

## ARCHCARE HAS EXCITING NEWS



We are proud to announce that we now have a Provider Portal. For any information on claims, forms, compliance, ArchCare Provider Updates

Please visit our website at <https://www.archcare.org/provider>

We are proud to announce our DME Vendors for our Incontinence supplies are:

*Valmar Surgical Supplies*

*Garden Court*

### To all LHCSA's and CHHA's

Please remember to start negotiation for your new rates ASAP! Your amended rates expire March 31, 2017! If you do not renegotiate, your rate will return to \$19.60 as of April 1, 2017



# THE ARCHCARE PROVIDER COMMUNITY

## Claims Information And Updates:

Just a reminder that ALL Providers are expected to bill electronically.

Paper Claim Submission Effective  
2/13/2017 , please send to:

*TriState Benefit Solutions  
P.O. Box 211775  
Eagan, MN 55121*

*\*Providers must remember that the claims look back period is only 365 days to have any claims reconsidered \**

### Benchmark Rate

**\*PLEASE NOTE: IF YOU GET A RATE CHANGE FROM THE NYSDOH IT WILL BE EFFECTIVE 60 DAYS PRIOR TO ARCHCARE RECEIVING THE LETTER\*  
CLAIMS WILL ONLY BE ADJUSTED BACK 60 DAYS**

*For example: If letter dated July 1, 2016 and ArchCare received 2/1/2017, effective date will be December 1, 2016*

***If you have any questions or concerns please email Claims at: [Claimsinquiry@archcare.org](mailto:Claimsinquiry@archcare.org)***



Health Plans and Nursing Home Alternatives | Home Care | Skilled Nursing Care | Rehabilitation  
Assisted Living | Specialized Care | Palliative Care | Hospice

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## IMPORTANT INFORMATION

ArchCare accepts electronic claim submissions for professional (837P) and institutional (837I) claims. Our Payer ID # is **31144**.

Contact your clearinghouse to initiate the process to forward Archcare claims to Emdeon, or you can submit directly to Emdeon.

Emdeon will provide the electronic requirements and set-up instructions. Providers should call (1-866-924-4634 Ext 4) or go to [www.emdeon.com](http://www.emdeon.com) for additional information. OR

Enroll your office for Online Claim submission with MD On-line (a free online service for professional providers who do not have claims submission software.) Visit [www.tbsmdol.com](http://www.tbsmdol.com) to register on line or call 1-888-499-5465 (a representative is available to assist you between the hours of 8:30AM to 6PM/EST.)

**Paper Claims:** Your paper claims must be submitted on typed, redlined CMS-1500 or UB-04 claim forms and mail to: **All paper claims must be submitted to this address effective 2/13/2017.**

ArchCare Advantage	Archcare Senior Life	Archcare Community Life
P.O. Box 211775	P.O. Box 211775	P.O. Box 211775
Eagan, MN 55121	Eagan, MN 55121	Eagan, MN 55121

**Please note : 95% of your claims will need to be submitted electronically, if not you will receive a 5% deduction.**

Failure to send claims to this address, may result in delayed claims processing and/or rejected claims.

Please ensure that all your claims are submitted timely, are complete and all required data elements are present, are correct, and valid for the service date to avoid delays in claims processing or denial of your claims.

All claims must have the rendering provider and referring provider's National Provider Identifier (NPI) number –

All ICD-10 diagnosis codes must be reported on the claim, as applicable, and must be submitted with the required level

of specificity.

### **Claim Appeals:**

If you disagree with ArchCare's claim determination, you have the right to request a reconsideration. Requests for reconsideration must be filed in writing within 60 calendar days, from initial claim determination.

Non-contracted providers must also sign & submit a waiver of liability statement. Written appeals, along with any pertinent documentation, must be submitted to:

ArchCare Advantage	Archcare Senior Life	Archcare Community Life
33 Irving Place, 11 <sup>th</sup> Floor	33 Irving Place, 11 <sup>th</sup> Floor	33 Irving Place, 11 <sup>th</sup> Floor
New York, NY 10003	New York, NY 10003	New York, NY 10003
Attention: Provider Appeal	Attention: Provider Appeal	Attention: Provider Appeal

**Please visit our website for Model of Care training, compliance, and additional provider information:**

<http://www.archcareadvantage.org>

<http://www.archcareseniorlife.org>

<http://www.archcarecommunitylife.org>



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## IMPORTANT REMINDER FOR NURSING HOMES:

All Skilled Nursing Homes **MUST** submit a Net Available Monthly Income (“NAMI”) amount as determine by the Local District.

**January 1<sup>st</sup>, 2017, all nursing home encounters submitted with 2017 dates of service must include a NAMI amount, if applicable on the UB-04 Claim Form or 837I electronic file**

### **Reporting NAMI on Encounters:**

NAMI should be reported as ‘Recurring Monthly Income’, using a value code of ‘23’, with the amount reported in the ‘Value Amount’ section, as shown below:

Value Code:

Code 23 should be used to indicate that the member’s NAMI amount is entered under Amount.

Value Amount :

Enter the NAMI amount determined by the local district

In cases where the member’s budget has increased, the new amount, rather than the current budgeted amount, should be entered

If billing occurs more than once a month, enter the full NAMI amount on the first claim submitted for the month

For retroactive NAMI changes, an adjustment to the previously paid claim needs to be submitted. These adjustments can only be submitted when approval for a budget change has been received from the local district.

Please do not send any NAMI payments to ArchCare, as this will be deducted from your reimbursement amount. If the Nursing Home refuses to collect the NAMI contact Provider Relations, it is still the responsibility of the Nursing Home to report NAMI amounts and include Value Code “23”.

**FAILURE TO REPORT THE NAMI WITH VALUE CODE”23” AS APPLICABLE, WILL RESULT IN CLAIMS DENIALS.**



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