

# CENTRAL VISION

PROVIDER NEWSLETTER

Volume 1, Issue 1

July 2008

## Provider “Call Center”

### Highlights:

- The New Call Center
- Monthly Provider In-Services for Primary Care Physicians
- Policies & Guidelines
- Common Billing Errors
- Useful Tips

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The Call Center was established early November 2007 in effort to improve Central Health’s service to providers. Other than to improve Central Health’s customer service, the purpose of redesigning the Provider Relations Department with the Call Center function was to take the burden of incoming calls from our internal departments. The process of restructuring Provider Relations Department takes an unconventional role as “the Call Center” aims to better serve providers so that the Claims, Eligibility, and Utilization Departments can thus focus on production.

### Types of Calls

The Provider Relations Department answers basic calls such as status checks, re-processing requests, and general questions. When complex issues arise, these issues will be forwarded by the Provider Relations Co-



*Top Row (left to right):* Provider Relations Coordinators (Yesenia Hernandez, Janet Lee, Elisa Saldana, Genesa DeLeon, Martha Macias, Sonia Diaz, Vanessa Avila)  
*Bottom Row (left to right):* Online Systems Specialist (Sean Feng), Provider Relations Supervisor (Teresa Canales)

ordinator to the appropriate department to be resolved. To maximize interdepartmental production time, Provider Relations strictly enforces a guideline that blocks providers and members from contacting these departments directly.

### Call Volume

The Provider Relations Department answers an average of 4,500 incoming calls monthly, approximately 45% are Claims-

related, another 45% are UM-related, and the remaining 7% are Eligibility-related. As a result of a large volume of incoming calls, the call waiting time may take between 1 minute to 35 minutes. To avoid call-waiting time, providers may opt to leave a voicemail or email Provider Relations at [ProviderRelations@chmso.org](mailto:ProviderRelations@chmso.org). A Provider Relations Coordinator will respond to your voicemail or email within 24 hours.

# Provider In-Service

The Provider Relations Department offers Provider In-Services on a monthly basis for new and existing PCPs. In-Services are also provided to Obstetric/Gynecology Primary Care Physicians/Specialists and existing Primary Care Physicians.

In these sessions, physicians and their staff are provided with an in-depth training on to claims processing and authorization submissions. Provider In-Service sessions will cover several key areas—Eligibility, Claims, Utilization Management, Credentialing, Provider Relations, Member Services,

Health Education, and Quality Management. We review topics such as policies and guidelines, frequently asked questions, common billing errors, and useful tips. An Open Forum is held after the training session so that the physicians and their staff can further discuss issues they have encountered.

The goal of Provider Relations is to aid in the improvement of our quality of care and service to our providers as well as members. We aspire to ensure a system of



quality management where we can facilitate excellence in clinical care. Central Health strives to develop and implement all activities that are designed to improve the processes by which care and service are delivered. In Layman’s terms, we want to make your lives as well as our lives as simple and trouble-free as possible.

*“..we want to make your lives as well as our lives as simple and trouble-free as possible. “*

# Claims Compliance Guidelines

Claims Processing Guidelines (after receipt by Central Health)			
Line of Business	Contracted Providers (PCPs)	Contracted Providers (PCPs under Provider Incentive Plan)	Contracted Providers (FFS Specialists)
Commercial	90 working days	45 calendar days	60 working days
Medicare	90 calendar days	45 calendar days	60 calendar days
Medi-Cal	90 calendar days	45 calendar days	30 calendar days

2008 Timely Filing Guidelines		
Line of Business	Contracted Providers	Non-Contracted Providers
Commercial	90 calendar days	Maximum of 27 months
Medicare	90 calendar days	180 calendar days
Medi-Cal	90 calendar days	180 calendar days

The guidelines only apply to CLEAN CLAIMS. A CLEAN CLAIM is a claim that may be processed without obtaining additional data from the provider of the service or from a third party.

INITIAL CLAIM received that does not comply with our current claim timely guidelines will be denied as “untimely filing” using adjustment code “JDTF”.

# UM COMPLIANCE GUIDELINES

## CENTRAL HEALTH MSO FAX LINES:

**Eligibility:** (626) 388-2354

**Case Management:**  
(626) 388-2352

**Claims:** (626) 388-2314

**Credentialing:** (626) 388-2344

**Contracting:** (626) 388-2330

**Member Services:**  
(626) 388-2345

**Provider Relations:**  
(626) 388-2325

**Utilization Management:**

(626) 388-2336      (626) 388-2331  
(626) 388-2333      (626) 388-2312

Utilization Management Processing Guidelines	
Type of Authorization	Time for Processing
STAT/Emergent	Within 4 hours
Urgent	Within 24 hours
Routine	Within 48 hours
Retroactive	15 days

These guidelines are only applicable to referrals that may be processed without obtaining additional data (i.e. clinical notes, pre-certification number, etc.) from the provider of the service or from a third party.

## Schedule for Upcoming Provider In-Services

***\* Now Open to Physicians of ALL SPECIALTIES!!! \****

# July 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
					<i>Independence Day</i>	
6	7	8	9	10	11	12
13	14	15	16* New/ Existing PCP In-Svc	17	18	19
20	21	22	23*  Existing PCP In-Svc	24	25	26
27	28	29	30*  All Special- ties In-Svc	31		

**NOTE:**

Please RSVP at least one week before the scheduled In-Service. Feel free to contact Janet Lee, Provider Relations Coordinator, at (626) 388-2300 or email [jlee@chmso.org](mailto:jlee@chmso.org) if you would like to RSVP or have any inquiries.

**DISCLAIMER:**

Please review schedule below for further information. Schedule is subject to change.

\* All in-services are held on Wednesdays from 12:30PM to 3:00PM. A COMPLIMENTARY LUNCH will be served at noon.

