

CHIPA NEWS

From The President

Quality! Quality! Quality! *Are we clearer today on how quality is defined in behavioral health than we were 10 years ago?* I think we are, but it's been an interesting, tedious process to get there. Thanks in part to the Institute of Medicine's report on "*Crossing the Quality Chasm*", we have been able to somewhat agree upon what quality is. I encourage you to take a look at the IOM website (www.iom.edu) and review this document as it sets the stage for the current thinking. At CBHM/CHIPA, we've examined our continued value and quality to patients through a careful exploration of additional products that addressed what was 'missing' from the service delivery and/or care management side of the equation.

We identified two populations where the behavioral health system was falling short in providing a more comprehensive solution: 1) the unidentified mental health patients, and 2) high-risk patients who most likely had medical co morbidities. To address these populations CBHM developed a Web-based **Behavioral Wellness Program** and a **Community Care Coordination Program**.

The **Behavioral Wellness Program (BWP)** is an **innovative behavioral solution** that engages consumers, employers, and healthcare providers in a partnership for health.

Historically health care delivery has focused on symptom reduction by prescribing treatment. If one treatment method did not succeed, another more expensive method was prescribed. Recently practitioners have begun to appreciate the impact of behavior on treatment success. They recognize that achieving wellness requires more than symptom reduction. **Being well requires behavioral change.**

The BWP

- Supports the shift in healthcare to consumer directed care
- Implements health awareness as a public initiative
- Targets root causes for behavioral patterns
- Provides professional wellness coaching

The **Behavioral Wellness Program (BWP)** addresses fundamental behavioral barriers contributing to personal distress, decreased work productivity, and increased utilization of multiple healthcare resources.

Consumers enrolled in BWP

- Complete a **Bio-Behavioral Wellness Assessment**
- Receive a personalized **Wellness Report** highlighting healthy and high-risk behaviors as well as an action plan.
- Have access to **Professional Wellness Coaches** and an **Online Wellness Library**.

Community Care Coordination (CCC) is designed to address fundamental barriers contributing to ongoing behavioral health disturbance and frequent utilization of multiple healthcare resources including:

- Fragmentation of healthcare delivery
- Prescriptive versus preventative medicine
- Inadequate utilization of resources

Services address consumers who have been diagnosed with a severe behavioral health illness and share the following characteristics:

- Frequent admissions to higher levels of care
- Non-compliance with outpatient services, including medication
- Co-morbid Condition – either medical, substance abuse, or personality disorder
- Poor use of resources
- Lack of adequate support networks
- Frequent work absenteeism and/or decreased work productivity

The missing piece in the Care Management continuum has been the lack of face-to-face interaction. The uniqueness of this program is that it places 'feet on the street' providing care management models that monitor more closely progress and barriers.

Currently we are presenting both programs to interested purchasers and believe that they can fill the void in the current delivery and care management models.

You may ask, how this impacts you as a provider. Both programs can support the valuable services you are already providing. The BWP can become an additional resource for your patients and the CCC can be used to help you coordinate care more efficiently with other healthcare providers.

In the near future, we will be reaching out to our providers to recruit Community Care Managers. This is a role that may interest many of you as services can be provided during times of the day not typically scheduled for direct services. If you are interested in learning more, send an email to Ruth Fikes, MFT, Vice President of Product Management and Compliance at rfikes@chipa.com. She will be creating a file of interested providers and make contact with you as needed.

We at CHIPA/CBHM look forward to partnering with you and being part of the movement to enhance healthcare quality. Thanks again for your ongoing commitment.

Randy Davis, Ph.D.
President/CEO

Health Care Coordination A Quality Performance Indicator

By Ruth Fikes, MFT

Vice-President of Product Management and Compliance

Over the past two years, articles in the provider newsletter and direct mailings to providers have addressed the importance of Health Care Coordination. Despite these efforts, only 10% of providers who submit Provider Assessment/Authorization Request (PAAR) Forms report that they have coordinated care. Of the 120 medical records reviewed in 2006, only 57% included coordination of care.

