



St. Vincent IPA Provider Manual

Provider Relations Department: (562) 860-8771



The Patient's Choice for Health Care

www.stvincentipa.com

2022

INTRODUCTION

The Patient's Choice for Health Care

Welcome Letter

Dear St. Vincent IPA Provider,

With so many Medical Groups and Independent Practice Associations (IPAs) to choose from, we thank you for selecting St. Vincent IPA Medical Group and would like to welcome you to the network. St. Vincent IPA has provided quality and care to tens of thousands of patients for over 20 years and is excited to have you as a participating provider.

Our objective is to manage the use of healthcare resources responsibly without impeding our provider's ability to deliver appropriate, quality healthcare and we are looking forward to a long and mutually beneficial relationship. Should you have any questions regarding the information enclosed or need further assistance, please do not hesitate to contact me at (562) 860-8771, ext. 108.

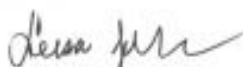
To ensure you are set up to start receiving/referring patients as soon as possible, please make sure you are set up with a login to our online referral/claim portal, Aerial Care: <https://aerial.carecoordination.meddecision.com/login.html>

A Username and Password can be requested by contacting Aerial Care directly at 1-800-864-8160. This number can also be utilized for any technical assistance. You can also request a login by contacting our Provider Relations Department at (562) 860-8771, ext. 112. We accept electronic claim submission through Aerial Care or Office Ally (866) 575-4120.

Our St. Vincent IPA's Payor ID is PDT01.

For more information on St. Vincent IPA including information about contracted health plans, urgent care locations, hospitals, labs, and etc., please visit our website: **stvincentipa.com**. Should you have any questions regarding the information enclosed or need further assistance, please do not hesitate to contact me at (562) 860-8771, ext. 108.

Sincerely,



Leesa Johnson



INTEROFFICE MEMORANDUM

TO: PCP, SCP, Clinical Services and Administrative Staff
FROM: Lisa Serratore, Chief Executive Officer
CC: Evelyn Jimenez, IPA Manager, CVPG
Karly Haugh, IPA Manager, GPMG
Renee LaMarsh, IPA Administrator, GTCIPA
Mary Beltran, IPA Administrator, Noble AMA IPA
Leesa Johnson, VP of IPA Operations, St. Vincent IPA
DATE: January 15, 2022
RE: Affirmative and Impartiality Statements

AFFIRMATIVE STATEMENT

As a utilization management organization, Physicians DataTrust on behalf of Citrus Valley Physicians Group, Golden Physicians Medical Group, Greater Tri Cities IPA, Noble AMA IPA, and St. Vincent IPA, ensures that all decisions are made based on the available medical information at the time of the request. Should a member ask to see the criteria utilized to make a medical decision; the statement below is attached to that guideline, as required by the National Committee for Quality Assurance (NCQA):

Decisions regarding requests for medical care are based on the medical necessity of the request, the appropriateness of care and service and existence of coverage. There is no monetary reward for non-approval of services. Compensation for individuals who provide utilization review services does not contain incentives, direct or indirect, for these individuals to make inappropriate review decisions.

Utilization review criteria, based on reasonable medical evidence and acceptable medical standards of practice (i.e. MCG and/or applicable health plan guidelines) are used to make decisions pertaining to the utilization of services. Review Criteria are used in conjunction with the application of professional medical judgment, which considers the needs of the individual patient and characteristics of the local delivery system.

IMPARTIALITY STATEMENT

All participating practitioners are ensured independence and impartiality in making referral decisions which will not influence hiring, compensation, termination, promotion or any other similar matters.

These statements are also on our websites: www.cvpvg.org, www.gpmedicalgroup.com, www.gtcipa.com, , www.nobleamaipa.com, and www.stvincentipa.com, along with other valuable information for our contracted providers and our members, and can be printed, if needed. Our business hours are Monday through Friday, 9:00a.m. to 5:00p.m. and Administrative staff can be reached at (760) 941-7309 or (800) 458-2307 during business hours. Should you have a question for the Utilization Management Department after hours, you may call (760) 941-7309 or (800) 458-2307 and leave a message for someone to call you back the next business day.

Distribution of this Manual

This Manual is delivered by St. Vincent IPA, Marketing Department to the Physicians' office when a Physician joins the IPA. An electronic version is also available on our website, www.stvincentipa.com.

Updates to this Manual

Updates to this manual will be available to all contracted providers on St. Vincent IPA's website. Additional communications related to health plan information, customer service, operations, or community information will be faxed out.

PCP Provider Listings

Our PCP Directory is available on-line and is updated on a monthly and ad-hoc basis. The website is available to both physicians and members with Internet access.

To access the Physician listings:

- Connect to the Internet and go to <http://www.stvincentipa.com>
- Our home page will appear. Click "Find A Provider" at the bottom of the page.

If your office does not have Internet access, please contact Provider Relations department at **(562) 860-8771 Ext 112** to receive a listing.

The Patient's Choice for Health Care

Provider Directory Changes

The Provider Directory data is what is current in our systems. If you have a change of address, phone number, fax number, etc. please notify our Provider Relations Department of any changes, so that our directories and listings reflect your current information. Prompt notification is required to ensure checks, important announcements, reports, and communications are delivered to you in a timely manner.

Services

Hospitalist/Case Management

It is critical that only the St. Vincent IPA contracted Hospitalist admit and follow your patients requiring hospitalization.

Dr. Imad El Asmar
Office: (213) 487-6867
Pager: (310) 232-2332

- Hollywood Presbyterian Medical Center

If you have a St. Vincent IPA patient that is requiring Hospital Emergency or In-Patient Services, please make sure to contact St. Vincent IPA's Case Management Department at:

During business hours: (562) 860 - 8771

After hours: (562) 257 -7893



Staff Directory – St. Vincent Important Lines

ADMINISTRATION	Phone	Fax	Email
	(213) 487-6867	(310) 232-2332 (pager)	
Leesa Johnson <i>VP of IPA Operations</i>	(562) 860-8771, ext 108	(562) 207-658	ljohnson@stvincentipa.com
CLAIMS	Phone	Fax	Mailing Address
	(562) 860-8771, ext 2001	(760) 631-7614	Primary Care Physicians – Encounter Data St. Vincent IPA PO Box 4999 Oceanside, CA 92052 Fee-for-Service (FFS) Claims PO Box 5089 Oceanside, CA 92052
For Appeals, please fax to (760) 631-7614			
Please mail all Claims and Encounter Data on a CMS-1500 form			
CLINICAL SERVICES	Phone	Fax	Email
Authorizations	(562) 860-8771, ext 2001		
Referrals	(562) 860-8771, ext 2001	(562) 924-1453	
Utilization Management	(562) 860-8771, ext 2001	(562) 924-1453	
For issues not being resolved for the Authorization department, please call x169 or x177			
CREDENTIALING	Phone	Fax	Email
Robert Kebbekus <i>Credentialing Coordinator</i>	(760) 941-7309, ext 127	(760) 208-4783	rkebbekus@pdtrust.com
MARKETING	Phone	Fax	Email
Valerie Chaidez <i>Network Development Rep</i>	(562) 860-8771, ext 165	(562) 207-6577	vchaidez@pdtrust.com
Michael Gella <i>Network Development Rep</i>	(562) 860-8771, ext 117	(562) 207-6547	mgella@pdtrust.com
PROVIDER RELATIONS	Phone	Fax	Email
Joanna Marquez <i>Provider Relations Specialist</i>	(562) 860-8771, ext 112	(562) 207-6558	jmarquez@pdtrust.com
RISK ADJUSTMENT	Phone	Fax	Email
Rhandy Torres <i>Risk Adjustment Supervisor</i>	(562) 860-8771, ext 110	(562) 207-6583	rtorres@pdtrust.com



Member Rights & Responsibilities

St. Vincent IPA members have the right to:

- To exercise these rights without regard to race ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information or source of payment;
- To be treated with respect and recognition of your dignity and need for privacy;
- To receive confidential treatment of all information and records associated with your care;
- To be provided with information about your IPA, its services, and the health care service delivery process;
- To be informed of the name, qualifications, and titles of the physician who has primary responsibility for coordinating your care, and be informed of the names, qualifications, and specialties of other professionals who may be involved in the your care;
- To have 24-hour access to your Primary Care Physician (PCP), or covering physician;
- To receive complete information about the diagnosis, proposed course of treatment or procedure, alternate courses of treatment or non-treatment, the clinical risks involved in each, and prospects for recovery in terms that are understandable to you , in order for you to give informed consent or to refuse that course of treatment;
- To be informed of continuing health care requirements following office visits, treatments, procedures, and hospitalizations;
- To actively participate in decisions regarding your health care and treatment plan. To the extent permitted by law, this includes the right to refuse any procedure or treatment. [If the recommended procedure or treatment is refused by you, an explanation will be given by your provider and will address the effect that this will have on your health];
- To have access to personal medical records based upon state and Federal requirements;



- To be informed of non-emergent costs of care and receive an explanation of your financial obligations prior to incurring the expense (including co-payment, deductibles, and co-insurance);
- To examine and receive an explanation of bills generated for services delivered to you;
- To be informed of applicable rules in the various health care settings regarding member conduct;
- To express opinions or concerns regarding your IPA or the care provided. To offer recommendations for change in the health care delivery process by contacting your IPA Member Services Department. In turn, your IPA will have a timely and organized system for resolving member complaints and formal grievances with your Health Plan;
- To be informed of the member grievance and appeal process;
- To change your PCP by contacting your Health Plan's Customer Services Department;
- To receive reasonable continuity of care and be given timely and sensible responses to questions and requests made for service;
- To be able to formulate Advanced Directives for health care;
- These member rights shall apply to any person who has legal responsibility to make health care decisions for you;

Note: Members have the right to be represented by parents, guardians, family members or other conservators for those who are unable to fully participate in their treatment decisions.

St. Vincent IPA



The Patient's Choice for Health Care
For Hospital Needs

To ensure the highest level of care for inpatient needs, St. Vincent IPA is contracted with several of the region's top hospitals. Please review the list below for our network of contracted hospitals.

Our hospital network handles inpatient services. **If you have an emergency, call 911 or go to the closest emergency room.** Once you are stable, you will be transferred to an in-network facility for the remainder of your care.

California Hospital Medical Center

1401 South Grand Avenue
Los Angeles, CA 90015
Phone: (213) 748-2411

Good Samaritan Hospital

1225 Wilshire Boulevard
Los Angeles, CA 90017
Phone: (213) 977-2121

Hollywood Presbyterian Medical Center

1300 North Vermont Avenue
Los Angeles, CA 90027, USA
Phone: (213) 413-3000

St. Vincent IPA

The Patient's Choice for Health Care For Radiology Facilities



There are times when your provider will want you to see a radiologist. In these instances, services will be performed at one of the facilities list on this page. Your primary care doctor will give you an order for the radiological exam and direct you to the appropriate facility. Many questions about your radiological procedure can be answered by contacting the imaging department at the facility you will be visiting.

For providers: If you need to refer your patients to another facility, please contact our Provider Relations Department at (562) 860-8771 Ext. 112.

Renaissance Imaging Center, Downtown

500 South Virgil Ave

Suite 102

Los Angeles, CA 90020

Phone: (323) 375-3950

SHIN IMAGING CENTER

266 S Harvard Blvd #18

Los Angeles, CA 90004

Phone: (213) 387-3002

Fax: (213) 387-3057

St. Vincent is also partnered with UMI and Radnet chains. To find an imaging center near you, please visit

<http://www.umih.com/locations/> and
<https://www.radnet.com/imaging-centers/find-an-imaging-center>

St. Vincent IPA

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For Urgent Medical Needs That Are Not Life-Threatening

URGENT CARE	ADDRESS	PHONE	HOURS
Dusk to Dawn Urgent Care	1045 W Redondo Beach Blvd., Ste. 138 Gardena, CA 90247	(310) 323-2273	Mon-Fri 9am-9pm Sat-Sun 9am-2pm
Dusk to Dawn Urgent Care	323 North Prairie Ave. Inglewood, CA 90301	(310) 673-2273	Mon-Fri 9am-9pm Sat-Sun 9am-2pm
Dusk to Dawn Urgent Care	3680 E Imperial Hwy., Ste. 410 Lynwood, CA 90262	(310) 639-2220	Mon-Fri 9am-9pm Sat-Sun 9am-2pm
Dusk to Dawn Urgent Care	15745 Paramount Blvd. Paramount, CA 90723	(562) 808-2273	M-F 9am-12am Sat-Sun 9am-6pm
Glen Oaks Urgent Care	1100 W Glenoaks Blvd. Glendale, CA 91202	(818) 242-3333	Mon-Fri 9am-8pm Sat-Sun 9am-5pm
The Urgent Care at Vermont	1234 North Vermont Ave. Los Angeles, CA 90029	(323) 660-0831	Mon-Fri 9am-7pm Sat 9am-3pm
Vernon Urgent Care	231 W Vernon Ave., Ste. 112 Los Angeles, CA 90037	(323) 234-1468	Mon-Fri 11am-9pm Sat-Sun 9am-6pm
Holy Cross Urgent Care	4864 Santa Monica Blvd. Los Angeles, CA 90029	(323) 660-7770	Mon, Wed, Fri 3-9pm Tue, Thur, Sat, Sun 9am-9pm
CINA Urgent Care	3756 Santa Rosalia Dr. Los Angeles, CA 90008	(310) 742-5961	Mon-Th 8am-6pm Sat 8am-2pm
LA Downtown Medical Clinic LLC (formerly Silver Lake Urgent Care)	1711 West Temple St., Second Floor Los Angeles, CA 90026	(213) 989-6160	Always Open 24/7
Reliant UC- Santa Fe Springs	11460 Telegraph Rd. Santa Fe Springs, CA 90670	(310) 491-7060	Mon-Fri 8:30am-8pm Sat-Sun 10am-5pm
Reliant UC- Huntington Park	5900 Pacific Blvd. Huntington Park, CA 90255	(310) 740-9867	Mon-Fri 8am - 9pm Sat-Sun 10am-5pm
Reliant UC- Blvd Los Angeles	5901 W Century Blvd., Los Angeles, CA 90045	(310) 910-9752	Always Open 24/7
Reliant UC- Street Los Angeles	814 S Francisco St. Los Angeles, CA 90017	(310) 597-4408	Mon-Fri 7:00am - 1:30am Sat-Sun 7am-11pm
Reliant UC- Blvd Montebello	2300 W Beverly Blvd. Montebello, CA 90640	(626) 587-3424	Mon-Fri 8am-9pm Sat-Sun 10am-5pm

Commonly treated illnesses at an Urgent Care

- Sore throat, fever or ear aches
- Minor injuries, burns, and lacerations
- Skin infections and rashes
- Sinus problems/other upper respiratory infection
- Minor fractures or broken bones
- Backaches/Sports Injuries
- Frequent urination/Burning sensation
- Persistent vomiting
- Abdominal pain or cramping
- Allergic reactions
- Insect or animal bites

Benefits of accessing an Urgent Care vs. ER

- Avoid long waiting time in the emergency room
- Urgent cares provide quality care
- Faster care, the average visit lasts under an hour
- Avoid higher co-pays for an emergency room visit
- Urgent Cares offer extended hours



stvincentipa.com



(562) 860-8771

Labs



St. Vincent IPA has partnered with Quest Diagnostics to provide routine laboratory services to our members. Quest Diagnostics has many convenient locations throughout Los Angeles County to ensure that you do not have to go far for lab services.

To find a lab near you, you can also use the Quest Diagnostics Find-A-Lab tool by going to this link:
<https://secure.questdiagnostics.com/hcp/psc/jsp/SearchLocation.do>

Customer Care Center/ Appointments: (866) 697-8378

ST VINCENT IPA

Health Plan Listings

St. Vincent IPA accepts the following health plans:

- Aetna
- Alignment Health Plan
- Anthem Blue Cross/California Care
- Anthem – (Medi-cal)
- Blue Shield Promise – (Medi-cal)
- Blue Shield of California
- Blue Shield of California 65+
- Brand New Day
- Central Health Plan
- CIGNA
- Easy Choice Health Plan
- Health Net
- Humana
- L.A. Care Health Plan
- SCAN Health Plan
- United Healthcare
- Clever Care Health Plan
- Imperial Care health Plan



The Patient's Choice for Health Care

- **NEW**
- **BLUE SHIELD PROMISE – MEDI-CAL**
- **ANTHEM – MEDI-CAL**

Aetna

Commercial HMO/POS, Medicare Advantage

Phone: (866) 208-5931

Alignment Health Plan

Medicare Advantage

Phone: (866) 634-2247

Anthem Blue Cross

Commercial HMO/POS, Medicare Advantage

Phone: (888) 230-7338

Blue Shield 65 Plus

Commercial HMO/POS, Medicare Advantage

Phone: (800) 541-6652

Brand New Day

Medicare Advantage

Phone: (866) 255-4795

Central Health Plan

Medicare Advantage

Phone: (866) 314-2427

CIGNA

Commercial HMO/POS

Phone: (800) 244-6224

Easy Choice

Medicare Advantage

Phone: (866) 999-3945

Health Net

Cal MediConnect, Commercial HMO/POS,

Medicare Advantage

Phone: (800) 641-7761

Humana

Medicare Advantage

Phone: (800) 457-4708

LA Care Health Plan

Cal MediConnect

Phone: (888) 522-1298

SCAN Health Plan

Medicare Advantage

Phone: (877) 452-5898

United Healthcare

Commercial HMO/POS, Medicare Advantage

Phone: (877) 596-3258

Clever Care Health Plan

Medicare Advantage

Phone: (833) 365-1888

Imperial Health Plan

Medicare Advantage

Phone: (800) 838-8271

ST. VINCENT'S

The Patient's Choice for Health Care

PROVIDER RESPONSIBILITIES

The Patient's Choice for Health Care

Provider Responsibilities

Primary Care Physician Responsibilities

1. Basic PCP Responsibilities

- Provide outpatient clinic care during normal business hours (Monday-Friday from 9a.m to 5p.m.)
- Twenty-four hour On-call coverage
- Provide cross coverage with an IPA contracted physician
- Recommend and coordinate the care of consulting specialists
- Telephone consultation to members contracted to the primary care physician's service

2. Routine Office visits

- Well baby care (Family Practice/Pediatrics), including developmental assessment and patient/parent education
- Complete physicals as outlined in Health Plan guidelines
- T.B. Skin Test/Mantou
- Preventive medical care including health risk identification, education, reduction, and periodic screening

3. State Mandated Referrals

- Well Woman Exam
- Mammography
- Family Planning*
- Vision Care*

4. Injections

- Antibiotics, vitamins, hormones, flu vaccine, etc
- Allergy treatment (in conjunction with treatment plan from Allergist if appropriate); not including sensitivity testing or antigen preparation
- Authorized injectables (Betaseron, neupogen, etc.)

