
  
3. Call for Prior Authorization at 1-877-687-1196.

# Prior Authorization



Prior Authorization will be granted at the CPT code level.

- If a claim is submitted that contains CPT codes that were not authorized and were not submitted for update, the services will be denied.
- If during the procedure additional procedures are performed, contact the health plan within 72 hours of the procedure to update the authorization. Update must be made prior to claim submission or the claim will deny.
- Ambetter will update authorizations but will not retro authorize services. If there are extenuating circumstances that led to the lack of authorization, the claim may be submitted for a reconsideration or a claim dispute.

# Prior Authorization Pre-Screen Tool



Access from [www.SuperiorHealthPlan.com](http://www.SuperiorHealthPlan.com)

The screenshot shows the 'For Providers' page on the Superior HealthPlan website. The page features a navigation menu with the following items: 'Login or Register', 'Network Participation', 'Pharmacy', 'Pre-Auth Needed?', 'Medicare Advantage', 'Electronic Transactions', 'Primary Care Update', and 'Resources'. A red arrow points to the 'Pre-Auth Needed?' link. Below the navigation menu, there is a section titled 'Service Coordination – Authorization Approval Letter Change for LTSS Providers' and another titled 'Provider Services'. The 'Provider Services' section includes contact information for Ambetter: (877) 687-1196.

# Prior Authorization Pre-Screen Tool

Access from SuperiorHealthPlan.com



The screenshot shows the Superior HealthPlan website interface. At the top left is the Superior HealthPlan logo. On the right, there are links for 'Contact Us', 'Newsroom', and 'Calendars', along with a search bar and a language selector for '[ español ]'. Below these are navigation links for 'Find a Doctor', 'For Members', and 'For Providers'. The main content area has a breadcrumb trail: 'Superior HealthPlan > For Providers > Pre-Auth Needed?'. A large blue header reads 'Pre-Auth Needed?'. On the left is a sidebar menu with items like 'Pre-Auth Needed?', 'Electronic Transactions', 'ICD-10 Overview', 'Health Passport', 'Primary Care Update', 'Medicare Advantage', 'Network Participation', 'Pharmacy', 'Public Policy', 'QAPI Program', 'Resources', and 'Secure Web Portal'. The main content area features a 'Select Health Plan' dropdown menu with the following options: 'Ambetter', 'Select...', 'Medicaid/CHIP/Foster Care', 'Medicare Advantage', and 'Ambetter'. A red arrow points to the 'Ambetter' option at the bottom of the dropdown.

# Prior Authorization Pre-Screen Tool



Access from [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)

Go Back to Superior HealthPlan

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Learn More Our Health Plans Health and Wellness For Members For Providers

For Brokers Language Login Find A Provider Contact Us Search Ambetter from Superior HQ