Health Care Coordination is an essential part of an overall treatment plan whenever the following situations occur:

1. Patient is a high risk for danger to self or others
2. Patient has a co-morbid medical condition (e.g., diabetes, chronic pain, heart disease)
3. Patient has ongoing physical symptoms (e.g., migraines)
4. Patient is taking psychotropic medications
5. Patient is in treatment with another behavioral health provider
6. Patient is non-compliant with treatment

Case Example

In July of 2006, CHIPA was asked to assist in the investigation of a patient suicide. A female patient was admitted to an inpatient psychiatric unit following a lethal suicide attempt. Post discharge patient was scheduled with a therapist and a psychiatrist. A review of the treatment records noted that the therapist did not inform the psychiatrist about a no show to a scheduled appointment. The following day the patient also no showed to the psychiatrist appointment. The psychiatrist was not aware of the missed appointment with the therapist and therefore unaware of the potential risk. Prior to patient's rescheduled appointment with the psychiatrist she committed suicide.

While there was not a direct correlation between the patient's suicide and lack of coordination of care, there was certainly a missed opportunity for intervention.

As the healthcare industry implements Pay-for-Performance programs, quality indicators, such as Health Care Coordination will define those providers and groups who receive higher reimbursement for demonstrating quality of care. CHIPA is committed to improving Health Care Coordination and will be developing programs to increase compliance.

To promote Health Care Coordination in your office:

- Give all patients the Health Care Coordination Form at the initial appointment. (Form is available on the CHIPA website or by calling CHIPA to request).
- If patient refuses to sign, draw a line across form and write "refused"
- Fax approved form to the appropriate provider
 1. Primary Care Physician
 2. OB/GYN
 3. Psychiatrist
 4. Therapist

Clinical Management Reminders:

CHIPA does not compensate or give financial incentives or bonuses to contracted providers providing services or clinicians conducting review, which would impact utilization by encouraging either approval or denial of services. In addition, CHIPA prohibits clinicians from conducting reviews when a conflict of interest is present.

CHIPA utilizes standardized clinical criteria when making authorization or denial determinations. The criteria is available on the CHIPA website for downloading or providers may request criteria be sent by mail.

**Evidenced Based Practices
Standards of Practice
Pay for Performance
Preferred Networks**

These and many other "buzz" words represent the future of healthcare. In order to attract purchasers, health care plans are seeking to make their services "transparent." Current websites give consumers the ability to review provider profiles ("report cards") and cost to determine which services will "get the most for their money."

This trend will inevitably impact behavioral health care. Psychiatrists, Psychologists, Therapists, and Social Workers will need to distinguish themselves in a way that consumers perceive value, especially as co-pays and out-of-pocket deductibles increase.

The dilemma for behavioral health care is defining and measuring the value of services.

CHIPA is developing a provider profile to reflect data that has been identified as valuable to the consumer and their health plan. The provider profile will include the following data:

1. Percent of patients engaged in treatment following referral and authorization (claim for initial assessment received)
2. Timeliness of initial appointment (time frame from authorization date to date of service for initial assessment)
3. Potential under-utilization (percentage of cases with less than three billed dates of service)
4. Typical age group seen by provider*
5. Typical diagnoses treated*

*Comparison data for information only

Providers included in the project will receive a copy of their profile along with a comparison to all other providers included in the project.

The goal of the provider profile is to improve our overall referral process and member access to care.

Member Satisfaction

Below are the results of the patient satisfaction survey for the 1st half of 2006 and the 2nd half of 2006. Thanks for your continued commitment to engaging patients in treatment and providing excellent customer service.

Question	Rating Jan-Jun 2006	Rating Jul-Dec 2006
Promptness in answering initial call	4.5	4.5
Courtesy in handling initial call	4.6	4.6
Accuracy of information	4.5	4.5
Promptness of scheduling appointment	4.6	4.4
Ease of getting to provider's office	4.6	4.5
Helpfulness of office staff	4.6	4.5
Explanation of confidentiality	4.5	4.5
Explanation of financial responsibility	4.5	4.4
Your comfort level with provider	4.4	4.4
Your involvement in treatment	4.4	4.3
Improvement in symptoms	4.1	4.0
Overall Quality	4.4	4.3



Correction to Prior Newsletter

The last CHIPA News included a guideline for mandated reporting. A very astute Arizona provider called to advise that **in Arizona the time frame for submitting written abuse reports is twenty-four hours** rather than the thirty-six hours allowed in California.

CHIPA apologizes for not clarifying this difference in our earlier publication.

