

AUGUST 2017

COUNTY OF LOS ANGELES/DEPARTMENT OF HEALTH SERVICES (DHS)
PHYSICIAN REIMBURSEMENT PROGRAM

Deadline Reminder
Fiscal Year 2016/17

Physician claims submission deadline for
Fiscal Year (FY) 2016/17 is:

OCTOBER 31, 2017
5:00 P.M.

**There are no exceptions to this deadline
date**



Submit claims with service dates of:

July 1, 2016 to June 30, 2017

All claims for the Physician
Reimbursement Program

MAILING ADDRESS

American Insurance Administrators (AIA)
P.O. Box 17908
Los Angeles, CA 90017-0908

**Do not wait until the October 31st
claims submission deadline**

AIA Hotline

For questions regarding program changes,
claim status or handling, please contact AIA
via the Physician Claims
Hotline

(800) 303-5242



Update Program Enrollment
Provider Form

Providers are to submit an updated
Program Enrollment Provider Form
to AIA if any of the following have
occurred:



- ▶ Change of Office Location
- ▶ Change in Billing Company
- ▶ Gone out of business
- ▶ An updated W-9 Form should also be submitted

These forms should be faxed to:

American Insurance Administrators (AIA)
Attention: Kristen
FAX # (562) 692-8689

Submitting current and accurate information
will avoid any delays in receiving future
payments.

Billing/Updates

- ▶ A Medi-Cal denial must be attached when submitting pregnancy or OB claims
- ▶ Notifying AIA of any change in provider or billing co. is very crucial in keeping records up to date

How to Update
Your Billing
Information



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Physician Reimbursement
Advisory Committee (PRAC)

The Physician Reimbursement Advisory Committee (PRAC) is an advisory committee to the Los Angeles County Department of Health Services on matters related to the reimbursement of emergency and trauma care to private sector physicians. The membership consists of emergency and other specialty physician, surgeons and billing agents. The Department of Health Services established this committee to make recommendations on policies, procedures and rates for the reimbursement of physicians and to review appeals of rejected or denied claims.



When appealing a claim, make sure all documents requested (i.e. op reports, path reports) are submitted with a:

- ▶ **HCFA/CMS 1500**
- ▶ **Demographic Data Form (DDF)**
(previously CHIP form)
- ▶ **Copy or the reject or denial letter**

Any physician who would like a reimbursement issue reviewed should forward requests or recommendations to:

L.A. County EMS Agency/PRAC
10100 Pioneer, Suite 200
Santa Fe Springs, CA 90670
ATTN: Reimbursement Coordinator

Physician Program Audits

Warning: The Department of Health Services continues to audit a random sample of individual physician claims.

The Physician Reimbursement Advisory Committee (PRAC) has advised the Department to exclude from participation in the program any physician who fails to provide **both** **Medical and Financial** records for audited claims. Refer to the Physician Services Program Billing Procedures Fiscal Years 2013/14-15/16, Section XII pages 6&7.



Audit Issues

- ▶ Providers should complete and DOCUMENT screening for Third Party Coverage
- ▶ Lack of documentation to show follow-up on possible third party coverage
- ▶ If a provider goes out of business and is replaced with a new provider, it is the responsibility of the new provider to obtain both Medical and financial records for audited claims