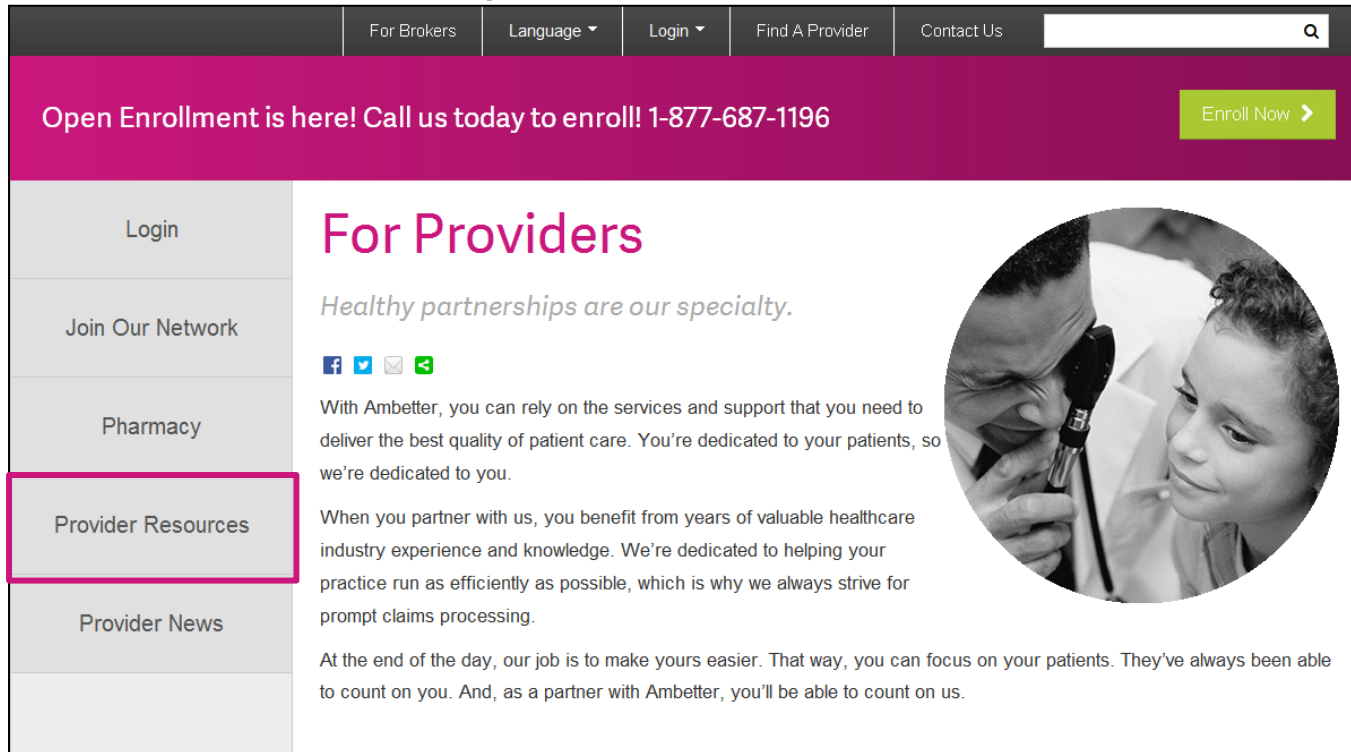
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# Prior Authorization Pre-Screen Tool



Access from [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)



The screenshot shows the top navigation bar with links for "For Brokers", "Language", "Login", "Find A Provider", and "Contact Us", along with a search bar. Below this is a magenta banner with the text "Open Enrollment is here! Call us today to enroll! 1-877-687-1196" and an "Enroll Now" button. A left sidebar contains a menu with "Login", "Join Our Network", "Pharmacy", "Provider Resources" (highlighted with a magenta box and an arrow), and "Provider News". The main content area is titled "For Providers" and includes the tagline "Healthy partnerships are our specialty.", social media icons, and three paragraphs of text describing the provider partnership benefits. A circular image of a doctor examining a child's ear is also present.

# Prior Authorization Pre-Screen Tool



Access from [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)

Open Enrollment is here! Call us today to enroll! 1-877-687-1196 [Enroll Now >](#)

Login	<h2>Provider Resources</h2> <p><a href="#">f</a> <a href="#">t</a> <a href="#">e</a> <a href="#">v</a></p> <p>Ambetter provides the tools and support you need to deliver the best quality of care.</p> <p><a href="#">Click here to view our schedule of upcoming Provider trainings.</a></p> <p><b>Reference Materials</b></p> <ul style="list-style-type: none"><li>• Provider Manual</li><li>• Billing Manual</li><li>• Quick Reference Guide</li><li>• ICD-10 Information</li><li>• FAQ – Ambetter Administrative Questions</li><li>• FAQ – Suspended Status</li></ul> <p><b>Medical Management</b></p> <ul style="list-style-type: none"><li>• <b>Pre-Auth Needed?</b></li><li>• Inpatient Prior Authorization Fax Form</li><li>• Outpatient Prior Authorization Fax Form</li><li>• Discharge Consultation Documentation Fax Form</li><li>• Electroconvulsive Therapy (ECT) Authorization Request Form</li></ul>
Join Our Network	
Pharmacy	
<b>Provider Resources</b>	
Provider News	





# Prior Authorization Pre-Screen Tool

Access from [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)



Login

Join Our Network

Pharmacy

Provider Resources

**Pre-Auth Needed?**

Provider News

ICD-10 Overview

## Pre-Auth Needed?

[f](#) [t](#) [e](#) [m](#)

**DISCLAIMER:** All attempts are made to provide the most current information on the Pre-Auth Needed Tool. However, this does NOT guarantee payment. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. For specific details, please refer to the provider manual. If you are uncertain that prior authorization is needed, please submit a request for an accurate response.

