

## **CLAIMS OVERVIEW – Revised 04/07/10**

First Coast Advantage is a fee-for-service provider sponsored network. First Coast Advantage uses the service of a third party administrator (TPA) to process claims, except as noted below. The TPA, APEX, processes the claims and submits them to the state of Florida Medicaid program's fiscal agent, **HP Enterprise Services, LLC** (formally EDS). HP then in turn pays the providers directly. All claims must meet the Medicaid program claim requirements, including the required documentation.

**It is the providers' responsibility to ensure that their billing staff or agency receives this document in order to ensure complete and proper claims submission.**

### **CLAIMS SUBMISSION**

#### **Dental Claims**

MCNA Dental  
ATTN: Glen Feingold  
3230 W. Commercial Blvd.  
Fort Lauderdale, FL 33309  
Customer Service: 800-494-6262

#### **Vision/Eye Glass Claims**

Comp Benefits Company  
ATTN: Claims Department  
PO Box 30349  
Tampa, FL 33630-3349  
Customer Service: 800-393-2873

#### **Transportation Claims**

TMS Management Group  
13825 Icot Blvd. #613  
Clearwater, FL. 33760  
Reservations: 866-294-6611  
Where's My Ride: 866-294-6611

Each of the above vendors will be responsible to process claims according to requirements of FCA and the Medicaid programs. Please contact the vendor for specific instructions for filing claims.

#### **Medical and Behavioral Health Claims**

Providers shall submit all claims promptly and in accordance with the Florida Medicaid program. All claims should be received within 60 days from the date of service. Claims submitted after a 12-month period from the date of service will be denied.

Claims should be submitted to the following address:

**APEX Benefits Services  
Post Office Box 3620  
Akron, Ohio 44309-3620  
866-270-2468**

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APEX will process paper claims for FCA within 30 days of receipt of a clean, complete and accurate claim. APEX will submit claims to the Florida Medicaid fiscal agent for payment.

Electronic claims must be in the HIPAA X12-837 format. Electronic claims can be submitted directly to APEX or through the following clearinghouses:

**EDI CURRENT TRADING PARTNERS**

Trading Partner	Transactions	Transaction Description	Company	Effective Date
Emdeon (formerly Webmd) 1-800-845-6592	837P 3041	Professional Claims	Summa	05/1999 – 01/2007
	837I 3041	Institutional Claims	Summa	05/1999 – 11/2006
	837P 3041	Professional Claims	Apex	01/2003 – 01/2007
	837I 3041	Institutional Claims	Apex	01/2003 – 11/2006
	837P 4010A1	Professional Claims	Summa	1/2007 – current
	837I 4010A1	Institutional Claims	Summa	11/2006 – current
	837P 4010A1	Professional Claims	Apex	1/2007- current
	837I 4010A1	Institutional Claims	Apex	11/2006 - current
Matrix 330-899-1275	837P 4010A1	Professional Claims	Summa	11/2004 - current
PerSe (formerly HDS) 1-800-693-4200	837I 4010A1	Institutional Claims	Summa	6/2004 – current
	835 4010A1	Provider’s EOP	Summa	11/2004 - current
	837I 4010A1	Institutional Claims	Apex	7/2004 – current
	835 4010A1	Provider’s EOP	Apex	10/2004 - current
Quadax 1-866-422-8079	837I 4010A1	Institutional Claims	Summa	12/2005 - current
	837P 4010A1	Professional Claims	Summa	12/2005 - current
	835 4010A1	Provider’s EOP	Summa	12/2005 - current
	837I 4010A1	Institutional Claims	Apex	12/2005 - current
	837P 4010A1	Professional Claims	Apex	12/2005 - current
	835 4010A1	Provider’s EOP	Apex	12/2005 -current

- To submit claims through a clearinghouse, please contact one of the above clearinghouses directly.
- To submit claims directly to APEX, please call our provider services number at 866-270-2468.
- If you are currently using another clearinghouse, please contact them to see if they have arrangements to process through any of the above clearinghouses.

Clean electronic claims submitted directly to APEX by the end of business day on Monday will be submitted to the Florida Medicaid fiscal agent by Wednesday of the same week.

Adequate time should be allowed for clean electronic claims submitted to your clearinghouse so that they are received by APEX for weekly submission to the Florida Medicaid fiscal agent.

