PROVIDER/VENDOR 837 ELECTRONIC CLAIMS PROCEDURES

Following these guidelines will ensure smooth transition to HIPAA-compliant electronic claims submissions with AultCare.

- Providers should submit a National Provider ID (NPI) and Tax Identification Number (TIN) to ensure prompt claims processing.

- Use of the AultCare unique alpha modifier will be accepted when supplied in the 837 file, but is not required.

- A Trading Partner Agreement must be signed and returned to AultCare before an 837 file will be accepted for production file processing.

- Successful 837 testing should be completed and approved by AultCare prior to submitting a production file.

Please contact AultCare-IS@AultCare.com with any questions.

AULTCARE

AULTCARE

Facts you should know about AultCare Electronic Claims:

- To get started: view the AultCare 837 companion guide located at www.aultcare.com under the HIPAA tab.

- Before sending an 837 claims file, the AultCare non-disclosure and trading partner agreement must be completed. These are used to protect data confidentially and can be found at www.aultcare.com under the HIPAA tab.

- Testing of the 837 claims file must be completed before sending production files.

- Before going live with 837 files, the claim data will be validated with test scenarios. This quality process ensures a high rate of accurate claim processing in the production environment.

- Test files should contain twenty test claims. Send a hard copy of the twenty claims to facilitate the test validation process.

- Using the document '837 HCFA Test Scenario Form.doc', fill out the provider/vendor comment column with comments to clarify testing issues or questions you have and return the document to AultCare. This form gives a list of the different testing scenarios that AultCare reviews before approving a file for production.

- When creating the test file not all of the claims scenarios are applicable to every practice, but you are encouraged to test as many variables as possible.

- AultCare does not accept secondary claims electronically at this time, but eventually will. Secondary payer information is reviewed during testing. Supply a primary claim with other coverage information supplied in the test file.

- AultCare, AultCare HMO, McKinley Life Insurance, Primetime Medical Insurance, Primetime Health plan, Mediplan, and Cardinal Administrative Service's claims can all be submitted in the same 837 file.

- Your claims will process faster if you supply accurate and complete eligibility information. For example, member ID, complete names, birthdates, and gender.

- The 837 claims file provides the capacity to supply prior payment, first consult date, line and claim notes, COB, and other coverage information.

- Remember to inform AultCare regarding changes that affect submission. Some examples would be change in vendor, software version, submission method, and tax id changes.

Facts you should know about AultCare Electronic Claims.doc
Modified: 04/04/2005

▲AULTCARE

Electronic Claims Submission Enrollment

Group Name: _____
  Or
Individual Provider's Name with Credentials: _____
  (If not part of a group)
Tax ID Number: _____

National Provider Id Number (Individual): _____

National Provider Id Number (Group): _____

Provider Specialty: _____

Type of claims being sent: Professional (HCFA), Institutional (UB92)

Vendor Name: _____

Vendor Contact Name and Phone Number: _____
Vendor Contact Email: _____

Provider Billing Address

_____

_____

_____

Physical Address
 (If different than billing address)

_____

_____

_____

Provider Contact Name and Phone Number: _____
Provider Contact Email: _____

Form Completed By: _____
Date: _____
Return completed form to aultcare-is@aultman.com
To view the current AultCare 837 companion guide go to www.aultcare.com