

PROVIDER Update



Health Net®

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Incorrect Claim Forms

Health Net of Arizona has noticed a significant increase in provider claims denying for services being billed on the incorrect claim form. Providers receiving the following claim denial: EXUZ are encouraged to thoroughly review this communication as a means to prevent further denials.

CMS-1500 - Professional Services and Medical Suppliers

Providers billing for professional services and medical suppliers must complete the CMS-1500 (02/12) form. The form must be completed in accordance with the guidelines in the National Uniform Claim Committee (NUCC) 1500 Claim Form Reference Instruction Manual Version 5.0 7/17 at www.nucc.org. Paper claims follow the same editing logic as electronic claims and will be rejected with a letter sent to the provider indicating the reason for rejection if non-compliant. These claims will not be returned to the provider.

CMS-1450 (UB-04) - Institutional Services

Providers billing for institutional services must complete the CMS-1450 (UB-04) form. The form must be completed in accordance with the National Uniform Billing Committee (NUBC) Official UB-04 Data Specifications Manual 2018 at www.nubc.org. Paper claims follow the same editing logic as electronic claims and will be rejected with a letter sent to the provider indicating the reason for rejection if non-compliant. These claims will not be returned to the provider.

Medicare CMS-1500 and CMS-1450 completion and coding instructions are available on the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov.

REMINDER - No Bold, Italic, Highlighted, Handwritten, Stapled or Copied Forms

As a reminder, Health Net of Arizona has implemented technology in our claims organization to improve the optical character recognition (OCR) of claim forms, to give better service, improve quality, and reduce costs. Paper claims received by the plan are scanned using OCR technology. This scanning technology allows for the data contents contained on the form to be read while the actual form fields, headings and lines remain invisible to the scanner. As a result of this technology, Health Net of Arizona only accepts standard claim forms printed in Flint OCR Red, J6983 (or exact match) ink; do not send handwritten information on claims forms.

Paper claim forms must be typed in black ink with either 10 or 12 point Times New Roman font, and on the required original red and white version to ensure clean acceptance and processing. Claims submitted on black and white, handwritten or nonstandard forms will be rejected and a letter will be sent to the provider indicating the reason for rejection. These claims will not be returned to the provider. To reduce document handling time, providers must not use highlights, italics, bold text, or staples for multiple page submissions. Copies of the form cannot be used for submission of claims, since a copy may not accurately replicate the scale and OCR color of the form.

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, please contact your Provider Engagement Specialist or email AzchProviderEngagement@azcompletehealth.com.

THIS UPDATE APPLIES TO THE FOLLOWING **HEALTH NET OF ARIZONA** PROVIDERS TYPES:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

LINES OF BUSINESS:

- Ambetter/ CommunityCare HMO
- Allwell/ Medicare Advantage (HMO)
- Health Net Access (Medicaid)

PROVIDER SERVICES

Allwell from Health Net (Medicare Advantage)

AzCHPProviderEngagemnet@azcompletehealth.com 1-800-977-7522

Allwell.healthnetadvantage.com

Ambetter from Health Net (Health Insurance Marketplace)

AzCHPProviderEngagemnet@azcompletehealth.com

1-888-926-5057

www.ambetterhealthnet.com

Health Net Access

AzCHPProviderEngagemnet@azcompletehealth.com

1-888-788-4408

www.healthnetaccess.com

REMINDER: Our name is changing! Starting October 1, Health Net of Arizona will be changing its name to Arizona Complete Health



arizona
complete health.
Starting October 1, 2018