5. Ophthalmology

- Basic vision test
- Removal of foreign body, external eye
- Removal of foreign body, corneal, w/o slit lamp

6. ENT

- Routine audiometry
- Drainage external ear, abscess or hematoma; simple
- Removal foreign body from external auditory canal
- Removal impacted cerumen, one or both ears
- Control of nasal hemorrhage, anterior simple

7. Digestive System

- Proctosigmoidoscopy; diagnostic; rigid or flexible up to 25 cm**
- Anoscopy; diagnostic
- Colon cancer screening; age >50 yearly hemocult testing with patient off
- ASA/NSAID; Refer for flexible sigmoidoscopy every 3-5 years

8. Musculoskeletal System

- Arthrocentesis aspiration or injection; small joint bursa, or ganglion cyst
- Injection of tendon, ligament, trigger points, or ganglion cysts**
- Care of routine and uncomplicated rheumatic and orthopedic conditions

9. Localized burns

- Initial treatment first degree burns

10. Surgical Procedures

- Simple repair of scalp, trunk and /or extremities lacerations <2.5 cm
- Simple repair of lacerations 2.6-7.5 cm**
- Incision and drainage of abscesses
- Incision and drainage of pilonidal cyst
- Removal of foreign body
- Drainage of hematoma
- Puncture aspiration
- Debridement
- Excision of benign lesions
- Incision of thromboses hemorrhoid, external**
- Destruction of lesion(s) anus(condyloma, papilloma, molluscum contagiosum)
- Suture removal

11. Reproductive System

- Destruction of lesions penis, simple, with chemicals
- Destruction of lesions of vulva
- Diaphragm fitting**
- Treatment of uncomplicated venereal diseases
- Other gynecologic procedures

12.Dermatologic Procedures

- Acne care
- Excision of benign lesions
- Excision of malignant lesions
- Biopsy of skin, subcutaneous tissue and /or mucous membrane
- Destruction of pre-malignant lesions
- Wart removal
 - i. Cryotherapy
 - ii. Electrosurgical
- Avulsion of nail plate**
 - i. Partial
 - ii. Complete
- Matricectomy**
- Evacuation of subungual hematoma**

13.Other Office Procedures

- Venipuncture
- EKG
- Diagnosis of alcohol/chemical dependency
- Recognition of psychological problems, including routine outpatient management of anxiety and depression
- Treatment and follow-up of uncomplicated hypertension
- Management and follow-up of uncomplicated, controlled diabetes mellitus

14.Advanced procedures

- Flexible Sigmoidoscopy**

* Check benefits prior to referral

** If PCP feels that the procedure is complex, or has required excessive time to treat, a referral to self may be submitted to Utilization Management for authorization and reimbursement. An explanation or report may be necessary.

National Provider Identifier

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. The NPI must be used in lieu of legacy provider identifiers in the HIPAA standards transactions.

To obtain, update or find more information, please visit npiregistry.cms.hhs.gov

As outlined in the Federal Regulation, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), covered providers must also share their NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

More detailed information is available on <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderIdentifierStandards>



The Patient's Choice for Health Care

Access Standards

We have adopted access guidelines using both the California Managed Health Care Quality Coalition as well as the National Committee on Quality Assurance (NCQA). A copy of the access standards is located on the next page.

Compliance to these Guidelines will be monitored and coordinated with other activities throughout the organization. Ways this is monitored may include member surveys and complaints. The IPA will conduct Member and Provider Surveys on a yearly basis focusing on appointment scheduling, waiting times and after hours care.

A summary sheet illustrating the access standards is provided on the following page.





AFTER HOURS ACCESS REQUIREMENTS

After Hours Access includes the following measures:

1. **Access** - After Hours recording or answering service must state emergency instructions to address medical emergencies (e.g. "If this is an emergency, please dial 911 or go to your nearest emergency room.")
2. **Access** - After Hours recording or answering service must state a way of contacting the provider (e.g. connect directly to the provider, leave a message and the provider will call back, page provider, etc.)
3. **Timeliness** - Recording or live person must state that provider will call back within 30 minutes

Note: Providers must be compliant in all three of the above measures to be considered compliant with L.A. Care's After Hours standards

4. **Combined Access & Timeliness** – Compliance for both Access and Timeliness standards.



SAMPLE HOURS SCRIPT

In order to comply with all DMHC the suggested script examples will help to ensure that you meet SVIPA standards. Please modify your answering service script immediately, if not already implemented.

Example 1

"You have reached the office of (give Dr. name) our office is closed. If this is a life threatening medical emergency, please hang up and dial 911 or go to your nearest emergency room otherwise, please leave your name, number including your area code & (give Dr. name) will automatically be paged and will return your call within 30 minutes."

Example 2

"You have reached the office of (give Dr. name) our office is closed. If this is a life threatening medical emergency, please hang up and dial 911 or go to your nearest emergency room otherwise, please leave your name, number including your area code & (give Dr. name) will automatically be paged and will return your call within 30 minutes."

Example 3:

"You have reached the office of (give Dr. name) our office is closed. If this is a life threatening medical emergency, please hang up and dial 911 or go to your nearest emergency room otherwise, (give Dr. name) may be reached at (give alternate phone number)."

As an active provider for St. Vincent IPA, please be advised that you must adhere to all health plan requirements and most importantly honor your provider contract.

Please be aware that our St. Vincent IPA provider relations department will randomly select providers every month to check their after hours message.

Access to Care Standards: Commercial and Medicare Advantage Members

Primary Care Physician (PCP)	Standard
Emergency (Serious condition requiring immediate intervention)	Immediately (office, UCC, ER)
Urgent (Condition that could lead to a potentially harmful outcome if not treated)	*Within 48 hours (office, UCC)
Non-Urgent (routine) *(visit for symptomatic but not requiring immediate diagnosis and/or treatment)	*Within 10 business days
Adult or Pediatric Health Assessment / Physical *(Physical: periodic health evaluation with no acute medical problem) *(Preventive: for prevention and early detection of disease, illness, condition)	Within 30 calendar days, unless more prompt exam is warranted
**IHA (18 months and older)	Within 120 days of enrollment
**IHA (under 18 months)	Within 60 days of enrollment
Waiting Time in physician office	Less than 30 minutes
After-hours Access	Answering Service or service w/ option to page Provider
<ul style="list-style-type: none"> Enrollee with life threatening medical problem must have access to health care twenty-four (24) hours per day and 7 days per week. After hours answering system or voice mail should instruct members that if they feel they have a serious acute medical condition, to seek immediate care by calling 911 or going to the nearest Emergency Room. **Member must be assured that a Health Care Professional (Dr., Advice Nurse, PA, NP) will communicate with them within 30 minutes. 	
**Telephone Triage and Screening (urgent and routine) <ul style="list-style-type: none"> Telephone triage is available 24 hours a day and 7 days a week 	**Within 30 minutes

Specialty Care Provider (SCP)	Standard
**Urgent referral (includes Behavioral Health)	Within <u>96 hours</u>
*Non-Urgent / routine (includes Behavioral Health)	*Within <u>15 business days</u> from time of PCP request

Behavioral Health Provider (based on Plan contracts)

Appointment	Standard
Urgent	Within <u>96 hours</u>
Routine	*Within <u>15 business days</u>
**Non-physician BH	** 10 business days

**Ancillary Services	Standard
Urgent (for diagnosis and treatment)	Within <u>96 hours</u>
Routine (for diagnosis and treatment)	*Within <u>15 business days</u> from time of PCP request

*Revised Standard 2011 ** New Standard 2011

Compliance = 80%

The Patient's Choice for Health Care

- * LaCare Behavioral Health Provider please refer to the LaCare NPO Manual.
- Urgent Appointment Standard within 48 Hours
- None Life Threatening Emergency within 6 Hours.

Access to Care Standards: Dual Eligible (Medi-Medi) and Special Needs Plan (SNP) Members

Service	Standard
Appointment making systems	A written or computerized appointment making system, which includes following up on missed appointments
Appointments for routine primary care services for a member who is symptomatic but does not require immediate diagnosis and/or treatment	30 calendar days maximum
Appointments for routine prenatal care	<ul style="list-style-type: none"> • Within two weeks from request during the 1st and 2nd trimester • Within three working days from request during 3rd trimester
Appointments for routine preventative care	Physical exam/preventative services – four (4) weeks maximum for appointment
Appointments for urgent care	Within 24 hours
Routine specialty referral appointment	Within 10 working days
Availability of interpreter Service	24 hours/7 days a week
Availability of primary care physician – time requirements	24 hours/7 days a week
Routine specialty referral appointment	Within 10 working days
Availability of interpreter Service	24 hours/7 days a week
Availability of primary care physician – time requirements	24 hours/7 days a week
Preventative Exams A periodic health evaluation for a member with no acute medical problem, including: <ul style="list-style-type: none"> • Initial Health • Assessments and Behavioral Risk Assessments 	Children under the age of 18 months – within 60 calendar days of enrollment or within the AAP periodicity timelines for ages two and younger, whichever is less 18 months of age and older – within 120 calendar days of enrollment EPSDT/CHDP or preventative health

	examination within four weeks from request.
Preventative Exams A periodic health evaluation for a member with no acute medical problem, including: <ul style="list-style-type: none"> Initial Health Assessments and Behavioral Risk Assessments 	Children under the age of 18 months – within 60 calendar days of enrollment or within the AAP periodicity timelines for ages two and younger, whichever is less 18 months of age and older – within 120 calendar days of enrollment EPSDT/CHDP or preventative health examination within four weeks from request
AAP periodic screenings	As prescribed by AAP Periodicity guidelines
Emergency appointment: Services for a potentially life threatening condition requiring immediate medical intervention to avoid disability or serious detriment to health	Immediate, 24 hours a day/7 days a week
Non-emergent telephone appointment responsiveness	45 minutes
Office waiting time: The time a member with a scheduled medical appointment is waiting to see a doctor once in the office	5 – 45 minutes
Telephone waiting time: The maximum length of time for office staff to answer the phone	30 seconds
Call Return Time (After Hours): The maximum length for PCP or on-call provider to return a call	30 minutes
Services for members with disabilities	Compliance with all provisions of the Americans with Disabilities Act: <ul style="list-style-type: none"> At least one designated handicapped parking space A handicapped bathroom or alternative access which is equipped with handrails in the bathroom A wheelchair access ramp A handicapped water fountain or alternative provisions An elevator

Availability of ancillary services	Available within a reasonable distance from the primary care physician
Availability of hospitals	Travel time and distance standards of 15 miles travel distance or 30 minutes travel time from their residence or workplace
Availability of primary care physician distance requirements (PCP Geo Access Reports)	Travel time and distance standards of 10 miles travel distance or 30 minutes travel time from their residence or workplace
Availability of specialty care	Travel time and distance standards of 15 miles travel distance
Member requested primary care physician changes	Members can request a PCP change monthly. Health Plans will process the member requested PCP change
Routine specialty referral authorization	Within 10 working days

The Patient's Choice for Health Care



St. Vincent IPA 2020 Immunizations and Injections Reimbursement Schedule Effective 11/01/2021

Primary Care Physicians are compensated on a fee-for-service basis for the following immunizations that are approved by AAP/AACP.

Claims for immunizations will be paid at the rates indicated below.

Procedures to follow:

- 1) Bill Fee For Service to St. Vincent IPA, P.O. Box 5089 Oceanside, CA 92052
- 2) Use the listed CPT codes only. Prior Authorization required for any other code not listed.

CPT Code	IMMUNIZATION/INJECTION	REIMB SV	CPT CODE	IMMUNIZATION/INJECTION	REIMB SV
86580	Skin test, tuberculosis, intradermal	\$10.00	Q2002	Influenza virus vaccine, split virus, when administered to individuals 3 years of age or older, for intramuscular use (Fluvaxon)	\$25.00
90632	Hepatitis A vaccine, adult dosage, for intramuscular use (Haroxy, Vagria)	\$25.00	G0008	Administration of influenza virus vaccine	\$25.00
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use (Haroxy, Vagria)	\$32.03	90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use (FLUCELVAX high-dose)	\$55.00
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use (Haroxy)	\$30.00	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13). For intramuscular use (Prevenar13)	\$206.00
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use (Pedvax Hib)	\$50.00	90674	Influenza virus vaccine, quadrivalent (cellvax), derived from cell cultures, adjuvant preservative and antibiotic free, 0.5 mL dosage, for intramuscular use (Flucelevax)	\$24.05
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use (ActHIB, Hibexa)	\$45.00	90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use (Rotarix)	\$92.00
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (GARDASIL)	\$146.95	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use (Rotarix)	\$92.00
90651	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18, 33, 45, 52, 58 (9val-HPV quadrivalent), 2 or 3 dose schedule, for intramuscular use	\$294.86	90685	Influenza virus vaccine, quadrivalent (DIV4), split virus, preservative free, 05 mL dosage, for intramuscular use (Flucelevax)	\$23.00
90653	Influenza vaccine, inactivated (DIV), subunit, adjuvanted, for intramuscular use	\$41.80	90688	Influenza virus vaccine, quadrivalent (DIV4), split virus, 05 mL dosage, for intramuscular use (Flulaval [multidose vial])	\$25.00
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use (Afluria, Fluvax, Fluvent, Fluone influenza virus vaccine, no preservative)	\$25.00	90696	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4-6 years of age, for IM use	\$51.66
90657	Influenza virus vaccine, trivalent (DIV3), split virus, 0.25mL dosage for intramuscular use (Afluria, Fluvax, Fluvent, Fluone [5ml vial 0.25 mL dose])	\$25.00	90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use (Pertacet)	\$89.99



St. Vincent IPA 2020 Immunizations and Injections Reimbursement Schedule Effective 11/01/2021

CPT Code	IMMUNIZATION/INJECTION	REIMB SV	CPT CODE	IMMUNIZATION/INJECTION	REIMB SV
	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use (Daptacel, Infanrix)	\$30.00	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	\$200.00
90700	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use (Diphtheria and Tetanus Toxoids Adsorbed USP [For Pediatric Use])	\$20.00	90740	Hepatitis B vaccine (HepB), adolescent 2 dose schedule, for intramuscular use (Engle-B, Recombivax HB)	\$35.00
90702	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (M-M-R II)	\$25.00	90743	Hepatitis B vaccine (HepB), pediatric/adolescent dosage 3 dose schedule, for intramuscular use (Engle-B, Recombivax HB)	\$35.00
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use (ProQuad)	\$202.40	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (Engle-B, Recombivax HB)-A/UTH REQUIRED	\$70.00
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use (IPOL)	\$30.00	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use (Engle-B, Recombivax HB)-A/UTH REQUIRED	\$70.00
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (DECAYAC/TENAVAC, Tetanus-diphtheria adult)	\$25.00	90747	Hepatitis B vaccine (HepB), delays or immunosuppressed patient dosage 4 dose schedule, for intramuscular use (Engle-B, RECOMBIVAX delays)-A/UTH REQUIRED	\$70.00
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Adacel, Boostrix)	\$37.00	90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hb), for intramuscular use (COMVAX)	\$45.00
90716	Varicella virus vaccine (VAR), live, for subcutaneous use (Varivax)	\$122.02	90750	Shingles. Adult dose 0.5 mL	\$160.99
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use (PEDIARIX)	\$50.00	90756	Influenza virus vaccine, quadrivalent (cell/tet), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	\$25.00
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Pneumovax23)	\$110.00	10696	Injection, ceftriaxone sodium, per 250 mg-A/UTH REQUIRED	\$15.00
90733	Pneumococcal polysaccharide vaccine serogroups A, C, Y, W-135, quadrivalent (PPSV4), for subcutaneous use (Pneumune-A/C/Y/W-135)	\$100.00	10696	Injection, ceftriaxone sodium, per 500 mg-A/UTH REQUIRED	\$30.00
90734	Hertingococ conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (PPSV4 or MenACWY) for intramuscular use (Menactra, Menveo)	\$125.00	10696	Injection, ceftriaxone sodium, per 750 mg-A/UTH REQUIRED	\$45.00

All vaccinations must follow the guidelines of the AAP and ACP. This Fee Schedule pertains only to those immunizations and injections that the IPA is responsible for reimbursing. For certain HMOs, some immunizations will be reimbursed directly by the Health Plan and will be paid at the Health Plan rate. All other medically necessary immunizations and injections not listed above are included under the PCP capitation. **Please Note – the Zoster Shingles Vaccination requires either authorization.**



ST. VINCENT IPA

CREDENTIALING

The Patient's Choice for Health Care

Credentialing

General Information

Credentialing is the process of obtaining, verifying and assessing the qualifications of a healthcare practitioner to provide patient care services in or for a healthcare entity.

To ensure consistency of credentialing and recredentialing, a routine process should be followed. This assures accuracy of approach and process as well as minimize the variation of references provided. Use of the same process for each new application or re-applicant also reduces the opportunity of charges of discrimination (from the applicant) if there is a negative outcome.

St. Vincent IPA will regularly obtain and review documentation on practitioner sanctions, complainants, adverse events and quality issues and implement appropriate interventions when poor quality, safety issues or limitations on licensure or exclusion from participation are identified. Among the types of media used, these sources have been identified as pertinent information used in the ongoing assessment of Practitioners.

- Reports publicized by licensing boards
- OIG Exclusions and Reinstatement Report/Database
- Medi-Cal Suspended and Ineligible Provider List maintained on the Medi-Cal website
- Medicare Opt Out Report
- SAM (System for Award Management) formerly known as Excluded Parties List System (EPLS)
- Member complaints, filed with the Health Plan or St. Vincent IPA
- Quality of Care issues, identified by the Health Plan or St. Vincent IPA
- Adverse Events, identified by Health Plan or St. Vincent IPA

Credentialing

Red Flags

The indicators below will not necessarily result in denial, only that an explanation is required. A practitioner should be afforded the opportunity to submit additional information in support of the application.

The Credentialing department will consider all factors when reviewing practitioner credentials.

- Missing dates or gaps in training or professional practice
- Discrepancies between information provided on application and verified information
- Suspension, reprimand, revocation, or challenge to licensure
- Excessive professional liability history, either in the number of claims filed or judgements awarded



Credentialing

Updating Expireables

Time sensitive documents such as primary state license, DEA certificate, malpractice insurance coverage will be kept current at all times.

- California state license must be updated no more than five days of expiration
- DEA will be verified with the next available update from the provider
- Insurance coverage will be verified with the next available update from the provider



Credentialing Recredentialing Process

One hundred and twenty (120) days prior to the end of the three-year appointment period, you will receive the Practitioner's pre-populated re-credentialing application. The practitioner is required to review the information; make any necessary updates or corrections; then sign and date where it is indicated.

Please return the completed re-credentialing application and any supporting documents as requested. The reapplication will be processed, information verified, reviewed by the Credentialing department and updated in our database.

QUESTIONS?

