



MSO Transition - Frequently Asked Questions (FAQs) for CPN Physicians 1/10/14

1. What is the MSO transition and when is it taking place?

CHOC Children's is assuming the Management Services Organization (MSO) contract for the CHOC Health Alliance (CHA) and CHOC Physicians Network (CPN), and that change is taking place February 1, 2014. Under that arrangement, CHOC will subcontract with Rady Children's – based upon Rady Children's pediatric centered experience – to perform most of the claims processing and medical management functions of the MSO.

2. Why is there a new MSO for CHOC Physicians Network (CPN) and CHOC Health Alliance?

The CPN Board of Directors and CHOC Children's believe that Rady Children's Management Services Organization can best serve the long-term strategic and operational goals of the CHOC Health Alliance. In June 2013, Rady Children's and CHOC Children's established an alliance. This strategic collaboration was designed to enhance the care each organization provides in its respective community, and to achieve optimal outcomes for patients while increasing access to high quality, comprehensive pediatric healthcare.

3. Will the governing board structure of CPN be affected by the change to a new MSO?

No.

4. Is the mission of CHOC Health Alliance still the same?

Yes, the Mission, Vision and Values of CHOC Health Alliance will remain constant:

Mission Statement

CHOC Health Alliance is dedicated to promoting health & wellness by empowering, educating & advocating for our members & their families, providing access to quality health care & building trusting partnerships with our families & providers within the pediatric community.

Vision Statement

CHOC Health Alliance will emerge as the premier model Pediatric Health Network; leading by example in setting the highest standards by providing access to quality health care delivery, education, prevention, and family empowerment to live healthier lives

Value Statement

At CHOC Health Alliance, we are committed to providing access to quality care while operating with the highest standards of ethics and integrity. We strive for excellence in all we do; creating a culture of compassion, trust and respect.



5. How will CHOC Health Alliance, its outgoing MSO, and incoming MSO communicate with physicians?

Communications will occur via multiple channels, including:

1. Blast faxes and emails to physician offices;
2. Notices on the CHOC Health Alliance website and provider web portal;
3. Direct communications from Provider Services representatives;
4. Provider open forum scheduled for February 5, 2014.

In addition, each of these communication vehicles will provide, where appropriate, additional information as to future plans for communicating with our valued providers.

5. Will the payment methods (capitation, fee for service, etc.) be affected by the change to a new MSO?

No. The amounts and timing of provider reimbursement payments will not be affected by the change to a new MSO.

6. For those of us who are pediatricians or other primary care physicians, will the members assigned to me as their PCP be affected by the change to a new MSO?

No.

7. For those of us who are pediatricians or other primary care physicians, will any future assignment of members to me be affected by the change to a new MSO?

No.

8. What is the process for submitting authorization requests and does it depend on the date?

PRIOR to February 1, 2014, for routine requests:

- You can access the AboveHealth web portal at the new address <https://choc.alderaplatform.com> or continue to use <https://choc.abovehealth.com/Logon.jsp> (PLEASE NOTE: AboveHealth will not be available to submit authorizations effective January 27, 2014. More information and instructions will follow this communication).
- Or you can fax your request to: **(855) 867-0868**.

To avoid a delay in a medical necessity determination, please include your clinical documentation to support your request.

For Urgent requests:

You can call the CHOC Health Alliance Prior Authorization Department at: (800) 387-1103, Option 2.



ON OR AFTER February 1, 2014, ALL requests for authorizations, including URGENT:

- You can utilize the Rady Children’s online web portal, called EZNet, at: <https://eznet.rchsd.org>
- Or you can fax your request to: **(855) 867-0868**.

Please include clinical documentation, including physician orders, to support the request.

9. Will we receive training for the new authorization submission and web portal process?

Yes. Training sessions will be held on Thursday, January 23, 2014 and Tuesday, January 28, 2014. A notification with additional detail on times, locations and RSVP information will be faxed and emailed to you very soon.

10. Will we need to obtain new passwords and logins for the new Rady Children’s web portal?

Yes. Each person needing access to the EZNet portal will need to complete a user access request form, which is attached here. You may also complete a “New User Registration” request online at: <https://eznet.rchsd.org>

11. What is the process for submitting a claim, and does it depend upon the date of service?

Yes, the process to submit claims will be different based on date of service.

For dates of service **prior to February 1, 2014**, all paper and/or electronic claims should be submitted as they are being submitted currently. Participating provider claims with dates of service prior to February 1, 2014 need to be submitted no later than 90 days from the date of service. For paper claims, you should submit your claims as follows:

Standard Mail/Overnight Mail

CHOC Health Alliance/CPN
Claims Department
P.O. Box 62108
Phoenix, AZ 85082

Provider Appeals

CHOC Health Alliance
Attn: Provider Appeals
1120 W La Veta Ave, Suite 450
Orange, CA 92868

To check eligibility for a member, continue to check the status at:

- You can access our AboveHealth web portal at the new address <https://choc.alderaplatform.com> or continue to use <https://choc.abovehealth.com/Logon.jsp>.
- You can call Member Services at **(800) 424-2642**.
- Or, you can contact CalOptima at www.caloptima.org or **(888)-587-8088**



For dates of service **February 1, 2014 and after**, the mailing addresses for paper claims and claims appeals are:

Rady Children's Hospital San Diego
CHOC/CPN Claims
3020 Children's Way, Mail Code 5144
San Diego CA 92123

Rady Children's Hospital San Diego
Attn: CHOC/CPN Provider Appeals
3020 Children's Way, Mail Code 5144
San Diego CA 92123

For electronic claim submissions, approved claims clearinghouses for Rady Children's Hospital – San Diego are:
Emdeon (Payor ID: 33065) and Office Ally (Payor ID: SCH01)
The Payer ID will remain the same

For those providers that utilize a clearinghouse other than Emdeon or Office Ally, please contact Provider Services at (800) 387-1103.

12. How do I inquire about a claim, and does it depend upon the date of service?

Claims with Dates of Service PRIOR to February 1, 2014:

- You can utilize the AboveHealth web portal at the new address: <https://choc.alderaplatform.com> or continue to use <https://choc.abovehealth.com/Logon.jsp>.
- You can phone Provider Services at: (800) 387-1103. *

* Please note: if you phone the Provider Services line after February 1, 2014 to inquire on claims prior to this date, best efforts will be made to answer your questions. If in-depth assistance is required, your calls will be kindly transferred to an Aetna Medicaid representative for further resolution.

Claims with Dates of Service ON OR AFTER February 1, 2014:

- Utilize the new Rady Children's web portal: <https://eznet.rchsd.org>
- Or you can phone Provider Services at: (800) 387-1103

13. If I have a question that does not involve claims or authorizations with the new MSO, who do I call, and will I be provided with someone locally?

You can call **(800) 387-1103**. A personal representative will handle your call during business hours; or if necessary, will kindly transfer you to local Provider Representatives in Orange County for further assistance. You can always leave a message after hours or if all representatives are busy, and your call will be returned promptly.

Local Provider Representatives will continue to communicate with physicians and their office staff by visiting provider offices and/or communicating via phone, fax and email as appropriate.