

1. Who is HealthSmart?

HealthSmart is PHP's Third-Party Administrator (TPA). HealthSmart provides various management services for Partners Health Plan (PHP) including, but not limited to, claims processing.

2. What are my options for submitting claims to PHP:

- **Paper claim submission by mail:**

**Partners Health Plan
Claims Department
PO Box 16309
Lubbock, TX 79490**

- **EDI submission through Change HealthCare (formerly Emdeon) Clearinghouse**
- **EDI submission through HealthSmart Clearinghouse**

3. What is PHP's EDI submitter number? Is it the same for both clearinghouse options?

14966

Yes, it is the same submitter ID value regardless of submission to the Change HealthCare (formerly Emdeon) or HealthSmart Clearinghouse

4. Can I submit claims through the provider portal?

No, we do not offer the ability to submit claims through the web portal.

5. Is there a charge for submitting claims through the HealthSmart Clearinghouse?

No, there is no charge to PHP providers to submit claims via the HealthSmart Clearinghouse.

6. Who should I contact if I am interested in submitting EDI claims to the HealthSmart Clearinghouse?

Contact HealthSmart EDI Support at 1-888-744-6638.

You will have to complete an EDI enrollment form, as well as, a User License Agreement to begin the submission process.

The EDI enrollment packet can be found on our website

<https://www.phpcares.org/wp-content/uploads/2018/06/PHP-Provider-EDI-Enrollment-Packet.pdf>

7. Who should I contact if I am interested in submitting EDI claims through the Change Healthcare Clearinghouse?

Call 1-877-363-3666

8. When can I expect to receive my PHP claim payments each week? How often are PHP's check runs?
PHP generates two check runs per week. The check runs are typically released on Tuesday and Friday evenings. The vendor receives the information on the following day and begins generating payments to providers. How long it will take for you to receive your payment will depend on the payment method for which you are receiving PHP payments.

9. What forms of payments are offered?

- a. **ePayments**
 - EFT/ACH
 - Virtual credit card
- b. **Paper check**

10. I received a virtual card payment and no longer wish to receive payments in this form. How do I opt-out of this form of payment?

Contact our third party vendor, Zelis Payments at 1-877-828-8834 to change your payment method.

11. I would like to obtain my PHP payment via Electronic Funds Transfer, how can I go about doing so?

Visit healthsmart.epayment.center/register, reach out via email to help@epayment.center or call 855-774-4392.

12. Why would I receive a PHP payment via virtual card payment if I did not specifically request this method for receipt of PHP payments?

If you already have a relationship with Zelis Payments for which you are receiving this form of payment, this payment method will also be used for PHP.

To change to a different payment method option, please contact Zelis Payments at 877-828-8834.

13. I submit my claims via the HealthSmart Clearinghouse. What do I need to do to receive electronic remittances (835)?

Contact HealthSmart EDI Support at 1-888-744-6638

You will have to complete an EDI enrollment form, as well as, a User License Agreement to begin this process.

14. I submit my claims via the Change Healthcare Clearinghouse. What do I need to do to receive electronic remittances (835)?

Contact Change Healthcare at 1-877-363-3666

15. Do I have to be receiving EFT/ACH payments from Zelis Payments to be able to obtain an

835 remittance transaction?

No, you do not have to receive your payments electronically to be able to receive an electronic remittance.

16. How soon after a check run should I expect to retrieve my 835 electronic transmission via the HealthSmart Clearinghouse?

The 835s should be posted the day after the check run is released which would be Wednesdays and Mondays based on the current check run schedule.

If you do not receive your 835 within 5 business days of the check run date, please contact HealthSmart EDI support at 1-888-744-6638.

17. Who should I contact if I am having issues with receiving my 835 electronic remittance transaction?

Contact HealthSmart EDI Support at 1-888-744-6638

18. Why is my claim denying with a Remark Code 'PA'?

This code identifies that you have submitted a procedure code which requires the NDC Code, Qualifier, and Units for which you did not submit any or all these data elements on your claim submission.

19. Why did I receive a Claim Adjustment Reason Code 204 and Remittance Advice Remark Code M119 on my 835 Claim Payment/Advice?

This identifies that you have submitted a procedure code which requires the NDC Code, Qualifier, and Units for which you did not submit any or all these data elements on your claim submission.

20. Why is an NDC code required?

New York State Department of Health (NYSDOH) mandated that all Managed Care Plans must report National Drug Codes (NDCs) for all physician administered drugs.

