ICD-10: PREPARING FOR A SMOOTH TRANSITION

With the ICD-10 compliance date of October 1, 2014, approaching, many payors and providers have begun preparing for the transition from ICD-9 to ICD-10 diagnosis and procedure codes.

First Choice Health continues to refine our processes and systems as well as work with business partners and vendors to help ensure a smooth transition and minimize any disruption.

WHAT CAN YOU DO TO GET READY?

The Workgroup for Electronic Data Interchange (WEDI), a leading authority on health IT, offered the following tips in a white paper on ICD-10 implementation:

- Confirm transition plans
- Transition business and technology operations
- Identify ICD-9 touch points in your systems, business rules and business processes that need to change to accommodate ICD-10 changes
- Validate vendor readiness and compliance
- Implement change and communications strategies
- Train staff on ICD-10 concepts and changes
- Monitor readiness
- Participate in local and national ICD-10 workgroups
- Internal and External Testing

All HIPAA covered entities, including providers and payors, MUST implement the new code sets with dates of service, or date of discharge for inpatients, that occur on or after October 1, 2014.

Claims that do not use ICD-10 diagnosis and procedure codes appropriately for dates of service on or after October 1, 2014, will be rejected. This means that claims with a date of service on or after October 1, 2014, will be rejected if ICD-9 coding is used. It is important to note, however, that claims for dates of service before October 1, 2014, must use ICD-9 codes, even if they are submitted after the compliance date. For inpatient claims the date of discharge or through date is considered the date of service for coding compliance.

THE NATIONAL ICD-10 TESTING PROGRAM

The ICD-10 National Testing Program is a full scale collaborative testing platform for healthcare. It provides an open and transparent process for healthcare organizations of all types and sizes to test with their trading partners for ICD-10 coding, compliance and reimbursement testing.

For more information visit the National ICD-10 Testing Program Website: www.nationaltestingprogram.com
Credentialing Department News

Effective August 19, 2013, First Choice Health began returning Initial and Re-credentialing Applications that are missing required information.

The submitter will receive a cover letter along with the application identifying the missing information.

Once the missing information has been addressed, the original completed application and necessary information can be faxed to First Choice Health at (206) 268-2494 or e-mailed to CredentialingApp@fchn.com.

If you have any questions regarding a returned application, please contact the Credentialing Department at (800) 231-6935 Ext. 2106.

Coming soon!

In 2014, First Choice Health will begin requiring contracted providers in Washington to use ProviderSource as the single source for submitting initial and recredentialing information. Providers will be advised of this requirement prior to implementation; we suggest providers begin to use ProviderSource as soon as possible.

Please visit the ProviderSource page at onehealthport.com/pdsindex.php to learn about the application process.

2013 OneHealthPort Administrative Simplification Workshops

Please join OneHealthPort for a free workshop that will focus on how federally mandated changes will impact your organization in the next six to 18 months and the resources being put in place to help you.

The workshop will:
- Spotlight the key operational implications of ACA regulations for provider organizations and demonstrate emerging enhancements to web-based tools for eligibility & benefits and pre-authorization.
- Present a case study of how a provider organization is addressing the replacement of ICD-9 with ICD-10 and highlight the information resources available to help you with your transition and simplify your communications with your trading partners.

Sign up soon for one of the fall OneHealthPort Administrative Simplification Workshops. Space is limited and pre-registration is required.
- Seattle - October 22, 8:30 AM to 12:30 PM
- Yakima - October 24, 12:30 to 4:30 PM
- Spokane - October 29, 12:30 to 4:30 PM

WHY ATTEND?

The Accountable Care Act (ACA) requires major changes in the benefit design of patients’ insurance products. It also calls for the creation of a Health Benefits Exchange through which health insurance products can be purchased, and in some cases subsidized. These requirements will have operational impact on health insurers and provider organizations and the use of Web-based tools and electronic transactions will become even more essential.

As of October 1, 2014, the replacement of ICD-9 with ICD-10 will bring fundamental changes in coding processes. The demands on clinical documentation will escalate along with revisions to paper and electronic claims and their submission requirements. To avoid disruption of authorizations and adjudications, the adoption of these changes and updates must be aligned across providers, clearinghouses and health plans.

WHO SHOULD ATTEND?

The 2013 OneHealthPort Administrative Simplification Workshops are designed for staff at provider offices who check eligibility and benefits, process claims or request pre-authorizations, define clinical documentation standards and code claims. There will also be information presented related to the ICD-10 conversion and an update for staff who are involved in the provider credentialing process.

(800) 231-6935
NUCC Approves Transition Timeline for 02/12 1500 Form

Remediation of the CMS 1500 Form for ICD-10

Per the CMS Medicare Learning Network dated Thursday, June 27, 2013:

**TENTATIVE TIMELINE FOR IMPLEMENTING THE REVISED FORM FOR MEDICARE CLAIMS**

Medicare anticipates implementing the revised CMS 1500 claim form (version 02/12) as follows:

- **January 6, 2014:** Medicare begins receiving and processing paper claims submitted on the revised CMS 1500 claim form (version 02/12).
- **January 6 through March 31, 2014:** Dual use period during which Medicare continues to receive and process paper claims submitted on the old CMS 1500 claim form (version 08/05).
- **April 1, 2014:** Medicare receives and processes paper claims submitted only on the revised CMS 1500 claim form (version 02/12).

