

OSHPD Office of Statewide Health Planning and Development**Accounting and Reporting Systems Section**

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Fax (916) 322-1442
www.oshpd.ca.gov



Automated Licensing Information & Report Tracking System

February 24, 2015

To: Primary Care Clinic OSHPD ALIRTS Account Administrator
And Other Interested Parties

Re: Primary Care Clinic Technical Letter

This is a technical letter developed by the Office of Statewide Health Planning and Development (OSHPD) regarding changes to the reporting requirements of the 2015 Annual Utilization Report of Primary Care Clinics *due to OSHPD on February 16, 2016*.

The three changes described in this letter are regarding:

- Covered California Enrollees (Sections 3 and 6) – Data collections by clinic begins July 1, 2015
- Federal Poverty Level Guidelines (Section 3) - Data collections by clinics begins January 1, 2015
- ICD-10-CM Codes (Section 4) – effective October 1, 2015

New Data Fields Included About Covered California Enrollees

Data collection by clinics begins July 1, 2015 for the 2015 Annual Utilization Reports *due to OSHPD on February 16, 2016*.

As you are likely aware, the State of California created Covered California, the Health Benefit Exchange, which came into full effect January 2014 to implement key provisions of the federal Patient Protection and Affordable Care Act.

The OSHPD 2015 Annual Utilization Report (AUR) submitted by primary care clinics will have modifications in Sections 3 & 6 in order to capture data for the new healthcare plans offered by Covered California. Primary care clinics must differentiate persons receiving services enrolled in Covered California healthcare plans from persons enrolled in traditional private insurance plans beginning July 1, 2015. This information is to be included in the 2015 Annual Utilization Reports *due to OSHPD on February 16, 2016*.

Covered California enrollees may have health insurance under ten health plans contracted with Covered California. Please see the attached Frequently Asked Questions (FAQs) for a list of health plans contracted to provide coverage for Covered California in 2015.

Covered California contracted health plans are required to display the Covered California logo on each subscriber's member card. Samples of member cards, displaying the logo, for each Covered California health plan are also included with this letter in order to assist with distinguishing Covered California contracted health plans from other types of coverage.

New Data Fields for Modified Federal Poverty Level Guidelines

The Federal Poverty Level table for the 2015 report will be modified to reflect eligibility levels of the federal Patient Protection and Affordable Care Act and the California Medi-Cal program.

When tabulating the patients seen in 2015, please use the Federal Poverty Level guidelines shown in the table below. This information is for 2015 Annual Utilization Report for Primary Care Clinics due to OSHPD on February 16, 2016.

SECTION 3 - FEDERAL POVERTY LEVEL

	(1) No. of Patients	Line No.
Under 100%		20
100 - 138%		21
139 - 200%		22
201 – 400%		23
Above 400%		24
Unknown		25
Total Patients*		26

An attached chart shows the income amount associated with each of the above Federal Poverty Level Guidelines.

New Data Fields for ICD-10-CM Codes

The 2015 report is a transition year from ICD-9-CM Codes to ICD-10-CM Codes.

For encounters that occurred on or **before** 9/30/2015 please report according to ICD-9-CM Codes.

For encounters that occurred on or **after** 10/01/2015 please report according to ICD-10-CM Codes.

For the calendar year beginning January 1, 2016 reporting will be based solely on the ICD-10-CM Codes.

The following is the new Encounters by Principal Diagnosis table found in Section 4 of the 2015 Annual Utilization Reports due to OSHPD on February 16, 2016:

