*** PLEASE READ AND POST***

IMPORTANT CHANGES REGARDING CHIPA'S OUTPATIENT MANAGEMENT PROCESS EFFECTIVE 12/01/10

As part of College Health IPA's (CHIPA) continuing efforts to improve the quality and effectiveness of our services, and to meet the expectations of the new Federal Parity law, CHIPA is modifying its Outpatient Management process. Effective December 1, 2010, CHIPA is implementing a new management process for routine outpatient office based services.

This process **only pertains to patients covered under the following health plans**:

- Health Net/Managed Health Network (MHN)
- Aetna Behavioral Health (AT)
- Talbert Medical Group (TMG)

PacifiCare and United Behavioral Health patients **are currently excluded** from this process.

The new management process is outlined below:

Elimination of Preauthorization

Preauthorization for routine outpatient office based treatment is no longer required, *except* for

- Psychological testing
- Neuropsychological testing

For other benefit limitations, contact the primary health plan for Evidence of Coverage information.

Introduction of New Registration Process

Registration is different than prior authorization because it is not a requirement, but facilitates access to care and accelerates the claims process. Routine Outpatient Office Based Treatment will be registered upon request by member or provider or upon receipt of a claim. Registration includes

- Setting up a patient file with CHIPA
- Verifying eligibility and benefits at the time of Registration
- Providing risk assessments as needed
- Faxing a Registration Notice, which includes benefit and claims information (see enclosed sample)

While Registration is not required for claims payment, **patients and providers are strongly encouraged to Register services with CHIPA by calling 800-779-3825.** Registration will

- Clarify if patient qualifies for Federal Parity
- Provide reference number
- Provide written notice of patient demographics and benefit limits
- Help accomplish accurate and timely claims payment

CHIPA will continue to manage outpatient care received by its members by engaging in a quality management process to monitor each practitioner's overall practice. Practitioners on occasion may be contacted by a Clinical Care Manager from CHIPA to discuss individual cases where there appears to be a marked variance from the standards of care. It is CHIPA's goal in this process to ensure our members receive clinically appropriate treatment consistent with the applicable terms of coverage.

FOR QUESTIONS OR CONCERNS PLEASE CONTACT CHIPA AT 800-779-3825

Continuing Care with Current Members

Members who are currently in treatment with a network practitioner with an authorization expiration date on or after December 1, 2010 will be automatically registered. Providers are no longer required to submit Provider Assessment and Authorization Request (PAAR) forms for ongoing authorization and claims payment. If the authorization expiration date is prior to December 1, 2010 or you are uncertain of the expiration date of your existing authorization, we encourage you to contact an Intake Specialist at CHIPA.

CLAIMS PAYMENT

Outpatient claims will be paid upon receipt as long as

- Claim is received within timeliness guidelines
- The patient is eligible and benefits are available at the time service is provided
- Provider is billing a CPT code covered under his/her CHIPA Provider Agreement

Eligibility status is subject to change due to a variety of possible circumstances (e.g., termination of employment, elective change of benefit plan). Practitioners should monitor member eligibility and ensure that members have advised them of any changes.

FAQs for Federal Parity and CHIPA's Outpatient Management Process effective 12/1/10

Q: Why are PacifiCare and United Behavioral Health members excluded?
A: CHIPA has not received notification from PacifiCare and United Behavioral Health regarding their outpatient management processes for Federal Parity. When we receive notification, processes will be modified as required and practitioners will receive updated notification.

Q: When do I need to register care for a new member?
A: You should call to register your member as soon as the member initiates contact to ensure that we can provide you with a reference number.

Q: What happens if I do not register care?
A: If you submit a claim without registration, a registration will be created at that time subject to member's eligibility and benefits. If member is not eligible or benefit is not available the claim will be denied. Providers are encouraged to avoid potential claim denials by requesting a registration.

Q: I have a member currently in treatment but the plan does not renew until January 2011. Do I need to get an authorization or register?
A: While you don't need to get further authorization after December 1, 2010, or submit a PAAR form, we encourage providers to call and register care with us so we know the member remains in active treatment.

Q: Is there a way to know which accounts quality for Federal Parity?
A: The best way to learn about the member's benefit is to contact CHIPA Intake Services and register services. Employers of less than 50 employees and/or individual plans do not qualify for Federal Parity but will continue to qualify for California Parity..

Q: I have a current authorization for a member and their plan renews in January 2011. Can I continue services without registering?
A: If the member requires additional care beyond your current authorization, you should call CHIPA Intake Services at the end of that authorization to determine if the plan is subject to parity and register the care.

Q: Federal Parity was implemented on 10/3/2009; why is this change coming now?
A. While Federal Parity was implemented in October of 2009 the law has been clarified with regulations that go into effect for parity plans when they renew on or after 7/1/2010. Since a majority of plans renew on January 1, CHIPA is making this process effective December 1, 2010 so it is well underway by the first of next year.

Q: I'm concerned that if I don't have an authorization CHIPA won't pay for the service.
A: CHIPA will pay for routine outpatient office based services as long as claim is received within timeliness guidelines, member is eligible and has benefits available, and provider is contracted for the services billed. The only outpatient services requiring preauthorization are: Psychological and Neuropsychological Testing, ECT, and Home or Telephone based services.

Q: I confirmed that my member's benefit is already subject to parity, what do I do now?
A: If you have already registered or had a prior authorization on file, you are expected to continue to treat the member as efficiently and effectively as possible to meet their clinical needs. We do encourage you to advise the member to inform you of any changes in their plan eligibility.

College Health IPA
17100 Pioneer Blvd. Ste. 420
Cerritos, CA 90701-2709
(800) 779-3825 Option 6

Date: 08-16-10 **Acuity: R**
CHIPA Reference Number: 221033-08-03
Health Plan Refrence Number:

CHIPA Provider
CHIPA Provider

REGISTRATION NOTIFICATION FOR Period 12-01-10 Through 12-01-11

This letter is a notification that a file and registration have been created for the patient below. Pre-authorization is not required for routine outpatient services, except for psychological testing. Claims payment is based upon patient eligbility and benefit coverage at the time services are provided. Please re-register at the end of this registration period.

FIRST NAME: Conversion **LAST NAME:** Test Date of Birth: 07-28-88
Address: 123 Raintree Ave Fullerton CA 92833
Home Phone: (955) 555-4444 Work Phone: Cell Phone: (562) 467-1237

BENEFIT INFORMATION

Health Plan Code:	MH2	Plan Code:	M2278
Subscriber:	Conversion Test	Relationship to Subscriber:	1
Non-Parity Co-Payment:	COPAY: 1-20=50	Sessions Per Year:	20
Parity Co-Payment:	COPAY: 1-999=40		

CLAIMS INFORMATION

All claims must be submitted to College Health IPA at the address above. Per your provider agreement, the CPT Codes included in this registration are listed below.

CPT Code / Description
I01 90801 Initial intake office
T01 MULTI 90806,90847 Follow-up Therapy
G01 90853 Group Therapy

CLINICAL INFORMATION:

PCP Name and Phone Number:
Ruth Fikes MD - 800-779-3825

Presenting Problem:
pt. admitted to college hosp. AP DR. Dobin

Prior Treatment:
Current Medication:

Provider Preference:

REVISED ON: 08-16-10 Created by: Ruth F.

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