

Official Provider Newsletter of Citrus Valley Physicians Group

Preventative Care

Citrus Valley Physicians Group believes that getting regular preventive care can keep your patients healthy and independent. Preventive care can include yearly physical exams and regular screenings and tests.

We need your assistance in closing out your gap measures. Some of you still have a few members outstanding. Please work on getting the remaining exams scheduled before the end of year. Health plan compliance is our focus!

If you have patients who are not comfortable coming into your office. House call Doctors Medical Group is an option that offers another way to get regular preventive care—without leaving the comfort and safety of their home! HCMG doctors, physician assistants and nurse practitioners can provide your patients an in home visit that includes a yearly wellness exam and comprehensive review of their health. If you have questions or would like to schedule an appointment, please call House call Doctors at 1-800-861-8010, Monday through Friday, from 9 a.m. to 5:30 p.m.

In This Issue:

- Preventative Care
- Facebook Page
- Well-Child Visits and Vaccinations
- Upcoming Annual Election Period (AEP)
- Breast Cancer Awareness

CVPG Contact Information

Provider Relations Specialist Caridad Zamora (562) 533-0006

PR Coordinator Fredy Espino (562) 562-860-8771 x163

IPA Manager Evelyn Jimenez (562) 405-1405



Well-Child Visits and Recommended Vaccinations Are Essential

Well-child visits and recommended vaccinations are essential and help make sure children stay healthy. Children who are not protected by vaccines are more likely to get diseases like measles and whooping cough. These diseases are extremely contagious and can be very serious, especially for babies and young children. In recent years, there have been outbreaks of these diseases, especially in communities with low vaccination rates.

Well-child visits are essential for many reasons, including:

- · Tracking growth and developmental milestones
- · Discussing any concerns about your child's health
- Getting scheduled vaccinations to prevent illnesses like measles and whooping cough (pertussis) and <u>other serious diseases</u>

As children attend in-person learning and care, it's particularly important for parents to work with their child's doctor or nurse to make sure they get caught up on missed well-child visits and recommended vaccines.





https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html

Upcoming Annual Election Period (AEP)

Please remember that Medicare (AEP) Annual Election Period is coming up October 15th and runs through December 7th. This is a time when your members are able to review the new 2023 plans and if needed, make changes starting January 1, 2023. We're available to help members and their families with all of their health insurance needs and questions.

Please call Nicolina Alves, Marketing Manager at (760)-941-7309, ext. 136 for more information.



October is Breast Cancer Awareness Month, which is a worldwide annual campaign to increase awareness and to promote regular screening and early detection of breast cancer.



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Encounter Data

You are eligible to receive \$2.00 per capitated encounter that is received within 30 calendar days of the date of service. We would like to emphasize the importance of submitting encounter data. Complete, accurate, timely Encounter Data is key for maintaining and determining changes in the health status of your members while complying with health plan related programs. Health Plans also use Encounter data for obtaining measurable patient statistics-such as HEDIS reporting and patient interactions observed by health plans. Please submit your CVPG encounter data within 30 days of the date of service in order to qualify for the incentive and don't forget to inform your billing department. Payments will be made quarterly, 30 days after the close of each quarter.

Compliance

Remember to allow time for you and your staff to take their required <u>annual</u> compliance related trainings for the 2022 calendar year. Each of your health plan contracts and state and federal funding programs mandate us to complete these. We recommend to have this done no later than August 26, 2022. The training(s) should include: your office's Code of Conduct, topics which cover; Fraud, Waste and Abuse, compliance, HIPAA Privacy and Security, LA Care Cal-MediConnect, Critical Incident Awareness and a few more. A complete list of the trainings and materials can be viewed on our web portal https://cvpg.org/provider and scroll down the page to "Compliance" to review a complete list of the compliance related trainings. While conducting any in-person staff trainings for these topics, https://cvpg.org/provider and scroll Acare or Health Net along with our FDR Attestation. Fax to PDT at (562) 269-5829.

In This Issue:

- Encounter Data
- Compliance
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- Communication of Provider or Office Changes

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Communication of Provider or Office Changes

Providers must provide 90 days' notice to the IPA in writing (preferably on office letterhead) along with any required supporting documentation (e.g. a TIN change requires copies of the W-9 forms.) for any changes to your practice. Requests may be sent to the Provider Relations Specialists by mail, email or fax 562-269-5829.

Important Reminder-Citrus Valley Physicians Group members assigned to your practice should be seen during regular business hours, Monday through Friday between the hours of 9am to 5pm. Our records indicate that on several occasions members have been seeking Primary Care services at both contracted and non-contracted urgent care facilities during the capitated provider's.

To avoid capitation deducts, please only refer CVPG patients to LabCorp.

LabCorp Link (formally known as Beacon) is an online gateway to order, view, share, manage and analysis lab results—anytime, anywhere.

LABCORP REQUISITION FORMS MUST BE FAXED TO LABCORP OR SUBMITTED DIRECTLY THROUGH LABCORP LINK.

Sign up today!! www.labcorp.com

Please remember when referring CVPG members for Family Planning Services to refer to our contracted provider, Family Planning Associates. They have over 25 locations. Please visit their website for details www.fpawomenshealth.com.

