

## **SECTION 10 - PROVIDER BILLING AND REPORTING**

### **Prompt Payment**

Claim payments to Providers for services provided to Members enrolled in the Program are made by PHP. PHP encourages providers to submit claims for covered benefits as soon as possible, preferably within thirty (30) calendar days of service. PHP's claim-filing limit is 365 calendar days from the date of service. Claims received after this time period may be rejected for payment. When adjudicating all claims, PHP follows all prompt payment provisions as directed by CMS and DHFS.

Claims are to be submitted on the appropriate claim form (i.e. a CMS 1500 Claim Form for physician services or a UB92 Claim Form for facility services). All information necessary to process claims must be received by PHP in accordance with CMS claim submission guidelines.

PHP pays claims for services provided to a Member by a Plan Provider in accordance with the contractual agreement. The Plan Provider cannot bill the Member for covered health services or for the balance remaining if the fee is greater than the contractually agreed-upon fee.

If a claim is filed within the time period allowed and the service is PHP's responsibility, the claim must be paid by PHP even if PHP's contracts between CMS and DHFS are no longer in effect. If the Member has since disenrolled from the Program, but the Member was enrolled at the time the service(s) was rendered and the service was a covered benefit, the claim must be paid by PHP.

All claims are processed in accordance with payment requirements of the CMS and with the Medicare and WMAP Programs. PHP's claim-filing limit is 365 calendar days from the date of service.

### **Claims Submission Information**

Unless PHP has instructed you otherwise, all claims are to be submitted to Partnership Health Plan, Inc.'s third party administrator:

Security Administrative Services  
PO Box 8000  
Marshfield, WI 54449-8000

The Member identification number must be used on the claim form, which is found on the Member ID card. The Member ID card also contains the information on where to send the bill for services. Group numbers are not utilized or included on any Member ID cards. **DO NOT USE** the Members' Medicare or Medicaid numbers on the claim forms, as the claims will be rejected for payment and returned to the Provider by SAS for correction and resubmission.

**EDI Transactions**

Security Administrative Services (SAS) accepts all HIPAA compliant electronic transactions, and currently accepts EDI transactions through the following clearinghouses:

- Per Se Technologies
- SSI Group
- Pro Services
- Networks
- CVIKOTA Company
- Web MD

If Providers are interested in submitting claims electronically, please contact SAS at 1-800-548-1224 and request to speak to the Network Manager.

**Secondary Submission of Claims**

At this time, claims submitted for Medicare covered services are not automatically crossed over for processing under the Medicaid line. Providers need to resubmit claims to SAS for any additional payment under PHP Medicaid. Providers need to include the Medicare Explanation of Payment when resubmitting the claims for secondary payment.

**Provider Payment Inquiries**

SAS is the first point of contact for Provider questions regarding claim status, adjustments or requests for claim review.

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**SECURITY ADMINISTRATIVE SERVICES CONTACTS**

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**Address**.....Security Administrative Services  
1515 St. Joseph's Avenue  
PO Box 8000  
Marshfield, WI 54449-8000

**Website**..... [www.securityhealth.org](http://www.securityhealth.org)

**Provider Customer Service** .....1-800-548-1224  
Bonnie-Bruesewitz, Claim Reviewer Specialist ..... Ext. 19806  
Email ..... [bruesewitz.bonnie@marshfieldclinic.org](mailto:bruesewitz.bonnie@marshfieldclinic.org)

Missy Froeba, Claim Reviewer Specialist ..... Ext. 19952  
Email ..... [froeba.melissa@marshfieldclinic.org](mailto:froeba.melissa@marshfieldclinic.org)

**EDI Transactions** .....1-800-548-1224  
Assistant Manager of Network Management ..... Ext. 19632