Medical Record Audits

CHIPA PROVIDERS SCORE HIGH ON ANNUAL AUDIT

CHIPA completed its annual round of treatment record reviews in December. A total of 120 records from 40 providers were reviewed in 2006. The compliance target of 90% was met, as the aggregate audit score for all providers was 90.4%. Of the 40 providers audited, 28 scored 90% or better; 8 scored between 80 and 89% and 4 scored below 80%.

While we at CHIPA are encouraged by these results, providers consistently scored below target on a number of audit items, including the following:

- Documentation of Review of Patient Rights (new audit item)
- Documentation of Review of the Treatment Plan (new audit item)
- All pages contain patient's name or identification number
- All entries include the treating clinician's name and professional degree
- Allergies and adverse reactions, or lack of known allergies and sensitivities, noted in the medical history
- For children and adolescents, documentation of prenatal and perinatal events and developmental history
- For children and adolescents, assessment addresses need for family therapy
- Treatment plan includes measurable goals
- Treatment plan includes estimated time frames for goal attainment or problem resolution
- Patient's understanding of the treatment plan is documented
- For psychiatrists, record includes informed consent for treatment with medication(s)
- Documentation of preventative services, including homework assignments, and referrals to community services
- Record reflects coordination of care between all mental health professionals or patient refusal
- Record reflects coordination of care with medical providers or patient refusal

- Documentation of dates of follow-up appointments, or as appropriate, a discharge summary

In order to assist our providers in meeting documentation standards, CHIPA includes a number of sample forms on its website. Use of the Health Care Coordination Form is also an easy way to comply with the requirement to document care coordination.

We thank those providers who participated in the 2006 audit process and we welcome any questions or feedback about the process.

CHIPA UPDATES TREATMENT RECORD AUDIT TOOL

In order to comply with the guidelines established by our health plan partners, CHIPA has updated its treatment record audit tool to include two new items:

- **Review of Patient Rights Documentation**
A standard statement of patient rights should be included in each new-patient information packet. The patient should sign this form and a copy retained in the chart. A sample Notification of Patient Rights can be found on our website.
- **Documentation of Review of the Treatment Plan**
CHIPA recommends that all providers use a standardized treatment planning form, which includes a place for the provider to document review of the treatment plan. In lieu of this the provider can also enter a progress note indicating that the treatment plan has been reviewed with the patient and the patient has agreed. A sample Treatment Plan can also be found on our website.

Improving on Success!

CHIPA takes great pride in our network. We have worked with providers to establish a diverse provider base covering a variety of evaluative and treatment methods. Our providers represent the diverse cultural populations of southern California and Arizona and they possess expert knowledge to provide specialized services for all populations and conditions. This network has developed through the cooperative effort of CHIPA's Network staff, independent providers, and professional office staff.

It is our pleasure to report that patient complaints regarding quality of care have been consistently low. Compliments and consumer loyalty have proven to be a positive reflection on the network as a whole. While overall patient satisfaction is high, there has been a consistent pattern to the type of patient complaints received. The most frequent concerns voiced by consumers are related to provider accessibility or office scheduling and payment policies.

To comply with our payer partners CHIPA has adopted policies that emphasize the importance of consumer accessibility. For routine, non-urgent, referrals consumers should be able to begin treatment within 14 days, regardless if the service is for therapy or medication management. We appreciate that both therapist and psychiatrists currently in network have accommodated this standard of service within their own office policies, with the exception of a few impacted service areas. Many of you are already familiar with CHIPA's intensive efforts to schedule urgent appointments for consumers in crisis and have taken numerous calls seeking available appointment times. We will continue this level of access effort into 2007 and thank you for your continued support in advance.

As patient complaints related to office policies regarding scheduling and payment do occur, some attention needs to be given in order to clarify CHIPA standards. The expectation is that when scheduling appointments, clear and consistent schedule and payment information is given to the patient, in writing if possible. In addition, scheduled appointments should be honored and notification of changes reported to consumers 24 hours in advance, with an offer to reschedule.

In regard to payment policies, per the CHIPA network contract, providers should only collect the specified co-pay amount defined by the patient's benefit. No additional charges or prepayments should be requested from consumers seeking service. Providers are not allowed to bill consumers for services covered under their benefit, unless, a denial has been issued by

CHIPA or one of our payer partners. Similarly, patients should not be billed for "no show" visits until the member has signed an agreement of responsibility for cancellation within 24 hours. This type of agreement should be signed during the patient's first visit to protect the provider against unreliable or unpredictable patient attendance.

