

# HEALTHsuite Implementation

September 1, 2015

## Provider Communications



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# Overview



- HEALTHsuite Go Live Date- Tuesday, September 1, 2015
- HEALTHsuite will replace Diamond as the Claims processing system
- Cut-over is based on the Date of Service on the claim. Institutional claims will be routed by the “start date”.



9/01/2015

# Communication and Education



## ■ Communication/Education:

- FAQ's
- Provider Bulletin
- Fax Blasts
- Alliance Provider Web Page
- Training Sessions for Billers



# What Will Stay the Same?



What Will Stay the Same?	Description
Member ID's	Currently using HEALTHsuite
Authorization Process and Numbers	Currently using TruCare
Eligibility	Currently using HEALTHsuite
PCP Assignments	Currently using HEALTHsuite
Encounter files	No change
Capitation (for Delegated Providers)	Currently using HEALTHsuite



# What Will Change?

What Will Change?	Description
One Pay To Address	The Pay to Address for claims will be based on the W-9 information on file.
Claims Messages	All messages have changed, refer to the detailed list of HEALTHsuite Claim Messages for more information.
Using a new vendor, ClaimCheck, for CCI edits	The National Correct Coding Initiative (CCI) is used to prevent duplicate payment of services that should have been bundled under a single code.
ERA 835-5010	The new and improved 835 will not use a non-compliant element like it does in the Diamond legacy system where service lines for inpatient claims were 'rolled up' for payment at the claim level instead of the line level.
SNF Bed Levels	<p>These revenue codes should be used to bill Medi-Cal plans for SNF IP services in order for the claim to be paid (with the exception of Custodial):</p> <p>0120: Custodial*</p> <p>0180 or 0190: Bed Hold</p> <p>0191: SNF Lvl 1</p> <p>0192: SNF Lvl 2</p> <p>0193: SNF Lvl 3</p> <p>0194: SNF Lvl 4 (sub-acute level)</p> <p>0195: SNF Lvl 5 (sub-acute level)</p> <p>*Non-Covered Benefit for Medi-Cal members, covered by Medi-Cal Fee-For-Service</p>

# What Will Change?



What Will Change?	Description
Two Checks	You may receive 2 sets of checks- Diamond for a date of service prior to 9/01/15, and HEALTHsuite for a date of service of 9/01/15 and later. Those checks could arrive on different days.
Two Paper Remittance Advice (RA's)	You may receive 2 paper RA's- Diamond for a date of service prior to 9/01/15, and HEALTHsuite for a date of service of 9/01/15 and later.
Paper Remittance Advice Format (RA)	The format will be different, refer to the screen shot on Page 8.
Provider Portal (Healthx)	<ul style="list-style-type: none"> <li>Adjustments and reversals will not have the same claim number</li> <li>Authorizations will be available regardless of date of issuance and whether the claim will be paid in Diamond or HEALTHsuite</li> </ul> <p>Refer to the screen shots on Pages 10-16.</p>
Claim summary and detail report for direct submitters and ClaimsNet	Refer to the screen shot on Page 9.
NDC Requirements for Pharmaceuticals	Refer to the screen shots on Pages 17-18.
Maternity authorizations are required	
Letter Format	Minor cosmetic changes have been made.

# Remittance Advice (RA) Format



PAYEE  
STATEMENT OF REMITTANCE

Page 1

ABC HEALTH CENTER  
35 MAIN STREET  
FREMONT CA 94538

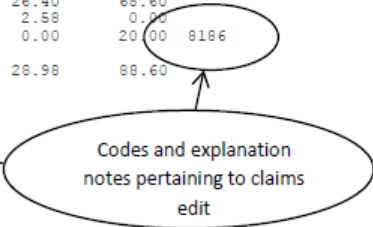
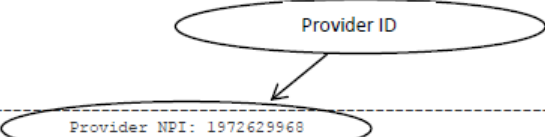
Date: 08/24/15  
Chk/EFT No#: 009915737  
Chk/EFT Total: 3,918.18  
Payee Tax ID#: XXXXX1234

