
PROVIDER BULLETIN

IMPORTANT NOTICE REGARDING: RECENT MEMBERSHIP CHANGES

We understand that our provider offices have experienced changes with the recent membership bulk transfers implemented by the health plans. Members continue to call in and request changes to their health plan and PCP assignments as they receive notice of the changes and/or access care.

Preferred IPA is committed to assisting our patients and our providers during this transition. Please follow the instructions in this bulletin to help ensure that your referrals and claims are processed efficiently.

Important Reminders:

1. Providers must verify eligibility with the health plan. Many members were redistributed among several IPAs and/or health plans. Check member eligibility with the health plan before submitting claims or referrals.
2. Web auth providers – if a member is not found in web portal use the web portal's "member research" option to submit the referral request with the provider's last two visit notes and a copy of the member's eligibility showing they are with Preferred IPA.
3. Fax auth providers - fax the referral request with the provider's last two visit notes and a copy of the member's eligibility showing they are with Preferred IPA.
4. Claims – submit through Office Ally as usual. If hard copies are mailed, include proof of eligibility.

Preferred IPA is not able to verify eligibility over the phone or via email, only the health plan can provide eligibility updates.

Medical Management & Claims Department Contact Numbers:

Phone: (800) 874-2091 UM Fax: (800) 874-2093

Submit Claims via www.officeally.com or PO BOX 4449, CHATSWORTH, CA 91313

Questions? Contact Provider Relations at 818-265-0800