Finally, we request that providers and their professional staff contact CHIPA directly regarding unresolved authorization and claims concerns. Please avoid patient involvement in these processes. CHIPA coordinates directly with network providers to resolve payment issues. Patients should only contact CHIPA for referrals and to establish an initial treatment authorization or registration. We are grateful and consider CHIPA fortunate to have such a well rounded, customer friendly and service oriented network of providers. Please help us continue to raise the bar for the standards of behavioral health care.



NPI AND CLAIM FORM UPDATE

If you haven't gotten your NPI (National Provider Identification) number, this is a reminder that effective May 23, 2007 providers are encouraged to include this number on their claim forms. To obtain a NPI please go to <https://nppes.cms.hhs.gov/NPPES>. If you already have your NPI number, CHIPA would like to record this number in your electronic provider file. You can provide written confirmation of your NPI number by fax to 562-293-3860, attention Miguel or by email to mrodriguez@chipa.com.

The standard HCFA 1500 Form has been updated to include the NPI number. Enclosed in this newsletter is a copy of the new claim form: CMS-1500 Form. Instructions for using the form can be found at www.nucc.org. The new form will also be available on our website. CHIPA encourages all providers to begin transitioning to the CMS-1500 Form.

NETWORK NEWS

Welcome to the Network Management Corner. In this edition, we would like to answer some of the most frequently asked questions, involving credentialing, re-credentialing and contracting. We would also like to review the most effective ways to notify College Health IPA (CHIPA) of demographic and Tax ID changes. Lastly, we would like to know your availability to receive urgent referrals.

Credentialing:

CHIPA provides services for several Managed Behavioral Healthcare Organizations (MBHO). The following, is a list of (but not limited to) primary source verifications performed by the MBHOs during the credentialing process:

- License to practice
- License history
- Educational history
- Malpractice actions
- Litigations

After verifications have been performed, the information is usually presented to a credentialing committee, who approves or denies the individuals credentialing petition. This process is cumbersome and can take anywhere from ninety (90) to one hundred-eighty (180) days.

Re-credentialing:

The National Committee for Quality Assurance (NCQA) accredits most of the health plans partnered with CHIPA. NCQA requires the re-credentialing of practitioners every three (3) years. The Re-credentialing process can also take anywhere from ninety (90) to one hundred-eighty (180) days; which is why the re-credentialing process is usually started 2 ½ years after your previous credentialing cycle. Please be aware that by servicing multiple plans, you will most likely receive multiple re-credentialing packets at the same time. It is imperative for our health plans that these re-credentialing applications/packets are returned in a timely manner. This will assist us, as well as the health plans, in keeping your credentialing compliant with governing bodies.

Demographic Changes:

In an effort to maintain accurate provider demographic information, we ask that you utilize the Demographic Change form included in this newsletter to notify CHIPA of any practice address, mailing address, e-mail address, phone number, or fax number changes. The Demographic Change form can be submitted via fax to (562) 293-3860 attn: Network Management. It can also be e-mailed to our provider coordinators at the following e-mail addresses: jturtzer@chipa.com or athomas@chipa.com

Tax ID Changes:

Tax ID changes require the submission of a W-9 form, and can also be submitted to the fax or e-mails provided above. A copy of the most recent W-9 form can be found at the following website: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Urgent Referrals:

An urgent referral can be defined as a member who is in crisis or at high risk for hospitalization, and is in immediate need (24 to 48 hours) for medication management or therapeutic services. In order to provide adequate services to our members, we are asking our network to inform us of their availability to receive "Urgent Referrals". To contact us regarding your availability for urgent referrals, please contact us via phone at 800-779-3825, or via e-mail at any of the addresses mentioned below.

Should you need our assistance in the future, we encourage you to use the following contact information to get in touch with us:

Miguel Rodriguez
Supervisor, Network Management
☎: (562) 467-5424
☎: (562) 402-2666
✉: mrodriguez@chipa.com

Jacklyn Turtzer
Provider Relations Coordinator
☎: (564) 467-5409
☎: (562) 402-2666
✉: jturtzer@chipa.com

April Thomas
Provider Relations Coordinator
☎: (562) 467-5549
☎: (562) 402-2666
✉: athomas@chipa.com

Andrew Nunez
Office Assistant
☎: (562) 467-5431
☎: (562) 402-2666
✉: anunez@chipa.com

Welcome to Alice Kuchinkas, MFT Director of Clinical Services

Our PacifiCare Behavioral Health (PBH) providers may recognize Alice's name. Prior to joining CHIPA, she was Corporate Director of Provider Network Development at PBH.

