

DECEMBER 2020

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

## 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.

## AIA MAILING ADDRESS

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



## AIA HOTLINE

For questions regarding payments, timely filing, claim status or handling, please contact AIA via the:



Physician Claims Hotline at **(800) 303-5242**  
or by e-mail at [PSIP@MAPINC.COM](mailto:PSIP@MAPINC.COM)

## PAYMENTS/ REMITTANCE ADVICE (RA)

Remittance Advice's (RA) are mailed out the same day of the warrant issue date. Please allow 10 working days from warrant/check issued before requesting a copy.



## PROVIDER CHANGES AIA MUST BE NOTIFIED

AIA must be notified if changes or updates in any way have occurred in the provider's program. These changes shall be submitted in writing on the physician's current letterhead and/or by completing and submitting the required forms and faxed or e-mailed to:

**IMPORTANT  
REMINDER**

2009018873 CoGraph.com

**American Insurance Administrators (AIA)**  
Attention: PSIP Physician Enrollment Dept.  
FAX# (562) 692-8689  
E-MAIL [PSIP@MAPINC.COM](mailto:PSIP@MAPINC.COM)

### 1. Change of address

If provider has changed their payee address (where the Remittance Advice (RA) and check are sent) **the letter should include:**



- tax ID
- former address
- new address
- effective date of new address
- **submit a copy** of the W9 form
- **submit a copy** of the Program Provider Enrollment form

### 2. Change of biller

If provider has changed their biller and payee address **WILL NOT be changing the letter should include:**



- tax ID
- effective date of change
- name of new biller
- biller's e-mail address
- biller's telephone number

### 3. Change of billing company

If provider has changed their billing company or gone out of business **the letter should include:**

- billing company name and/or

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## PROVIDER CHANGES

**AIA MUST BE NOTIFIED** (cont.)

### 3. Change of billing company

**gone out of business**

- e-mail address
- mailing address
- telephone number
- fax number
- new billing contact name\*
- former billing company name
- former billing contact name

\* Not applicable if gone out of business

### 4. Change of biller and payee address

If provider has changed their biller and payee address (where the Remittance Advice (RA) and check are sent) *WILL change*, the provider must re-enroll in the program by **completing and submitting the following forms:**

- Program Enrollment Provider form
- Conditions of Participation form
- W-9 form
- a copy of the physician's license
- a **copy of the previous** Program Provider Enrollment form

### 5. Change of provider's group name

If provider has changed their group name, the provider must re-enroll in the program by



**completing and submitting the following forms:**

- Program Enrollment Provider form
- Conditions of Participation form
- W-9 form
- a copy of the physician's license
- a **copy of the previous** Program Provider Enrollment form

## PROVIDER CHANGES

**AIA MUST BE NOTIFIED** (cont.)

### 6. Renewed Physician License

If provider has renewed their license, **fax or e-mail AIA:**



- a copy of the physician's updated license
- tax ID

## AIA & EMS MUST BE NOTIFIED

### 7. Change of billing auditor

If provider has changed their billing auditor, AIA and EMS shall be notified of this change



**the letter should include:**

- name of the provider
- name of new billing auditor
- billing auditor's telephone number
- billing auditor's e-mail address

Fax a copy of this letter to:

**American Insurance Administrators (AIA)**

Attention: Enrollment FAX # (562) 692-8689

and

**Emergency Medical Services Agency:**

Attention: Auditor FAX # (562)-378-1021

Submitting current and accurate information

will avoid any delays in

receiving future payments.

