OneHealthPort

“OneHealthPort was created by a coalition of health plans, physicians and hospitals that joined together to build a trusted community where business and clinical information could be shared securely and simply.”

“Their goal: to improve efficiency and effectiveness by applying collaborative information technology solutions. The consortium of founders includes The Everett Clinic, First Choice Health Network, Group Health Cooperative, Premera Blue Cross, Regence BlueShield, The Sisters of Providence and Swedish Hospital.”

Since OneHealthPort’s inception, First Choice Health (FCH) has been a major contributor. We have supported the creation of a website that simplifies processes and procedures for providers. This year, First Choice Health’s CEO, Ken Hamm, has served as Chairman of the Board for OneHealthPort and is passionate about the projects they oversee and facilitate.

OneHealthPort not only provides single sign-on access to numerous health plans, they also focus on administration simplification (AdminSimp), health information exchange, and credentialing. The latest AdminSimp projects have focused on ICD-10 Implementation, Pre-authorizations, and Admit Notifications.

ProviderSource (Medversant) continues to develop as the one source for health plans in Washington to obtain a provider’s credentialing information. There is no fee for a provider to input data and attest to records with ProviderSource.

To learn more about OneHealthPort and how to streamline your business operations, please visit www.onehealthport.com.
Credentialing Update

First Choice Health has partnered with Medversant, a credentialing verification organization, to ensure that the credentialing process provides you with an efficient way to submit all required documents.

This process entails Medversant performing outreach when re-credentialing is due to continue your participation in the First Choice Health Network. Previously, First Choice Health managed this process. This process is already in place for our Oregon providers and we will engage it for Washington providers in 2016.

To initiate the credentialing process, create a Provider Source™ application and give First Choice Health access to your data by checking the box next to ‘First Choice Health’ at the attestation tab. As a reminder, Washington practitioners are required to utilize ProviderSource. Oregon providers can alternately utilize the Medversant/First Choice Health site, create an account, and upload the required documents.

Please note that if Medversant contacts you regarding the credentialing process, First Choice Health will not accept mailed, faxed, or e-mailed credentialing applications. Use one of the options listed above.

For assistance, please contact Medversant via e-mail at tickets@providersource.uservoice.com or by calling (855) 252-4314.

New & Improved Provider Search!

This year we have worked hard to find ways to improve our corporate web site.

In 2016, we anticipate a user-friendly, responsive website design that will change the overall fchn.com web experience. In preparation for this exciting change, we recently enhanced our most popular web tool - the Provider Search.

The new Provider Search is comparable to other provider searches we have seen on the market and this similar functionality is intended to improve ease of use for members and providers. We simplified the search by streamlining the 5-step process and adding an advanced search option.

The new functionality rolls it all into three easy steps! Users can search in a variety of ways and are easily able to refine their search. Searches can be conducted by Name, Specialty/Facility, and Location (zip, city, address). There’s also the option to search by Date of Service and view an expanded list of Specialties/Facilities.
Improvements to Provider Web Tools

At First Choice Health we are passionate about creating website tools and resources that help providers with their business operations.

We have streamlined the provider tools offered on our website to categorize and group the tools by function. Once providers have authenticated with OneHealthPort (OHP) and selected First Choice Health as a payor under the Single Sign-On page, users will now see the newly organized Resources for Providers web page. We offer the same great tools we had before; they’ve just been categorized differently to be more intuitive for providers.

The most frequently used tools are now at the top of the web page. Below you will find more information about each tool’s intended functionality.

CLAIMS AND PAYMENTS

As a PPO Network, it is a challenge to provide online claims processing status for all our payors. This newly designed area reorganizes the web links that already exist on our payor search to achieve better visibility to these payor links. In addition, providers can also view the First Choice Health pricing worksheets to verify how their claim was priced and print the worksheet if necessary.

BENEFITS AND ELIGIBILITY

This area is very similar to the Claims and Payments tool. We regularly consult with our payors about their websites and tools, and our latest improvements have increased the visibility of their websites. We believe this will save your office time and money currently wasted in phone queues, increase efficiencies, and streamline your day-to-day processes.