# August 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6* All Specialties In-Svc	7	8	9
10	11	12	13	14	15	16
17	18	19	20* OB/GYN In-Svc	21	22	23
24 31	25	26	27* Existing PCP In-Svc	28	29	30



NOTE: Please RSVP at least one week before the scheduled In-Service. Feel free to contact Janet Lee, Provider Relations Coordinator, at (626) 388-2300 or email [jlee@chmso.org](mailto:jlee@chmso.org) if you would like to RSVP or have any inquiries.

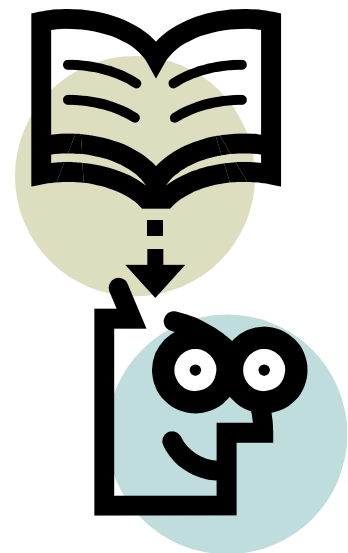
DISCLAIMER: Please review schedule below for further information. Schedule is subject to change.

# September 2008

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 <i>Labor Day</i>	2	3	4	5	6
7	8	9	10* All Specialties In-Svc	11	12	13
14	15	16	17* New PCP In-Svc	18	19	20
21	22	23	24	25	26	27
28	29	30				

\* All in-services are held on Wednesdays from 12:30PM to 3:00PM.

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# Provider Education Corner



<h2>COMMON BILLING ERRORS</h2> <ul style="list-style-type: none"> <li>⇒ untimely filing/out of compliance</li> <li>⇒ incorrect or no CPT code (i.e. administration code listed without the corresponding vaccine code)</li> <li>⇒ invalid Place of Service code (should be 2 digits, not a single digit)</li> <li>⇒ incorrect billed amount (i.e. billed amount \$1.00 but reimbursement amount is \$2.00; PHW will only reimburse the billed amount)</li> <li>⇒ duplicate claims (i.e. submitting both electronic and paper claims)</li> </ul>	<h2>Central Care Access</h2> <p>To avoid waiting in queue, please check eligibility, claims, and authorization status on our website (<a href="http://www.chmso.org">www.chmso.org</a>) through Central Care Access.</p> <p>If you have not yet registered for Central Care Access, you can download the application from <a href="http://www.chmso.org">www.chmso.org</a>. For assistance, you can call (626) 388-2300 ext. 1195 for Web Service. An <b>Online Systems Specialist</b> will then help you set up an appointment for an in-depth CCA training at your office.</p>
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# USEFUL TIPS

<h3>Eligibility</h3> <ol style="list-style-type: none"> <li>1) When a member is <u>not eligible</u> in Central Care Access but is eligible with the health plan and you need to <u>submit an authorization</u>, you may fax a <b>proof of eligibility</b> along with the <b>authorization request</b>.</li> <li>2) When a member is <u>not eligible</u> in Central Care Access but is eligible with the Health Plan and you need to <u>submit an electronic claim</u>, you may send a <b>proof of eligibility</b> along with the <b>paper claim</b>.</li> </ol> <h3>Claims</h3> <ol style="list-style-type: none"> <li>1) PLEASE READ YOUR PROVIDER CONTRACT THOROUGHLY. It will provide you with information regarding your fee schedule. Your contract also states the rates in which you will be paid for each type of service conducted.</li> <li>2) Please allow at least <u>30 days</u> for the Claims processors to enter the claim into the system before calling Provider Relations and resubmitting the claim. Submitting duplicates only DELAYS the process.</li> <li>3) CPT codes billed in a claim must <u>match</u> the CPT codes for the corresponding authorization.</li> </ol>	<ol style="list-style-type: none"> <li>4) To avoid duplication, if you have more than 6 lines of charges, please combine all charges in the HCFA 1500 form and add quantity to the same CPT code.</li> </ol> <h3>Utilization Management</h3> <ol style="list-style-type: none"> <li>1) <b>Extending Authorization.</b> Most authorizations can ONLY be extended by ONE MONTH. An extension beyond one month will require a submission for a new authorization.</li> <li>2) <b>Redirecting Authorizations.</b> The provider MUST submit (via fax) the <i>original authorization approval form</i> with a NOTE specifying where the authorization is to be redirected.</li> <li>3) <b>Adding and/or Changing CPT Codes on Authorizations.</b> The provider MUST submit (via fax) the <i>original authorization approval form</i> with a NOTE specifying which CPT codes are to be added and/or changes.</li> <li>4) Please purchase a CPT Code Book for reference. It will speed up the process of requesting for an authorization.</li> </ol>
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**Physicians' Healthways (PHW), Advantage Care (AIPA), and Associated Physicians IPA East San Gabriel Valley (APIPA)** are independent practice associations managed by **Central Health MSO**, consisting of a highly qualified management team and well trained staff, who have accumulated various skills and experiences in the areas of contracting, credentialing, case management, health education, provider relations, marketing, UM/QM, and member services. With this solid foundation, our IPA has been able to achieve rapid growth, both financially and operationally. Our IPA has achieved extensive recognition for excellence in operation and services from health plans and providers since our initial establishment.

The aim of **Central Health** is to provide services for our physicians and members through effective, efficient, and accurate administrative support. The ultimate goal of Physicians' Healthways' is to develop a cost-effective delivery system where quality healthcare is accessible to everyone who is in need within the confines of the managed care system. Together, members and provider can work toward a common goal of health wellness and preventive medicine.

We're on the  
Web!

[www.chmso.org](http://www.chmso.org)



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