Robert Kebbekus

Credentialing Coordinator | Physicians DataTrust



Greater Tri Cities IPA | Noble AMA IPA | St. Vincent IPA

Citrus Valley Physicians Group | Golden Physicians Medical Group

P: (760) 941-7309 x127

F: (760) 208-4783

rkebbekus@pdtrust.com

www.pdtrust.com

Physician Credentialing Sample Letter

Dear Provider:

As you may be aware, our contracted health plans require that providers be re-credentialed every three (3) years. Our records indicate that you are due for re-credentialing with **St. Vincent IPA**. It is imperative we receive your re-credentialing application without delay in order to meet health plan deadlines. Please note that failure to comply with the re-credentialing process may result in the closure of your office to new members or termination from **St. Vincent IPA**.

Enclosed is your reappointment application for «**Specialty name**», which needs to be completed and returned in the enclosed self-addressed envelope **IMMEDIATELY**.

Directions for completing application:

- Complete Re-Application with all current information
- Complete and sign Addendums A, B, C, & W-9 taxpayer form (**Please be sure to sign all addendum's whether they pertain to you or not**).
- Please include copies of your current DEA, & Professional Liability Insurance.

In accordance with St. Vincent IPA standards, Providers have the right to review information submitted in support of their credentialing and/or recredentialing application. This includes information received from any outside primary source verification entities.

We kindly request your prompt attention to this very important request. If you should have any questions regarding your application, please contact me directly at **(562) 860-8771, ext 124**.

Sincerely,

The Patient's Choice for Health Care

The background features a large, faint watermark of the St. Vincent IPA logo. It includes a stylized red heart shape and the text "ST VINCENT IPA" in a serif font.

REFERRALS

The Patient's Choice for Health Care

Referrals

Frequently Asked Questions

1. What is the best way to submit a referral?

The best way to submit a referral is through Aerial Care.

2. What is needed to submit a clean referral?

There are four things that are needed to submit a clean referral:

1. Request of the contracted provider
2. Recent office notes and pertinent diagnostic results
3. Use the correct CPT code
4. Use of the correct priority

3. How do I determine if the request needs to be expedited?

Routine requests are for just that, routine, non-emergent evaluations, follow ups or testing. Urgent priority is for symptoms that warrant the service to be done sooner rather than later. STAT is typically used for blood transfusions or head CTs after a fall.

4. What is the TAT regulation?

Routine for seniors is 14 calendar days, 5 business days for commercial/Medi-Cal, urgent is 72 hours and STAT is 24 hours.

5. How long is the reasonable expectation to have routine referrals determined?

Within 3-4 business days if submitted cleanly.

6. How do I know when a determination has been made?

You can check in Aerial care. Decisions are available in real time.

7. Why do I need to attach notes?

This is strictly monitored and audited by the health plans on a regular basis.

8. What is the best way to communicate with someone in clinical services?

You can message them in Aerial Care, be advised if you are requesting a J code or a service that requires review, you may need to submit another referral request. Please note that anything changed in our system takes 24 hours for the provider office to see in Aerial Care.

9. What if I need to call and speak to someone?

If you need to contact someone, please call the office at (562) 860-8771 and press the prompt for Clinical Services (ext 2001).

10. What is the preferred tertiary for higher level of care?

Cedars-Sinai Medical Center.

11. Why is my referral request cancelled?

We have to make three attempts to obtain the clinical information needed and if not received, we cancel the request as incomplete and a new request must be submitted.

12. Are there case managers available to assist with high risk patients?

Yes. There are 2 case managers that can do telephonic assistance and 2 nurse practitioners that can do assessments in the home setting. You may obtain more information by calling the Clinical Services department.



The Patient's Choice for Health Care

Aerial Care New User Reference Guide



The Aerial Care system allows our providers to submit Referral Requests and Claims as well as the ability to check on their status and verify a patient's eligibility. Below are steps to help you log-in and get started using Aerial Care.

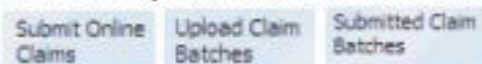
If you do not have an Aerial Care Log-in for St. Vincent IPA, please call us at (888) 255-5053.

Aerial Care Log-in Steps

1. Go to the St. Vincent IPA website at www.stvincentipa.com
2. Click on **Aerial Care & Referrals** under the **Provider Information** tab on the Provider's side of the website. You will then click the Aerial Care icon that will direct you to the Aerial Care web portal.
3. Type in your **Username** and **Password**.
New Users: Enter your Temporary Password. You will then be asked to change the password to one of your choice. Then enter your New Password to log-in.
4. To submit a Referral Request or check status click on one of the following:



5. To submit/Upload a Claim or Claim Batches click one the following:



6. To download your e-list click on the **Eligibility** Tab at the top of the page



7. Then Click the **Download to Excel** button



Aerial Care On-line Referral Submission

Referral Submission

St. Vincent IPA (SVIPA) provides a Web Portal for on-line referral submissions. Internet access must be available in order to view and submit referrals. Simply follow the steps below to easily set up your own on-line referral process for your SVIPA members.

Contact Aerial Care at **1-800-864-8160, Option#1** to obtain a user name and password.

Web Portal Address

Once a username and password have been set up; go to www.aerial.carecoordination.medecision.com

Click on the Log- in button on the right upper hand.



Login instructions

Look for the St. Vincent IPA logo and click on the Physician option

- Enter your login user ID and password.
- First time log-in will promote a change of password.

The Patient's Choice for Health Care

Physician • Administrator

Please log in.

User ID *

Password *

Password Help

REGISTER

LOG IN

Please note; you will be promoted to change your password every 30 days. You may reuse the same password every time.

Aerial Care Dashboard

Once in the portal, a main screen will appear named the "dash board." You will see recent referral comments and or clinical alerts.

Entering a referral

Click on the eligibility tab on the dash board



Retrieve your member

Enter a members DOB (preferably)

Providing more than one search criteria can overload the search engine and not provide and result.

Eligibility Lookup

Enter either part or all of the information for the member you would like to retrieve.

Health Plan Code:	<input type="text" value="All"/>		Location:	<input type="text" value="All"/>	
First Name:	<input type="text"/>		Last Name:	<input type="text"/>	
Member ID:	<input type="text"/>		SSN:	<input type="text"/>	
Provider ID:	<input type="text"/>		Birth Date: (mm / dd / yyyy)	<input type="text"/>	
<div>Submit Reset</div>					

Your member's eligibility

Once a search criteria is entered a member name will be generated. The following icon will appear:

Red indicates the member is ineligible

Blue indicates member is eligible



If you have trouble finding the member look at their ID card to check if the health plan knows them by a different name or DOB: (Note: If the health plan has the patient information incorrectly, member must contact the health plan directly and make corrections. If you do not find your member and all the information is correct, contact the health plan directly and verify the member's eligibility.

Adding a New Member

Once the member's eligibility has been verified with the health plan, please fax an eligibility attestation form to **(562) 207-6511** in order to have the new member added to our database. Please allow 24 hours for the member to appear on the on- line portal.

If you are unable to find your member after confirmation with the health plan, please fill out the Member Add Request Form.

You can submit to prsvipa@pdtrust.com or fax to (562) 924-1603.

Request for authorization extension Eligibility Attestation – STC-IPA

Patient Name _____

Auth # _____

Expiration date on auth _____

Request to extend authorization until _____

Reason for request _____

I understand that it is the responsibility of our office to check eligibility of the patient within two days of the service being rendered and to keep documentation of eligibility verification in the patient's file.

Signature (Relayed to Provider - Facility) _____ Date _____

Printed name of authorized person (Relayed to Provider - Facility)

Printed name of authorized person (Relayed to Provider - Facility) _____



Member Add Request Form

Complete all fields below and fax this form to (760) 477-2951

Please note that this form is for non-urgent Member Adds only. If you have a patient who requires a medically urgent referral, please fax the referral directly to the UM Department for expedited processing. Requests will be processed within 3 business days. You may submit Member Add requests electronically, by logging into Aerial Care and selecting "Create a New Member Inquiry" under the Eligibility Tab.

**** All fields must be completed for your request to be processed.**

Provider Name:			
Contact Name		Contact Phone#	
Contact Fax#			
Purpose for this Request:			
<input type="checkbox"/> New Member <input type="checkbox"/> Health Plan Change <input type="checkbox"/> Update Member information (Member information is received from the Health Plan. Member must notify their Plan of any necessary updates.) <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Sex <input type="checkbox"/> Other :			
Health Plan		Health Plan Member ID	
Member First Name		Member Last Name	
Member Date of Birth		Effective Date	
Comments			
To Be Completed by IPA:			
Response: <input type="checkbox"/> Member has been added or updated; Changes will be reflected in next month's capitation report. <input type="checkbox"/> Member is not eligible with IPA Name / PCP <input type="checkbox"/> Form Incomplete / Information Submitted can not be verified with Health Plan <input type="checkbox"/> Other:			

Refer your member

1. Click the blue icon on the left or the eye icon on the right to begin.



2. Member information will appear, on the bottom of the page a "Refer Patient" button will appear, click to enter the actual referral.



3. A referral form will come up on the screen. All fields must be completed in a dropdown option or typing format

Referring Physician

Referring physician (PCP, NP, PA, Specialist)

Referring Provider Information

Search by first or last name, or by ID:

Referred Provider Information

Select the Referred Specialty:



Referring to (Self, imaging facility, another specialist, physical therapy, surgery center etc...)

Referring Priority

Indicate the Priority of the referral:

- Routine

Referrals processed within 5-7 business day
(commercial health plans)

Referrals processed within 14 days (Senior health
plans)

Priority:

- **Urgent**
48 hour turn around time
(medical necessity must be indicated)
- **STAT**
24 hour turn around
(medical necessity must be indicated)
- **Retro**
Not to exceed more than 30 days from DOS

***Please note; urgent or STAT referrals entered due to administrative purposes will be downgraded from urgent/ STAT to routine. Please enter referrals in a timely manner.

*** Do not schedule appointments or procedures prior to obtaining authorization to ensure the member does not need to be rescheduled.

Indicate Services

➤ **Indicate Place of Service:**

Office, outpatient includes (surgery center, outpatient hospital procedures less than 24hrs.) Inpatient, or Home (are a few of the most common)

Place of Service:

11 - Office ▼

Indicate Services & Quantity: CPT CODES

Services	Modifier	Service Units
	No modifier ▼	

Add Next

Please use appropriate modifiers as indicated.

CPT Codes

St. Vincent IPA uses a *claims editing software* which contains commercially available coding rules and guidelines to monitor internal claims processing and identify unclear claims which may require reduced payment for improper or erroneous coding.

When referrals with multiple CPT codes are received, it is processed through *claims editing software*, for appropriate claims processing. *Claims editing software* unbundles compounded codes and identifies compounded procedures. During the UM process, bundled CPT codes are removed from the referral. Please note; if CPT codes are taken off the request, look under the comment section and rationale will be provided. If further clarification is needed please present provided information to your billing department.

Global Periods

Post-op global periods

- **10- Day Post- Operative Period**, (minor procedures)
- **90- Day Post- Operative Period**, (major procedures)
- Follow up referrals may often be canceled due to members being under a post op period. During this post op period all office physician based visits are covered under a global procedural authorization and no authorization is warranted.
- Modifier **-25-** may be used to bill a separately identifiable evaluation and management (E/M) service by the same physician. If, the member presents with separate issue/ condition non related to the surgical procedure, the physician may evaluate, treat and bill the new condition with a 25 modifier.

Your member's diagnosis

- Enter the most accurate **ICD-10Code (s)** provided by the physician

ICD Code



Every referral requires supporting documentation. It may either be faxed to (562) 207-6511, attached and or copied or pasted into the clinical symptoms/findings section of the request below (preferred).

Clinical Symptoms/Findings:

Please make references to patient height, weight, history, labs and pertinent work up to date.

Treatment Plan:

Preferred Provider Comments.



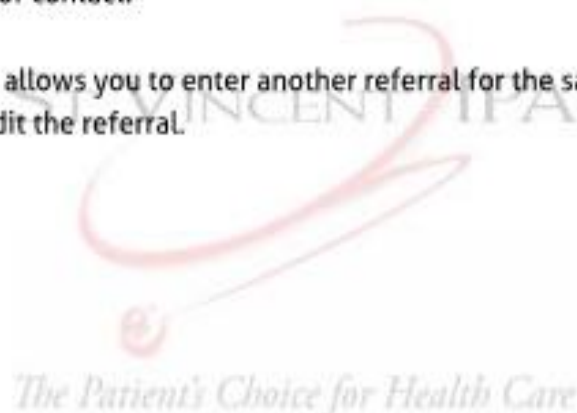
Documentation is needed for review and to establish medical necessity.

Submit your members referral

- Lastly, once the referral is all set, click submit referral button.



- If, information is missing, please review the referral and make sure all required fields are entered.
- Once submitted, it will ask for the name of person entering the referral, please type in a point of contact.
- The last screen allows you to enter another referral for the same member, attach a document or edit the referral.



REFERRAL FORM

St. Vincent IPA Medical Corporation

Fax: (562) 924-1453 Phone: (562) 860-8771 Ext.2001

APPLICABLE COPAY

AUTHORIZATION NUMBER

Date of Referral Request: ____/____/____

☐ Specialist Request ☐ PCP Request

☐ Routine

☐ Urgent

☐ Emergent

Verbal notification to member of approval is required within 2 business days.

Member notified - Date: _____

Time: _____

Notified by: _____

Patient Name: (First, MI, Last) _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: _____ Patient ID#: _____

Health Plan: _____

PCP Name: _____ Tel #: _____ Fax #: _____

Date of Last PCP Visit: _____ Date of Last Specialist Visit: _____

MD Office Staff Contact Name: _____

Specialty Requested: _____

MD Asking for Request: _____

Tel #: _____ Fax #: _____

SIGNATURE OF REQUESTING PROVIDER:

(MANDATORY - WILL NOT BE PROCESSED WITHOUT SIGNATURE)

Diagnosis: _____ ICD-10: _____

_____ ICD-10: _____

Procedure/Service Requested: _____ CPT CODE: _____

_____ CPT CODE: _____

_____ CPT CODE: _____

Place of Service: ☐ Office ☐ Out-Patient ☐ In-Patient Name Facility: _____

Reason for REFERRAL: _____

Attachment

Notes: _____

Lab: _____

EKG/EEG: _____

X-Ray _____

Other: _____

FOR USE BY ST. VINCENT IPA MEDICAL CORPORATION UM STAFF ONLY

☐ Authorize ☐ Pending Date: _____ ☐ Modified Date: _____
Date: _____

☐ Denied Date: _____ ☐ Not a covered benefit. ☐ T P L ☐ Alternate Treatment Plan

Comments/Remarks: _____

UM Signature: _____ Date: _____

Date PCP Notified: _____ Please notify member today of referral status.

Certification does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions. This certification is good for ninety (90) days from approval date. Referring providers may request a copy of the UM criteria or discuss their request with the IPA physician reviewer at any time. Your UM Case Management or Referral Coordinator will facilitate your request.

∴ This section must be reviewed by physician prior to submission.

LA AREA DIRECT REFERRAL REQUISITION FORM

St. Vincent IPA c/o Physicians DataTrust, Inc.
P. O. Box 5089 Oceanside, CA 92052
Phone: (562) 860-8771/Fax: (562) 924-1453

Date of Referral Request: ____/____/____

Patient Name (First, MI, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: () _____ Patient ID #: _____

Health Plan: _____

Referring Physician: _____ Referring Physician Signature: _____

Referring Physician Phone: () _____ Referring Physician Fax: () _____

Diagnosis *(must be listed)* _____

NOTICE TO PATIENT: Your primary care physician has approved your visit to the provider/specialist listed below. Please call the phone number listed below to make an appointment for mammography screening, CT Sinus Survey, and routine OB/GYN services on this form. Walk-in appointments are accepted for all other X-Ray services on this form.

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

NOTICE TO SPECIALIST: The above-listed patient has been referred to you for the procedure indicated.

X-RAY (PLEASE SELECT LOCATION AND SERVICE TYPE)

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Renaissance Imaging Center Virgil 500 S. Virgil Ave, Suite 102 Los Angeles, CA 90020 Tel: 323-375-3940 Fax: 323-375-3945 | <input type="checkbox"/> SHIN MRI LLC 266 S Harvard Blvd, Suite 180 Los Angeles, CA 90004 Tel: 213-387-3002 Fax 213-387-3057 | <input type="checkbox"/> PIH HEALTH 1245 Wilshire Blvd, Suite 205 North Tower Los Angeles, CA 90017 Tel: 213-977-2140 Fax: 213-202-7003 (No Mammography At this time) | <input type="checkbox"/> UMI of Los Angeles 1127 Wilshire Blvd, #100 Los Angeles, CA 90017 Tel: 213-223-5000 | <input type="checkbox"/> Radnet Beverly Towers Women's Center 465 Roxbury Dr, Suite 101 Beverly Hills, CA 90210 Tel: 310-385-7747 |
|---|--|---|--|---|

X-RAY TYPE: ** CPT CODES NOT LISTED REQUIRE SUBMISSION OF ROUTINE REFERRAL FORM **

- | | | | |
|---|---|---|---|
| HEAD & NECK
<input type="checkbox"/> 70250 - Skull <4V
<input type="checkbox"/> 70486 - CT Sinus Survey

CHEST
<input type="checkbox"/> 71045 - 1V
<input type="checkbox"/> 71046 - 2V
<input type="checkbox"/> 71100 - Ribs Uni 2V
<input type="checkbox"/> 71120 - Sternum Min 2V | SPINE & PELVIS
<input type="checkbox"/> 72040 - Spine Cervical 2 or 3V
<input type="checkbox"/> 72070 - Spine Thoracic 2V
<input type="checkbox"/> 72100 - Spine Lumbosacral 2-3V
<input type="checkbox"/> 72170 - Pelvis 1V
<input type="checkbox"/> 72220 - Sacrum & coccyx min 2V

MAMMOGRAPHY
<input type="checkbox"/> 77067 Mammography Screening, Digital (age 40+) | UPPER EXTREMITIES
<input type="checkbox"/> 73030 - Shoulder min 2V
<input type="checkbox"/> 73070 - Elbow 2V
<input type="checkbox"/> 73090 - Forearm 2V
<input type="checkbox"/> 73100 - Wrist 2V
<input type="checkbox"/> 73120 - Hand 2V
<input type="checkbox"/> 73140 - Fingers min 2V

ABDOMEN
<input type="checkbox"/> 74018 - anteroposterior 1V | LOWER EXTREMITIES
<input type="checkbox"/> 73502 - Hip unilateral min 2V
<input type="checkbox"/> 73521 - Hip bilateral min 2V
<input type="checkbox"/> 73552 - Femur 2V
<input type="checkbox"/> 73560 - Knee 1 or 2V
<input type="checkbox"/> 73590 - Tibia & Fibula 2V
<input type="checkbox"/> 73600 - Ankle 2V
<input type="checkbox"/> 73620 - Foot 2V
<input type="checkbox"/> 73650 - Calcaneus min 2V
<input type="checkbox"/> 73660 - Toes min 2V |
|---|---|---|---|

LA AREA DIRECT REFERRAL REQUISITION FORM

ROUTINE OB/GYN WOMEN'S HEALTH (PLEASE COMPLETE PROVIDER INFORMATION &/ SERVICE TYPE)

OB/GYN Provider

Name: _____

Address

: _____

City, Zip

Code: _____

Phone _____

➤ **REVIEW CURRENT ROSTER**

**(MUST BE A CONTRACTED
ST. VINCENT IPA PROVIDER)**

Service Type:

☐ 99203 - OB/GYN Consult

☐ 99395 - Well Women Exam (Annual) - Age 18-39

☐ 99397 - Well Women Exam

(Annual) - Age >65

☐ 99213 - OB/GYN Follow-up

☐ 99396 - Well Women Exam (Annual) - Age 40-64

GLENDALE AREA DIRECT REFERRAL REQUISITION FORM

St. Vincent IPA c/o Physicians DataTrust, Inc.
P. O. Box 5089 Oceanside, CA 92052
Phone: (562) 860-8771/Fax: (562) 924-1453

Date of Referral Request: ____/____/____

Patient Name (First, MI, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: () _____ Patient ID #: _____

Health Plan: _____

Referring Physician: _____ Referring Physician Signature: _____

Referring Physician Phone: () _____ Referring Physician Fax: () _____

Diagnosis (must be listed): _____

NOTICE TO PATIENT: Your primary care physician has approved your visit to the provider/specialist listed below. Please call the phone number listed below to make an appointment for mammography screening, CT Sinus Survey, and routine OB/GYN services on this form. Walk-in appointments are accepted for all other X-Ray services on this form.

