

# Provider Newsletter

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### Welcome new CHOC Health Alliance (CHA) providers

**Royal Health Home Care** - Home Health Agency

**Gerardo Canchola** - PCP, Family Practice

**Mohammed Ali, MD** - PCP, Family Practice



### CEO column

Dear Colleagues,

July 9th marks my one year anniversary of being the CEO at CHOC Health Alliance. It has been a year of ups and downs and changes on the national scene and here in Orange County. I wanted to share with you some of the changes that I have seen over this eventful year.

#### Provider Relations

This has been an important

area of growth and development. We are changing how we view this function and have hired a manager of Network Development, Cynda Martinez, to lead our efforts. We are moving to a customer service model and plan on growing our ability to support the network in the transformative processes that will lead to a widespread change to a true Patient Centered Medical Home model of care. In

## CEO column

these efforts, we will begin with helping you by providing data, support for changing your processes, and improving HEDIS. We want to be more and more connected.

### **Pediatric Care**

Our case management and utilization groups have combined to serve our members and your practices in a better manner. We are identifying children with predictive models that would benefit from case management. We have instituted a “**Welcome Home**” program upon discharge from the hospital. We are developing the capacity of our case managers to help you care for the complex and difficult cases. We will be changing our care

model to one that is aligned with our practices.

### **Quality**

Dr. Sinha and I have been working with our Quality Department toward improving our HEDIS scores and are close to rolling out a comprehensive quality program. This will be multi-faceted but in the end will result in great improvements in care.

### **Member Services**

Our members in general are very satisfied with us and our services but we will be trying to improve on this in our efforts to become very service oriented. We are looking to form a member advisory council and gather more information as to how we

can serve better.

### **Processes and Operations**

We have made great strides in the improvement of our processes which have made us more effective and more efficient. Reggie Lewis our Interim COO has done a fantastic job at identifying and improving processes.

As you can see we have accomplished a great deal and with Health Care Reform and the ACA in place there is much work to do in the future. As always, if there are important matters that need to be addressed, please don't hesitate to reach out and contact me.

Collegially,  
Jeffrey G. Lobas, M.D., Ed.D.

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## **CHOC Children's Emergency Department – NOW OPEN!**

Orange County's only fully pediatric-dedicated emergency department is now open. The 22,000 square foot Emergency Department features 31

spacious treatment rooms and three triage suites, helping to create a streamlined process for quickly moving Members from the lobby to the care of

a medical professional. For more information, please contact the CHOC Children's Emergency Department at **714-997-3000**.

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## **HEDIS® help**

HEDIS® stands for Healthcare Effectiveness Data Information Set and is administered by the National Committee of Quality Assurance (NCQA) and is the gold standard in measuring health care performance. It is used by more than 90 % of the nation's health plans and many leading employers and regulators.

### **Why measure HEDIS®?**

CHOC Health Alliance is

required to report HEDIS® rates to CalOptima who report their rates to state regulators, the Department of Health Care Services (DHCS) and the Managed Risk Medical Insurance Board (MRMIB) on an annual basis. Data obtained from HEDIS® helps both CHOC Health Alliance and CalOptima to direct its quality improvement activities, evaluate performance, and identify further opportunities for improvement.

### **How is HEDIS® data collected?**

Each year, CHOC Health Alliance collects and reports HEDIS® data through a series of coordinated activities, including computer programming, encounter and claims analysis and data integration. This is called Administrative data (Claims/ Encounters Data, & Lab Results).

### **Why is it important to members and providers?**

As a result of measuring health

## HEDIS® help cont'd.

care services, CHOC Health Alliance can develop initiatives to improve the health of members based upon their health care needs. Quality programs serve to increase member awareness and understanding of preventive health care, health care screenings, and appropriate care for specific conditions. No individual results are reported.

### The HEDIS® measures that are included in the P4P program for 2013 include:

- ASM– Use of appropriate medications for people with Asthma (5-11 and 12-18)
- AWC– Adolescent Well Care

Visits

- CIS– Childhood Immunization Status- Hepatitis A
- CWP– Appropriate Testing for Pharyngitis
- URI– Appropriate treatment for children with Upper Respiratory Infections
- W34– Well Child Visits 3,4,5,6 years old

### How the P4P incentive payout is determined:

The pay for performance dollar amount will be awarded based on the HEDIS® percentile benchmark each measure meets. HEDIS® percentile benchmarks

are set by National Committee for Quality Assurance (NCQA) and payout begins when a measure meets the 50thP, 75thP or the 90thP. Payout is based on the number of members who qualify for a measure during the timeframe as defined by the HEDIS® technical specifications and will be calculated and distributed quarterly for services provided and billed from January- December 2013. Electronic submissions via PM160 and CMS 1500 forms are used to calculate the percentile rankings.

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## Authorization reminders

When faxing prior authorization requests, please include all medical necessity documentation to support your request. The CHA prior authorization fax number is: **1-855-867-0868**.

To ensure your prior authorization requests are handled timely, the Prior Authorization Department has a dedicated fax number for clinical information: **1-855-210-0413**. Please only use this fax number when CHA is requesting additional clinical information on a prior authorization that you have already submitted. This fax number can also be used when you request PA online in Above Health, and are unable to attach your clinical documentation with your online request.

Do not fax “urgent” prior authorization requests. This can delay your urgent request up to 5 business days. ALL urgent requests must be telephoned

in to the Prior Authorization Department at: **1-800-387-1103**. If your request does not meet the definition of “urgent,” it will be handled as a routine request. Routine requests can take up to 5 business days to complete.