Alice has assumed the oversight of all clinical services at CHIPA, a position previously held by Ruth Fikes, MFT. Her experience and enthusiasm complements the entire Senior Management team.

Alice can be reached at 800-779-3825 x5434 or akuchinkas@chipa.com.

Ruth Fikes, MFT is currently the Vice-President of Product Management and Compliance. In her new role she has oversight for developing, implementing, and managing behavioral healthcare products for CHIPA as well as ensuring all delegation, regulatory, and accreditation requirements are met.

Ruth can be reached at 800-779-3825 x5537 or rfikes@chipa.com

New Employees

CHIPA is pleased to announce some new additions to the family:

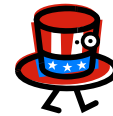
- **Latrena Cooper** – Office Assistant I
- **Brian Shelledy** – Helpdesk Specialist
- **Guillermo Martinez** – Part Time Clinician
- **Mark Anthony Chambers** – Office Assistant I (Per Diem)
- **Chanise Dixon** – Intake Specialist I (Per Diem)
- **Connie Hall** – Intake Specialist I
- **Erica Hatch** – Intake Specialist I (Per Diem)
- **Christal Loeza** – Office Assistant I
- **Charlene Nelson** – Office Assistant I
- **Vanessa McCreery** – UM Coordinator

Welcome to the team everyone!



Holiday Phone Coverage

CHIPA will be closed Monday, May 28th for Memorial Day, Wednesday July 4th for Independence Day and Monday September 3rd for Labor Day. On-call staff will be available for emergencies by calling 800-779-3825 and following the phone instructions carefully.



Internet Resources

Mood Disorders

Depression & Bipolar Support Alliance (DBSA)

www.DBSAAlliance.org

Child & Adolescent Bipolar Foundation

www.bpkids.org

Bipolar Information and Support www.bipolar.com

Depression Information and Treatment Options

www.depression.com

NAMI The Nation's Voice on Mental Illness

www.nami.org

American Psychiatric Association www.psych.org

National Institute of Mental Health (NIMH)

www.nimh.nih.gov

National Mental Health Association (NMHA)

www.nmha.org

Chemical Dependency

National Institute of Drug Abuse (NIDA)

www.nida.nih.gov

National Institute of Alcohol Abuse and Alcoholism

www.niaaa.nih.gov

PREVLIN-Prevention Online www.health.org

Al-Anon and Alateen Family Groups www.al-anon.org

Narcotics Anonymous www.na.org

Nar-Anon Family Groups www.nar-anon.org

Alcoholics Anonymous www.aa.org

Cocaine Anonymous www.ca.org

Marijuana Anonymous www.marijuana-anonymous.org

Double Trouble in Recovery (DTR)-Dual Diagnosis

www.doubletroublerecovery.org

College Health IPA Demographic Change Form

Provider Identification Information:									
Last Name:			First Name:				Middle:		
Social Security Number:		Degree/Designation:			E-mail address:				
Practice/Office Information:									
Effective date of change:		Will this new practice replace your current primary practice location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Practice Contact:					Office Practice Type <input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Other:				
Practice Name:									
Street Address:						Suite Number:			
City:				State:		County:		Zip Code:	
Telephone Number:			Fax Number:			Emergency Number:			
Federal Tax ID Number:					Name Associated With Tax ID Number:				
Office Hours	From:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
	To:								
Mailing Address (if different):				City:			State:		Zip Code:
Office Description Questioner									
								Yes	No
Are your practice locations soundproof? If no, please describe how patient confidentiality is ensured:								<input type="checkbox"/>	<input type="checkbox"/>
Do your practice locations have a waiting room?								<input type="checkbox"/>	<input type="checkbox"/>
Are your practice locations accessible to the physically handicapped?								<input type="checkbox"/>	<input type="checkbox"/>
Are all medical/patient records kept in a secure/locked area?								<input type="checkbox"/>	<input type="checkbox"/>
Are any of your practice locations located in a residential zone ("home office")? ***If yes, please answer the following questions:								<input type="checkbox"/>	<input type="checkbox"/>
I. Does your office have a separate entrance from your residence?								<input type="checkbox"/>	<input type="checkbox"/>
II. Does a locked door, or other permanent physical barrier separate your office from your residence?								<input type="checkbox"/>	<input type="checkbox"/>
III. Is anyone else home during normal business hours? (If so, please explain how you plan to maintain patient confidentiality):								<input type="checkbox"/>	<input type="checkbox"/>
IV. Please provide a detailed description of your office location?									