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

NOTICE TO SPECIALIST: The above-listed patient has been referred to you for the procedure indicated.

X-RAY (PLEASE X LOCATION AND SERVICE TYPE)

☐ Radnet
Imaging Specialists of
Glendale
700 N. Central Ave, #100
Glendale, CA 91203
Tel: 818-480-7234
Fax: 818-342-0303

☐ Radnet
Imaging Specialist of
Burbank
1821 Olive St.
Burbank, CA 91506
Tel: 818-841-8880
Fax: 841-841-8884

☐ Radnet - Mamo
Imaging Specialist of
Glendale
222 W Eulalia St.
Glendale, CA 91204
Tel: 818-502-2323
Fax: 818-342-0303

☒ Renaissance
Imaging
Center Virgil
500 S. Virgil Ave.
Suite 102
Los Angeles, CA
90020
Tel: 323-375-3940
Fax: 323-375-3945

X-RAY TYPE: **CPT CODES NOT LISTED REQUIRE SUBMISSION OF ROUTINE REFERRAL FORM**

HEAD & NECK

- ☐ 70250 - Skull <4V
☐ 70486 - CT Sinus Survey

CHEST

- ☐ 71045 - 1V
☐ 71046 - 2V
☐ 71100 - Ribs Uni 2V
☐ 71120 - Sternum Min 2V

SPINE & PELVIS

- ☐ 72040 - Spine Cervical 2 or 3V
☐ 72070 - Spine Thoracic 2V
☐ 72100 - Spine Lumbosacral 2-3V
☐ 72170 - Pelvis 1V
☐ 72220 - Sacrum & coccyx min 2V

MAMMOGRAPHY

- ☐ 77067 Mam mography Screening.
Digital (age 40+)

UPPER EXTREMITIES

- ☐ 73030 - Shoulder min 2V
☐ 73070 - Elbow 2V
☐ 73080 - Forearm 2V
☐ 73100 - Wrist 2V
☐ 73120 - Hand 2V
☐ 73140 - Fingers min 2V

ABDOMEN

- ☐ 74018-anteroposterior 1V

LOWER EXTREMITIES

- ☐ 73502 - Hip unilateral min 2V
☐ 73521 - Hip bilateral min 2V
☐ 73552 - Femur 2V
☐ 73560 - Knee 1 or 2V
☐ 73590 - Tibia & Fibula 2V
☐ 73600 - Ankle 2V
☐ 73620 - Foot 2V
☐ 73650 - Calcaneus min 2V
☐ 73660 - Toes min 2V

GLENDALE AREA DIRECT REFERRAL REQUISITION FORM

ROUTINE OB/GYN WOMEN'S HEALTH PLEASE COMPLETE PROVIDER INFORMATION & SERVICE TYPE

OB/GYN Provider

Name:

➤ REVIEW CURRENT
ROSTER

Address:

(MUST BE A CONTRACTED
ST. VINCENT IPA PROVIDER)

City, Zip

Code:

Phone:

Service Type:

☐ 99203 - OB/GYN Consult
(Annual) - Age >65

☐ 99395 - Well Women Exam (Annual) - Age 18-39

☐ 99397 - Well Women Exam

☐ 99213 - OB/GYN Follow-up ☐ 99396 - Well Women Exam (Annual) - Age 40-64

HP AREA DIRECT REFERRAL REQUISITION FORM

St. Vincent IPA c/o Physicians DataTrust, Inc.
 P. O. Box 5089 Oceanside, CA 92052
 Phone: (562) 860-8771/Fax: (562) 924-1453

Date of Referral Request: ____/____/____

Patient Name (First, MI, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: (____) _____ Patient ID #: _____

Health Plan: _____

Referring Physician: _____ Referring Physician Signature: _____

Referring Physician Phone: (____) _____ Referring Physician Fax: (____) _____

Diagnosis (must be listed): _____

NOTICE TO PATIENT: Your primary care physician has approved your visit to the provider/specialist listed below. Please call the phone number listed below to make an appointment for mammography screening, CT Sinus Survey, and routine OB/GYN services on this form. Walk-in appointments are accepted for all other X-Ray services on this form.

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

NOTICE TO SPECIALIST: The above-listed patient has been referred to you for the procedure indicated.

X-RAY (PLEASE ✓ LOCATION AND SERVICE TYPE)

☐ Renaissance Imaging
 Center Virgil
 500 S. Virgil Ave.
 Suite 102
 Los Angeles, CA 90020
 Tel: 323-375-3940
 Fax: 323-375-3945

☐ UMI of Maywood
 4316 E. Slauson Ave.
 Maywood, CA 90270
 Tel: 323-374-6200

☐ Huntington Park
 Advanced Imaging
 2680 Saturn Ave., Ste. 100
 Huntington Park, CA
 90255
 Tel: 323-584-3333

X-RAY TYPE: **CPT CODES NOT LISTED REQUIRE SUBMISSION OF ROUTINE REFERRAL FORM**

HEAD & NECK

- ☐ 70250 - Skull <4V
☐ 70486 - CT Sinus Survey

CHEST

- ☐ 71045 - 1V
☐ 71046 - 2V
☐ 71100 - Ribs Uni 2V
☐ 71120 - Sternum Min 2V

SPINE & PELVIS

- ☐ 72040 - Spine Cervical 2 or 3V
☐ 72070 - Spine Thoracic 2V
☐ 72100 - Spine Lumbosacral 2-3V
☐ 72170 - Pelvis 1V
☐ 72220 - Sacrum & coccyx min 2V

MAMMOGRAPHY

- ☐ 77067 Mammography
 Screening, Digital (age 40+)

UPPER EXTREMITIES

- ☐ 73030 - Shoulder min 2V
☐ 73070 - Elbow 2V
☐ 73090 - Forearm 2V
☐ 73100 - Wrist 2V
☐ 73120 - Hand 2V
☐ 73140 - Fingers min 2V

ABDOMEN

- ☐ 74018 - anteroposterior
 1V

LOWER EXTREMITIES

- ☐ 73502 - Hip unilateral min 2V
☐ 73521 - Hip bilateral min 2V
☐ 73552 - Femur 2V
☐ 73560 - Knee 1 or 2V
☐ 73590 - Tibia & Fibula 2V
☐ 73600 - Ankle 2V
☐ 73620 - Foot 2V
☐ 73650 - Calcaneus min 2V
☐ 73660 - Toes min 2V

ROUTINE OB/GYN WOMEN'S HEALTH (PLEASE COMPLETE PROVIDER INFORMATION & ✓ SERVICE TYPE)

OB/GYN Provider Name: _____ **➤ REVIEW CURRENT ROSTER**
 Address: _____ **(MUST BE A CONTRACTED**
 City, Zip Code: _____ **ST. VINCENT IPA PROVIDER)**

Phone: _____

Service Type:

- ☐ 99203 - OB/GYN Consult ☐ 99395 - Well Women Exam (Annual) - Age 18-39 ☐ 99397 - Well Women Exam (Annual) - Age >65
☐ 99213 - OB/GYN Follow-up ☐ 99396 - Well Women Exam (Annual) - Age 40-64

HP AREA DIRECT REFERRAL REQUISITION FORM

ROUTINE OB/GYN WOMEN'S HEALTH (PLEASE COMPLETE PROVIDER INFORMATION & SERVICE TYPE)

OB/GYN Provider

Name: _____

Address _____

City, Zip _____

Code: _____

Phone _____

► REVIEW CURRENT ROSTER

(MUST BE A CONTRACTED
ST. VINCENT IPA PROVIDER)

Service Type:

☐ 99203 - OB/GYN Consult
(Annual) - Age >65

☐ 99395 - Well Women Exam (Annual) - Age 18-39

☐ 99397 - Well Women Exam

☐ 99213 - OB/GYN Follow-up ☐ 99396 - Well Women Exam (Annual) - Age 40-64

HP AREA DIRECT REFERRAL REQUISITION FORM

St. Vincent IPA c/o Physicians DataTrust, Inc.
P. O. Box 5089 Oceanside, CA 92052
Phone: (562) 860-8771/Fax: (562) 924-1453

Date of Referral Request: ____/____/____

Patient Name (First, MI, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: ____/____/____ Patient ID #: _____

Health Plan: _____

Referring Physician: _____ Referring Physician Signature: _____

Referring Physician Phone: (____) _____ Referring Physician Fax: (____) _____

Diagnosis (must be listed): _____

NOTICE TO PATIENT: Your primary care physician has approved your visit to the provider/specialist listed below. Please call the phone number listed below to make an appointment for mammography screening, CT Sinus Survey, and routine OB/GYN services on this form. Walk-in appointments are accepted for all other X-Ray services on this form.

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

NOTICE TO SPECIALIST: The above-listed patient has been referred to you for the procedure indicated.

X-RAY (PLEASE ✓ LOCATION AND SERVICE TYPE)

<input type="checkbox"/> Renaissance Imaging Los Angeles 500 South Virgil Ave. Los Angeles, CA 0017 Tel: 323-375-3945	<input type="checkbox"/> Radnet - Zoe Huntington Park Advanced Imaging 2679 Zoe Ave. Huntington Park CA 90255 Tel: 323-584-3333	<input type="checkbox"/> UMI of Maywood 4316 E. Slauson Ave. Maywood, CA 90270 Tel: 323-374-6200	<input type="checkbox"/> Radnet Huntington Park Advanced Imaging 2680 Saturn Ave. Sta. 100 Huntington Park CA 90255 Tel. 323-584-3333
---	--	--	--

X-RAY TYPE: **CPT CODES NOT LISTED REQUIRE SUBMISSION OF ROUTINE REFERRAL FORM**

HEAD & NECK <input type="checkbox"/> 70250 - Skull <4V <input type="checkbox"/> 70498-CT Sinus Survey	SPINE & PELVIS <input type="checkbox"/> 72040-Spine Cervical 2 or 3V <input type="checkbox"/> 72070-Spine Thoracic 2V <input type="checkbox"/> 72100-Spine Lumbosacral 2-3V <input type="checkbox"/> 72170 -Pelvis 1V <input type="checkbox"/> 72220-Sacrum & coccyx min 2V	UPPER EXTREMITIES <input type="checkbox"/> 73030 - Shoulder min 2V <input type="checkbox"/> 73070 - Elbow 2V <input type="checkbox"/> 73090 - Forearm 2V <input type="checkbox"/> 73100 - Wrist 2V <input type="checkbox"/> 73120 - Hand 2V <input type="checkbox"/> 73140 - Fingers min 2V	LOWER EXTREMITIES <input type="checkbox"/> 73502 - Hip unilateral min 2V <input type="checkbox"/> 73521 - Hip bilateral min 2V <input type="checkbox"/> 73552 - Femur 2V <input type="checkbox"/> 73560 - Knee 1 or 2V <input type="checkbox"/> 73590 - Tibia & Fibula 2V <input type="checkbox"/> 73600 - Ankle 2V <input type="checkbox"/> 73620 - Foot 2V <input type="checkbox"/> 73650 - Calcaneus min 2V <input type="checkbox"/> 73660 - Toes min 2V
CHEST <input type="checkbox"/> 71045 -1V <input type="checkbox"/> 71046 -2V <input type="checkbox"/> 71100 - Ribs Uni 2V <input type="checkbox"/> 71120 - Sternum Min 2V	MAMMOGRAPHY <input type="checkbox"/> 77067 Mammography Screening, Digital (age 40+)	ABDOMEN <input type="checkbox"/> 74018-anteroposterior 1V	

ROUTINE OB/GYN WOMEN'S HEALTH (PLEASE COMPLETE PROVIDER INFORMATION & ✓ SERVICE TYPE)

OB/GYN Provider Name: _____	✓ REVIEW CURRENT ROSTER (MUST BE A CONTRACTED ST. VINCENT IPA PROVIDER)
Address: _____	
City, Zip Code: _____	
Phone: _____	
Service Type: <input type="checkbox"/> 99203 -OB/GYN Consult <input type="checkbox"/> 99395 - Well Women Exam (Annual) - Age 18-39 <input type="checkbox"/> 99397 - Well Women Exam (Annual) - Age >65 <input type="checkbox"/> 99213 - OB/GYN Follow-up <input type="checkbox"/> 99396 - Well Women Exam (Annual) - Age 40-64	

INGLEWOOD AREA DIRECT REFERRAL REQUISITION FORM

St. Vincent IPA c/o Physicians DataTrust, Inc.
P. O. Box 5089 Oceanside, CA 92052
Phone: (562) 860-8771/Fax: (562) 924-1453

Date of Referral Request: ____/____/____

Patient Name (First, MI, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Phone: (____) _____ Patient ID #: _____

Health Plan: _____

Referring Physician: _____ Referring Physician Signature: _____

Referring Physician Phone: (____) _____ Referring Physician Fax: (____) _____

Diagnosis (must be listed): _____

NOTICE TO PATIENT: Your primary care physician has approved your visit to the provider/specialist listed below. Please call the phone number listed below to make an appointment for mammography screening, CT Sinus Survey, and routine OB/GYN services on this form. Walk-in appointments are accepted for all other X-Ray services on this form.

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

NOTICE TO SPECIALIST: The above-listed patient has been referred to you for the procedure indicated.

X-RAY (PLEASE ✓ LOCATION AND SERVICE TYPE)

<input type="checkbox"/> Renaissance Imaging Center Virgil 500 S. Virgil Ave. Suite 102 Los Angeles, CA 90020 Tel: 323-375-3940 Fax: 323-375-3945	<input type="checkbox"/> UMI of Torrance 3640 Lomita Blvd. Suite 105 Torrance, CA 90505 Tel: 310-802-7000	<input type="checkbox"/> UMI of Inglewood 110 S. La Brea Ave. Suite #150 Inglewood, CA 90301 Tel: 310-671-6000	<input type="checkbox"/> UMI of Gardena 1141 W. Redondo Beach Blvd. Suite #105 Gardena, CA 90247 Tel: 310-436-1730
--	---	--	--

X-RAY TYPE: **CPT CODES NOT LISTED REQUIRE SUBMISSION OF ROUTINE REFERRAL FORM**

HEAD & NECK	SPINE & PELVIS	UPPER EXTREMITIES	LOWER EXTREMITIES
<input type="checkbox"/> 70250 - Skull <4V <input type="checkbox"/> 70486-CT Sinus Survey	<input type="checkbox"/> 72040-Spine Cervical 2 or 3V <input type="checkbox"/> 72070-Spine Thoracic 2V <input type="checkbox"/> 72100-Spine Lumbosacral 2-3V <input type="checkbox"/> 72170 -Pelvis 1V <input type="checkbox"/> 72220-Sacrum & coccyx min 2V	<input type="checkbox"/> 73030 - Shoulder min 2V <input type="checkbox"/> 73070 - Elbow 2V <input type="checkbox"/> 73090 - Forearm 2V <input type="checkbox"/> 73100 - Wrist 2V <input type="checkbox"/> 73120 - Hand 2V <input type="checkbox"/> 73140 - Fingers min 2V	<input type="checkbox"/> 73502 - Hip unilateral min 2V <input type="checkbox"/> 73521 - Hip bilateral min 2V <input type="checkbox"/> 73552 - Femur 2V <input type="checkbox"/> 73560 - Knee 1 or 2V <input type="checkbox"/> 73590 - Tibia & Fibula 2V <input type="checkbox"/> 73600 - Ankle 2V <input type="checkbox"/> 73620 - Foot 2V <input type="checkbox"/> 73650 - Calcaneus min 2V <input type="checkbox"/> 73660 - Toes min 2V
CHEST	MAMMOGRAPHY	ABDOMEN	
<input type="checkbox"/> 71045 -1V <input type="checkbox"/> 71046 -2V <input type="checkbox"/> 71100 - Ribs Uni 2V <input type="checkbox"/> 71120 - Sternum Min 2V	<input type="checkbox"/> 77067 Mammography Screening, Digital (age 40+)	<input type="checkbox"/> 74018-anteroposterior 1V	

ROUTINE OB/GYN WOMEN'S HEALTH (PLEASE COMPLETE PROVIDER INFORMATION & SERVICE TYPE)

OB/GYN Provider Name: _____ **➡ REVIEW CURRENT ROSTER (MUST BE A CONTRACTED ST. VINCENT IPA PROVIDER)**

Address: _____

City, Zip Code: _____

Phone: _____

Service Type:

- ☐ 99203 -OB/GYN Consult ☐ 99395 - Well Women Exam (Annual) - Age 18-39 ☐ 99397 - Well Women Exam (Annual) - Age >65
☐ 99213 - OB/GYN Follow-up ☐ 99396 - Well Women Exam (Annual) - Age 40-64

INGLEWOOD AREA DIRECT REFERRAL REQUISITION FORM

ROUTINE OB/GYN WOMEN'S HEALTH PLEASE COMPLETE PROVIDER INFORMATION & SERVICE TYPE

OB/GYN Provider

Name:

Address

City, Zip

Code:

Phone

REVIEW CURRENT ROSTER

**(MUST BE A CONTRACTED
ST. VINCENT IPA PROVIDER)**

Service Type:

☐ 99203 - OB/GYN Consult
(Annual) - Age >65

☐ 99395 - Well Women Exam (Annual) - Age 18-39

☐ 99397 - Well Women Exam

☐ 99213 - OB/GYN Follow-up ☐ 99396 - Well Women Exam (Annual) - Age 40-64

WEST LA DIRECT REFERRAL REQUISITION FORM

St. Vincent IPA c/o Physicians DataTrust, Inc.
P. O. Box 5089 Oceanside, CA 92052
Phone: (562) 860-8771/Fax: (562) 924-1453

Date of Referral Request: ____/____/____

Patient Name (First, MI, Last): _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: ____/____/____ Phone: (____) _____ Patient ID #: _____
Health Plan: _____

Referring Physician: _____ Referring Physician Signature: _____
Referring Physician Phone: (____) _____ Referring Physician Fax: (____) _____
Diagnosis (most desired): _____

NOTICE TO PATIENT: Your primary care physician has approved your visit to the provider/specialist listed below. Please call the phone number listed below to make an appointment for mammography/screening, CT Sinus Survey, and routine OB/GYN services on this form. Walk-in appointments are accepted for all other X-Ray services on this form.