Behavioral Health/Substance Abuse need to be verified by **Cenpatico**  
Complex imaging, MRA, MRI, PET, and CT Scans need to be verified by **NIA**  
Vision services and all services performed by an Ophthalmologist or Optometrist need to be verified by **Opticare**  
Services provided by Out-of-Network providers are not covered by the plan. [Join Our Network](#)

Emergency Services do NOT require prior authorization

Type of Service	Authorization Required?
<i>The information below supersedes responses by the code lookup tool.</i>	
All inpatient admissions and associated physician services	YES
Observation Services	YES
Anesthesia Provider Outpatient services only requires an auth for pain management and oral surgery	YES
Hospice	YES
Services rendered in the home	YES
Services from an Ophthalmologist, Optometrist or Optician are only covered if the member has elected the Vision Rider	CONDITIONAL

Note: Services related to an authorization denial will result in denial of all associated claims.

Enter the code of the service you would like to check:

To submit prior authorization to Texas Ambetter [Login here.](#)





# Claim Processes

# Claim Submission



The timely filing deadline for initial claims is **95 days from the date of service** or date of primary payment when Ambetter is secondary.

Claims may be submitted in 3 ways:

1. The secure web portal located at [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)
2. Electronic Clearinghouse
  - Payor ID 68069
  - Clearinghouses currently utilized by Ambetter from Superior HealthPlan will continue to be utilized.
  - For a listing of our clearinghouses, please visit our website at:  
<http://www.superiorhealthplan.com/for-providers/electronic-transactions/>
3. Paper claims may be submitted to:

Ambetter from Superior HealthPlan  
PO Box 5010  
Farmington, MO 63640-5010

# Claim Submission

## Other helpful information



### Rendering Taxonomy Code

- Claims must be submitted with the rendering provider's taxonomy code.
- The claim will deny if the taxonomy code is not present.
- This is necessary in order to accurately adjudicate the claim.

### CLIA Number

- If the claim contains CLIA certified or CLIA waived services, the CLIA number must be entered in Box 23 of a paper claim form or in the appropriate loop for EDI claims.
- Claims will be rejected if the CLIA number is not on the claim.

# Claim Submission



## Rendering Provider Taxonomy Code

- Claims must be submitted with the rendering provider's taxonomy code.
- The claim will deny if the taxonomy code is not present. This is necessary in order to accurately adjudicate the claim.

### Scenario One: Rendering NPI and Billing BPI are the same

Required Data	Paper CMS 1500	Electronic Submission	
Applicable NPI	Box 33a	2010AA	NM109
Applicable Taxonomy utilizing the "ZZ" Qualifier	Box 33b	2000A 2010AA	PRV03 REF01 REF02

# Claim Submission



## Rendering Provider Taxonomy Code

### Scenario Two: Rendering NPI is different than Billing NPI

Required Data	Paper CMS 1500	Electronic Submission	
		Loop ID	Segment/Data Element
Rendering NPI	<u>Unshaded</u> portion of box 24J	2310B 2420A	NM109 NM109
Taxonomy Qualifier "ZZ"	<u>Shaded</u> portion of box 24 I	2310B  2420A	PRV02 REF01 PRV02 REF01
Rendering Provider Taxonomy Number	<u>Shaded</u> portion of box 24J	2310B  2420A	PRV03 REF02 PRV03 REF02
Group NPI	Box 33a	2010AA	NM109
Group Taxonomy utilizing the "ZZ" Qualifier	Box 33b	2000A 2010AA	PRV03 REF01 REF02

# Claim Submission



## Rendering Provider Taxonomy Code - CMS 1500 Example

24. A. DATE(S) OF SERVICE				B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. UNITS OR UNITS	H. EPSDT (Only)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From	To					(Explain Unusual Circumstances)							
MM	DD	YY	MM	DD	YY		MODIFIER						
1												NPI	
2												NPI	
3												NPI	
4												NPI	
5												NPI	
6												NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
		<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ( )					
SIGNED		DATE		a. NPI		b. NPI		a. NPI		b. NPI			