Print Name

Signature

Date

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> PICA										PICA <input type="checkbox"/> <input type="checkbox"/>																																																																															
1. MEDICARE <input type="checkbox"/> (Medicare #)					MEDICAID <input type="checkbox"/> (Medicaid #)					TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)					CHAMPVA <input type="checkbox"/> (Member ID#)					GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)					FECA BLK LUNG <input type="checkbox"/> (SSN)					OTHER <input type="checkbox"/> (ID)					1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																						
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)															3. PATIENT'S BIRTH DATE MM DD YY					SEX M <input type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																
5. PATIENT'S ADDRESS (No., Street)															6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>															7. INSURED'S ADDRESS (No., Street)																																																											
CITY					STATE					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>															CITY					STATE																																																											
ZIP CODE					TELEPHONE (Include Area Code) ()										Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					ZIP CODE					TELEPHONE (Include Area Code) ()																																																																
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)															10. IS PATIENT'S CONDITION RELATED TO:															11. INSURED'S POLICY GROUP OR FECA NUMBER																																																											
a. OTHER INSURED'S POLICY OR GROUP NUMBER															a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO															a. INSURED'S DATE OF BIRTH MM DD YY															SEX M <input type="checkbox"/> F <input type="checkbox"/>																																												
b. OTHER INSURED'S DATE OF BIRTH MM DD YY															SEX M <input type="checkbox"/> F <input type="checkbox"/>					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO															PLACE (State)					b. EMPLOYER'S NAME OR SCHOOL NAME																																																	
c. EMPLOYER'S NAME OR SCHOOL NAME															c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO															c. INSURANCE PLAN NAME OR PROGRAM NAME																																																											
d. INSURANCE PLAN NAME OR PROGRAM NAME															10d. RESERVED FOR LOCAL USE															d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete Item 9 a-d.</i>																																																											
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.																																																																																									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.															13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																																										
SIGNED _____ DATE _____															SIGNED _____ DATE _____																																																																										
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY															16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE															17a. _____					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY										17b. NPI																																																											
19. RESERVED FOR LOCAL USE															20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES															22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																																																											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)															23. PRIOR AUTHORIZATION NUMBER																																																																										
1. _____															3. _____															24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY															B. PLACE OF SERVICE					C. EMG					D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)					E. DIAGNOSIS POINTER					F. \$ CHARGES					G. DAYS OR UNITS					H. EPSCOT Family Plan					I. ID. QUAL					J. RENDERING PROVIDER ID. #				
2. _____															4. _____															1															NPI																																												
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25. FEDERAL TAX I.D. NUMBER										SSN EIN					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (If paid claims are back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$					29. AMOUNT PAID \$					30. BALANCE DUE \$																																																						
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)															32. SERVICE FACILITY LOCATION INFORMATION															33. BILLING PROVIDER INFO & PH # ()																																																											
SIGNED _____ DATE _____															a. NPI					b.					a. NPI					b.																																																											

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

College Health IPA
17100 Pioneer Blvd., Ste. 420
Artesia, CA. 90701
Address Service Requested

PRSR STD
U.S. POSTAGE PAID
ARTESIA CA
PERMIT NO. 56



Attention Office Managers

CHIPA sends a special edition of the CHIPA News to Provider office staff to encourage support staff to become familiar with new policies and procedures. To be added to the mailing list, please contact Shawna Gibson at 800-779-3825 x5538 or by email to sgibson@chipa.com. Included in each newsletter for office staff is a simple quiz based on information in the newsletter. Entries with all questions answered correctly are entered into a drawing for a cash prize of \$25!!

Congratulations to Sandy Lutz at James Pratty MD's office! She is the winner of the \$25 for the 2006 Edition II newsletter!