Provider Name: ABC HEALTH CENTER - MAIN      Provider NPI: 1972629968      Line of Business: MEDI-CAL

Member Name: SMITH, JOHN      Member ID #: 339672872      Pt Acct#: 000100419494      Claim#: 636496259

Rev Code	Proc Mod Code	Service From	Service Thru	# Of Units	Billed	Allowed	Copay	Deduct	Coins	Late Fee	Medicare OIC Paid	Amount Paid	Not Covered	MSG CODES
99213		01/05/15	01/05/15	1	95.00	26.40	0.00	0.00	0.00	0.00	0.00	26.40	68.60	
82962		01/05/15	01/05/15	1	2.58	2.58	0.00	0.00	0.00	0.00	0.00	2.58	0.00	
83036	QW	01/05/15	01/05/15	1	20.00	0.00	0.00	0.00	0.00	0.00	0.00	20.00	20.00	8186
Total For Claim # 636496259					117.58	28.98	0.00	0.00	0.00	0.00	0.00	28.98	88.60	

Claim Reason Codes: 8184 CLAIM FORWARDED TO MARCH VISION (4273)  
 8186 QUEST CAPITATED SERVICES  
 2998 NDC IS REQUIRED FOR PROCEDURE CODE  
 8138 CODE REQUIRES MODIFIER  
 1041 PROCEDURE IS AN INCIDENTAL PROCEDURE, PRIMARY PROCEDURE PRESENT 99213  
 1996 CCI (OR OCE) INCIDENTAL PROCEDURE; SHOULD NOT BE REIMBURSED





# Claim Summary And Detail Report



Claims Submission Detail Response - 08/06/2015							
File Name	Amended Submitter	Processed Date	Reject Reason	ClaimNo (PCN)	TIN	BillingNPI	
02150804.007	AAJ Provider	08/05/2015	Invalid Billing Provider	31M29609463	364745424	1053653873	
02150804.007	AAJ Provider	08/05/2015	Invalid Billing Provider	31M29609464	364745424	1053653873	

BillingFirstName	BillingMiddleName	BillingLastName	RenderingNPI	RenderingFirstName	RenderingMiddleName	RenderingLastName	ClaimType	ServiceStartDate	ServiceEndDate
			1104939172				837p	07/23/2015	07/23/2015
			1104939172				837p	07/23/2015	07/23/2015

Claims Submission Summary Response - 08/06/2015							
File Name	Amended Submitter	Processed Date	Total Claims Submitted	Total Claims Accepted	Total Claims Rejected		
02150804.007	AAJ PROVIDER	8/05/2015	50	49	1		



# Provider Portal/Healthx Claims Screen Shot

Home Member Info Test Check Number Search Provider Directory

[Home](#) • Claim Status

Claims are automatically displayed for the selected TIN in the dropdown box for dates of service within the last 90 calendar days. The Begin Date and End Date search can be used for claims with a date of service older than 90 days.

Claims can also be searched by Claim number, Member ID (123456789), CIN (12345678E), SSN (123456789) or Check Number.

If entering multiple claim numbers, separate each one with a comma or press "Enter" after each number.

