
TO: ALL DOCTORS CHOICE MEDICAL GROUP PRIMARY CARE PHYSICIANS (PCP)
FROM: PROVIDER NETWORK OPERATIONS
SUBJECT: **ENCOUNTER DATA SUBMISSION** VIA RIOTAP
DATE: 04/10/2014
CC: MSO INC. OF SOUTHERN CALIFORNIA
 LAN PHAM, MPH, CPUR PRESIDENT/CEO AND COMPLIANCE OFFICER
 MSO INC. OF SOUTHERN CALIFORNIA STAFF

Dear all Primary Care Physicians (PCP),

As the Health Plans and The Centers for Medicare & Medicaid Services (CMS) require various preventative and routine care measures, the submission of encounter data is **EXTREMELY** important in the determination of each provider's STAR RATINGS. The ratings heavily influence office performance ratings and reimbursement, so please refer to the ENCOUNTER DATA SUBMISSION INSTRUCTIONS below. If you need do not have access to RIOTAP or need help accessing the module, please contact Vi Thai, VThai@MSOSoCal.com - (626) 656-2370 x113 or Rubysela Grainger, RGrainger@MSOSoCal.com – (626) 656-2704, or Paul Cho, PCho@MSOSoCal.com – (626) 656-2370 x109 or x127.

1. Log-in to RIOTAP at <https://secure2.ehcsmc.net/MSOSOCAL.NET/Login.aspx> and click on “**Clm Request**” on the home screen



2. Enter in the member Last name, First name and click “**Find Member**”



- Clicking on **"Find Member"** will bring up a pop-up window that will allow you to select the member

Member Search

Search By: Last,First Search For: [Redacted]

And By: [Redacted] And For: [Redacted] Search Close

Search Result

Member	CIN#/HP ID/SSN	DOB	IPA/HP/Plan Code
[Redacted]	[Redacted]	[Redacted]	[Redacted]

1 member matches your search criteria

4. Click name when it comes up to populate fields in previous screen

- Select the necessary **ICD codes** and IF NEEDED, fill in Facility/Claim Remarks
- Fill in the **date of service**
- Select the necessary **Procedure codes (CPT)**, clicking on **"Add to List"** after each code selected
- Click **"Save Claim"** to save the Encounter/Claim submission

Find By Name (Last, First) [Redacted] Find By CIN # [Redacted] Find By SS# [Redacted] Health Plan ID [Redacted] Find Member

Claim/Encounter Date

Claim ID: New Rcvd Date: 04/09/2014 Service Place: 11 Account #: [Redacted]

Find By Provider (Last, First) [Redacted] Provider License #: [Redacted] Any Name: [Redacted] Select Provider

Vendor: [Redacted]

5. Click "Select" and enter in ICD Codes

6. Enter in Facility/Claim Remarks if needed

7. Enter in Date of Service

8. Click "Select" and enter in CPT Codes

9. After each CPT Code, click "Add to List" to add

10. Click "Save Claim" to Save

Save Claim New Print Request

Thank you and please do not hesitate to call or email if there are any further questions.

Provider Network Operations
(626) 656-2370