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Diabetic Eye Screening

Annual Diabetic Eye Screenings allow for early detection and treatment of diabetic eye disease. Diabetic eye disease can lead to damage of eyesight or complete vision loss. Citrus Valley Physicians has partnered with California Eye Specialists to offer a quick eye screening that will help detect eye disease before vision loss begins. Please have your patients call California Eye Specialists to schedule their annual eye screening. California Eye Specialists looks forward to providing you with exceptional eye

To schedule in-office visit, please call: Evelyn Montoya Ph.: 626-305-9100 Ext 15504

Communication of Provider Address and Data Changes

Providers shall provide 90 days' notice to the IPA in writing (preferably on office letterhead) along with any required supporting documentation (e.g. a TIN change requires copies of the W-9 forms.). Requests may be sent to the Provider Relations Specialists by mail or fax. **Important: Delay in notifying us with address and data changes may affect your claims payments.**

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- California Children's Service (CCS)
- Initial Health Assessment/Individual Health Education Behavior Assessment/Staying Healthy Assessment
- IPA Important Contacts

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California Children's Service (CCS)

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae.

L. A. Care will ensure timely referrals are made to and for CCS specialists, hospitals and specialty centers for Members under the age of 21 years who have conditions eligible for services through CCS.

° Providers must follow the most recent CCS Numbered Letter instructions on referral to CCS paneled hospitals using CCS paneled physicians. Providers are referred to the DHCS website for full instructions: http://www. dhcs.ca .gov/Services/ CCS/Pages/default.aspx

IPA Contacts

<u>Provider Relations Coordinator</u> Fredy Espino

(562) 860-8771, Ext. 182

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(562) 484-1437

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(562) 405-1405

Initial Health Assessment/Individual Health Education Behavior Assessment/ Staying Healthy Assessment

IHA/IHEBA is a required comprehensive assessment that is completed during a patient's initial encounter with his/her PCP. CVPG as a contracted managed care provider organization is required by our health plans and ultimately California Department of Health Care Services (DHCS) to ensure that new Medi-Cal members 18 months or older receive an Initial Health Assessment (IHA) within 120 days and members less than 18 months old receive IHA within 60 days of becoming CVPG members.

An IHA consists of a history and physical examination and an Individual Health Education Behavioral Assessment (IHEBA). This allows the primary care providers to comprehensively assess the member's current acute, chronic, and preventive health needs, as well as identify those members whose health needs require coordination with appropriate community resources and other agencies for carve-out services.

Encounter Data – You are eligible to receive \$2.00 per capitated encounter that is received within 30 calendar days of the date of service. An encounter is defined as a complete, capitated claim which includes valid CPT and ICD codes and will be counted once per member per date of service.

CVPG would like to emphasize the importance of submitting encounter data. Complete, accurate, timely Encounter Data is key for determining needed changes and improvements in health related programs.

Please include all diagnosis codes as well as cpt II codes. CPT Category II codes are used for tracking data collection for the purpose of performance measurement. Using CPT II codes can ease the burden of chart review for HEDIS Measures. HEDIS Coding tip sheet attached. Health Plans also use Encounter data for monitoring oversight functions including HEDIS reporting, Capitation rate development, and for the meeting various regulatory requirements.

Payments will be made quarterly, 30 days after the close of each quarter.



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Please remember to allow time for you and your staff to take their required annual compliance related training for 2022 calendar year. A complete list of the trainings and materials can be viewed on our web site: cvpg.org

Did You Know...

The Department of Managed Health Care requires that all contracted providers adhere to the Access to Care Standards. The health plans monitor member access to care through surveys that assess your appointment wait times, after-hours instructions and language assistance program compliance with those standards.

The Health Plans select random sample of participating providers to survey on an annual or quarterly basis. They will resurvey non-compliant providers and if they continue to not meet the access standards, they will have no choice but issue a corrective action plan.

Please review the Access to Care Standards and ensure that you and staff are familiar with the requirements. Please contact your Provider Relations Specialist for more information.

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Important: Delay in notifying us with address and data changes may affect your claims payments. Please call the Provider Relations department at (562) 860-8771 ext. 163 or ext. 101 if you have any questions.

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HEDIS

Please take the opportunity to schedule all your patients to come in to complete their HEDIS preventive care measures. This is very important in keeping members healthy and to manage any chronic conditions the members may have. As a reminder, CVPG utilizes a population management system called Cozeva to provide our network with a tool to manage and care for the health of our members. Primary Care Providers can utilize Cozeva to submit care gap reports as well as annual wellness visits forms directly to CVPG in real time, thus eliminating the need for faxing and potentially delaying the process. If you and your staff have not obtained access to Cozeva, Please reach out to your Provider Relations Specialist.

To maintain continuity of care, providers are required to be available to provide services for a minimum of 24 hours each week. Office hours must be clearly posted and members must be informed about the providers availability at each site. There are strict guidelines for providing access to health care 24 hours a day, 7 days a week:

- Provider must be available 24 hours a day by telephone.
- During those times when a provider is not available, an on-call provider must be available to take calls.
- For more in information, please contact you Network Development Representative.

In an effort to ensure our current referral/authorization process is as efficient and streamlined as possible, We would like to emphasize the importance of tracking and documenting all information pertaining to unused referrals.

Please ensure your office is following the below documentation guidelines for all <u>unused referrals</u> for CVPG patients.

- · Keep a copy of the referral authorization
- Document in the member chart the date/time of the specialty appointment
- Obtain and keep a copy of the visit note from the specialist.
- Document your follow up on the recommendation from the specialist