Select Provider:  ▼

Claim Status

Claim Number ▲	Member Name	Member ID	Date of Service	Rendering Provider	Total Billed
321654987	SMITH, JAN	000123456	6/1/2015	ORTHOTICS CLINIC	\$192.00
963852741	SMITH, JAN	000123456	6/2/2015	ORTHOTICS CLINIC	\$192.00
357159456	HENDERSON, MARY	000456789	5/28/2015	ORTHOTICS CLINIC	\$3,995.00
059216437	HENDERSON, MARY	000456789	5/29/2015	ORTHOTICS CLINIC	\$377.00
573098516	JONES, LARRY	123456789	5/28/2015	ORTHOTICS CLINIC	\$7,297.00
886040236	JONES, LARRY	123456789	5/28/2015	ORTHOTICS CLINIC	\$5,789.00
703064821	LOPEZ, MYRA	456789123	5/28/2015	ORTHOTICS CLINIC	\$2,860.00
904101582	CHANG, BAO	789123456	6/4/2015	ORTHOTICS CLINIC	\$345.00
3048415182	CHANG, BAO	789123456	6/3/2015	ORTHOTICS CLINIC	\$184.00
941015821	MOHAMMAD, ANWAR	321654987	6/8/2015	ORTHOTICS CLINIC	\$869.00

◀◀ ◀ Page 1 of 9 ▶▶▶▶

88 claims found.

[Download Results](#)

[Show/Hide Search](#)

Claim Number(s):

Member ID:  ▼

Begin Date:

Check Number:

Date of Birth:

End Date:

FOR HEALTH

Health care you can count on.  
Service you can trust.

# Provider Portal/Healthx Claims Screen Shot

THIS IS NOT A BILL

## Claim Detail for Member

Member Name:	MOHAMMAD, ANWAR	Member Number:	321654987
Claim Number:	941015821	Date Received:	06/16/2015
Date of Service:	06/08/2015	Total Charges:	\$869.00
Rendering Provider:	ORTHOTICS CLINIC	Member Cost/Responsibility:	\$0.00
Original Claim Number:	730468221	Total Paid:	\$420.25

## Services and Charges

Line	From Date	Through Date	POS	Services	Qty	Primary Diag Code	Amount Billed	Amount Approved	Member Cost	Other Amount	Amount Paid	Status	Check Date	Check Number
001	06/08/2015	06/08/2015	Home	ANK FT ORTHOT PLSTC/OTH MATL CSTM	1	335.20	\$679.00	\$347.88	\$0.00	\$0.00	\$347.88	Paid	07/02/2015	639268
002	06/08/2015	06/08/2015	Home	ADD LW EXT VARUS/MULGUS CORR PLSTC	1	335.20	\$190.00	\$72.37	\$0.00	\$0.00	\$72.37	Paid	07/02/2015	639268

## Claim Notes/History

Date Received	06/16/2015
---------------	------------

**AMERICA**  
**FOR HEALTH**

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# Provider Portal/Healthx Authorizations Screen Shot

Member Info    Provider Directory

[Home](#) • [Auth Status](#)

Providers may view only authorizations where he/she is the requesting and/or referred to provider. PCPs may view all authorizations for their assigned members.

Search by: Member ID (12345678901), SSN (123456789), CIN # (12345678E), Member ID and DOB or Authorization Number (IP1234567899 or OP1234567899).

If entering multiple Authorization numbers, separate each one with a comma or press "Enter" after each number.

Auth Status

Member ID	Member Name	Auth Number	Start Date	Service	Service Description	Type	Status
000123456	SMITH, JAN	IP0009871234	2/10/2015	SVCTYPE	Hospital - Inpatient	INPATIENT	APPROVE
000123456	SMITH, JAN	IP0009871234	2/13/2015	SVCTYPE	Hospital - Inpatient	INPATIENT	VOID
000456789	HENDERSON, MARY	IP0003691472	4/16/2015	SVCTYPE	Hospital - Inpatient	INPATIENT	APPROVE
000456789	HENDERSON, MARY	IP0003691472	4/19/2015	SVCTYPE	Hospital - Inpatient	INPATIENT	APPROVE
123456789	JONES, LARRY	IP0008527413	4/17/2014	Z6904	PHYSICAL THERAPY SERVICES	OUTPATIENT	VOID
123456789	JONES, LARRY	IP0008527413	4/17/2014	Z6906	OCCUPATIONAL THERAPY SERVICES	OUTPATIENT	VOID
456789123	LOPEZ, MYRA	IP0007412589	7/14/2014	Z6900	SKILLED NURSING SERVICES	OUTPATIENT	APPROVE
789123456	CHANG, BAO	IP0006543217	7/31/2014	Z6900	SKILLED NURSING SERVICES	OUTPATIENT	APPROVE
321654987	MOHAMMAD, ANWAR	IP0005623891	1/26/2015	OPTGA	OP REHABILITATION SERVICES	OUTPATIENT	DENY

9 authorizations found. [Download Results](#)

[Show/Hide Search](#)

Authorization Number(s):

Mem

Date

9/01/2015

Service you can trust.