SECTION 4 - ENCOUNTERS BY PRINCIPAL DIAGNOSIS

Line No.	Classification of Diseases and/or Injuries for each Principal	ICD-9-CM Codes	ICD-10-CM Codes	(1) No. of Encounters	Line No.
		on/before 09/30/2015	on/after 10/1/2015		
1	Infectious and Parasitic Diseases	001.0 - 139.8	A00-B99		1
2	Neoplasms	140.0 - 239.9	C00-D49		2
3	Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders	240.0 - 279.9	E00-E89		3
4	Blood and Blood Forming Disorders	280.0 - 289.9	D50-D89		4
5	Mental Disorders	290.0 - 319	F01-F99		5
6	Nervous System and Sense Organs Diseases	320.0 - 389.9	G00-H95		6
7	Circulatory System Diseases	390 - 459.9	I00-I99		7
8	Respiratory System Diseases	460 - 519.9	J00-J99		8
9	Digestive System Diseases, excluding dental diagnoses	530.0 - 579.9	K20-K94		9
10	Genitourinary System Diseases	580.0 - 629.9	N00-N99		10
11	Pregnancy, Childbirth & the Puerperium	630 - 679.14	O00-O9A		11
12	Skin and Subcutaneous Tissue Diseases	680.0 - 709.9	L00-L99		12
13	Musculoskeletal System & Connective Tissue Diseases	710.0 - 739.9	M00-M99		13
14	Congenital Anomalies	740.0 - 759.9	Q00-Q99		14
15	Certain Conditions Originating in the Perinatal Period	760.0 - 779.9	P00-P96		15
16	Symptoms, Signs, and Ill-defined Conditions	780.01 - 799.9	R00-R99		16
17	Injury and Poisoning	800.00 - 999.9	S00-T88		17
18	Factors Influencing Health Status and Contact with Health Services	V01.0 - V91.99	Z00-Z99		18
19	Dental Diagnoses	520.0 - 529.9	K00-K14		19
20	Family Planning S-Codes				20
21	Other	All other codes not in lines 1-20			21
25	Total				25

If you have any questions, please e-mail to PrimaryCareClinics-ALIRTS@oshpd.ca.gov or contact the ALIRTS Support Line at (916) 326-3854.

Sincerely,

Original Signed By

Denard Uy
Licensed Services Data Unit

Frequently Asked Questions (FAQs):

1. Which health insurance companies are contracted with Covered California to provide coverage in 2015?

Anthem Blue Cross of California
Blue Shield of California
Chinese Community Health Plan
Health Net
Kaiser Permanente

L.A. Care Health Plan
Molina Healthcare
Sharp Health Plan
Valley Health Plan
Western Health Advantage

2. How can you tell the difference between a person enrolled in Covered California versus a traditional commercial health plan?

Covered California health plans are required to have a Covered California logo on the insurance card. Please see attachment for examples.

3. Where should I report Covered California patients seen by the clinic prior to July 1, 2015?

January 1, 2015 – June 30, 2015 Covered California health plan data are reported under Private Insurance. Do not report separately.

July 1, 2015 – December 31, 2015 Covered California health plan data are reported separately from Private Insurance.

FEDERAL POVERTY LEVEL GUIDELINES - 2015

Number in Family	Below 100%	100 - 138%	139 - 200%	201 - 400%	Above 400%
1	< \$11,770	\$11,770 - \$16,243	\$16,244 - \$23,540	\$23,541 - \$47,080	> \$47,080
2	< \$15,930	\$15,930 - \$21,983	\$21,984 - \$31,860	\$31,861 - \$63,720	> \$63,720
3	< \$20,090	\$20,090 - \$27,724	\$27,725 - \$40,180	\$40,181 - \$80,360	> \$80,360
4	< \$24,250	\$24,250 - \$33,465	\$33,466 - \$48,500	\$48,501 - \$97,000	> \$97,000
5	< \$28,410	\$28,410 - \$39,206	\$39,207 - \$56,820	\$56,821 - \$113,640	> \$113,640
6	< \$32,570	\$32,570 - \$44,947	\$44,948 - \$65,140	\$65,141 - \$130,280	> \$130,280
7	< \$36,730	\$36,730 - \$50,687	\$50,688 - \$73,460	\$73,461 - \$146,920	> \$146,920
8	< \$40,890	\$40,890 - \$56,428	\$56,429 - \$81,780	\$81,781 - \$163,560	> \$163,560

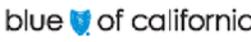
For family units with more than 8 members, add \$4,160 for each additional member at or below 100% level.