**Paper Claims**

All paper claims should be submitted on the appropriate form (CMS-1500 or UB-04) in accordance with the Handbooks located on the Medicaid Fiscal Agent website. The paper claims are adjudicated in the Apex claims system and then once approved – the original paper claim is stamped and mailed to the Medicaid Fiscal Agent for processing and payment. **All paper claims must include the Medicaid Provider ID numbers.**

### Claims Payment

If you have inquires regarding late claim payment or additional claim inquires, please contact:

APEX Benefit Services  
PO Box 3620  
Akron, Ohio 44309-3620  
866-270-2468

If APEX has submitted the claim to the state of Florida's fiscal agent you will need to contact the fiscal agent for claim status.

All services are fee-for-service and will be compensated at their current Medicaid fee schedule or an alternate fee-for-service method outlined in the provider's agreement. The fee-for-service payment is payment in full. First Coast Advantage requires no co-pay for member's covered services.

### Claims Adjustments

All claims adjustments should be sent to FCA according to the current Medicaid policies and procedures. The ICN number is required on all adjusted claims where a payment has been made.

### Claims Appeals

- Your appeal must be submitted to us within 12 months from the date of payment or denial shown on the EOB.
- **All Appeals are to be sent to the following address:**

**First Coast Advantage**  
**580 W. 8<sup>th</sup> Street, T-20**  
**Jacksonville, FL 32209**  
**Attn: Claims Appeals**

- **Timely Filing Appeals:** If you are appealing a claim that was denied because it was not filed on time, perform the following actions:
  - **Letter of Appeal requesting for exception for timely filing.**
  - **For electronic claims**—include confirmation that your claim was received and accepted.
  - **For papers claims**—include a copy of a screen print from your accounting software to show the date you submitted the claim.
  - **Submit a new clean UB-04 or CMS-1500 paper claim**
- If you disagree with the outcome of the claims appeal, an arbitration proceeding may be filed as described in your provider agreement.
- **Appeals for No Authorization:**
  - **Submit letter requesting review of Services**
  - **Submit clean UB-04 or CMS-1500 paper claim**
  - **Submit all Medical Documentation to support services**
  - **Submit Authorization number if given or FCA or HP claim number**

**HP Services Appeal of denial or incorrect payment:**

- Submit letter of Appeal requesting HP to review
- Submit clean UB-04 or CMS-1500 paper claim
- Submit HP EOB showing incorrect denial or payment
- Submit supporting documentation if necessary
- Submit claim to above FCA Appeals address

**Local Area 4 Office Claims:**

Claims that need to be submitted to the Area 4 office should come to the FCA Appeal address. Please ensure each claim has the following information:

- Letter explaining why claim should be sent to Area 4 Office
- Clean paper UB-04 or CMS-1500 claim
- All documentation needed for Area 4 to process claim such as HP remits of voids, previous submissions or any other necessary information.

**Subrogation and Coordination of Benefits**

Our benefits contracts are subject to subrogation and coordination of benefits rules.

- Subrogation - we reserve the legal right to recover benefits paid for a member's healthcare services when a third party causes the member's injury or illness.
- Coordination of benefits is administered according to the member's benefit contract and in accordance with applicable statutes and regulations.

**Retroactive Eligibility**

Eligibility under a benefit contract may change retroactively if we receive information that an individual is no longer a member, the individual's policy/benefit contract has been terminated, or the eligibility information we receive is later determined to be false. If you have submitted a claim that is impacted by a retroactive eligibility change, a claim adjustment may be necessary. The reason for the claim adjustment will be reflected on the EOB.

## Frequently Asked Questions

**Question:** If a specialist only requires a referral from the PCP to perform services, and if the member's PCP is unassigned or the PCP does not know the patient, how will the specialist know that they have a referral to begin with?

**Response:** All patients are assigned to a PCP. The PCP should be reflected on the member ID card. If the member does not have an ID card, the provider can check one of the Medicaid online eligibility vendors to see if First Coast Advantage is listed as the contracted provider. If so, call member services 1-800-270-2422.

**Question:** Can referrals be verbal or do they need to be in writing?

**Response:** It is expected that a PCP would generate a referral to a specialist. This can be done using the MedData system, by fax or script. Some visits require preauthorization. Please check the preauthorization list for preauthorization requirements. All services requiring a preauthorization will require a preauthorization number prior to the rendering of the service. The authorization number must be submitted on the claim and can be obtained by contacting FCA Medical Management at 904-244-3539.

**Question:** When verifying enrollment information via WebMD, Medifax or any electronic verification system, the current search option is the Medicaid number. Will the FCA number also be a searchable option?

**Response:** First Coast Advantage uses the state of Florida's Medicaid number as the member number, so the Medicaid number should be used to check eligibility.

**Question:** What is the actual turnaround time that the provider can expect to receive a preauthorization request?

**Response:** 24 to 48 hours.