Authorizations with multiple lines appear once for each line item.

The combination of Start Date, Service, Service Description and Status differentiate line items.

# Provider Portal/Healthx Authorizations Screen Shot



## Authorization Summary:

Auth Number:	IP0009871234	Status:	APPROVE
Request Date:	02/10/2015	Authorization Type:	INPATIENT
Member Name:	SMITH, JAN	Member ID:	000123456
Date of Birth:	03/28/1956		



## Provider Details:

Requesting Provider:	Hospital	Servicing Provider:	
Phone:	510-555-4567	Phone:	Not Available
PCP:	Dr. Lee		
Phone:	510-555-9874		



## Authorization Details:

Service Dates		Days/Units	
Start Date:	02/10/2015	Requested:	3
End Date:	02/13/2015		
Place of Service:	Inpatient Hospital		
Diagnosis Codes:			
Procedure Codes:	SVCTYPE Hospital - Inpatient		
Additional Notes:			



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# Provider Portal/Healthx Authorizations Screen Shot

## Authorization Summary:

Auth Number:	IP0007412589	Status:	APPROVE
Request Date:	07/14/2014	Authorization Type:	OUTPATIENT
Member Name:	LOPEZ, MYRA	Member ID:	456789123
Date of Birth:	09/14/1959		



## Provider Details:

Requesting Provider:	Home Health Care	Servicing Provider:	
Phone:	510-555-8513	Phone:	Not Available
PCP:	Dr. Lee		
Phone:	510-555-6871		



## Authorization Details:

Service Dates		Days/Units	
Start Date:	07/14/2014	Requested:	1
End Date:	10/12/2014		
Place of Service:	Home		
Diagnosis Codes:			
Procedure Codes:	Z6900 SKILLED NURSING SERVICES		
Additional Notes:			

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# Provider Portal/Healthx Authorizations Screen Shot



Auth Status

Not Medically Necessary

Authorization Summary:			
Auth Number:	IP0005623891	Status:	<u>DENY</u>
Request Date:	01/26/2015	Authorization Type:	OUTPATIENT
Member Name:	MOHAMMAD, ANWAR	Member ID:	321654987
Date of Birth:	02/19/1976		



Provider Details:			
Requesting Provider:	Not Available	Servicing Provider:	Rehabilitation
Phone:	Not Available	Phone:	510-555-9753
PCP:	Dr. Tsang		
Phone:	510-555-6871		



Authorization Details:			
Service Dates		Days/Units	
Start Date:	01/26/2015	Requested:	8
End Date:	04/26/2015		
Place of Service:	Independent Clinic		
Diagnosis Codes:			
Procedure Codes:	OPTGA OP REHABILITATION SERVICES		
Additional Notes:			



# Provider Portal/Healthx Authorizations Screen Shot



Auth Status

AUS Scope

## Authorization Summary:

Auth Number:	IP0008527413	Status:	<a href="#">VOID</a>
Request Date:	01/26/2015	Authorization Type:	OUTPATIENT
Member Name:	JONES, LARRY	Member ID:	123456789
Date of Birth:	02/19/1976		



## Provider Details:

Requesting Provider:	Home Health Care	Servicing Provider:	Home Health Care
Phone:	510-555-46793	Phone:	510-555-46793
PCP:	Dr. Johnson		
Phone:	510-555-6871		