(These Poverty Level Guidelines were published in the Federal Register on January 22, 2015)

Sample Covered California Health Plan Insurance Cards




Subscriber	Group #	X0001004
Test Subscriber	Effective	01/01/2013
ID# XEF900674451	Coverage	INDIVIDUAL
	Plan	EPO
	Rx	Yes
	RXBIN	600428



Members: Use your assigned Blue Shield of California network to receive benefits. In case of an emergency, call 911 or seek appropriate emergency care.

Providers: Please file all claims with your local Blue Cross Blue Shield licensee in whose service area the member received services or when Medicare is primary. File all Medicare claims with Medicare.

California Providers: Call Provider Customer Service to obtain medical and hospital admission/prior authorization to avoid reduced or non-payment; Pharmacists call for prescription processing information. Visit blueshieldca.com/provider

CA Medical claims to:
Blue Shield of California, P.O. Box 272540,
Chicago, CA 95927-2540

blueshieldca.com

(855) 836-9705 Customer Service
(800) 241-1823 TTY
(877) 263-9952 Mental Health Customer Svc
(877) 304-0504 Nurse/Help 24/7
(800) 810-2583 To locate providers outside of California
(800) 541-6652 CA Provider Customer Service (including hospital)
(888) 636-8224 Pharmacist Only
(855) 342-9105 Vision Benefits & Claims Inquiries

Blue Shield of California is an independent member of the Blue Shield Association.




Identification Number

Effective Date	03/01/2014	Deductible	\$500/\$1000
Contract Code	0RXM	OOP	\$2250/\$4500
Rx Bin	003858	Co-Insurance	15%
PCN	A4	Office Visit	\$15
Rx Group	WXHA		
Plan	040		

Select Rx List

Dental Program: Prime

Pathway X PPO



MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee payment.

Providers: Please submit claims to your local Blue Cross and/or Blue Shield plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

File medical claims to:
PO Box 80007 Los Angeles, CA 90080-0007

Benefits may be limited to Urgent and Emergency care received outside of the members State.

anthem.com/ca

Customer Service (855) 634-3381
Provider Service (855) 834-1438
Pharmacist Questions (800) 824-0898
Pre Authorization (800) 274-7767
24/7 Nurseline (800) 249-3617
Coverage while traveling (800) 810-6116
Pediatric Vision Service (855) 556-5012
Pediatric Dental Service (877) 567-1804
Pediatric Dental Claims: PO Box 1115, Minneapolis, MN 55440-1115

Anthem Blue Cross is the trade name of Blue Cross of California, independent licensee of the Blue Cross Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.




Name:	John W Smith	PCP:	Mary Joe, M.D.
ID:	000123456*01	TEL:	(415) 415-1415
Group:	GC012600	Issue Date:	MM/DD/YYYY
BIN:	610602		
PCN:	NVT		
RxGrp:	CCX		
Issuer:	(80840)1184901746		

www.cchphmo.com

IF YOU ARE ADMITTED TO A NON-CCHP PARTICIPATING HOSPITAL, PLEASE NOTIFY CCHP AT (877) 208-4959.

Notice to non-plan hospitals and physicals: Bill CCHP directly for emergency or urgently needed services. Member must return in-plan for follow-up and non-emergency services. Out-of-network non-emergency services must be pre-authorized by CCHP. For authorization, call (415) 955-8800.

You may call CCHP Member Services for assistance about mental health services and coverage.

TOLL FREE PHARMACY HELP DESK: (866) 333-2757

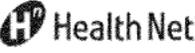
CCHP Member Services 會員服務中心 Submit Medical Claims to: CCHP
 TEL: (415) 834-2118 (888) 775-7888 445 Grant Ave., Ste 700
 TTY 聽力殘障人士: (877) 681-8898 San Francisco, CA 94108
 (415) 955-8800




IFP COMMUNITYCARE HMO

Group Name	PERFORMANCE ENGINEERING TEST GR	Issue Date	04-06-2014
Subscriber Name	PETEST G PETEST	Effective Date	03-01-2014
Member Name	PETEST G PETEST	Member #	MM1
Subscriber #	R07598412	Group #	PGP001
Health Net Customer Contact Center:	1-888-926-4988	Plan	I14 WITH PHARMACY
TTY:	1-888-926-5180		
Health Net Providers call:	1-888-926-2164		
To report Inpatient Admissions call:	1-800-995-7890		

Health Net of California, Inc. provides the health benefits under this plan



Health Net Commercial Claims
 P.O. Box 14702, Lexington, KY 40512
 For all other correspondence:
 Post Office Box 9103, Van Nuys, CA 91409-9103
www.healthnet.com
 For electronic claim submission information, please call 1-800-977-3568.

