

Administrative Simplification

The Washington Healthcare Forum formed an **Administrative Simplification** Steering Committee to bring improvements to the health care system.

Asuris Northwest Health agrees to apply and follow the policies rolled out by the Washington Healthcare Forum.



GO to the Forum's official Web site:

www.wahealthcareforum.org

You will find policies for claims, referrals and credentialing.

Policies rolled out in 2002-2003

**Review detail of policies
(Over)**

Claims

Policy	Short description of policy. See policy for details.
Submitting Supporting Documentation	New form to use when submitting documentation we requested. Can be used on electronic or paper claim submission.
Following-Up on Processed Claims/Corrected Claims	New form now available for submitting a corrected claim. Form indicates changes requested. Also can be used for questions about claim adjudication.
Using Common Modifiers	Common modifiers and guidelines published in a ‘Modifier Submission Table’ for easy reference for all health plans.
Anesthesia Coding & Billing CRNA Services	Communicate standard guidelines for billing anesthesia CPT/HCPCS codes with the appropriate modifiers.
Getting Claim Receipt and Status Information	Policy gives practitioners information on how to check claim status to reduce rebilling.
Conditions for Splitting Claims	Health plans have identified when claims require a ‘split’. Aids practitioners in submitting bills when they are aware of the need to ‘split’ a claim.
Quicker Resolution of Payment Responsibility for Injuries	WHF Web site has published diagnosis and dollar thresholds for injury claims.
Incorporate Explanation of Benefits (EOB) Info on Electronic Claims	Electronic claims can accept COB information, okay to process without EOB.
Clinical Notes Do Not Need to be Submitted for Emergency Room Visits	Offices are not required to submit notes for ER services to the health plans.
Patient Insurance Card Not Required	Practitioner’s office is not required to submit a copy of the patient’s ID card with the claim.
Resubmission of Claims Electronically	Okay to submit rebills electronically, no need to drop to paper.

Credentialing

Policy	Short description of policy. See policy for details.
Health Plan Contacts	List names of health plan contacts for credentialing. Also gives e-mail addresses and telephone numbers of contacts.
Handbook for Practitioners’ Staff	Guidelines for completing a timely credentialing process.
Getting Confirmation that Credentialing Application was Received	Health plans will notify practitioner when their credentialing application is received. Asuris Northwest Health will only notify if practitioner gives e-mail address on application.
Effective Date for Claims Adjudication	Claims will be adjudicated retroactively to either the credentialing committee approval date and/or the contract effective date, whichever is later, unless otherwise specified.

Referrals

Policy	Short description of policy. See policy for details.
Frequently Asked Questions about Referrals and Prospective Review	Developed a FAQ based on frequently asked questions about referrals and prospective review. Aid in giving consistent answers .
“One-Stop Shop” for Health Plan Processing Requirements & Contact Information	Providers have one place to look for health plan referrals and prospective review policies. Great sort features for a quick comparison .
Using Standard Referral Actions and CHITA Form	Standardized terms for referral actions and a new standard form using those terms.
Guideline for Women’s Healthcare	Clarify when health plans will cover self-referrals by women. Table and lists of covered services and practitioners available in detail of policy.
Numeric Billing Codes on Referrals and Authorizations	Providers do not need to numerically code diagnoses and procedures on referrals/preauthorizations.
Reduce Administrative Burden on PCP & Emergency Room	Providers do not need to get a referral for a patient’s hospital ER visit.
Tolerance Period for Referral Effective Dates	Valid services are authorized when delivered within ‘tolerance period’ of referral.