Provider Pulse

August/September 2024

Keeping you informed of the most important information, news, and updates, vital to your practice.

We appreciate your partnership in AmeriHealth Caritas Florida's provider network.

Quality Corner

Tips to Improve Well Child and EPSDT

Accurate and complete coding of claims is very important. If a service or diagnosis is not coded correctly, the data may not be captured for Well Child (HEDIS®)/ EPSDT or the patient's care gaps and may not be reflected accurately in your quality scores.

- Use correct ICD-10, HCPCS, and procedure codes
- Appropriate Z codes associated with EPSDT
- Submit claims and encounters timely
- Improve standardization across providers/locations
- Conduct internal audits of submitted encounters

If your patient has a primary insurance, it is important that you file a claim to ACFL as the secondary so it can be included in your Well Child (HEDIS®) quality scores as well as EPSDT completion.

Use your member roster!

The member roster is an important tool for improving Well Child (HEDIS®)/ EPSDT scores.
Scores are based on all members assigned to your practice.

Culturally and Linguistically Appropriate Services (CLAS) Training

AmeriHealth Caritas Florida is pleased to invite providers to **join us** for this annual training to understand how to meet the cultural and linguistic needs of our members.

September 19, 2024, at noon

To register, please go to
https://www.surveymonkey.com/r/acflCLAS

Provider Data – Claim vs. Provider Master List (PML)

It is important that the provider data elements (NPI, Taxonomy, service location) that are submitted on the claim, match to a unique Medicaid ID on AHCA's Provider Master List (PML). If the claim cannot match to a unique Medicaid ID, you may receive a denial (EOB code QFL* will be present on the remittance advice).

*QFL denial message: The provider data elements on the claim (NPI, taxonomy, address, and zip+4) do not match to a unique record on AHCA's Provider Master List.

Here are some tips to help you avoid QFL denials:

- **Taxonomy**
  - Required for both the servicing, and billing providers
  - Must be appropriate for the provider's type and specialty that is on the PML
    - Refer to AHCA's Taxonomy Master List (TML) for a list of valid taxonomy/type/specialty combinations
- **NPI**
  - Must be linked to a Medicaid ID on the PML
  - Must be active on the date of service
  - PML fields used to validate the NPI:
    - NPI
    - NPI Effective Date
    - NPI End Date
    - NPI Status A = Active I = Inactive
- **Service Location**
  - Used when provider has more than one Medicaid ID associated with the NPI
  - Must match **exactly** to an address on the PML (this includes spacing and abbreviations)
  - Submitted electronically in Loop 2010AA and Loop 2310C

Did you know? Providers can utilize AHCA's **NPI to Medicaid ID Search Engine** to view the Medicaid ID(s) associated with their NPI. To do so, log in to the secure Web Portal at https://home.flmmis.com, and click the **NPI to Medicaid ID Search Engine** link under in the **Quick Links** box.

Important Claim Submission Information

Submission Type	Submission Timeframe	Submission Location
Initial Claim Submission **(ACFL is primary payer)**	**6 months*** from the date of service or date of discharge (inpatient)	**EDI:** Payer ID 77003 **Paper:** P.O. Box 7367, London KY 40742
Corrected Claim Submission **(ACFL is primary payer)**	**6 months*** from the date of service or date of discharge (inpatient)	**EDI:** Payer ID 77003 **Paper:** P.O. Box 7367, London KY 40742
Initial Claim Submission **(ACFL is secondary payer)**	**90 days*** from the date of the primary payer's final determination	**EDI:** Payer ID 77003 **Paper:** P.O. Box 7367, London KY 40742
Corrected Clam Submission **(ACFL is secondary payer)**	**90 days*** from the date of the primary payer's final determination	**EDI:** Payer ID 77003 **Paper:** P.O. Box 7367, London KY 40742
Submission of requested documents **(e.g. itemized bill, primary EOB, medical records, sterilization form, etc.)**	**35 days** from the date of the remittance advice	**EDI:** Payer ID 77003 – utilize **275 Claim Attachment Transaction** **Paper:** P.O. Box 7367, London KY 40742
Overpayment Dispute	**40 days** from the date of the overpayment notice	**Mail to:** P.O. Box 7320, London KY 40742
Authorization Dispute	**60 days** from the Notice of Adverse Benefit Determination (NABD)	**Mail to:** P.O. Box 7368, London KY 40742
Claim Payment Dispute	**90 days** from the date of the remittance advice	**Mail to:** P.O. Box 7366, London KY 40742

Provider's contractual timeframe will prevail when more advantageous than timeframes outlined above.

EDI Claim Submission Options
Availity – To register: https://www.availity.com/Essentials-Portal-Registration/
Direct Entry – PCH Global: https://pchhealth.global

Please visit AmeriHealth Caritas Florida's website to find important updates and available trainings- **https://amerihealthcaritasfl.com/provider/newsletters-and-updates/index.aspx**