

Claims



Electronic claim submission has been proven to significantly reduce costs. Claims are processed faster, consequently payments arrive faster.

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

- Simplify the payment process by providing fast, easy and secure payments.
- Reduce paper.
- Eliminate checks lost in the mail.
- Do not require a change to your preferred banking partner.

Claims – How to Sign Up for Electronic Claim Processing through Emdeon

AmeriHealth Caritas VIP Care Plus partners with Emdeon to provide electronic claims submission, electronic funds transfer, and electronic remittance advices.

The first step is to contact your practice management system vendor or clearinghouse to verify if you are currently signed up with Emdeon or need to initiate the process.

- **Emdeon’s toll free number is 1-877-363-3666.**
- **AmeriHealth Caritas VIP Care Plus Payer ID is 77013.**

Provider may submit Paper Claims to:

AmeriHealth Caritas VIP Care Plus
Claims

PO Box 853914

Richardson, TX 75085-3914

Upon receiving a remittance advice, if a provider determines that an error occurred upon submission of the claim, a provider may resubmit the claim either electronically or by mail.

To resubmit a paper claim the provider should:

- Correct the claim.
- Mark the claim as corrected and submit to:

AmeriHealth Caritas VIP Care Plus
Claims

PO Box 853914

Richardson, TX 75085-3914

Claims – Claim Processing Timeframes

- AmeriHealth Caritas VIP Care Plus processes electronic claims on average in fourteen (14) calendar days and paper claims in thirty (30) calendar days.
- Providers have 365 days from the date of service to submit claims.
- Real time claim status is available via NaviNet or by calling Provider Services at 1-888-667-0318.

Using NaviNet for Claim Status



[Print page](#)



Claim Status Inquiry

Instructions

Select the type of search you would like to perform, enter your search criteria, and click "Search". Claim records will appear in the table below.

* Required Fields

Collapse Search Criteria Collapse Search Criteria After Search

Search Type

* Search Type:

Provider Information

* Group Name:

Provider Name:

Member Information

* Medicare ID/HICN: Member ID

Claim Information

* Service Start Date: * Service End Date: Date of Service

Claim Number:

Claim Number	Member ID	Member Name	Date of Birth	Gender	Service Date Range	Total Amount Billed	Total Amount Paid	Claim Status	Remark Code
<i>Please use search options above.</i>									

Online Remittance Advice will be available for claims paid on or after May 2015. Claim status inquiries are available for claims submitted May 1, 2015 to the present. Please call Provider Services for further inquiries.

If an AmeriHealth Caritas VIP Care Plus provider has a question regarding the way a claim was processed or adjudicated, the provider may submit an inquiry. The provider inquiry form is located on the AmeriHealth Caritas VIP Care Plus website under the Provider Resources tab.

Providers should submit all supporting documentation and an explanation as to why they believe the claim was processed or paid incorrectly.



Provider Claim Inquiry Form

Amount of payment questioned

Denied claim questioned

To ensure that your request is handled promptly and accurately, please fax the completed form and supporting documentation to the fax number listed below. The claim number must be included with your request.

Fax number 1-855-235-5113.

AmeriHealth Caritas VIP Care Plus Provider Claim Inquiries

Practice name Provider number/NPI

Name of contact person

Telephone number

Patient's name

Street address

City State Zip

Member name

Member ID

Claim number Date of service Place of service

Check number Date of check or explanation

Provide detailed explanation for inquiry

Health plan maintains processes to address and resolve provider inquiries and provider complaints related to the adjustment of claims. If you would like us to investigate the way we have processed a particular claim, please complete this form and send it to us, along with the claim number and any supporting documentation to the fax number above.

