

OUR JULY PROVIDER NEWSLETTER

ST. VINCENT IPA

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Provider/Network Updates

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a survey program that aims to understand the patient experience. Medicare managed care plans are required by CMS to conduct survey annually. The CAHPS survey gathers feedback from members to indicate areas of improvement for the health plan and its providers.

The survey was mailed to randomly selected members starting in March. Members are asked about their experience with quality, timeliness, and availability of care from providers. Please encourage patients to complete and return these surveys.



Compliance

All incidents suspect of non-compliance; fraud, waste or abuse (FWA); or violations of the False Claims Act should be reported to the Compliance Officer in person or anonymously by phone, email, or mail 7 days a week, 24 hours a day.

Compliance Officer: Karen Palmer, CHC
Office: (562) 860-8771 x114
Email: compliance@pdtrust.com
Office Address: 17215 Studebaker Rd., Suite 320; Cerritos, CA 90703

Any employee or downstream entity who suspects non-compliance or fraud, waste, or abuse (FWA), and reports in good faith is protected against any form of retaliation or retribution. For more information about our compliance program visit <https://pdtrust.com/compliance/>.

(888) 909-5053 (TTY/TDD 711)
P.O. Box 5089
Oceanside, CA 92052



IPA Contacts

Medical Director

Dr. Imad El Asmar

VP of IPA Operations

Leesa Johnson

ljohnson@stvincentipa.com

Network Development Rep

Valerie Chaidez

(562) 860-8771, Ext. 165

vchaidez@pdtrust.com

Michael Gella

(562) 860-8771, Ext. 117

mgella@pdtrust.com

Supervisor, Risk Adjustment and Quality

Cesar Delgado

(562) 860-8771, Ext. 116

cdelgado@pdtrust.com

Risk Adjustment Specialist

Rhandy Torres, RCP, CCS

(562) 860-8771, Ext. 110

rtorres@pdtrust.com

Provider Relations Specialist

Joanna Marquez

(562) 860-8771, Ext. 112

jmarquez@pdtrust.com

Referrals/Authorization/UM/Claims

(562) 860-8771, Ext. 2001

Credentialing

Robert Kebbekus

(760) 941-7309 x127

rkebbekus@pdtrust.com

Claims/UM

The claims department would like to remind providers of a few topics that we need to comply with. IPAs must be diligent in getting their checks cashed as soon as received. Health plans have strict guidelines on check cashing, and please help by getting them cashed as soon as they are received. Also, Aerial Care Web Portal is a great way to check for claim status and print EOBs; please utilize this portal

<https://aerial.carecoordination.medecision.com/login.html>.

Lastly, please verify members/IPAs lab or radiology providers. Members are often sent to the incorrect facility, and members need to be sent to the appropriate facilities.

Please contact Kallai Welsh (760) 941-7309 ext. 109 with any questions.

CMS Star Metrics

As you know, CMS uses a five-star quality system to measure the experiences Medicare members have with their health plans. Plans are rated using a scale of 1 to 10.

Below are some tips designed to help you promote and recognize your practice for demonstrating an increase in performance measures every year:

- Encourage patients to get preventive screenings
- Create office procedures to identify and intervene with patients who have not completed annual exams and screenings at the time of appointment
- Communicate clearly and thoroughly with patients—be sure to frequently ask “Do you have any questions?” and clarify any additional information needed Submit complete and correct claims with appropriate codes
- Incorporate Medicare Health Outcomes Survey (HOS) questions into each visit
- Review the Consumer Assessment of Health Providers and Systems (CAHPS®) survey to identify opportunities for you and your practice