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT.

NOTICE TO SPECIALIST: The abovelisted patient has been referred to you for the procedure indicated.

X-RAY (PLEASE X LOCATION AND SERVICE TYPE)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Renaissance Imaging Center Virgil
500 S. Virgil Ave.
Suite 102
Los Angeles, CA 90020
Tel: 323-375-3940
Fax: 323-375-3945 | <input type="checkbox"/> UMI of Los Angeles
1127 Wilshire Blvd.
#100
Los Angeles, CA 90017
Tel: 213-223-5000 | <input type="checkbox"/> Beverly Tower Wilshire Advanced Imaging
8750 Wilshire Blvd.
Suite 100
Beverly Hills, CA 90211
Tel: 310-689-3100 | <input type="checkbox"/> Radnet-Los Angeles Wilshire Downtown Advanced Imaging Center
3055 Wilshire Blvd, Suite 150
Los Angeles, CA 90010
Tel: 213-487-4877 |
|---|---|---|---|

X-RAY TYPE: **CPT CODES NOT LISTED REQUIRE SUBMISSION OF ROUTINE REFERRAL FORM**

- | | | | |
|---|--|--|---|
| HEAD & NECK
<input type="checkbox"/> 70250 - Skull <4V
<input type="checkbox"/> 70486 - CT Sinus Survey | SPINE & PELVIS
<input type="checkbox"/> 72040 - Spine Cervical 2 or 3V
<input type="checkbox"/> 72070 - Spine Thoracic 2V
<input type="checkbox"/> 72100 - Spine Lumbosacral 2-3V
<input type="checkbox"/> 72170 - Pelvis 1V
<input type="checkbox"/> 72220 - Sacrum & coccyx min 2V | UPPER EXTREMITIES
<input type="checkbox"/> 73030 - Shoulder min 2V
<input type="checkbox"/> 73070 - Elbow 2V
<input type="checkbox"/> 73090 - Forearm 2V
<input type="checkbox"/> 73100 - Wrist 2V
<input type="checkbox"/> 73120 - Hand 2V
<input type="checkbox"/> 73140 - Fingers min 2V | LOWER EXTREMITIES
<input type="checkbox"/> 73502 - Hip unilateral min 2V
<input type="checkbox"/> 73521 - Hip bilateral min 2V
<input type="checkbox"/> 73552 - Femur 2V
<input type="checkbox"/> 73560 - Knee 1 or 2V
<input type="checkbox"/> 73590 - Tibia & Fibula 2V
<input type="checkbox"/> 73600 - Ankle 2V
<input type="checkbox"/> 73620 - Foot 2V
<input type="checkbox"/> 73650 - Calcaneus min 2V
<input type="checkbox"/> 73660 - Toes min 2V |
| CHEST
<input type="checkbox"/> 71045 - 1V
<input type="checkbox"/> 71046 - 2V
<input type="checkbox"/> 71100 - Ribs Uni 2V
<input type="checkbox"/> 71120 - Sternum Min 2V | MAMMOGRAPHY
<input type="checkbox"/> 77067 Mammography Screening, Digital (age 40+) | ABDOMEN
<input type="checkbox"/> 74018 - anteroposterior 1V | |

ROUTINE OB/GYN WOMEN'S HEALTH PLEASE COMPLETE PROVIDER INFORMATION & SERVICE TYPE

OB/GYN Provider Name: _____ **➔ REVIEW CURRENT ROSTER**
Address: _____ **(MUST BE A CONTRACTED**
City, Zip Code: _____ **ST. VINCENT IPA PROVIDER)**
Phone: _____

Service Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> 99203 - OB/GYN Consult | <input type="checkbox"/> 99395 - Well Women Exam (Annual) - Age 18-39 | <input type="checkbox"/> 99397 - Well Women Exam (Annual) - Age >65 |
| <input type="checkbox"/> 99213 - OB/GYN Follow-up | <input type="checkbox"/> 99396 - Well Women Exam (Annual) - Age 40-64 | |

WEST LA DIRECT REFERRAL REQUISITION FORM

ROUTINE OB/GYN WOMEN'S HEALTH (PLEASE COMPLETE PROVIDER INFORMATION & SERVICE TYPE)

OB/GYN Provider

Name: _____

Address _____

City, Zip

Code: _____

Phone _____

➔ **REVIEW CURRENT ROSTER**

*(MUST BE A CONTRACTED
ST. VINCENT IPA PROVIDER)*

Service Type:

☐ 99203 - OB/GYN Consult
(Annual) - Age >65

☐ 99395 - Well Women Exam (Annual) - Age 18-39

☐ 99397 - Well Women Exam

☐ 99213 - OB/GYN Follow-up ☐ 99396 - Well Women Exam (Annual) - Age 40-64

INJECTABLE REFERRAL FORM

St. Vincent IPA Medical Corporation

Fax: (562) 924-1453

Phone: (562) 860-8771

APPLICABLE COPAY	AUTHORIZATION NUMBER

Date of Referral Request: 1/1/11 ☐ Emergent ☐ Routine ☐ Urgent

Patient Name (First, MI, Last): _____ City: _____ ST: _____ Zip: _____
Address: _____

Date of Birth: 1/1/11 Phone: _____ Patient ID#: _____
Health Plan: _____

Referred From: _____
MD Office Contact Name: _____
Provider Name: _____
PCP/Specialty: _____
Phone: _____
Fax: _____

SIGNATURE OF REFERRING PROVIDER:

(Mandatory - Will not be processed without signature) ☐ Yes ☐ No
Additional notes attached: ☐ Yes ☐ No

Verbal notification to member of approval is required within 2 business days.

Member notified - Date: _____ Time: _____ Notified by: _____

----- UM STAFF ONLY -----

Benefits Verified By: _____ <input type="checkbox"/> Authorize Date _____ <input type="checkbox"/> Pending Date _____ <input type="checkbox"/> Denied Date _____ <input type="checkbox"/> Not a covered benefit. <input type="checkbox"/> Modified Date _____ Comments: _____ UM Signature: _____ Date: _____ Date PCP Notified: _____	Referred To: _____ Vendor: _____ Phone: _____ Fax: _____ Deliver To: _____ Address: _____ City: _____ ST: _____ Zip: _____ Phone: _____
--	---

Certification does not guarantee or confirm benefits will be paid. Payment of claims is subject to eligibility, contractual limitations provisions and exclusions. This certification is good for ninety (90) days from approval date.

If drug to be administered in office, office visit/adm inistrative CPT code must accompany J code, if applicable.
Office Visit/Admin Code: _____

Drug Name: _____	Name: _____
J Code: _____	Code: _____
Dosage: _____	
Duration of treatment: _____	
Frequency: _____	Route: SQ IM
Drug Name: _____	
J Code: _____	
Dosage: _____	
Duration of treatment: _____	
Frequency: _____	Route: SQ IM
Drug Name: _____	
J Code: _____	
Dosage: _____	
Duration of treatment: _____	
Frequency: _____	Route: SQ IM
Drug Administered By: _____	
<input type="checkbox"/> Home Health <input type="checkbox"/> Patient <input type="checkbox"/> Physician	

ELIGIBILITY

ST. VINCENT IPA

The Patient's Choice for Healthy Care

Aerial Care Member's Eligibility

Retrieve your member

Enter a members DOB (preferably)

Providing more than one search criteria can overload the search engine and not provide and result.

Eligibility Lookup

Enter either part or all of the information for the member you would like to retrieve.

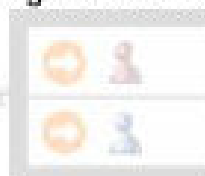
Health Plan Code:	<input type="text" value="All"/>		Location:	<input type="text" value="All"/>	
First Name:	<input type="text"/>		Last Name:	<input type="text"/>	
Member ID:	<input type="text"/>		SSN:	<input type="text"/>	
Provider ID:	<input type="text"/>		Birth Date: (mm / dd / yyyy)	<input type="text"/>	
<div><input type="button" value="Submit"/> <input type="button" value="Reset"/></div>					

Your member's eligibility

Once a search criteria is entered a member name will be generated. The following icon will appear:

Red indicates the member is ineligible

Blue indicates member is eligible



If you have trouble finding the member look at their ID card to check if the health plan knows them by a different name or DOB: (Note: If the health plan has the patient information incorrectly, member must contact the health plan directly and make corrections. If you do not find your member and all the information is correct, contact the health plan directly and verify the member's eligibility.

Adding a New Member

Once the member's eligibility has been verified with the health plan, please fax an eligibility attestation form to **(562) 207-6511** in order to have the new member added to our database. Please allow 24 hours for the member to appear on the on-line portal.

Request for authorization extension Eligibility Attestation - GTC-IDA

Patient Name _____

Age: _____

Expiration date on auth: _____

Request to extend authorization until: _____

Reason for request: _____

I understand that it is the responsibility of our office to check eligibility of the patient within two days of the service being rendered and to keep documentation of eligibility verification in the patient's file.

Signature (Refer to Provider - Provider)

Printed name of authorized person (Refer to Provider - Patient)

Sample Eligibility List

MEMBER ID	LAST NAME	FIRST NAME	BIRTH DATE	SEX	EFFECTIVE DATE	Health Plan	ADDRESS	CITY	ZIP	TELEPHONE
123456-01	Doe	John	1/1/1960	M	1/1/2012	Blue Shield	123 Main St.	Los Angeles	90057	213-555-5555
654321-01	Smith	Jane	1/1/1940	F	1/1/2011	SCAN	111 Clark St.	Los Angeles	90026	213-444-4444

ST. VINCENT IPA



The Patient's Choice for Health Care

CLAIMS

The Patient's Choice for Health Care

Appeals

Appeals for St. Vincent IPA can be mailed to:

St. Vincent IPA
Attn: Appeals
PO BOX 5089
Oceanside, CA 92052

Fax to (760) 631-7614



Claims

Claim Electronic Submission Options: Aerial Care

There are two options for claims submission via Aerial Care:

- File upload, which allows for the upload of an ANSI837 Professional Claim file.
- Online Claim Entry, which is claim submission via manual entry into an Online CMS1500 Claim form.

File Upload



Access: Contact Medecision / Aerial Care for access at (800) 864-8160. Select the option for "Aerial Care Coordination".

Test File Submission: You must first submit a Test file before actual claims can be submitted. To upload a Test file, contact Support at (800) 864-8160 and select the option for "Aerial Care Coordination". A representative will assist you to ensure a successful Test File upload.

Claim File Submission: Once you have successfully submitted a Test file, you can submit a Claim file by clicking the Upload Claim Batches option, which is listed under Quick Links on the left side of your Aerial Care dashboard screen.

Submission Status: You can check the status of any submitted batch by clicking the Submitted Claim Batches option under Quick Links on the left side of your Aerial Care dashboard screen.

Error Correction: From the Submitted Claim Batches screen you can open any batch that has 1 or more listed in the Err field, meaning there are Errors. You can open the claim record and make the corrections on the online claim form.

Online Claim Entry



Access: Contact Medecision / Aerial Care for access at (800) 864-8160. Select the option for "Aerial Care Coordination".

Claim Entry: Click the Submit Online Claims option, which is listed under Quick Links on the left side of your Aerial Care dashboard screen. Enter the information on the search screen to locate the correct member. Click the Claim icon to create an online claim. Enter all applicable values. If you have only 1 claim to submit, click Submit Single Claim. If you have multiple claims to submit click Save in New Batch. Once all claims have been created and saved, click Submit Batch.

Submission Status: You can check the status of any submitted batch by clicking the Submitted Claim Batches option under Quick Links on the left side of your Aerial Care dashboard screen.

Error Correction: From the Submitted Claim Batches screen you can open any batch that has 1 or more listed in the Err field, meaning there are Errors. You can open the claim record and make the corrections on the online claim form.

Other Important Information:

- Member and Provider information in Aerial Care is updated nightly.
- Claims successfully submitted via Aerial Care are received by the IPA the following business day.
- Only Professional Claims or Encounters may be submitted via Aerial Care.

Claims

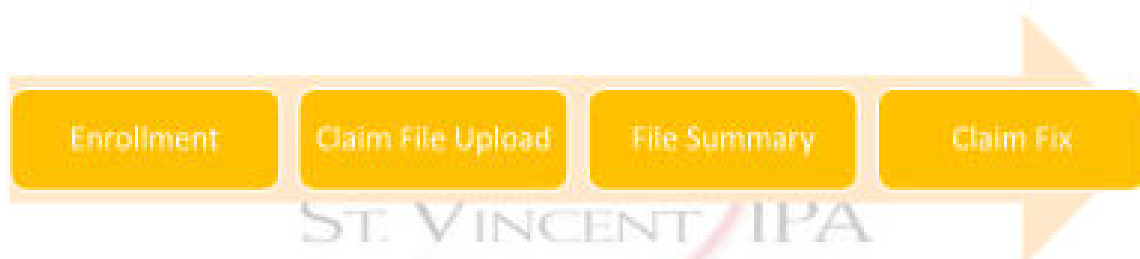
Claim Electronic Submission Options: Office Ally

There are two options for claims submission via Office Ally:

- File upload, which allows for the upload of an ANSI837 Professional or Institutional Claim file, either via web portal or SFTP.
- Online Claim Entry, which is claim submission via manual entry into an Online CMS1500 or UB04 Claim form.

Payer ID: PDT01

File Upload



Enrollment: Contact Office Ally for enrollment and access at (360) 975-7000. Select option 1. Or visit <https://cms.officeally.com/Register/Register.aspx> to complete the Enrollment Form online.

Claim File Upload: Log onto officeally.com. Hover over the Upload Claims option on the left side of the screen. Select Upload HCFA, to upload a Professional Claim file, or select Upload UB04 to upload an Institutional Claim file. Click Select File. Browse for your file and click Open. Click Upload. You will receive an upload confirmation page with your File ID number. Alternately, Office Ally does offer an option for SFTP file submission. Contact Office Ally at (360) 975-7000, option 1 to request SFTP. You will need to be prepared to provide the following information: Office Ally User Name, Contact Name, Email, Software Name, Format being submitted and whether you would like to receive 999/277s.

File Summary: Within 24 hours, your file summary will be available. This report is the receipt of the claims submitted. To view the available reports, select Download File Summary under Download listed on the left side of the screen. Dates listed with a pink background are dates that have reports that have not yet been viewed. Click on the date to view the available reports for that date. Click on the View link to review the report. Then click Open.

Claim Fix: If a claim receives an error and cannot be processed it will be made available in Claim Fix. You can view any claims in Claim Fix by selecting the Claim Fix option on the left side of your screen then clicking "Repairable Claims". Click on any date which has a

pink background. Click the Correct link to view and fix the data on the claim. Click Update to save the changes and resubmit the claim. Once all of your claims for a specific date have been corrected the background for that date will change to white.

Online Claim Entry



Enrollment: Contact Office Ally for enrollment and access at (360) 975-7000. Select option 1. Or visit <https://cms.officeally.com/Register/Register.aspx> to complete the Enrollment Form online.

Claim Entry: To view a detailed video which will walk you through the process, log onto the Office Ally Website at www.officeally.com. Click on Training Videos on the Menu Bar and then select the "Online Claim Entry" video under Service Center. To submit your claim(s) via Online Claim Entry, click the Online Claim Entry option under Claims, on the left side of your Office Ally screen, after you have logged onto the site.

Claim Batching: After online claims are submitted they will be "Awaiting Batch". Claims can take 1-3 hours to be reviewed and batched. While a claim is in this status you can view, edit or delete the claim by selecting Claims Awaiting Batch under the Online Claim Entry option on the left side of the screen.

File Summary: Within 24 hours, your file summary will be available. This report is the receipt of the claims submitted. To view the available reports, select Download File Summary under Download listed on the left side of the screen. Dates listed with a pink background are dates that have reports that have not yet been viewed. Click on the date to view the available reports for that date. Click on the View link to review the report. Then click Open.

Claim Fix: If a claim receives an error and can not be processed it will be made available in Claim Fix. You can view any claims in Claim Fix by selecting the Claim Fix option on the left side of your screen then clicking "Repairable Claims". Click on any date which has a pink background. Click the Correct link to view and fix the data on the claim. Click Update to save the changes and resubmit the claim. Once all of your claims for a specific date have been corrected the background for that date will change to white.

Other Important Information:

- Member and Provider information on Office Ally is updated weekly.

- Claims submitted via Office Ally are received by the IPA the business day after successful submission and processing by Office Ally.
- Office Ally offers to Print and mail any claims that cannot be submitted electronically. If you are interested in this service contact Office Ally or access the "Update Printing Option Form" available on the Office Ally website under Resource Center, Office Ally Forms & Manuals then Account Management.
- Technical Support is available at (375) 975-7000, option 2.
- Office Ally offers Free Training. To utilize this service contact Office Ally at (360) 975-7000 Option 5.



Claims

Claim Electronic Submission Options: Smart Data Solutions

There are two options for claims submission via Smart Data Solutions

- File upload, which allows for the upload of an ANSI837 Professional or Institutional Claim file.
- Online Claim Entry, which is claim submission via manual entry into an Online CMS1500 or UB04 Claim form.

Payer ID: PDT01

File Upload



Access: Contact Smart Data Solutions (855)297-4436 to obtain access.

Claim File Submission: Once you have access to the SDS Quick Claim Portal, you can submit a Claim file by clicking the Upload New File option.

Submission Status: You can check the status of any submitted batch by clicking on Batch History on the Main screen. *Patient's Choice for Health Care*

Error Correction: From main screen you can click on View Rejected documents, to review and correct any claims that were rejected.

Online Claim Entry



Access: Contact Smart Data Solutions (855)297-4436 to obtain access.

Claim Entry: Once you have access to the SDS Quick Claim Portal, you can submit a Claim online by clicking the Key New Claim option. Enter your claim information and click Save.

Submission Status: You can check the status of any submitted batch by clicking Batch History on the Main screen. Error Correction: From main screen you can click on View Rejected documents, to review and correct any claims that were rejected.

Other Important Information:

- Member and Provider information with Smart Data Solutions Aerial Care is updated every Friday.
- Claims successfully submitted via Smart Data Solutions are received by the IPA the following business day.
- Both Professional and Institutional Claims can be submitted via SDS.