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

ZZ Qualifier

Rendering Taxonomy

Rendering NPI

Group NPI

Group Taxonomy with ZZ Qualifier

# Claim Submission



## Rendering Provider Taxonomy Code - UB04 Example

Required Data	Paper UB 04	Electronic Submission
Taxonomy Code with B3 Qualifier	Box 81 CC	Billing Level 2000A Loop and PRVR segment

Below is an example of the UB 04 form

The image shows a portion of the UB-04 CMS-1450 form. Two callout boxes with arrows point to specific fields:

- B3 Qualifier:** Points to the 'e' field in the '81CC' section.
- Taxonomy:** Points to the 'c' field in the '81CC' section.

Other visible fields include '80 REMARKS', '78 OTHER', '79 OTHER', and 'LAST'/'FIRST' fields. The NUBC logo is visible at the bottom right of the form.



# Claim Submission



## CLIA Number

- If the claim contains CLIA certified or CLIA waived services, the CLIA number must be entered in Box 23 of a CMS 1500 paper claim form, or in the appropriate loop for EDI claims.
- CLIA number is not required on UB04 submissions.
- Claims will be rejected if the CLIA number is not on the claim.

## CLIA Number – CMS 1500 Example

The diagram shows a portion of a CMS 1500 claim form. Box 21, 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY', is divided into columns A through L. Box 22, 'RESUBMISSION CODE', and 'ORIGINAL REF. NO.' are also shown. Box 23, 'PRIOR AUTHORIZATION NUMBER', is highlighted with a red border. An arrow points from a box labeled 'CLIA Number' to Box 23.

# Claim Submission

## Billing the Member



- Copays, coinsurance and any unpaid portion of the deductible may be collected at the time of service.
- The secure web portal will indicate the amount of the deductible that has been met.
- If the amount collected from the member is higher than the actual amount owed upon claim adjudication, the provider must reimburse the member within 45 days.

# Preventative Visits

## HEDIS Measures



My Health Pays Reward Logic				
	REWARD_TYPE	Provider limits	Logic	Codes
Well Visit	Annual Adult Well Visit	PCP or OBGYN	one per year	Proc codes: 99385, 99386, 99387, 99395, 99396, 99397 or Diag Code: V700, V703, V705, V706, V708, V709 or HCPCS code: G0344, G0402, G0438, G0439
	Annual Childhood Well Visit over age 3	PCP or OBGYN	one per year	Proc codes: 99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395 or Diag Code: V202, V700, V703, V705, V706, V708, V709 or HCPCS code G0438, G0439
	Well Child Visits under age 3	PCP only	Max of 6 from birth to age 1; Max of 3 between age 1 and age 2; Max of 2 between age 2 and age 3	Proc codes: 99381, 99382, 99391, 99392 or Diag Code: V202, V203x, V700, V703, V705, V706, V708, V709 or HCPCS code G0438, G0439
	Well Child Visits under 15 months	PCP only	Reward if 6 visits occur prior to the age of 15 months	Proc codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 or Diag Code: V202, V203x, V700, V703, V705, V706, V708, V709 or HCPCS code G0438, G0439
	Well Child Visits age 3,4,5,6	PCP only	one per year	Proc codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461, or Diag Code: V20.3, V20.31, V20.32, V202, V700, V703, V705, V706, V708, V709 or HCPCS code G0438, G0439
	Adolescent Well Care	PCP or OBGYN	one per year	Proc codes: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 or Diag Code: V20.3, V20.31, V20.32, V202, V700, V703, V705, V706, V708, V709 or HCPCS code G0438, G0439
Flu Shot	Flu shots (all)	Any	one per flu season (October through April)	Proc codes: 90654-90664, G0008, Q2035 - Q2039

# Claim Payment

## PaySpan



- Ambetter partners with PaySpan for Electronic Remittance Advice (ERA) and Electronic Funds Transfer.
- If you currently utilize PaySpan for other Superior products, you will be auto-enrolled in PaySpan for the Ambetter product.
- **If you do not currently use PaySpan:** To register, call 1-877-331-7154 or visit [www.payspanhealth.com](http://www.payspanhealth.com)