TO THE HEALTH NET SUBSCRIBER

This is your current Health Net identification card. Carry it with you at all times and present it to your Participating Physician Group when you or your eligible dependents receive services. See your Evidence of Coverage for a description of your benefits.

When submitting inquiries about your coverage, always include your group and subscriber ID numbers from the face of this card.



KAISER PERMANENTE

Kaiser Foundation Health Plan, Inc.
Northern California Region

Prefix Medical Record No. Date of Birth
00 0124567890 06 13

Name: First M Last
JOHNNY E LASTNAME Gender
M

For appointments and 24-hour health advice,
call **1-866-454-8855**.

kp.org

KH003 (07/11) KAISER FOUNDATION HEALTH PLAN, INC.

For information about your Health Plan benefits:
1-800-464-4000/TTY 1-800-777-1370. If you think
you have a medical or psychiatric emergency, call
911 or go to the nearest hospital. Note: A non-
Plan provider should call us at **1-800-225-8883**
(TTY **711**) before you get post-stabilization care.
Send claims to us at **P.O. Box 24010, Oakland,
CA 94623-1010**. See your Evidence of Coverage
for details.



This card is for identification only. Possession of this card confers no right
to services or benefits unless the holder is a member complying with all
provisions of an applicable agreement.



Effective Date: <MM/DD/YYYY> Plan Level: 0000000000000000

NAME: <placeholder name> PCP/CLINIC: <placeholder name>
MEMBER ID: <placeholder ID> PPG: <placeholder phone>
<placeholder phone>

Office Visit: <placeholder 000> RxBIN: 003585 RxGroup: LAC08
ER Visit: <placeholder 000> RxPCN: ASPROD1 RxID:

Member Services: 1-855-270-2327 (TTY/TDD 1-855-576-1620)
Mental Health: 1-877-344-2858 (TTY/TDD 1-800-735-2929)
Nurse Advice Line: 1-800-249-3619 (TTY/TDD 1-800-854-7784)
Health Education: 1-855-856-6943

Providers can call for:
* Pre-authorizations: 1-877-431-2273
Pharmacy info: 1-888-648-6765

Submit Medical Claims to:
L.A. Care Health Plan
1055 W. 7th Street
Los Angeles, CA 90017

* Pre-authorization is required for all
non-emergent hospital admissions.

www.lacarecovered.org

Molina Marketplace

ID #: 00000001
Member: THIS IS A REALLY LONG NAME OF A MEMBER 1

DOB: 03/06/1964 Plan: CA Marketplace
Subscriber Name:
Subscriber ID: 123456789

Provider: This is a really long PCP name to test for wrapping of the PCP name 1

Provider Phone: (001) 001-0001
Provider Group: PCPGRP1

Medical Cost Share Prescription Drugs
Primary Care: \$1 Rx Deductible: \$50
Specialist Visits: \$7 Generic Drugs: \$5
Urgent Care: \$5 Preferred Brand Drugs: \$2
ER Visit: \$8 Non-Preferred Brand Drugs: \$3
Specialty Drugs: \$40

Molina Healthcare of California, Inc. Rx Bin: 004336 Rx PCN: ADV Rx Group: RX0845

This card is for identification purposes only and does not prove eligibility for service.
Member: Emergencias (24 hrs). when a medical emergency might lead to disability or death,
call 911 immediately or get to the nearest emergency room. No prior authorization is required
for emergency care.

Miembro: Emergencias (24 horas): cuando una emergencia puede resultar en muerte o
disabilidad, llame al 911 inmediatamente o vaya a la sala de emergencia mas cercana.
No requiere autorización para servicios de emergencia.