FIND A PAYOR

This remains one of the most widely used provider tools we offer. The functionality has remained the same—we just renamed the tool. Providers can still search by group name, group number, and/or payor name. The List of Payors is also available on this web page.

Reminder: Paper Claim Submission

ICD-10 IS HERE!

This article should serve as a reminder that, as of October 1, 2015, we no longer accept the older versions of the CMS 1500 claim form as they do not allow for ICD-10 codes or ICD indicator. The new, revised claim form (version 02/12 OMB control number 0938-1197) added the following functionality:

- Indicators for differentiating between ICD-9 and ICD-10 diagnosis codes
- Expansion of the number of possible diagnosis codes to 12
- Qualifiers to identify the following provider roles (on item 17):
  - Ordering
  - Referring
  - Supervising

Any claim billed on an older CMS 1500 claim form will be returned to the submitter.

The best and most effective way to ensure you are ICD-10 compliant is to submit your claims to us electronically.
Medical Management Online Upload Tool

First Choice Health Administrators is excited to announce our new document upload tool designed to enhance the pre-authorization process for our FCHA members.

The upload tool can be accessed once you have been authenticated by the OneHealthPort (OHP) Single Sign-On and have submitted an online pre-authorization request or have checked the status of an existing pre-authorization request.

- All pre-authorization requests that have a status of ‘Pending UM’ or ‘Pending Clinical Review’ will display the document upload tool.
- The document upload tool allows you to browse and select clinical record documents on your computer and upload them directly to FCHA.
- Multiple documents can be uploaded simultaneously as long as the total file size does not exceed 7 MB.
- File types available for submission include: PDF, TIF, JPG, GIF, TXT, DOC, and XLS.
- The User Guide is linked online and provides detailed instructions for the online pre-authorization process as well as the new upload tool.

Moda Health Announcement

First Choice Health would like to inform our providers about changes for one of our largest payors, Moda Health.

We were recently made aware that Moda Health will no longer market individual and group products in Washington State. This includes plans both on and off the Washington Health Benefit Exchange. Coverage for members currently enrolled in Moda Health individual plans will end December 31, 2015. Members will be instructed to enroll in a plan with another carrier.

While new business will not be sold, many existing group plan members will continue to access First Choice Health providers throughout 2016. All Moda Health members affected by these changes will be notified by Moda Health directly.

Moda Health has been a valued partner to First Choice Health for several years and we intend to support their existing business the best way we can throughout 2016. Please continue to contact Moda Health’s customer service team at 1 (877) 605-3229 for questions regarding claims payment or benefits for your Moda Health patients.

If you have any questions, please contact Provider Relations at (800) 231-6935, ext. 2103 or via e-mail at ProviderRelations@fchn.com.

Client Updates

New Payors

- Professional Benefit Services, Inc. was effective June 1, 2015
- Samaritan Health Plans was effective July 1, 2015
- CorrectCare - Integrated Health was effective July 1, 2015

Terminating Payors

- Carpenters Trusts of Western Washington terminated June 1, 2015
- Columbia United Providers terminated July 1, 2015
- Locals 302 & 612 Operating Engineers terminated network services July 1, 2015 (FCH will retain Medical Management services only)
- Northwest Plumbing & Pipefitting Health & Welfare Trust terminated April 1, 2015
- Roofers Local 49 Welfare Fund terminated August 1, 2015

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 October 2015, our network includes 82,884 practitioners, 324 hospitals, and 2,209 ancillary facilities.
Meet the Operations Leadership Team

Elaine Director, PPO Operations (joined July 9, 2007)
1. Provider Operations (Credentialing & Compliance)
2. PPO Operations (Customer Service, Claim Pricing, Mailroom Operations)
Elaine’s team handles approximately 4,665,900 EDI claims annually.
Elaine has been attending Seahawks games for years, as her Dad is a season ticket holder! Go Hawks!

Julie Manager, Credentialing Operations (joined December 16, 2003)
Julie’s team credentials approximately 10,300 Initial and Recred Applications annually.
Julie has a “crafty” side to her which her team members also benefit from.

Monica Supervisor, Provider Information Management (joined August 2, 2010)
Monica’s team performs approximately 13,500 provider updates annually.
Monica spends time chasing her toddler son and loves good nutrition!

Britney Lead, PPO Customer Service & Reimbursement (joined January 30, 2012)
The PPO Customer Service-Reimbursement team processes approximately 25,000 paper claims annually.
In her spare time, Britney loves to shop for shoes and hang out with her little “Dude!”

George Supervisor, PPO Business Analytics (joined July 16, 2007)
1. EDI Business Analyst
2. PPO Business Analyst (Bridge System)
George’s team spends on average 2,800 hours on Key & Strategic Initiatives annually.
In addition to his loyalty to the local sports teams (Go Sounders! Go Hawks! Go Mariners!), George is working towards visiting all of the baseball stadiums for the national teams.

Krissy Operations Analyst (joined June 10, 2002)
Krissy audits about 10,000 priced claims annually.
Krissy used to work for a commercial fishing company and knows some of the fishermen still on the “Deadliest Catch” and loves to watch her daughter excel academically.

Tsewang Lead, Mailroom Operations (joined December 30, 2002)
Mailroom Operations opens and sorts approximately 314,400 pieces of mail annually.
Tsewang is a big community supporter and volunteers her time to good causes!
Meet the Operations Leadership Team

Jennifer Director, Audit & Compliance (joined August 4, 2008)
1. Healthcare Compliance
2. Audit & Quality Assurance
3. TPA Business Analyst Team (Diamond System)

Jennifer’s team spends about 1,450 hours working on Production Service Requests annually.
Jennifer recently built a chicken coop in her backyard. She also is known for her homemade salsa!

Cheryl Manager, TPA Business Analysis (joined May 1, 1997)

Cheryl’s team spends about 2,000 hours on Implementations and Renewals for benefit plans per year.
Cheryl is a “hoot” and has been collecting owls for years (not the real ones)!

Robyn Manager, Customer Service (joined April 26, 2010)
1. Member Services
2. Customer Service

The Member Services team handles approximately 30,000 EDI exceptions annually.
Robyn likes to do fun runs and enjoys her new grandson!

Dawn Lead, Member Services (joined August 29, 2011)

The Member Services team processes about 26,000 Cobra Letters & Notices annually.
Dawn also excels at dancing at our holiday parties!

Kathy Supervisor, TPA Customer Care (joined April 22, 2013)

The Customer Care team answers and makes approximately 200,000 phone calls annually.
Kathy has been working on the renovation of her new weekend getaway!

Donita Supervisor, TPA Claim Operations (joined May 19, 2008)

The Claim Operations team processes about 300,000 Professional, Institutional, and Dental Claims annually.
In her spare time, Donita is on her Harley or watching her grandson’s football games!

Kim Supervisor, Claim Recovery & Response (joined January 27, 2014)

Kim’s team responds to approximately 42,400 Claim Inquires annually.
Kim enjoys golfing, boating, and is participating in Leadership Spokane!
FCH Charitable Giving Committee

FCH continues to distribute charitable giving dollars each quarter to organizations that provide support throughout our communities.

For the third quarter of 2015, the following organizations will benefit from our contributions:

- Senior Services of Snohomish County
- Pathways for Women
- Elizabeth Gregory Home
- Concerns for Neighbors Food Bank

DID YOU KNOW...?

- 99% of people cannot lick their elbow.
- More boys than girls are born during the day; more girls are born at night.
- Months that begin on a Sunday will always have a ‘Friday the 13th.’
- Our eyes are always the same size from birth.
- The king of hearts is the only king without a moustache on a standard playing card.

Contact Us

Provider Relations: (800) 231-6935 Ext. 2103  www.fchn.com/ppo/providers/default.aspx  ProviderRelations@fchn.com