Claims

Claim Submission: Paper Claims

Paper claims are scanned for optimal processing and recording of data provided; therefore, even paper claims must be legible and provided in the appropriate format to ensure scanning capabilities. The following paper claim submission requirements can speed claim processing and prevent delays:

- Use the appropriate form type for submission
- Use black or blue ink; do not use red ink, as the scanner may not be able to read it
- Use the Remarks field for messages
- Do not stamp or write over boxes on the claim form
- Send the original claim form to us and retain the copy for your records
- Separate each individual claim form. Do not staple original claims together, as we would consider the second claim an attachment and not an original claim to be processed separately
- Information is typed within the designated area of the field. Be sure the type falls completely within the text space and is properly aligned with corresponding information. If using a dot matrix printer, do not use draft mode since the characters generally do not have enough distinction and clarity for the optical character reader to accurately determine the contents

All paper claims should be mailed to the following address:

St. Vincent IPA
Attn: Claims Department
PO Box 5089
Oceanside, CA 92052

Claims

EFT/ How to Submit Payment

St. Vincent IPA has partnered with InstaMed, the leading healthcare payments network, to offer a free solution to deliver your payments as Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT). You can register to receive St. Vincent IPA ERA/EFT payments today at www.instamed.com/eraeft.

ERA/EFT is a convenient, paperless and secure way to receive claim payments. Funds are deposited directly into your designated bank account. The benefits of ERA/EFT include:

- Accelerated access to funds with direct deposit into your existing bank account
- Reduced administrative costs by eliminating paper checks and remittances
- No disruption to your current workflow – there is an option to have ERAs routed to your existing clearinghouse

You have two simple options to register to receive St. Vincent IPA payments as free ERA/EFT transactions:

1. **Online:** visit www.instamed.com/eraeft
2. **Paper:** complete the enclosed Network Funding Agreement and fax it to (877) 755-3392

All electronic payments and EOB's will be provided by InstaMed. This includes providers that sign up for electronic payment as well as those providers that did not sign up. For those providers that do not sign up, hard copy checks and EOB's will be mailed from InstaMed instead of PDT.

This notice was mailed to all PCP's however it is important to note that "Capitation Payment" will not be paid electronically. InstaMed will provide hard copy checks and remittance advise (RA's) to all PCP's .

PCP's can sign up to receive FFS payment electronically.

Please do not hesitate to contact us directly at (866) 945-7990 or connect@instamed.com with any questions.

Claims

Frequently Asked Questions

1. Is Online Registration secure?

Yes. InstaMed places the highest importance on data integrity, security and compliance. InstaMed meets the highest industry standards for compliance and security, including Payment Card Industry (PCI) Level One and verification processes to prevent fraud. For details about InstaMed compliance standards, visit www.instamed.com/about/compliance-and-security.

2. What information is needed during Online Registration?

- Tax ID
- Email Address
- Legal Business Name
- Business Address/Phone
- Principal Name (primary decision maker)
- Billing NPI Number
- Bank Name
- Bank Routing Number

3. How will I receive my ERAs?

You have multiple options to receive your ERAs. Upon registering for InstaMed, you will receive access to InstaMed Online, a free, secure provider portal that will allow you to access payment details 24/7 and view and print remittances. You also have the option to have ERAs routed to your existing clearinghouse. Finally, you have the option to have an SFTP folder set up. Please contact InstaMed at connect@instamed.com or (866) 945-7990 with any questions on ERA delivery.

4. Will I still receive paper EOBs in the mail?

No. Once you register for ERA/EFT, you will stop receiving paper checks and mailed EOPs.

5. How will I know when I get paid?

You will receive email alerts to notify you when a payment is made, so you can easily track all payments. Additionally, you will have 24/7 access to reporting with InstaMed.

6. Which NPIs do I provide?

Please enter your Type 2 NPI(s) during Online Registration since they are used for billing claims.

7. What if I have multiple Tax IDs?

Once you register, you may add additional Tax IDs to your account.

8. Who is the contact vs. the principal?

The principal is the primary decision maker, i.e. director or owner. The contact is the person who will be the administrator on the account. The contact may be the principal or an authorized representative of the organization.

9. Which email address should I enter during Online Registration?

InstaMed will send an email to this address to confirm registration, so this should be an email address you want to use for your InstaMed account.

10. Why do I need to enter details about my business during Online Registration, including date established?

In order to prevent fraud, we use this information to verify your organization.

11. What is the turnaround time between registering online and receiving payments?

After you register online, it takes about 8 to 10 business days to receive your first payment, because InstaMed completes a thorough verification process to ensure your bank account information is secure.

12. I'm a billing service. Why should I register?

We work directly with you, the billing service, enabling you to manage payments for your providers as you do today, but with tools to make your processes more efficient. Plus, you manage all of the payments and reports for providers all in one place, and enhance your offering to providers by enabling them to receive the payments faster.



Provider Claims Dispute Resolution Request

NOTE: SUBMISSION OF THIS FORM CONSTITUTES AGREEMENT NOT TO BILL THE PATIENT

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- For routine follow-up, please use the Claims Follow-Up Form instead of the Provider Dispute Resolution Form.

Mail the completed form to the appropriate IPA address listed on the attached sheet.



*PROVIDER NAME:	*PROVIDER TAX ID # / Medicare ID #:	
PROVIDER ADDRESS:		
PROVIDER TYPE <input type="checkbox"/> MD <input type="checkbox"/> Mental Health <input type="checkbox"/> Hospital <input type="checkbox"/> ASC <input type="checkbox"/> SNF <input type="checkbox"/> DME <input type="checkbox"/> Rehab <input type="checkbox"/> Home Health <input type="checkbox"/> Ambulance <input type="checkbox"/> Other <div style="text-align: right; font-size: small;">(please specify type of "other")</div>		
* CLAIM INFORMATION <input type="checkbox"/> Single <input type="checkbox"/> Multiple "LIKE" Claims (complete attached spreadsheet) Number of claims: ____		
* Patient Name:	Date of Birth:	
* Health Plan ID Number:	Patient Account Number:	Original Claim ID Number: (If multiple claims, use attached spreadsheet)
Service "From/To" Date: (* Required for Claim, Billing, and Reimbursement Of Overpayment Disputes)	Original Claim Amount Billed:	Original Claim Amount Paid:
DISPUTE TYPE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Claim <input type="checkbox"/> Appeal of Medical Necessity / Utilization Management Decision <input type="checkbox"/> Request For Reimbursement Of Overpayment </div> <div style="width: 45%;"> <input type="checkbox"/> Seeking Resolution Of A Billing Determination <input type="checkbox"/> Contract Dispute <input type="checkbox"/> Other: </div> </div>		
* DESCRIPTION OF DISPUTE:		
EXPECTED OUTCOME:		

		()
Contact Name (please print)	Title	Phone Number
		()
Signature	Date	Fax Number

For Health Plan Use Only

TRACKING NUMBER

(For use with multiple "LIKE" claims)

NOTE: SUBMISSION OF THIS FORM CONSTITUTES AGREEMENT NOT TO SUE THE PATENT

Page of [illegible]

Provider Dispute Resolution Request Tracking Form

INSTRUCTIONS

- This optional form may be used to track the status, time-frames and disposition of the Provider Dispute Resolution.
- The entity processing the Provider Dispute Resolution should track the following information internally for ensuring compliance with regulations and for later reporting to the appropriate entity.



TRACKING NUMBER:		PROVIDER ID#:	
a. PROVIDER NAME:		b. CONTRACTED PROVIDER: ____ YES ____ NO	
c. DATE DISPUTE RECEIVED (Date Stamped):		d. DATE OF INITIAL PAYMENT OR ACTION:	
e. WAS DISPUTE RECEIVED WITHIN TIMEFRAME? (c – d) ____ YES ____ NO (If NO, should be returned to provider without action)			
f. DISPUTE TYPE: <input type="checkbox"/> CLAIM ISSUE <input type="checkbox"/> OVERPAYMENT REIMBURSEMENT REQUEST <input type="checkbox"/> BILLING ISSUE <input type="checkbox"/> CONTRACT ISSUE <input type="checkbox"/> UM/MEDICAL NECESSITY ISSUE <input type="checkbox"/> OTHER _____ (Please specify type of "other")			
g. DATE DISPUTE ACKNOWLEDGED:		h. TURNAROUND TIME (g – c):	
<u>TYPE OF LETTER SENT:</u> (List the various ICE letters as applicable) <div style="text-align: center; opacity: 0.5; font-size: 2em;">ST. VINCENT IPA</div>			
<u>IF NO ADDITIONAL INFORMATION REQUESTED:</u>			
j. DATE OF ACTION:		k. ACTION TURNAROUND TIME (j – c):	l. TYPE OF ACTION (Upheld, Denied, Partially Upheld):
<u>IF ADDITIONAL INFORMATION REQUESTED:</u> <i>Choice for Health Care</i>			
m. DATE ADDITIONAL INFO REQUESTED:		n. TURNAROUND TIME (m – c):	
o. DATE ADDITIONAL INFO RECEIVED:		p. RECEIPT TURNAROUND TIME (o – m):	
q. DATE OF ACTION:	r. ACTION TURNAROUND TIME (q – o):	s. TYPE OF ACTION (Upheld, Denied, Partially Upheld):	
COMPLETE DESCRIPTION OF DETERMINATION RATIONALE:			

CAPITATION REPORTS

How to Read Your Capitation Report

Summary Capitation Report

DEFAULT, PCP MD
123 MAIN STREET SUITE 100
LOS ANGELES, CA 900099999

ST. VINCENT IPA
SUMMARY OF CAPITATION PAID
FOR THE MONTH ENDING: 12/31/12
CAPITATION SUMMARY FOR:
DEFAULT, PCP MD

PAGE 2
DATE 12/12/12
TIME 10:13:29

INSURANCE COMPANY	CAPITATED MEMBERS	CAPITATION AMOUNT	POS #ADJ	NEG #ADJ	TOTAL ADJ AMOUNT	WITHHELD AMOUNT	TOTAL PAID
SCAN	3	162.00					162.00
SCAN MEOI-MEOI	2	218.00					218.00
AETNA HEALTH OF CA-COMMERCIAL				1	10.50-		10.50-
BLUE SHIELD OF CALIFORNIA COMM	2	21.00	1		10.50		32.50
TOTALS	7	441.00	1	1			441.00
TOTAL RAF CAPITATION..... 40.00							
TOTAL ENROLLMENT CAPITATION: 30.00							

1. **Capitation Paid for the Month Ending:** This date represents the last day of the month that capitation is being paid for.
2.
 - a. **Insurance Company:** An abbreviation of the Health Plan Name.
 - b. **Capitated Members:** The number of capitated members that are included in this month's capitation for the listed Insurance Company.
 - c. **Capitation Amount:** The total capitation being paid for the listed Insurance Company, excluding any adjustments.
 - d. **Pos #Adj:** The positive number of adjustments included in this month's capitation. For the listed Insurance Company.
 - e. **Neg #Adj:** The negative number of adjustments included in this month's capitation, for the listed Insurance Company.
 - f. **Total Adj Amount:** The total amount of capitation adjustments included in this month's capitation, for the listed Insurance Company.
 - g. **Withheld Amount:** The total amount of capitation withheld from this month's capitation, for the listed Insurance Company.
 - h. **Total Paid:** The total amount of capitation paid for the listed Insurance Company.
3.
 - a. **Total RAF Capitation:** The total amount of capitation being paid as part of the RAF Adjusted Capitation Program.
 - b. **Total Enrollment Capitation:** The total amount of capitation being paid as part of the Enrollment Adjusted Capitation program.

Capitation Research Request Form

Date: _____ PCP: _____
 Contact: _____ Phone: _____ Fax: _____

The following members are effective with St. Vincent IPA per the health plan, but are not showing up on my capitation list. Please research and verify that the members are eligible for capitation payment.

Member Information: (Please print CLEARLY. All information MUST be completed)

Member Name	Date of Birth	Health Plan	Member ID #	Months Cap Not Received
1.				
IPA USE ONLY:	Effective Date:		Comments:	
2.				
IPA USE ONLY:	Effective Date:		Comments:	
3.				
IPA USE ONLY:	Effective Date:		Comments:	
4.				
IPA USE ONLY:	Effective Date:		Comments:	
5.				
IPA USE ONLY:	Effective Date:		Comments:	
6.				
IPA USE ONLY:	Effective Date:		Comments:	
7.				
IPA USE ONLY:	Effective Date:		Comments:	
8.				
IPA USE ONLY:	Effective Date:		Comments:	
9.				
IPA USE ONLY:	Effective Date:		Comments:	
10.				
IPA USE ONLY:	Effective Date:		Comments:	

FAX REQUEST TO: (562) 924-1603 ATTN: PROVIDER RELATIONS

*Note: Once eligibility has been verified, capitation will be paid retroactive from date of notification.

RISK ADJUSTMENT & QUALITY

ST. VINCENT IPA



The Patient's Choice for Health Care

Important Memorandum

To: PCP Providers

From: Leesa Johnson, VP of IPA Operations

Date: 05/17/2022

Re: Annual Visit Incentive Reminder

Dear Provider,

Please be advised, the deadline for the \$200 incentive per AV is **July 31, 2022**. We encourage the use of Telehealth for those members who are hesitant to come into the office. We recommend all providers complete as many AV forms within the below timeline to earn maximum incentive in 2022.

Incentive Amount and Deadline	
If Annual Visit form is returned by July 31, 2022 and passes St Vincent IPA's quality review	\$200.00 per completed AV form submitted and eligible for incentive
If Annual Visit form is returned by December 31, 2022 and passes St Vincent IPA's quality review	\$100.00 per completed AV form submitted and eligible for incentive.
If the Annual Visit form is returned within 90 days of new member(s) being assigned to PCP and passes St Vincent's IPA quality review	\$200.00 per completed AV form submitted and eligible for incentive.
If Annual Visit form is returned after March 31, 2023 for CY2022 dates of service.	\$0.00
For Newly Assigned Seniors	\$200.00
All Risk Adjustable Codes in the body of the Annual Visit MUST have an assessment for the Risk Adjustable Code to be considered acceptable by St Vincent's IPA.	

Please consider AV submissions will impact your bonus for the 2022 measurement year.

On behalf of the IPA, we thank you for continuing to provide excellent service to our members. Please contact your Network Representative if you have any questions regarding this memo.

Michael Gella- (213) 215-0190

Valerie Chaidez- (213) 408-2053

Tips for Completing Your Annual Visit (AV) Form

Please follow these guidelines to help ensure that your AV forms are submitted as completely and accurately as possible:

- Send AV's to- Fax (562) 207-6508 or email riskadjustment@pcttrust.com
- Please complete the top section of the AV form, which includes the patient's height, weight, BMI, heart rate, blood pressure, date of last flu vaccine, date of last bone density test if known, patient's chief complaint, patient's history and present illness (HPI).
- Please check Yes/No for each medical condition listed on the AV Form.
 - If Yes is checked, please document the condition. All acute and chronic diagnoses must be fully documented with current status. If you prefer, you can also attach your progress notes.
- A treatment plan for each medical condition must be provided.
- Please assess the patient for the HCCs that appear on the HCC history and HCC suspect section of the form. The Yes/No box for each of these conditions must be checked, documentation, details and treatment plan must be included. Please note that if a Senior patient is new to St. Vincent IPA, the HCC history and/or HCC suspect information may not be available.
- Physician signature, physician credentials, and date of service must be included on each page.
- The AV Form must be complete and legible and only standard medical abbreviations may be used.
- Failure to provide any of the information noted above may result in your AV form being pended, which will affect the compensation received for the form.

When completing the depression section of the form, please include dates and results of PHQ-9 screening. If this section is not completed for a major depression diagnosis, the AV form will be pended for this information. The PHQ-9 does not have to be submitted with your AV form this year but must be maintained in the patient's medical chart.

Medicare Risk Adjustment Factor (RAF)

The purpose for the Centers for Medicare and Medicaid Services (CMS) to conduct Risk Adjustment Factors is to pay plans for the risk of the beneficiaries they enroll, instead of calculating an average amount of Medicare/Medicare Advantage beneficiaries. By doing so, CMS is able to make appropriate and accurate payments for enrollees with differences in expected costs. Lastly, the risk adjustment allows CMS to use standardized bids as base payments to plans.

CMS risk adjusts certain plan payments, such as Part C payments made to Medicare Advantage (MA) plans and Program for All Inclusive Care for The Elderly (PACE) organizations, and Part D payments made to Part D sponsors, including Medicare Advantage-Prescription Drug plans (MA-PDs) and standalone Prescription Drug Plans (PDPs).

Below is a high-level checklist of plan requirements with detailed information regarding risk adjustment data collection, submission, reporting, and validation:

- "Ensure the accuracy and integrity of risk adjustment data submitted to CMS. All diagnosis codes submitted must be documented in the medical record and must be documented as a result of a face-to-face visit.
- Implement procedures to ensure that diagnoses are from acceptable data source. The only acceptable data sources are hospital inpatient facilities, hospital outpatient facilities, and physicians.
- Submit the required data elements from acceptable data sources according to the coding guidelines.
- Submit all required diagnoses codes for each beneficiary and submit unique diagnoses once during the risk adjustment data-reporting period. Submitters must filter diagnosis data to eliminate the submission of duplicate diagnosis clutters.
- The plan sponsor determines that any diagnosis codes have been erroneously submitted, the plan sponsor is responsible for deleting the submitted diagnosis codes as soon as possible.
- Receive and reconcile CMS Risk Adjustment Reports in a timely manner. Plan sponsors must track their submission and deletion of diagnosis codes on an ongoing basis.
- Once CMS calculates the final risk scores for a payment year, plan sponsors can only request a recalculation of payment upon discovering the submission of erroneous diagnosis codes that CMS used to calculate a final risk score for a previous payment year and that had a material impact on the final payment. Plan sponsors must inform CMS immediately upon such a finding."

Reference:

<http://www.hfnl.com/assets/forms/Medicare%20Managed%20Care%20Manual%20%28Risk%20Adjustment%29.pdf>

HEDIS Coding Tip Sheet



CPT Category II codes are used for tracking data collection for the purposes of performance measurement. These codes are developed by the Performance Measures Advisory Group (PMAG). Using CPT II codes can ease the burden of chart review for HEDIS measures. These codes describe clinical components and are not associated with a billable amount, therefore, when used should be billed with a \$0.01 charge amount.