# Claim Reconsiderations, Disputes and Appeals

# Claim Reconsiderations

## Claim Reconsiderations Process



- A claim reconsideration is a written request from a provider about a disagreement in the manner in which a claim was processed. No specific form is required.
- Must be submitted within **120 days** of the Explanation of Payment.
- Claim Reconsiderations may be mailed to:

Ambetter from Superior HealthPlan  
Claims Reconsiderations  
PO Box 5010  
Farmington, MO 63640-5010

# Claims Disputes

## Claim Disputes Process



- A Claim Dispute form can be found on our website at [Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com).
- Must be submitted within **120 days** of the Explanation of Payment.
- The completed Claim Dispute form may be mailed to:

Ambetter from Superior HealthPlan

Claim Disputes

PO Box 5000

Farmington, MO 63640-5000

# Complaints/Grievances/ Appeals



## Claims

- A provider must exhaust the claims reconsideration and claims dispute process before filing a Complaint/Grievance.

## Complaints/Grievances

- Must be filed within **30 calendar days** of the Notice of Action (denial letter).
- Upon receipt of complete information to evaluate the request, Ambetter will provide a written response within 30 calendar days.



# Complaints/Grievances/ Appeals



## Appeals

- For claims processing issues follow the claim reconsideration, claim dispute and complaint/grievance process. Appeals are reserved for medical necessity determinations.

## Medical Necessity

- Must be filed within **180 calendar days** from the Notice of Action (denial).
- Ambetter shall acknowledge receipt within 10 business days of receiving the appeal.
- Ambetter shall resolve each appeal and provide written notice as expeditiously as the member's health condition requires but not to exceed 30 calendar days.
- Expedited appeals may be filed if the time expended in a standard appeal could seriously jeopardize the member's life or health. The timeframe for a decision for an expedited appeal will not exceed 24 hours.

# Complaints/Grievances/ Appeals



- Members may designate providers to act as their representative for filing appeals related to medical necessity.
  - Ambetter requires that this designation by the member be made in writing and provided to Ambetter.
- No punitive action will be taken against a provider by Ambetter for acting as a member's representative.
- Full details of the claim reconsideration, claim dispute, complaints/grievances and appeals processes can be found in our Provider Manual at:

[Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)



# Additional Information

# Specialty Companies/Vendors



<p><b>Behavioral Health – Cenpatico</b> <a href="http://www.cenpatico.com">www.cenpatico.com</a> Phone: 1-877-687-1196 – Payor ID 68069</p>	<p><b>Dental Services – DentaQuest</b> <a href="http://www.dentaquest.com">www.dentaquest.com</a> Phone: 1-888-308-4766 – Payor ID CX014</p>
<p><b>High Tech Radiology Imaging Services – NIA</b> <a href="http://www.radmd.com">www.radmd.com</a> Phone: 1-800-424-4916</p>	<p><b>Pharmacy Services – US Script</b> <a href="http://www.usscript.com">www.usscript.com</a> Phone: 1-866-768-0468 – BIN # 008019</p>
<p><b>Vision Services – Total Vision Health Plan</b> <a href="http://www.opticare.com">www.opticare.com</a> Phone: 1-866-753-5779 – Payor ID 56190</p>	<p><b>24 hours Nurse Advice Line - Nurse Response</b> <a href="http://www.nurseresponse.com/">http://www.nurseresponse.com/</a> Phone: 1-877-687-1196</p>

# Online Provider Resources



Information contained on our website:

- Provider Manual
- Billing Manual
- Quick Reference Guides
- Forms - Prior Authorization Fax forms, Claim Dispute Forms, etc.
- The Prior Authorization Pre-Screen Tool
- The Pharmacy Preferred Drug Listing
- Find a Provider Tool
- HEDIS Guides
- FAQ's – ACA, Suspended Status, and Administrative Questions

# Provider Toolkit



- Ambetter Provider Introductory Brochure
- Provider Quick Reference Guide
- FAQ
- PaySpan Quick Reference Guide
- Secure Website Portal Flyer
- Window Decal

# Contact Information



## Ambetter from Superior HealthPlan

Phone: 1-877-687-1196

TDD/TTY: 1-800-735-2989

**[Ambetter.SuperiorHealthPlan.com](http://Ambetter.SuperiorHealthPlan.com)**



# Questions?