

PROVIDER FREQUENTLY ASKED QUESTIONS

Authorization & Payment

How can I tell which contract my patient is under?

- The authorization letter lists the contract under Benefit Information, Insurance. Human Affairs International-CA = HAI, MH2 = MHN Health Net, PB = PacifiCare Behavioral Health, TM = Talbert Medical Group

Which authorization number should I use when submitting claims to CHIPA?

- Use the "Certification Number" (e.g., 115734-01-01).

How do I know which co-pay to collect?

- Read the notes on bottom of authorization letter regarding parity diagnosis. If your billing diagnosis is listed under parity diagnoses collect the lower parity co-pay. If your billing diagnosis is not listed, collect the standard co-pay.

Can I bill patient for a no-show or late cancellation?

- Providers can bill patient for a no-show or late cancellation only after patient has signed acknowledgement that they will be charged. Therefore, 1st session late cancellations or no shows cannot be billed to the patient.

Can I bill CHIPA for a 1st session no show or late cancellation?

- No. Exceptions may be made on a case-by-case only after provider has spoken with a CHIPA Case Manager.

Can I bill patient for any sessions denied by CHIPA?

- No. The only time a provider can bill patients for sessions is if: 1) Patient was ineligible at the time of service; 2) Patient's benefit was exhausted; or 3) Service provided was not covered under the benefit. If denial is due to lack of pre-authorization and/or authorization outside of authorization dates, patient cannot be billed. In these situations, patient can only be charged their co-pay.

Case Management

How long does it take to get additional authorization once a request has been submitted?

- Providers should receive additional authorization within 10 calendar days of submitting a request.

What should I do if I haven't received additional authorization within 10 calendar days?

- Call CHIPA. The Intake Specialist can research status of request and 1-2 sessions may be authorized for continuity of care while waiting for your request to be processed.

How is Psychological Testing Approved?

- A patient is referred to a licensed Psychological for evaluation. The psychologist is responsible for submitting request for Psychological Testing following the evaluation to CHIPA using appropriate payer form (reference Form Guidelines). CHIPA reviews the request and authorizes testing based upon medical necessity guidelines.

Can I see a patient more than one time per week?

- No – unless pre-approved by a CHIPA Case Manager. Authorizations issued by CHIPA are for one session per week unless provider has received pre-approval. To obtain pre-approval please call CHIPA and request to speak to a Case Manager.

Can my intern treat the patient and I submit billing under my name?

- No – Under the insurance benefit the treating provider must be licensed to practice independently in the state in which they treat patients (California or Arizona). Authorizations are only issued to treating providers and should never be assigned to an intern.

How come a request for additional sessions is required when a patient has a parity diagnosis and unlimited sessions?

- *Parity was never intended to eliminate the case management review process. Authorization is always granted based upon medical necessity. Providers must submit request for additional sessions with appropriate clinical information in order for CHIPA to make a medical necessity determinations.*

Claims

How should I submit claims?

- *Claims should be mailed to CHIPA using the standard HCFA Form. Mailing address is College Health IPA, Attention: Claims, 17100 Pioneer Blvd, #420, Cerritos, CA 90701.*

How many dates of service can I bill at one time?

- *Each HCFA form allows billing of up to 6 dates of service. If you are billing for more than 6 dates of service at a time, you must submit on multiple HCFA Forms (e.g., 10 dates of service equals 2 HCFA Forms, 6 on one and 4 on the other).*

How long does it take to receive payment?

- *Standard turn-a-round time for CLEAN claims is 3 weeks. CHIPA has up to 30 working days or 45 calendar days to process a CLEAN claim.*

Why was standard co-pay taken when I billed a parity diagnosis?

- *Co-pay determination is always made from the primary diagnosis code. If primary diagnosis was non-parity (e.g., 309.28, 300.01), then the standard co-pay would have been deducted, even though secondary diagnosis was parity.*

What is an UNCLEAN Claim?

- *An UNCLEAN claim is one in which information is missing or information is wrong (e.g., wrong Tax ID Number, wrong CPT Code, etc.)*

Who do I contact to appeal a claim denial?

- *Call CHIPA at 800-779-3825, Select Option 5 for the claims department. You may also mail a Claims Dispute Resolution Request to CHIPA at the claims address above.*

Why can't my denied claims be pulled and reprocessed?

- *For auditing and regulatory compliance purposes, claims that were submitted and denied and then are subsequently corrected must be resubmitted on a new HCFA 1500 Claim Form.*

Why do I have to request additional authorization through case management?

- *Claims department does not have access to create authorizations due to established accounting guidelines.*

HIPAA & Confidentiality

Why do I need to give out HIPAA information if HIPAA doesn't apply to me (e.g., I don't process any paperwork electronically)?

- *CHIPA is a "Covered Entity" under HIPAA and therefore the patients that we refer must receive a copy of the CHIPA Form: "Confidentiality of Personal and Health Information."*

Why can't I request an authorization for a patient who has contacted me?

- *To protect patient's personal and health information, we must have some record that patient or guardian is consenting to treatment. If CHIPA does not have a file for patient, we must contact the patient or guardian to ensure consent prior to releasing an authorization. If the patient or guardian has already contacted us and we have a file, CHIPA can release authorization.*

Do I have to release medical records upon a patient's request?

- *Yes - California law and HIPAA grants patients the right to request their personal medical records. However, a provider subject to both California law and HIPAA may provide a written or verbal summary of the requested information, in lieu of providing access to the entire medical record, but only if the individual agrees, in advance, to a summary and any related fees.*

What about releasing psychotherapy notes?

- *HIPAA excludes psychotherapy notes (notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private, group, joint or family counseling session which are separated from the rest of the individual's medical record) from the patient's right to access information. However, California law has no such exception. If a provider is considering denying a patient or legal guardian the right to access psychotherapy notes, legal counsel should be obtained.*