## Authorization Details:

Service Dates		Days/Units	
Start Date:	04/17/2014	Requested:	6
End Date:	07/17/2014		
Place of Service:	Outpatient Hospital		
Diagnosis Codes:			
Procedure Codes:	Z6906 OCCUPATIONAL THERAPY SERVICES		
Additional Notes:			





# NDC Requirement on Pharmaceuticals

- Claims for physician administered pharmaceuticals requires a National Drug Code (NDC) per the Deficit Reduction Act of 2005 (DRA)
- NDC is 11 digits in a 5-4-2 format found on the drug container
- The NDC submitted must be the actual NDC on the package used
- Claims are priced based on the HCPC code; NDC used for rebate processing only

# Example of NDC Billing

- CMS 1500 Claim Form

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMS	D. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS	F. CHARGES	G. DRUGS OR UNITS	H. UNIT PRICE	I. ID. QUAL.	J. RENDERING PROVIDER ID. #	PHYSICIAN OR SUPPLIER INFORMATION							
											MM	DD	YY	MM	CC	YY	MM
N412345678901			UN0000012000														
1																	
2																	
3																	
4																	
5																	
6																	

2 digit Valid Unit of Measurement Qualifiers (UN = Unit)

- UB-04 Claim Form

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
	N412345678901UN0000030000				

Nine Digit Quantity

# FAQ's

- **Will providers get paid? Yes.**
- **Why is the Alliance re-implementing HEALTHsuite?** The Alliance is committed to upgrading the claims payment system in readiness for an increasingly multifaceted health system. For instance, the current system will not support the ICD-10 and other complex payment tracking initiatives for which health plans are accountable.
- **What numbers should be used (Provider ID and Member ID) when billing?** Each provider has a personal NPI number which should show as the rendering provider number. The Member ID on each Member's ID card should be used to identify the member. The Alliance does additional matching on social security numbers, CIN and date of birth when listed.

# FAQ's

- What numbers should be used in Box 33 on the 1500 form and Box 2 on the UB04 form?
  - On a 1500 claim form the Pay-to Address is in Box 33.

31	SEE ATTACHED		
2	943193184	SSN EX	3400267582
23	ACCEPT ASSIGNMENT?		29 1680-80
	<input type="checkbox"/> YES <input type="checkbox"/> NO		30 800 2380098
31	Harry Jones, MD	EAST BAY ANESTHESIOLOGY MED GR	
	03 24 2015	PO BOX 13607	
SIGNED	DATE	SACRAMENTO CA 95853-3607	
DAF007340/25127/943193184/0001/3400267582/		1649226242 1D00G659510	

- For a UBO4 the Pay-to Address is in Box 2. If there is no Pay-to Address on the claim then the Pay-to Address is in Box 1. Input the correct billing number in box 56.

D15021807891			
SVNAH SAN LEANDRO HC		SUTTER VNA AND HOSPICE	
1651 ALVARADO ST		PO BOX 742687	
SAN LEANDRO CA 94577-2636		LOS ANGELES CA 90074-2687	
510-618-5200			
26. PAY CONT #	583349	3	
4. AED REC #	SLV00017534101	333	
8. FEQ. TAX NO.	946068843	9. STATEMENT COVERS PERIOD FROM	121914
		THROUGH	121914
1. PATIENT NAME	Doe, John		
3. PATIENT ADDRESS	894 WILLOW ST.		
	ALAMEDA CA 94501-		

# FAQ's

- **How are Providers to be listed in the Provider Portal? Provider Directory?** The implementation of the new payment system should not affect the way providers are displayed in the Provider Portal or the Provider Directory.
- **Are the Remittance Advice (RAs)/Explanation of Benefits (EOBs) changing? How will they look? Will there be new codes? Will they be the same as current reason codes?** Yes, there will be new reason codes and no they are not the same as the current reason codes. The RA has a legend that will describe any codes that are listed on the provider's RA for each check run. Please refer to the RA Format screen shot on Page 8.

# Still Have Questions?



Please contact our Provider Relations  
Department at:

(510)747-4510

and we will be happy to assist you

