

General Information

Electronic transactions



Electronic Fund Transfer (EFT) and Electronic Explanation of Payment (835 Transaction)

In June 2016, GHP will replace paper check payments to providers with claim payment cards. Claim payment cards are processed like any other credit/debit card payment you receive through the mail or by phone and are subject to existing merchant processing rates. To avoid receiving claim payment cards, register for free EFT/ERA transactions from GHP.

To receive GHP payments directly deposited into your bank account and/or to begin receiving electronic remittance advice/835, please register at <http://www.instamed.com/eraeft> or complete the instamed network funding agreement to be faxed or mailed to InstaMed.

If you have questions regarding registration, please contact InstaMed at (866) 945-7990 or connect@instamed.com about this free solution.

EDI Claims Submission

Please use the **GHP's Payer ID Number (75273)** when submitting claims via AllScripts, Emdeon, or RelayHealth. Please contact the following for more information:

AllScripts Healthcare

800-334-8534

www.allscripts.com

Emdeon

877-EMDEON-6

www.emdeon.com

RelayHealth

800-527-8133

www.relayhealth.com

EDI Claims Submission Helpdesk

Contact the helpdesk with questions regarding claims submission.

Claims Research Request Form

To ensure efficient and timely reconsideration of claim payment/denial appeals, please utilize the Claims Research Request Form (CRRF) to initiate a reconsideration of a previously paid or denied claim. Please make copies of the blank form as necessary and retain a copy of the completed forms for your records or submit electronically via NaviNet.net.

CRRF Tips

- CRRF may be submitted electronically online through NaviNet.net
- Only submit one claim per CRRF form
- Include claim number and date of service
- Check the appropriate boxes (i.e. COB or Claim Edit)
- Geisinger Health Plan has 45 days to review and process CRRFs

When to use a CRRF

- UA denials (Failure to Precert Services) – Only when there is a compelling reason why the provider failed to precert, and the dispute is within timely filing guidelines.
- Claim edit denials – Be sure to check the claim edit box on the CRRF form and attach supporting documentation
- Timely filing denials – Only when there is a compelling reason for why the provider failed to submit timely.
- When information on a PAID CLAIM needs to be corrected (e.g., late charges, incorrect diagnosis, incorrect procedure code, incorrect revenue code, incorrect modifier, invalid member ID, location code).

When NOT to use a CRRF

- Non-participating provider
- Claim retractions – providers should initiate through customer service on secured message via web.
- When information on a DENIED CLAIM needs to be corrected. Providers should resubmit the corrected claim through their normal claims submission process.
- P2 or XX denials – Questions related to provider contracts or fee schedules should be directed to your provider account manager.
- Timely filing denials if no compelling reason exists. COB claims are not subject to timely filing.
- UA denials – if no compelling reason exists.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: