

MEMORA	ANDUM
Date:	1/12/2022
То:	QualCare Provider Network
From:	QualCare IPA
Subject:	<b>UPDATE</b> : Change of Management Services Organization for QualCare IPA Contracted Health Plans: Brand New Day, Humana, and Aetna

This memo provides important information and dates related to QualCare IPA's transition from Dignity Health Management Services (DHMSO) to Centric Healthcare Services (CHS) for the administrative management of its contracted Health Plans:

# Brand New Day | Humana | Aetna

Please note that Dignity Health Management Services will continue to provide administrative services (Authorization requests through MCS/DHMSO Online Provider portal and claims processing) for the remaining QualCare IPA contracted Health Plans:

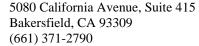
# Anthem Blue Cross | Health Net | Blue Shield of California

Centric Healthcare Services (CHS) will assume administrative responsibilities (i.e., member eligibility and benefit verification, authorizations requests and processing, and claims processing) for dates of service 1/1/2022 and forward for the following contracted Health Plans:

### Brand New Day | Humana | Aetna

### **Provider Accounts – Online Services**

Please register at <a href="https://portal.centricmso.com/EZ-NET60">https://portal.centricmso.com/EZ-NET60</a> to access EZ-NET online provider portal accounts. If you have any questions regarding provider account registration, please contact Centric Healthcare Services at 661-371-2790.





#### **Eligibility/Benefits**

QualCare IPA enrollees for specified health plans (**Brand New Day, Humana, and Aetna**) appearing on MCS/DHMSO Online Provider portal will display as having a termination date of 12/31/2021. This will signify that enrolled members are no longer being managed by DHMSO.

Eligibility and benefit verification for the above listed health plans on or after 1/1/2022 should be obtained from Centric Healthcare Services at 661-371-2790 or directly through health plan's websites.

#### <u>Authorizations</u>

DHMSO will process all complete authorization requests received through 5:00pm on 12/31/2021.

Status on Authorization, for **Brand New Day, Humana, and Aetna**, requests can be obtained by one of the following options:

- Phone: 661-371-2790 (Authorizations submitted prior to and/or after 1/1/2022)
- Online at EZ-NET Portal (Only for authorizations submitted after 12/31/2021)
- Online at DHMS Portal (Only for authorizations submitted prior to 1/1/2022)

#### Claims

The claim run out period, for **Brand New Day, Humana, and Aetna,** will start on 1/1/2022 and end on 12/31/2022. DHMSO will accept and process claims and provider appeals during the run out period for any claims with a date of service prior to 1/1/2022.

#### For Dates of Service 1/1/2022 and after:

Please call Centric Healthcare Services at 661-371-2790.

#### For Electronic Claim Submission:

PART B (PROFESSIONAL) CLAIMS – AETNA, BRAND NEW DAY, AND HUMANA

Clearinghouse: Office Ally - Payer ID: QCP01

For Paper Billing Address Submission

CHS/QualCare IPA

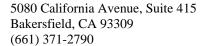
PO Box 7640

La Verne, CA 91750-7640

PART A (INSTITUTIONAL/FACILITY) CLAIMS - HUMANA ONLY

Clearinghouse: Office Ally – Payer ID: HVPNI

For Paper Billing Address Submission CHS/QualCare IPA PO Box 7640 La Verne, CA 91750-7640





# PART A (INSTITUTIONAL/FACILITY) CLAIMS – <u>AETNA AND BRAND NEW DAY</u> Please continue to direct all Part A claims to respective health plan

We thank you for your continued support and cooperation during this transition process. Please feel free to contact our Customer Service team at (661) 371-2790 with any questions or concern.



# **QUICK SUMMARY GUIDE**

# **Contracted Health Plans managed by DHMSO as of 1/1/22:**

Medicare Advantage Plans			
Anthem Blue Cross	<u>Health Net</u>		
Provider Services: 800.677.6669	Provider Services: 800.641.7761		
Blue Shield of CA			
Provider Services: 800.541.6652			

# **Contracted Health Plans managed by Centric Healthcare Services as of 1/1/22:**

Medicare Advantage Plans			
Aetna Brand New Day			
Provider Services: 800.624.0756	Provider Services: 866.255.4795		
<u>Humana</u>			
Provider Services: 844.330.7799			

# Authorization requests as of 1/1/22:

# Authorization Requests for Anthem Blue Cross, Blue Shield of CA and HealthNet Plans:

 Continue to Submit Authorizations via DHMSO Online Portal: https://portal.dignityhealthmso.org

Authorization Requests for Aetna, Brand New Day and Humana Plans:

Submit Authorizations via https://portal.centricmso.com/EZ-NET60



# **PART B CLAIMS SUBMISSION**

# <u>Claims Submission for Aetna, Brand New Day, and Humana – Division by Date of Service</u>

Dates of Service 12/31/21 and Prior				
Billing Address	For Electronic Billing			
	Clearinghouse	Payer	ID Number	
Dignity Health Management Services	Change Healthcare		27133	
PO Box 752	Zirmed	030	0412082	
Bakersfield, CA 93302	Office Ally	N	MCS03	
Dates of Service 1/1/22 and After  For Part B Electronic Billing				
Billing Address	Claim Type	Clearing	house	
Centric Healthcare Services PO Box 7640 La Verne, CA 91750	Part B (Professional)	Office Ally: QCP01		

All QualCare financial risk claims must be submitted to the appropriate entity within **180 days** of the date of service to be eligible for payment.

# Claims Submission for Anthem, Blue Shield, and Health Net

Billing Address	For Electronic Billing	
	Clearinghouse	Payer ID Number
Dignity Health Management Services PO Box 752 Bakersfield, CA 93302	Change Healthcare	27133
	Zirmed	030412082
	Office Ally	MCS03

All QualCare financial risk claims must be submitted to the appropriate entity within **180 days** of the date of service to be eligible for payment.



# PART A (INSTITUTIONAL/FACILITY) CLAIMS SUBMISSION Dates of Service prior to 1/1/22 (12/31/21 and prior)

# Claims Submission for Aetna, Brand New Day, Humana, and Blue Shield

Dates of Service prior to 1/1/22		
For Part A Electronic Billing		
Claim Type	Clearinghouse	
Humana Part A (Institutional)	Please continue to submit Part A claims to Health Plan:	
	<u>Brand New Day</u>	
Brand New Day Part A (Institutional)	Please continue to submit Part A claims to Health Plan:	
Biand New Day Part A (mstitutional)	Brand New Day	
Aetna Part A (Institutional)	Please continue to submit Part A claims to Health Plan:	
	<u>Aetna</u>	
Blue Shield Part A (Institutional)	Please continue to submit Part A claims to Health Plan:	
, ,	Blue Shield of California	

All QualCare financial risk claims must be submitted to the appropriate entity within **180 days** of the date of service to be eligible for payment.

# **Claims Submission for Anthem and Health Net**

Billing Address	For Electronic Billing	
	Clearinghouse	Payer ID Number
Dignity Health Management Services PO Box 752 Bakersfield, CA 93302	Change Healthcare	27133
	Zirmed	030412082
	Office Ally	MCS03

All QualCare financial risk claims must be submitted to the appropriate entity within **180 days** of the date of service to be eligible for payment.



# PART A (INSTITUTIONAL/FACILITY) CLAIMS SUBMISSION Dates of Service 1/1/22 and After

# Claims Submission for Aetna, Brand New Day, Humana, and Blue Shield

Dates of Service 1/1/22 and After		
For Part A Electronic Billing		
Claim Type Clearinghouse		
Humana Part A (Institutional)		
Billing Address:		
Healthy Valley Provider Network	Office Ally: HVPNI	
PO Box 7640		
La Verne, CA 91750		
Prond Now Day Bort A (Institutional)	Please continue to submit Part A claims to Health Plan:	
Brand New Day Part A (Institutional)	Brand New Day	
Aetna Part A (Institutional)	Please continue to submit Part A claims to Health Plan:	
, ,	<u>Aetna</u>	
Blue Shield Part A (Institutional)	Please continue to submit Part A claims to Health Plan:	
	Blue Shield of California	

All QualCare financial risk claims must be submitted to the appropriate entity within **180 days** of the date of service to be eligible for payment.

# **Claims Submission for Anthem and Health Net**

Billing Address	For Electronic Billing	
	Clearinghouse	Payer ID Number
Dignity Health Management Services PO Box 752 Bakersfield, CA 93302	Change Healthcare	27133
	Zirmed	030412082
	Office Ally	MCS03

All QualCare financial risk claims must be submitted to the appropriate entity within **180 days** of the date of service to be eligible for payment.