CPT Category II Codes—By Measure

HEDIS Measure	CPT II Code	Description
Adult BMI	3008F	BMI Documented *See below for dx codes*
Care of Older Adults	1157F	Advance care plan (document) present in medical records
	1158F	Advance care planning discussion documented in records
	1170F	Function status assessed
	0521F	Plan of care to address pain documented
	1125F	Pain severity quantified, pain present
	1126F	Pain severity quantified, no pain present
	1159F	Medication list documented in medical record
	1160F	Review of all meds by prescriber documented in record
Cholesterol Mgmt.	3048F	Most recent LDL-C <100 mg/dL
	3049F	Most recent LDL-C 100-129 mg/dL
	3050F	Most recent LDL-C ≥130 mg/dL
Controlling Blood Pressure	3074F	Most recent systolic blood pressure <130 mmHg
	3075F	Most recent systolic blood pressure 130-139 mm Hg
	3077F	Most recent systolic blood pressure ≥140 mm Hg
	3078F	Most recent diastolic blood pressure <80 mm Hg
	3079F	Most recent diastolic blood pressure 80-89 mmHg
	3080F	Most recent diastolic blood pressure ≥90 mm Hg
Comprehensive Diabetes	3044F	Most recent HbA1c level less than 7.0%
	3045F	Most recent HbA1c level between 7.0-9.0%
	3046F	Most recent HbA1c level greater than 9.0%
	2022F	Dilated retinal eye exam documented/reviewed
	2024F	7 standard field stereoscopic photo documented/reviewed
	2026F	Eye imaging validated to match dx documented/reviewed
	3072F	Low risk for retinopathy

HEDIS Coding Tip Sheet



CPT Category II Codes—By Measure (Cont.)

HEDIS Measure	CPT II Code	Description
Comprehensive Diabetes	3048F	Most recent LDL-C <100 mg/dL
	3049F	Most recent LDL-C 100-129 mg/dL
	3050F	Most recent LDL-C ≥130 mg/dL
	3060F	Positive microalbuminuria test documented/reviewed
	3061F	Negative microalbuminuria test documented/reviewed
	3062F	Positive microalbuminuria test confirmed with lab result
	3066F	Documentation of tx for nephropathy
	4010F	ACEI or ARB therapy prescribed or currently taking
	3074F	Most recent systolic blood pressure <130 mmHg
	3075F	Most recent systolic blood pressure 130-139 mm Hg
	3077F	Most recent systolic blood pressure ≥140 mm Hg
	3078F	Most recent diastolic blood pressure <80 mm Hg
	3079F	Most recent diastolic blood pressure 80-89 mmHg
	3080F	Most recent diastolic blood pressure ≥90 mm Hg
Medication Management	1111F	Medication reconciliation post discharge

BMI Diagnosis Codes

BMI	Dx Code	BMI	Dx Code
Less 19	Z68.1	32.0-32.9	Z68.32
20.0-20.9	Z68.20	33.0-3.9	Z68.33
21.0-21.9	Z68.21	34.0-34.9	Z68.34
22.0-22.9	Z68.22	35.0-35.9	Z68.35
23.0-23.9	Z68.23	36.0-36.9	Z68.36
24.0-24.9	Z68.24	37.0-37.9	Z68.37
25.0-25.9	Z68.25	38.0-38.9	Z68.38
26.0-26.9	Z68.26	39.0-39.9	Z68.39
27.0-27.9	Z68.27	40.0-44.9	Z68.41
28.0-28.9	Z68.28	45.0-49.9	Z68.42
29.0-29.9	Z68.29	50.0-59.9	Z68.43
30.0-30.9	Z68.30	60.0-69.9	Z68.44
31.0-31.9	Z68.31	70-Over	Z68.45

2020 P4P Best Practice Guidelines

"ENSURE THAT EVERY PATIENT VISIT IS DOCUMENTED AND BILLED"

Measure	Who it applies to	Frequency	Qualified Provider and accepted codes
BREAST CANCER SCREENING (BCS)	Females 50-74 yrs	Every 2 years	Mammogram
CHLAMYDIA SCREENING IN WOMEN (CHL)	Females 16-24 yrs identified as sexually active	Annually	Chlamydia test (87110, 87279, 87320, 87499-87492, 87810)
COLORECTAL CANCER SCREENING (COL)	Males and Females 50-75 yrs	Annually	FOBT (82271, 82275)
		Every 5 years	Flexible Sigmoidoscopy
		Every 10 years	Colonoscopy
EVIDENCE-BASED CERVICAL CANCER SCREENING (CCS)	Females 21-65 yrs and 67+ (60 yr olds are excluded due to the 3 yr look back period. Depending on where their last pap falls, they fall into Appropriately Screened and Screened too Frequently)	Every 3 years	<u>1 Pap test</u> : females 21-65 yrs w/ no hysterectomy (85141-85143, 85147, 85149, 85150, 85152-85155, 85154-85157, 85174, 85175)
		Every 5 years	<u>1 Pap test</u> : females 21-65 yrs w/ no hysterectomy AND an HPV test taken at the same time
		None	<u>No Pap test</u> : females 21-65 yrs with a hysterectomy and females 67+
		Excluded	Females who have been DX with HPV or Cervical Cancer are excluded from this measure C83.0 (Cervical Cancer) C83.1, C83.2, C83.3, C83.4, C83.5, C83.6, C83.7, C83.8, C83.9 ICD-10 (HPV) R87.830, R87.811, R87.820, R87.821
IMMUNIZATIONS FOR ADOLESCENTS (IMA)	Males and Females who turn 13 in 2015	1 between 11 and 13 yrs	Meningococcal (90732, 90734)
		1 between 10 and 13 yrs	Tdap (90711) OR Td (90714, 90715)
		3	HPV vaccinations between 9 and 13 (90640 or 90650)
USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)	Members 18-59 yrs with primary dx of low back pain		<u>DID NOT</u> have an imaging study (MRI, x-ray or CT scan) within 28 days of dx
ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS (MPM)	Members 18+ yrs who report at least a 180 treatment days of one of the following: ACE Inhibitors or ARBs, Digoxin or Diuretics	Annually	1 of the following: a lab panel test, a serum potassium and serum creatinine, or a serum potassium and blood urea nitrogen
PROPORTION OF DAYS COVERED BY MEDICATIONS (PDC)	Males and Females 18+ who filled at least 2 prescriptions for one of the following:		Oral diabetes medication
			Renin Angiotensin System Antagonists
			Statins medications
COORDINATED DIABETES CARE	Males and Females 18-75 yrs with diabetes (Type 1 and Type2)	Annually	Eye Exam
			By eye care professional
			Monitoring Diabetic Nephropathy
			Nephropathy Screening test, Urine microalbumin test, received medical attention for Nephropathy, OR ACE Inhibitor/ARB therapy
CHILDHOOD IMMUNIZATION STATUS (CIS)	Males and Females who turn 3 in 2015 and have received the following:		HbA1c Control
			<6.0%
			Blood Pressure reading (result of <160/90)
			Systolic: 90/40, 90/50, 90/71, 90/73
			Diastolic: 50/40, 50/50, 50/71, 50/73
			OTAP
			90698, 90700, 90721, 90723
			IPV
			90498, 90713, 90720
			MMR
CHILDHOOD IMMUNIZATION STATUS (CIS)	Males and Females who turn 3 in 2015 and have received the following:		MMR
			90707 or 90710
			MMR
			90645-90646-90698, 90721, 90748
			Hep B
			90723, 90740, 90744, 90747, 90748
			IPV
			90710 or 90730
			IPCV
			90699 or 90710
CHILDHOOD IMMUNIZATION STATUS (CIS)	Males and Females who turn 3 in 2015 and have received the following:		Hep A
			90693
			Relapsing
			90691 or 90690
			OTAP
			90698, 90700, 90721, 90723
			IPV
			90498, 90713, 90720
			MMR
			90707 or 90710
CHILDHOOD IMMUNIZATION STATUS (CIS)	Males and Females who turn 3 in 2015 and have received the following:		MMR
			90645-90646-90698, 90721, 90748
			Hep B
			90723, 90740, 90744, 90747, 90748
			IPV
			90710 or 90730
			IPCV
			90699 or 90710
			Hep A
			90693
CHILDHOOD IMMUNIZATION STATUS (CIS)	Males and Females who turn 3 in 2015 and have received the following:		Relapsing
			90691 or 90690
			OTAP
			90698, 90700, 90721, 90723
			IPV
			90498, 90713, 90720
			MMR
			90707 or 90710
			MMR
			90645-90646-90698, 90721, 90748
Avoidance of Antibiotic Treatment for Adults w/ Acute Bronchitis (AAB)	Adults 18-64 yrs w/ dx of acute bronchitis		No antibiotic prescription given
Asthma Medication Ratio (AMR)	Members 5-64 who were identified as having persistent asthma		Ratio of controller medications to total asthma medication of 50 or greater
			Ratio = Units of Controller Meds divided by Units of Controller Meds + Units of Reliever Meds
Appropriate Testing for Children with Pharyngitis (CWP)	Children 3-18 who were diagnosed w/ pharyngitis		Dispersed an antibiotic and received a group A strep test
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Children 3 months-18 yrs given dx of upper respiratory infection		No antibiotic prescription given

"ENSURE THAT EVERY PATIENT VISIT IS DOCUMENTED AND BILLED"

<u>Measure</u>	<u>Who it applies to</u>	<u>Frequency</u>	<u>Qualified Provider and accepted codes</u>	
Breast Cancer Screening (BCS)	Females 50-74 yrs	Every 2 years	Mammogram	
Colorectal Cancer Screening (COL)	Males and Females 50-75 yrs	Annually	FOBT (82276, 82278)	
		Every 5 years	Flexible Sigmoidoscopy	
		Every 10 years	Colonoscopy	
Osteoporosis Management - Fracture (OMF)	Females 65-69 yrs who suffered a fracture	Within 6 months from time of fracture	Bone Density Test (DEXA) OR Prescription for a drug to treat or prevent osteoporosis	
Controlling Blood Pressure (CBP)	Males and females 18-89 yrs with hypertension	Annually	Blood Pressure reading - 18-49 yrs (<140/90 mmHg) <div> <u>Systolic:</u> 1074F <130 mmHg 3075F <130-139mmHg 3077F <140mmHg <u>Diastolic:</u> 3078F < 80 mmHg 3079F <80-89 mmHg 3080F <90 mmHg Hypertension Dx: I10 </div>	
DMARD Therapy for RA (ART)	Males and Females diagnosed with RA	Annually	Prescription for a disease modifying anti-rheumatic drug	
Comprehensive Diabetes Care (CDC)	Males and Females 18-75 with diabetes, Type 1 and Type 2	Annually	Eye Exam	By eye care professional
			Monitoring Diabetic Nephropathy	Nephropathy Screening test, Urine microalbumin test, resolved medical attention for Nephropathy, OR ACE inhibitor/ARB therapy
			HbA1c Control (< 9.0)	3044F: 6.9 or less 3046F: >9 3051F: 7-7.9 3052F: 8-9
Adult BMI Assessment (ABA)	Males and Females 18-74 who had an outpatient visit	Every 2 years	Body Mass Index recorded	298.1 - 298.48
Care for Older Adults (SNP only)	Males and Females 65+ on a Special Needs Plan	Annually	Medication Review	1168F
			Medication List present	1158F
			Functional Status Assessment (to see how well they are able to do "activities of daily living" (dressing, eating, and bathing)	1178F
			Pain Screening or pain management plan	1125F - Pain severity quantified 0-10; pain present 1126F - No pain present
Flu Shots (FSG)	Males and Females	Annually	Flu Vaccine	90660-90662, 90694, 90695, G0704-G0709
Medication Reconciliation Post-Discharge (MRP)	Males and Females 65+		Medication reconciliation within 30 days of discharge from an inpatient admission	1111F
Proportion of Days Covered by Medications (PDC)	Males and Females 18+ who filled at least 2 prescriptions for one of the following:		Oral diabetes medication	Compliance is based on the proportion of days covered threshold of 80% for these medications
			Renin Angiotensin System Antagonists	
			SSRI medications	
Hospitalization for Potentially Preventable Complications (HPC)	Males and Females 65+		The rate of patients with an inpatient stay related to complications of the following diseases... Diabetes, Lower-extremity amputations, COPD, Asthma, Hypertension, Heart Failure, Pneumonia, UTI, Cellulitis & Pressure Ulcers	Proper use of outpatient facilities and coordination of care with specialist to avoid complications and subsequent admissions

Special Needs Plan (SNP)

CPT codes

CMS 5 Star measure "Care for Older Adults" states that any male or female 66+ on a Special Needs Plan must have (4) annual services performed every year.

These services also have very specific CPT II codes in which should be billed with your E&M code and require documentation in the patient medical record.

Please see below for CPT II details:

Service	CPT	Description
Medication List	1159F	Medication list documented in medical record
Medication Review	1160F	Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record
Advanced Care Planning	1157F	Advance care plan or similar legal document present in the medical record
	1158F	Advance care planning discussion documented in the medical record
Functional Status Assessment	1170F	Functional status assessed. A minimum of (3) of the following to be assessed and documented in the <ul style="list-style-type: none">• medical record:• cognitive status,• ambulation status,• sensory ability• function of independence
Pain Screening	1125F	Pain severity quantified 0-10; pain present
	1126F	No pain present

Homebound/High Risk Program and Diabetic/Wellness Clinic

St. Vincent IPA Homebound/ High Risk Program and **St. Vincent IPA Diabetic/Wellness Clinic** are designed to contribute and/or enhance the services you are rendering to your St. Vincent IPA patients. It is our hope that together we will better meet the health care needs and challenges of your patients, our members.

The purpose of these enhancements is three-fold:

- (1) To improve the health and well-being of St. Vincent IPA patients
- (2) To provide you with a complete H&P, problem list, medications list and other pertinent clinical information which will assist you in the ongoing management of your patients (this will be faxed to you after the evaluation is completed)
- (3) To assist our Nurse Practitioner in identifying patients that may benefit from admission into the Homebound/ High Risk Program and or the Diabetic clinic

Candidates to the Programs will be identified by the IPA based on internal and health plan claims data and targets patients identified with one or more of the following:

- Potential or actual high risk health care problems/complex diagnoses
- Frequent emergency room visits
- Multiple hospitalizations and/or multiple re-admissions within a short period of time
- Frequent utilization of out-of-network facilities
- Require post-hospitalization follow-up until seen by their primary care provider
- Frail elderly at risk for requiring extensive outpatient and/or inpatient services
- Comprehensive education of your diabetic members
- Patients with gaps in their preventative care are identified in the 5star program

The process of Homebound/ High Risk Program is as follows:

1. Candidates for the Program will be identified by the IPA utilizing the above criteria.
2. If a patient is a candidate and admitted into the Program, the Primary Care Physician (PCP) will be contacted by mail. The PCP will continue to receive capitation for the patient. In order to maximize patient compliance and cooperation with the Program, the PCP must remain involved and serve as an advisor and facilitator to the Homebound/High Risk team while the patient is in the Program.
3. The patient will be contacted via phone by the nurse practitioner and an in-home appointment will be scheduled.

4. A home visit will be done which will consist of a complete history and physical. Laboratory and diagnostic studies will be ordered as indicated.
5. Follow-up visits to the patient's home will be based on patient's acuity and needs.
6. PCP will receive progress notes and periodic updates from IPA Case Manager/Nurse practitioner. This is a collaborative effort and we encourage PCP involvement and communication with our nurse practitioners; Cynthia Clegg or Adamma Epoh.
7. Once it is determined that continued participation in the Program is no longer required, the PCP will be contacted to discuss the termination of services (discharge from Homebound/ High Risk Program) and pertinent medical documentation will be provided.
8. PCP will resume patient care management and will schedule a follow-up visit.

The process for the Diabetic/Wellness Clinic is as follows:

1. Candidates will be referred by either the primary care physicians, St. Vincent IPA nurse case managers and/or the nurse practitioners.
2. Identifying factors shall consist of newly diagnosed Diabetic patients, Pre-Diabetic, non-compliant and uncontrolled diabetic members, long-standing diabetic, obese members and members starting insulin therapy or members resistant to starting insulin therapy. As well as, members motivated to learn more and take better care.
3. The patient will be contacted by phone and an appointment will be scheduled.
4. The visit will consist of one-on-one counseling on diet, exercise, medication education, discussion and review of lab results and their significance. Furthermore, preventative care, specialist referral needs and disease progression shall be discussed with the member. Referrals will be provided to member as needed.
5. Follow up appointments are scheduled as needed with members for more stringent and proper management of Diabetes.
6. The PCP will receive progress notes and periodic updates from the nurse practitioners.
7. We also deliver services that aim to serve members who require further education on nutrition and diet for better health management and weight control.

Also we offer case management with complex-disease management which involves:

Comprehensive assessment of a member's condition to include but not limited to determination of any available benefits and resources; and development and implementation of a case management plan with performance goals, monitoring and follow-up. Which will lead to improved self-management, increased member satisfaction and reduced inpatient re-admissions.

Complex case management may include members with one or more off the following risks:

Acute health care needs, diagnoses or hospitalizations, complex medical issues and/or comorbidities, poorly controlled disease states, frequent admissions, multiple emergency department visits, and predictive modeling identified risk level. With one of the following needs: Adherence to treatment such as meds, md visits, behavior changes, diet, etc. Care coordination, patient education and activation, community resources.

We are available to assist you with your patients with ongoing case management for as long as the member has identified needs and expresses willingness to receive support and services from the program at no cost to them.

In an effort to maximize the success of these programs and continually improve the quality of service rendered, your assistance is requested in this team effort. Your assistance in providing us with any information that will enable us to achieve the best possible patient outcomes will be invaluable. Should you have any questions regarding this program, please do not hesitate to contact Leesa Johnson, Vice President of IPA Operations at (562) 860-8771 extension 108. You may also contact Cynthia Clegg, FNP at (213) 393-8402 or Adamma Eph, FNP at (213) 628-6539 and for case management Cynthia Acker at 213-215-5217.

ST. VINCENT IPA



The Patient's Choice for Health Care



TAKE ADVANTAGE OF OUR DIABETES PROGRAM \$0 COPAY

You and your health come first with St. Vincent IPA and it is important for you to have regular check-ups.

St. Vincent IPA understands that you have a busy schedule; in an effort to help you receive the best care, St. Vincent IPA has established a diabetic clinic to help you manage your diabetes. You also have the option to schedule a call to review and discuss management of your diabetic care.

In addition to providing routine diabetic services and education. Our Diabetic Nurse Educators will personally work with you to keep your diabetes under control.

Please contact (888) 387-8472 to schedule an appointment or a telephonic appointment. We encourage you to take advantage of these services.

OUR DIABETIC NURSES EDUCATORS WILL ASSIST YOU WITH THE FOLLOWING:

- Diabetic Exams/Check-ups
- Blood Sugar/ Cholesterol Monitoring
- Diabetic Foot Exams
- Nutritional Counseling
- Review of Medications
- Education on Exercise
- Pre-Diabetes

Diabetes Educators:

Cynthia Clegg, FNP
Adamma Epoh, FNP
ENGLISH & SPANISH

Diabetes Clinic

1931 W. Sunset Blvd
Los Angeles, CA 90026

COMPLIANCE

The Patient's Choice for Health Care

Mandatory Health Plan Trainings

The Centers for Medicaid Services (CMS) requires annual Fraud, Waste and Abuse (FWA), Special Needs Plan (SNP) and Language Assistance Program (LAP) training for all physicians and staff organizations providing health, prescription drug, or administrative services to Medicare Advantage (MA) or Prescription Drug Plan (PDP) beneficiaries on behalf of MA health plans (See 42 CFR 422.503 "Medicare Advantage Programs" and 42 CFR 423.504 "Voluntary Medicare Prescription Drug Benefit.").