Remit claims to: Molina Healthcare, P.O. Box 22702, Long Beach, CA 90801

Customer Support Number: (888) 858-2150

24 Hour Nurse Advice Line: (888) 275-8750

Para Enfermera En Español: (866) 648-3537

CVS Caremark Pharmacy Help Desk: (800) 364-6331

Provider: Notify the health plan within 24 hours of any inpatient admission at the hospital
admission notification phone number.

Prior Authorization/Notification of Hospital Admission and Covered Services:
(855) 322-4075

www.MolinaHealthcare.com



QUESTIONS CALL:
1-800-359-2002

Card
Issue Date:

Member Name: Sex: DOB: Coverage
Effective Date:

Member #: Group Name:

Plan Medical Group: Group #: Plan Network:

Primary Care Physician: Telephone Days / After Hours:

Copayments: Deductible Coverage:
PCP ER URG HSP DED VS MH CD STD RX CH

Sharp Health Plan: 1-800-359-2002
www.SharpHealthPlan.com

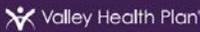
Pharmacy Services: Call Medimpact at 1-800-788-2949
(PCN #56900, BIN #003585)

Claims: P.O. Box 939036, San Diego, CA 92193

Sharp Health Plan only covers care authorized and/or provided by Plan
Providers, except for Emergency Services. In an emergency call 911 or
go to the nearest emergency room. Emergency Services are covered
without prior authorization. For Urgent Care call your Primary Care
Physician or Sharp Health Plan. For questions about covered benefits,
please consult your Member Handbook or call Sharp Health Plan.



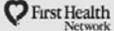
Covered California is the marketplace
that connects Californians to accessible,
high-quality health coverage. If you have
any questions about your enrollment
through Covered California or tax credits,
please call 1-800-300-1506.

 	
Member Name	DOB Gender
Identification #	Plan
Network	Preventive OV: PCP OV: Specialist OV:
Primary Care Physician (PCP)	Emergency: Urgent Care: Rx:
RxGroup# VXH RxBIN# 610602 RxPCN# NVT	Deductibles may apply.

This card is issued to VHP Member for identification purposes only. The provisions of health plan benefits are subject to the terms and conditions of the Service Agreement. For eligibility and benefits information, or for Primary Care Physician (PCP) or Mental Health appointment phone numbers and information, please visit www.valleyhealthplan.org or call VHP Member Services.

Members:
VHP Member Services..... 1.888.421.8444 (toll-free)
24/7 Nurse Advice Line 1.855.348.9119 (toll-free)

Pharmacists & Providers:
Navitus Customer Care 1.866.333.2757 (toll-free)
Submit medical claims to:
VHP Claims Department, P.O. Box 650864 Dallas, TX 75265-0864

Call 911 in the case of an emergency.
If admitted to a hospital, provider call 1.855.254.8264 



MEMBER ID#

NAME:
PCP:
PCP PHONE:
MED GROUP:
EFF DATE:
GROUP:
PLAN:
RX #: WHA3333

PCP VISIT: \$
URGENT: \$
ER: \$

Members: For emergencies, call 911 or go to the nearest emergency room. Notify your PCP or WHA as soon as possible.
Present this Member ID Card and pay copayments at the time of service. Please see your plan documents for coverage information. For assistance in your language call Member Services.
For WHA's Nurse24SM 24/7 nurse advice line, call toll-free at 877.793.3655.
For mental health benefits, call Magellan Behavioral Health at 800.424.1778.
Providers: Notify WHA of all emergency admissions by the next business day for concurrent review. This card is for ID purposes only. It does not verify eligibility.
Pharmacists: Submit claims via TelePAID System. Dispense preferred generic drug products per applicable pharmacy laws and regulations. For assistance, call 800.922.1557.


Interplan Health Group
Bin #610014 — EDI Payer ID 68039

888.563.2250 toll-free | 888.877.5378 tty
2349 Gateway Oaks Drive, Suite 100
Sacramento, California 95833
westernhealth.com