21. Which procedure codes require NDC information be reported?

All physician administered drugs, by all provider types, require a valid 11-digit NDC number and the applicable quantity and measurement. This includes all J-codes and all other applicable drug codes (i.e., chemotherapeutics, therapeutics, etc.).

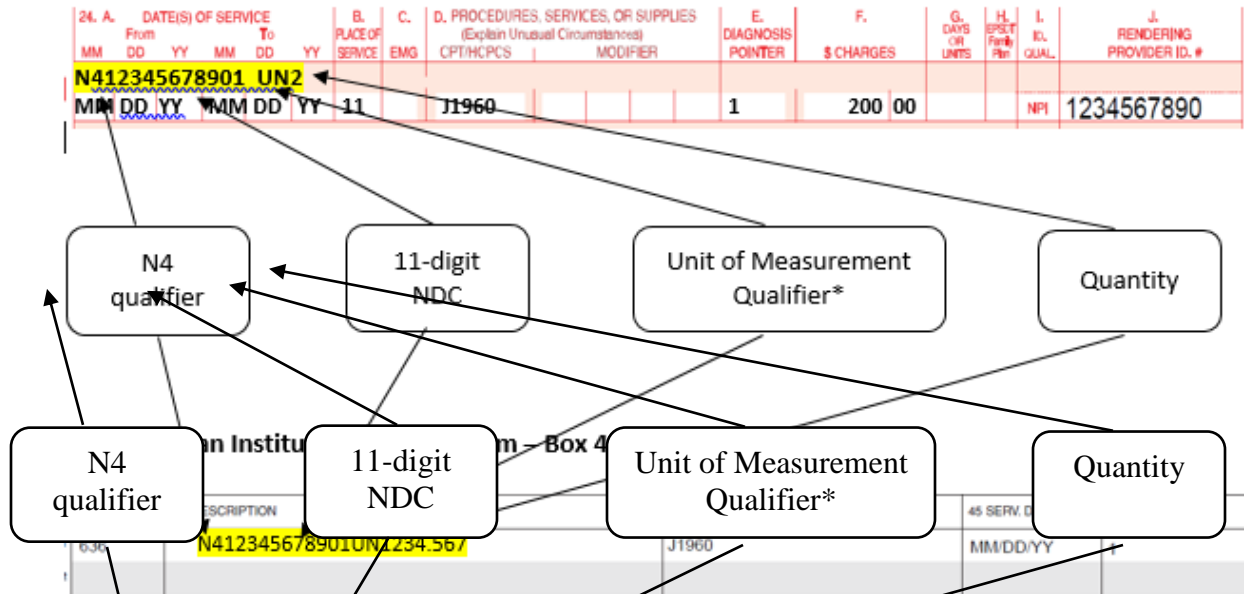
22. How to I submit the required NDC information on an 837 electronic claim submission?

In either the 837I or 837P format providers must report the 11-digit NDC and its corresponding information, in addition to the procedure code, in the LIN segment of Loop ID 2410 to specify the physician-administered drug that is part of the service described in SV1 for the 837 format.

Providers must also report the quantity and unit of measure of the NDC as outlined in the table below:

LIN Segment – Drug Identification i.e., LIN**N4*01234567891		
LIN02	N4	N4 Qualifier identifies NDC being billed
LIN03	Actual NDC i.e., 01234 5678 91	Report NDC in the 11 digit format – do not use hyphens or spaces
CTP Segment – Drug Segment i.e., CTP***2.50*2*UN		
CTP03	Unit Price	i.e., 2.50
CTP04	Dispensing Quantity	i.e., 2
CTP05	Unit of Measure Value	F2 = International Unit GR = Gram ML = Milliliter UN = Unit

On a Professional CMS-1500 claim – Box 24A (shaded area):



*The following are the only acceptable values for submission as a Unit of Measurement Qualifier:

- GR (gram)
- ML (milliliter)
- UN (unit)
- F2 (international unit)

*The following are the only acceptable values for submission as a Unit of Measurement Qualifier:

- GR (gram)
- ML (milliliter)
- ME (milligram)
- UN (unit)
- F2 (international unit)

24. How do I resubmit my claim if I received a denial for missing/invalid NDC information?

On an Institutional UB-04 claim you should submit as a corrected claim, which is identified by utilizing the applicable Bill Type ending in '7' to designate as corrected (i.e., XX7, 137, 737, etc.)

On a Professional CMS-1500 claim you should mark the claim as corrected and include the original claim number in Box 22 'Original Reference No.'

All resubmissions/corrected claims should include all original claim lines.