

SEPTEMBER 2023

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.

FISCAL YEAR (FY) 2021/22 RAISE UP

The County working with American Insurance Administrators (AIA) has finalized the Physician Services for Indigents Program (PSIP) raise up using the unspent Measure B funds and a small amount of unspent Maddy Funds. Currently, claims are being paid at 13.5% of the (OCFS). There was enough funding for a 13.4% raise up which will bring funding up to 26.9%. Payments were issued to the physician's back in April 2023.



AIA HOTLINE

For questions regarding claim status or handling, please contact AIA via the Physician Claims Hotline at **(800) 303-5242**.



CLAIMS APPEAL

When appealing a claim, make sure all documents requested e.g., reports, path reports) are submitted with a HCFA/ CMS 1500, and a copy of the reject or denial letter

REIMBURSEMENT ISSUES

Physicians 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

BILLING UPDATES

Elimination of the PSIP Demographic Data Form

Effective July 1, 2023, the Physician Services for Indigents Program (PSIP) Demographic Data Form will no longer be a billing enrollment requirement, due to the fact, that the data is included on the CMS 1500 Form submitted by the providers.

For Trauma Claims Only

Box 8 – Reserved for NUCC Use
The TPS # must be entered in this section of the CMS 1500 Form

Refer to the AIA website at: **AIALAPSIP.COM**

for updated instructions for submission of the CMS 1500 form.

A copy of the updated instructions has been attached to this bulletin.

CLAIMS DEADLINE REMINDER FISCAL YEAR (FY) 2022/23

The deadline for submission of claims for Fiscal Year (FY) 2022/23 service dates from July 1, 2022 through June 30, 2023) is:

October 31, 2023 at 5:00 P.M.

Claims post marked after the October 31st deadline will be returned to the provider and will not be considered for payment.

There are no exceptions to this deadline!

In the event that claims are returned to you (prior to the deadline) by the Post Office, save your envelope as proof of timely submission).

Claims Mailing Address

PSIP claims can be mailed to:
American Insurance Administrators (AIA)
P.O. Box 17908
Los Angeles, CA 90017-0908
ATTN: PSIP CLAIMS
or by email to:
AIALAPSIP@MAPINC.COM

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PATIENT ELIGIBILITY/BILLING EFFORTS

Patients covered by this claims process are only those who do not have health insurance coverage for emergency services and care, cannot afford to pay for services rendered, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal government, including Medi-Cal, but with the exception of claims submitted for reimbursement through Section 1011 of the Federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

During the time prior to submission of the bill to the County, Physician, or the physician's billing company, must have made, and clearly documented, reasonable efforts to obtain reimbursement and not received payment for any portion of the amount billed. For purposes of this claiming process, reimbursement for unpaid physician billings shall be limited to the following:

- (a) patients for whom Physician, or physician's billing company, has conducted reasonable inquiry to determine if there is a responsible private or public third-party source of payment; and
- (b) patients for whom Physician, or physician's billing company, has billed all possible payment sources, but has not received reimbursement for any portion of the amount billed;
- (c) or any of the following has occurred:
 - 1. A period of not less than three (3) months has passed from the date Physician billed the patient or responsible third party, during which time Physician has made at least two (2) attempts to obtain reimbursement and has not received payment for any portion of the amount billed.

PATIENT ELIGIBILITY/BILLING EFFORTS

- 2. Physician has attempted to settle by offering to bill patients a reduced amount, e.g., a percentage of total charges.
- 3. Physician has received actual notification from the patient or responsible third party that no payment will be made for the services rendered.

Upon receipt of payment from the County under this claiming process, Physician must cease any current, and waive any future, collection efforts to obtain reimbursement from the patient or responsible third party. During the period after a claim has been submitted and prior to receipt of payment, the Physician can continue attempts to collect from a patient. However, once the Physician receives payment from the County, further collection efforts shall cease.

CHANGE OF NOTICE FORM INSTRUCTIONS

AIA Must Be Notified

A. Provider Information

Providers must complete the section of This form when submitting a Change of Notice Form and provide supporting documents to American Insurance Administrators (AIA) when any change in the physician information occurs (e.g., office address change, billing company change).

B. Change of Address

If the provider has changed their payee address (where the Remittance Advice (RA) and check are sent, complete this section and check the boxes and provide a copy of:

- the W-9 Form and
- previously submitted Program Enrollment Provider Form



UPDATE YOUR CONTACT INFO

SEPTEMBER 2023

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**CHANGE OF NOTICE FORM
INSTRUCTIONS**

AIA Must Be Notified

C. Billing Change

If provider has changed their biller, or billing company and payee address will not be changing or provider has gone out of business complete this section and check the boxes that apply:

- Changed Biller
- Changed Billing Company
- Gone out of Business

D. Change of Provider Group Name or Change of Biller and Payee Address

If provider has changed their group name or 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 check the boxes that apply:

- Change of Provider Group Name
- Change of Biller and Payee Address

Attach a copy of the following:

- Physician's current license
- Previously submitted Program Enrollment Provider Form
- New W-9 Form
- Complete a new Program Enrollment Provider Form
- Complete a new Conditions of Participation Agreement Form

E. Updated Physician License

A current copy of the physician's license must be on file. If a current copy of the physician's license is being submitted check:

- Updated Physician License box.

Submitting Change of Notice Form

Change of Notice Form and documents can be

faxed to: (562) 692-8689

AIA-PSIP Physician Enrollment Department
or by **email to:** AIALAPSIP@MAPINC.COM

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

**NOTIFYING AND REFUNDING
THE COUNTY**

If after receiving payment from the County, physician is reimbursed by a patient or a responsible third party, physician or the physician's billing company, shall notify the County within 60 days of receipt of the payment (see address below) in writing, and reimburse the County the amount received from the County.

Submit Notification and/or Refund to:

Los Angeles County/
Department of Health Services
Finance – Special Program Funds
1000 S. Fremont Avenue
Unit 8, Bldg. A11, 2nd Fl. South, Suite 1200
Alhambra, CA 91803

Make Refund Check Payable to:

County of Los Angeles/
Department of Health Services

Refund checks should be accompanied by:

- a copy of the Remittance Advice, and
- a specific explanation for the refund, e.g., received payment for services from Medi-Cal, etc.