These dates are tentative and subject to change. CMS will provide more information as it is available.

The link to NUCC is [www.nucc.org](http://www.nucc.org) and the website contains such resources as:

- Sample 02/12 1500 Claim Form
- Change log of differences between the 08/05 and the 02/12 version
- NUCC Instruction Manual
- 02/12 1500 Claim Form Map to the ASC X12 837P
- Frequently Asked Questions

New & Improved FCHN Provider Manual

The new Provider Manual will be available on our Provider Web page on October 28, 2013. Some of the changes we plan to implement are quick links in the table of contents to take the user straight to the chapter they are looking to view and a more streamlined overall manual with pared down and concise details. If you would like to see a draft of the manual prior to October 28th, please contact Provider Relations at [ProviderRelations@fchn.com](mailto:ProviderRelations@fchn.com) and we will send you a draft to review.

Kaiser Permanente Added Choice® POS Plan

Effective November 1, 2013, First Choice Health Network will replace First Health as the Tier 2 provider network in the Pacific Northwest for the Kaiser Permanente Added Choice® Point-of-Service (POS) Plan. As always, the First Choice Health logo will be on the new ID cards along with claims filing information and Customer/Provider Service phone numbers.

State of the Network

In an ongoing effort to maximize value to our network, FCHN is always working to recruit new providers, target expansion areas, and fill any gaps that may exist within our network service area. We are pleased to announce that as of September 2013, our network includes 70,396 practitioners, 322 hospitals, and 2,248 ancillary facilities.
Beech Street now MultiPlan/PHCS

Plans for the First Choice Health Network Relationship

Effective January 1, 2014, MultiPlan will no longer offer the Beech Street primary network on a national basis, which includes the First Choice Health Network (FCHN) in the states of Washington, Idaho, and Montana.

Clients accessing Beech Street today are transitioning their primary PPO lives to the PHCS network. The Beech Street network will remain intact in select states (including Alaska). In addition, the Beech Street relationship with FCHN will remain largely intact, with some Beech Street access transitioning to PHCS.

MultiPlan will offer primary access to the FCHN in Washington, Idaho and Montana as an alternative to PHCS for Beech Street Network clients with significant utilization in those states. The FCHN option will also be available to any new or existing PHCS Network customers. Clients will select either FCHN or PHCS in Washington, Idaho, and Montana, not both networks.

All transitions are expected to be completed by December 31, 2013.

Using the First Choice Health Network Moving Forward

Clients who choose this option must have the FCHN ID card logo as well as the PHCS logo on the front of their ID card. The FCHN logo will indicate WA/ID/MT and PHCS or MultiPlan logo in all other states.

The EOB message will reference either FCHN or PHCS, depending on which network the accessed provider is contracted with.

During the transition period, clients will maintain two repricing relationships with MultiPlan: one for the groups who have not transitioned off of Beech Street yet or have claims runout to price, and one for groups that have already transitioned to PHCS. Because of this, it is critical that the claims submission process documented on the member’s identification card be followed.

ODS > Moda Health

The next chapter in their story

MODA HEALTH

ODS is now Moda Health

Moda Health would like to share some exciting news with you. This past spring, ODS changed its name to Moda Health.

WHY ARE THEY CHANGING THEIR NAME?

In 1955, Oregon Dental Service revolutionized dental insurance. Today, they’ve grown to do business beyond Oregon and offer a variety of high-quality medical, dental and pharmacy plans.

The name Moda comes from the Latin term “modus.” It means “the way.” In a healthcare landscape that’s changing every day, members are asking for more — and so are the doctors, hospitals and other medical providers. Their new name demonstrates their promise to help your patients find the best way to better health.

ODS announced their new name to the public May 6, 2013, but it will take about a year to fully transition to Moda Health. During this time, you’ll notice that references will be made to both ODS and Moda Health.
Client Updates

NEW PAYORS:

- Benefits Administration & Insurance and its group Columbia Falls continue to access FCHN in Montana, now via a direct relationship.
- HealthEZ and its first group TriState Flight became effective April 1, 2013.

TERMINATED PAYORS:

- Delta Health Systems’ last direct group terminated December 31, 2012. They continue to access FCHN via Beech Street.
- Performance Health Technology’s last group terminated May 31, 2013.
- Sound Health & Wellness Trust and Retiree Trust both terminated August 31, 2013.

OTHER NEWS & UPDATES:

- ILWU asks that FCHN providers submit both EDI and paper claims to FCHN to expedite claims turnaround times.
- ODS Health Plan has changed its name to Moda Health.