**The definition of “urgent:” Services required to treat a clinical condition that, as a result of an unforeseen illness, injury, or condition, requires immediate attention. Care must be rendered within 24 hours. An urgent condition has the potential to become an emergency in the absence of treatment.**

Provider offices are responsible for verifying member benefits, eligibility and their assigned health network prior to submitting a prior authorization request:

- If the diagnosis meets California Children Services (CCS), apply for CCS coverage, and obtain authorization through CCS.

Many prior authorization requests are being submitted for Members who are covered under a different health network (not CHA Members). Inadvertent disclosure of protected health information to those who do not have a need to know, violates HIPAA Privacy Rules and may lead to fines.

**Have you changed your office fax number? Please advise our Provider Relations Department when you change your fax number so we can update our prior authorization system. Failure to do so will result in misdirected authorization letters, which could be a potential HIPAA violation, and/or delay care to our members.**

## Reminder: Split-billable pathology/radiology codes

Providers are reminded split-billable Radiology and Pathology codes are separately reimbursable to either the facility or physician when each bill for their respective professional, technical, or global component and must be accompanied by appropriate modifier (26,99,TC

or ZS) or the billed service will be denied.

In addition, if the pathology code is a CLIA waived and split-billable then modifier QW and the appropriate modifier (26, TC, or ZS) are required or the billed service will be denied.

Note: Non split-billable codes are not separately reimbursed and cannot be billed with the following modifiers 26, TC or ZS, or the billed service will be denied.

Reference: Med-Cal –Pathology: Billing and Modifiers

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## Are you preparing for ICD-10?

In an effort to prepare for ICD-10 CHOC Health Alliance is discussing: Planning for transition to ICD-10, Claims processing, Implementation issues, Decisions, and Outreach.

The ICD-9 code sets used to report medical diagnosis and inpatient procedures will be replaced by the ICD-10 codes for services provided on or after October 1, 2014. The

transition to ICD-10 is required for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA) starting October 1, 2014

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## Importance of member record documentation to ensure appropriate reimbursement

- Why is documentation so important?
  - To protect the public programs
  - To protect your Member
  - To protect you, the provider
- Accurate documentation ensures that State and Federal health care programs pay the correct amount, to the correct service provider for the correct services.
- Accurate documentation promotes Member safety and quality of care and reflects that the Member received

the appropriate care at the appropriate time.

- As the provider, accurate documentation also helps to avoid liability, fraud and abuse accusations. Your records must justify the items or services for which you bill.
- Your Member record must include sufficient documentation to support your claim.
  - It is important to know and use the most current and accurate billing code(s) when you submit claims. You will be reimbursed for the

services you provide however, your documentation must stand alone in supporting claims for services rendered.

- In addition, when submitting claims, assure that the claim being submitted is for the correct Member. With many names being similar be sure to verify the correct Member identification number is on the claim.

## Case Management

The CHA Case Management department is available to help you meet the Member's healthcare needs. We work with the Members and their families to assist them in becoming more independent, attain and maintain the highest level of physical, mental and psychosocial well-being. Members that will benefit from Case Management are:

- Members who have frequent ED visits or acute case admission for the same diagnosis
- Chronically ill children or children newly diagnosed with chronic conditions
- Two or more active chronic diseases with multiple providers
- High-risk children with: California Children's Services eligible diagnosis, NICU babies with multiple outpatient referrals, severe asthma, chronic lung disease or congenital heart disease
- Members requiring complex coordination of services
- Oncology/Major Surgical procedures for treatment of Cancer
- RCOC eligible Members – receiving private duty nursing in the home, outpatient therapies, short term home health care
- Behavioral Health Services in need of coordination
- Members requiring OB services.
- Members with psychological or functional needs which impact ADL's (or ability to comply with medical regimen)
- Members who are not compliant with treatment regimen (missing appointments, not refilling medications, etc.)

Members may be referred to Case Management by using the Case Management Referral Form and faxing it to **1-855-288-6313**.

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## DME Consulting Group

CHA is contracted with DME Consulting Group that provides in-home assessments and evaluations for our Members for the following items: wheelchairs (standard and custom), equipment repair requests less than \$1500, any wheelchair modifications, all POV's/ Scooters, hospital beds, pediatric wheelchairs and strollers, pediatric standers (Hydraulic

and Powered), Hoyer lifts, and prostheses.

When a Member requires one of these items, please submit a request for an evaluation using code: 99244. DME Consulting Group will be contacted to perform an in-home assessment and will provide a detailed report, including their recommendations, to CHA

within 4-10 business days. Once the report, assessment and the recommendation is received, CHA will process the request based on CHA's guidelines and criteria. By providing this extra step, our Members will be receiving the appropriate equipment to meet his/her specific needs.

## CHOC Health Alliance DME rental policy

CHOC Health Alliance will review the option to rent or purchase eligible DME items. When DME is rented, the cumulative rental cost cannot exceed the

purchase price. Rental versus purchase coverage is based on the item prescribed, the patient's prognosis, estimated length of time that the item is medically

necessary; for example, short-term use in months and long term use as "permanent," "indefinite" or "lifetime," and the total cost for equipment.

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### **Our mission:**

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.

### **Our vision:**

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.

### **Our values:**

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.

**CHOC HEALTH ALLIANCE'S PROVIDER NEWSLETTER is published as a community service for the CHOC Health Alliance provider network.**

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Orange, CA 92868

Phone:

#### **Member Services**

Toll-free **1-800-424-2462**

Hearing Impaired, call California Relay System **1-800-735-2922**

#### **Provider Relations**

Toll-free **1-800-387-1103.**

#### **option 3**

CalOptima **1-888-587-8088**

Website:

**[www.chochealthalliance.com](http://www.chochealthalliance.com)**