These trainings are available to you on our website at www.stvincentipa.com. You can access these by:

- Clicking on **Provider Compliance Training** under the **Resource Compliance Training** tab on the Provider's side of the website for **FWA Training** to view the Power Point presentation.
- Clicking on **Provider Compliance Training** under the **Resource Compliance Training** tab on the Provider's side of the website to view one of the **Model of Care Training by Health Plan** Power Point presentations.
- Clicking on **Language Assistance Contact List** under the **Resource Compliance Training** tab on the Provider's side of the website to view the information for each health plan.
- Clicking on **Provider Compliance Training** under the **Resource Compliance Training** tab on the Provider's side of the website to view one of the **Health Plan Standards of Conduct**.

CMS requires all Health Plan Sponsors to have written standards of conduct that communicate the Sponsor's commitment to comply with all applicable Federal and State standards. To ensure Sponsors' delegated entities adhere to these standards, CMS expects Sponsors to share their standards with first tier, downstream, and related entities (FDR) and/or verify that these FDRs adopt and follow a similar code.

You should maintain an attestation in your office documenting all people who have completed these trainings in the event of a CMS or health plan audit.

If you have any questions, please do not hesitate to contact Provider Relations at (562) 860-8771 ext. 112.

Please note that these trainings should be completed now and annually by December 31st of each year.

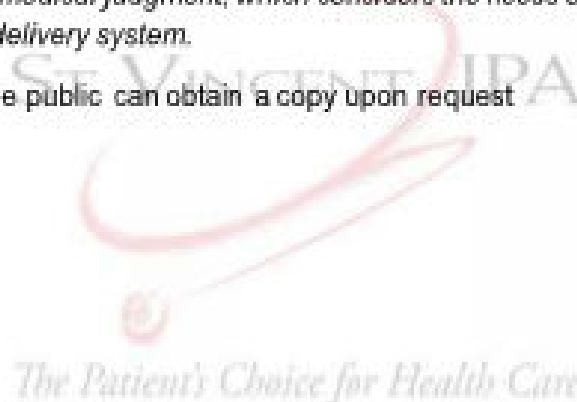
Affirmative Statement

As a utilization management organization, Physicians Data Trust on behalf of Greater Tri Cities IPA, Noble AMA IPA, and St. Vincent IPA, ensures that all decisions are made based on the available medical information at the time of the request. Should a member ask to see the criteria utilized to make a medical decision; the statement below is attached to that guideline, as required by the National Committee for Quality Assurance (NCQA):

Decisions regarding requests for medical care are based on the medical necessity of the request, the appropriateness of care and service and existence of coverage. There is no monetary reward for non-approval of services. Compensation for individuals who provide utilization review services does not contain incentives, direct or indirect, for these individuals to make inappropriate review decisions.

Utilization review criteria, based on reasonable medical evidence and acceptable medical standards of practice (i.e. Milliman Care Guidelines and/or applicable health plan guidelines) are used to make decisions pertaining to the utilization of services. Review criteria are used in conjunction with the application of professional medical judgment, which considers the needs of the individual patient and characteristics of the local delivery system.

Providers, members, and the public can obtain a copy upon request



2022 DOWNSTREAM ATTESTATION

This attestation documents your organization's adherence to compliance and privacy requirements, as well as plan-specific training requirements. These requirements are further described in the training materials and other resources accessible at pdtrust.com/compliance.

1. Standards of Conduct and/or Compliance Policies

All workforce members and downstream entities are provided the PDT Code of Conduct (or equivalent) within 30 days of hire or contracting, annually thereafter, and upon revision.

Annual SoC distribution was completed on, or will be completed by: ___/___/2022

2. General Compliance Training & Fraud, Waste and Abuse ("FWA") Training

All workforce members and downstream entities complete General Compliance and FWA training within 30 days of hire or contracting and annually thereafter.

Annual GC/FWA training was completed on, or will be completed by: ___/___/2022

3. Privacy & Security (HIPAA) Training

All workforce members and business associates complete privacy and security training upon onboarding, annually thereafter, and upon revision.

Annual HIPAA training was completed on, or will be completed by: ___/___/2022

4. OIG/GSA Exclusion Screenings

All employees and downstream entities are screened against the OIG and GSA exclusion lists prior to hire or contracting and monthly thereafter. Resolution of potential matches is documented.

5. Offshore Operations

Our organization does not engage in offshore operations involving the receipt, processing, transferring, handling, storing or accessing of PHI. This includes work performed offshore by a US-based business.

6. Subcontractor Oversight

Our organization conducts sufficient oversight to ensure that downstream entities and business associates meet all compliance and privacy program requirements.

7. Cultural Competency & Language Assistance Program (LAP)

Providers and staff complete cultural competency, sensitivity, and diversity training consistent with national Culturally and Linguistically Appropriate Services (CLAS) standards.

8. Health Plan Required Training

Providers and staff complete SNP MOC, CMC, QI, and any additional training required by Aetna, Alignment, Brand New Day, Central, Easy Choice, Health Net, LA Care, and SCAN health plans.

9. Critical Incident Reporting

Providers, staff, and downstream entities are informed of the obligation and methods to report suspected Critical Incidents. In turn, our organization reports applicable incidents to the IPA.

10. Document Retention and Evidence Requests

Our organization and our subcontractors save all documentation pertaining to IPA business for a minimum of ten years, including evidence of the above requirements. Our organization agrees to produce this documentation upon request, or face corrective actions.

Signature of Organization's Authorized Representative	Date
Organization's Authorized Representative Name	Title
Organization Name	Tax ID
Organization Email Address	Phone Number

Return this completed attestation via email, fax, or SignNow. Please contact us if you have any questions.

PHONE: 888-255-5053

EMAIL: prsvipa@pdtrust.com

FAX: 562-207-6558

HEALTH PLAN ST VINCENT'S IPA REQUIREMENTS

The Patient's Choice for Health Care

Provider Satisfaction Survey

In our effort to improve our services to our physicians, your feedback is needed. St. Vincent IPA requests you complete a provider satisfaction survey annually. We hope you will take a couple minutes to complete the attached survey and return by **fax (562) 924-1603** or **email Prsvipa@pdtrust.com** by the end of the year.

Should you require additional copies of the survey or have any questions, please feel free to contact Provider Relations at **(562) 860-8771 ext. 112**, or by **email Prsvipa@pdtrust.com**.

We thank you for your hard work and support for St. Vincent IPA.



PROVIDER SATISFACTION SURVEY

Date _____

Dear St. Vincent IPA Physician:

St. Vincent IPA is striving to improve the service we provide our physicians. Your input is very important to us. Please complete the following survey with your comments and return it by **Day, Month, Day, Year**. Please check the appropriate response below:

Provider Name: _____ PCP ☐ SPC ☐

5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree

	5	4	3	2	1
1. St. Vincent IPA responds to your calls promptly.					
2. St. Vincent IPA staff answers your questions to your satisfaction.					
3. St. Vincent IPA staff is courteous and helpful when you call.					
4. Your St. Vincent IPA claims are processed in a timely fashion (within 60 days).					
5. Questions regarding claims are handled quickly.					
6. St. Vincent IPA referral forms are user friendly.					
7. Referrals are returned to you timely.					
8. Questions regarding referrals are handled appropriately.					
9. Contracted ancillary providers render acceptable services:					
a. Lab – Unilab/Quest Diagnostic					
b. Physical Therapy – St. Vincent Medical Center					
c.1. Radiology – St. Vincent Radiological Medical Group					
c.2. Radiology – Samaritan Imaging					
d.1. Mammography – St. Vincent Radiological Medical Group					
d.2. Mammography – Samaritan Imaging					

Comments: _____

Please return survey via fax to 562-924-1603

Thank you for your response.

Member Satisfaction Survey

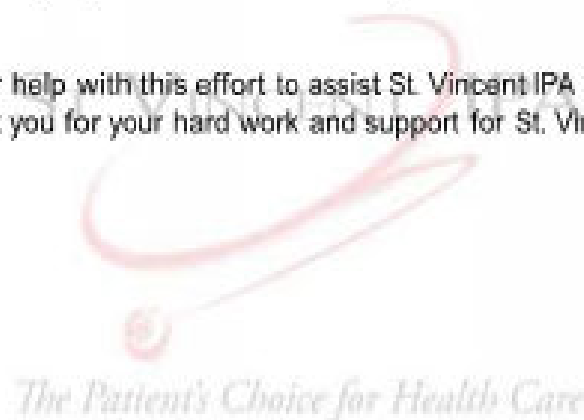
In our effort to continuously improve our delivery of services to our members, we need your help capturing feedback from our patient community. For every St. Vincent IPA member that comes in, please have member complete survey and return by fax: **(562) 924-1603** or email: **Prsvipa@pdtrust.com** by the end of the year.

Please be advised, submission of the member satisfaction survey impacts your Surplus Distribution to be distributed in Month Year. You must submit at least four (4) completed member satisfaction surveys to qualify for this portion (7.5%) of the final Surplus Distribution.

If you have less than 4 members, you will need to submit member satisfaction survey for each of your members in order to qualify for this portion of the PCP Surplus Distribution.

Should you require additional copies of the survey or have any questions, please feel free to contact Provider Relations at **(562) 860-8771 ext. 112** or you can email **Prsvipa@pdtrust.com**.

We greatly appreciate your help with this effort to assist St. Vincent IPA better serve our communities and we thank you for your hard work and support for St. Vincent IPA.



CUSTOMER SATISFACTION SURVEY

Doctor Seeing today:		PCP on ID Card:
Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Today's Date:

We constantly strive to serve our member/customer population better. We are evaluating your satisfaction with the Primary Care Physician (PCP) you have chosen to manage your medical care, and your ability to receive the services you feel are appropriate for you. Please take a minute, while you are waiting in your doctor/PCP's office and answer a few questions. Thank you in advance for helping us improve our service to you.

1. In the last 12 months, how often did you get an appointment with your PCP as soon as you wanted? ___(always) ___(usually) ___(sometimes) ___(never)

2. In the last 12 months, when you called your PCP office during regular office hours, how often did you get the advice or help you needed?
 ___(always) ___(usually) ___(sometimes) ___(never)

3. In the last 12 months, how often did your PCP **listen** carefully to you?
 ___(always) ___(usually) ___(sometimes) ___(never)

4. In the last 12 months, how often did your PCP **explain** things in a way you could understand? ___(always) ___(usually) ___(sometimes) ___(never)

5. In the last 12 months, how often was the office staff at your PCP's office as helpful as you thought they should be? ___(always) ___(usually) ___(sometimes) ___(never)

6. In the last 12 months, when you needed care right away (during office hours) for an illness, injury or condition, how often did you get care as soon as you wanted?
 ___(always) ___(usually) ___(sometimes) ___(never)

7. In the last 12 months, when your PCP sent you for a blood test, x-ray, or other test, did someone from your PCP office follow-up to give you the test results?
 ___(Yes, always) ___(Yes, sometimes) ___(No, never)

8. In the last 12 months, if you were referred outside your PCP office, how often were you notified timely of the approval for the service?
 ___(always) ___(usually) ___(sometimes) ___(never)

9. When waiting in your PCP office, how long do you usually wait, from the time of your scheduled appointment to the time your doctor sees you?
 ___(5-10 min) ___(11-20min) ___(21-30min) ___(>30min) ___(>45min) ___(>60min)

10. Using any number from 0 to 10 (where 10 is the best and 0 is the worst) what number would you use to rate your PCP?
 ___(10) ___(9) ___(8) ___(7) ___(6) ___(5) ___(4) ___(3) ___(2) ___(1) ___(0)

*Please write any helpful comments you may have on the back of this form.



L.A. Care
HEALTH PLAN

For All of L.A.

Attestation for L.A. Care Health Plan Trainings

As a contracted entity with L.A. Care Health Plan, you and your staff must participate in the New Provider Training as part of the onboarding process, and when ad hoc trainings or updates are required. You must have all required staff in attendance of training(s), legibly complete the sign-in sheet, and the facilitator or Office Manager must attest below that the staff listed on the corresponding sign-in sheet were in attendance for the entire presentation. Signing this attestation confirms that you and your staff have completed the required training. As part of L.A. Care Health Plan's oversight and monitoring activities, L.A. Care Health Plan will review sign-in sheets, attestations, and any other corresponding materials to ensure they are complete, accurate, true, and meet any required deadlines.

Please indicate which training has been completed by you and your staff.

L.A. Care Health Plan New Provider Training _____ Date Completed: _____

Other (please print title) _____ Date Completed: _____

Other (please print title) _____ Date Completed: _____

Other (please print title) _____ Date Completed: _____

By signing below, I attest that staff listed on the corresponding sign-in sheet representing my organization, _____, a contracted entity with L.A. Care Health Plan, have completed the training(s) listed above. I attest that my organization will furnish copies of sign-in sheets, attestations, and any other related material at the request of L.A. Care Health Plan.

Name of facilitator/office manager: _____

Title: _____

Signature: _____ Date: _____

Email: _____ Phone: _____



For All of L.A.

Training Name: _____

Facilitator Contact Number: _____

Date of Training: _____ Time of Training: _____

[illegible]

By signing your name above, you attest that you have completed the training or attended the event indicated on this sign-in sheet.



CONFIRMATION OF NEW PROVIDER TRAINING

Please complete the following and submit it within 48 hours via email to HN_Provider_Relations@healthnet.com, or send it via fax to 1-855-863-5987.

REQUIRED: Initial #1 OR #2

1. _____ (initial) I have received the new provider training materials from Health Net Community Solutions, Inc. (Health Net), reviewed them for training purposes, and understand essential components of Health Net's Medi-Cal plan, including basic information about public health programs available to Health Net Medi-Cal members, Health Net's quality improvement program, and interpreter services and provider tools to care for diverse populations.

OR

2. _____ (initial) I have completed Health Net's new provider training online on the provider website and understand essential components of Health Net's Medi-Cal plan, including basic information about public health programs available to Health Net Medi-Cal members, Health Net's quality improvement program, and interpreter services and provider tools to care for diverse populations.

REQUIRED: Initial #3

3. _____ (initial) In addition, I understand my responsibilities related to Health Net's Medi-Cal managed care program services, policies and procedures, and ways to communicate between providers, members and Health Net. I understand how to access and find information on Health Net's provider website about Medi-Cal benefits and services, claims and payment policies, California Children's Services (CCS)-eligible conditions and referral processes, case management services, tools to care for a diverse population, and operations manuals located under *Working with Health Net > Contractual > Provider Library*.

Provider name (PRINT)

Provider signature

Date

Provider address (street, city, ZIP)

Phone number

Email address

Tax identification number (TIN)

INTERNAL USE ONLY

Received date

Data entry date

Provider representative



Provider Training Sign-In Sheet

Trainer Name: _____

DATE: _____

TYPE OF TRAINING:

<input type="checkbox"/> New Provider Onboarding	<input type="checkbox"/> PM150 Online Submission	<input type="checkbox"/> Tool Kit:
<input type="checkbox"/> S.B.I.R.T.	<input type="checkbox"/> Newborn Referral Process	<input type="checkbox"/> Other: _____

PLEASE FILL OUT PROVIDER /CLINIC INFORMATION BELOW

- OR -

STAMP CLINIC INFO HERE

PROVIDER/CLINIC NAME: _____

PROVIDER NPI: _____

PROVIDER ADDRESS: _____

CITY: _____ ZIP: _____

PROVIDER TEL: _____ FAX: _____

ATTENDEES

	FULL NAME	POSITION	EMAIL ADDRESS (ONLY IF USED FOR WORK PURPOSES)	PHONE NUMBER	SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

-ATTENDEES CONTINUED-

	FULL NAME	POSITION	EMAIL ADDRESS (ONLY IF USED FOR WORK PURPOSES)	PHONE NUMBER	SIGNATURE
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

Important Memorandum

To: St Vincent IPA Provider Network

From: Leesa Johnson, VP of IPA Operations

Date: July 14, 2022

Re: Medi-Cal Programs

Dear Provider,

Please be advised, we have updated our Provider Manual to include information on the following Medi-Cal programs:

- **Palliative Care**
- **California Children Services**
- **Behavioral Health Treatment**
- **Health Homes**
- **End of Life Services**

Please take a moment to review and share with your staff. To access the most recent version of The St Vincent IPA Provider Manual please visit the provider portal:

<https://stvincentipa.com/documents/>

On behalf of the IPA, we thank you for continuing to provide excellent service to our members. Feel free to contact the Provider Relations department with any questions or concerns regarding this memo at (562) 860-8771 Ext.112.

PALLIATIVE CARE (CARVE-OUT)

Palliative care consists of patient-and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. The provision of palliative care does not result in the elimination or reduction of any covered benefits or services under the MCP contracts and does not affect a member's eligibility to receive any services, including home health services, for which the member would have been eligible in the absence of receiving palliative care. Unlike hospice, palliative care does not require the member to have a life expectancy of six months or less, and palliative care may be provided concurrently with curative care. A member 21 years of age or older may not be concurrently enrolled in hospice care and palliative care. A member under 21 years of age may be eligible for palliative care and hospice services concurrently with curative care.

CALIFORNIA CHILDREN SERVICES

CCS is a state funded program for children up to 21 years, who are residents of California and meet other qualifications, with specific qualifying diseases/health problems (e.g., Chronic diseases, inherited metabolic disorders, malignancies, Multiple traumas, and NICU neonate). CCS will arrange for CCS paneled health care practitioner treatment for children with special healthcare needs. Lists are available online, per county, for staff familiarization of particular qualification types.

1). CCS Referral Policies and Procedures description includes:

Department staff members identify children with potentially CCS eligible conditions and arrange for their timely referral to the local or dependent CCS office. California Children's Services' (CCS) are carved out services for those services that are paid by CCS. The Provider Organization is responsible for portions of services that may not be covered by CCS.

2).Referral process includes:

- Provider Organization follows-up with CCS until a final outcome of the CCS deferral (approval or denial) from CCS is received
- Provider Organization provision of all medically necessary covered services until CCS eligibility is confirmed
- Provider Organization immediate referral of all potential or actual CCS cases to CCS, not to exceed one business day from date of identification
- The responsibility for making referrals to CCS and for follow up with CCS on the outcome of the referrals is clearly defined
- Provider Organization referral log maintenance of all CCS referrals, and monthly

transmission to Medicaid, Anthem Blue Cross

- The responsibility for log maintenance and transmission to the Health Plan is clearly defined

3) CCS Process Evidence must include at least one of the following:

- List of contracted and/or non-contracted CCS paneled practitioners which the organization makes available to its practitioners/providers & UM staff
- UMC Quarterly meeting minutes to include discussion of CCS data report
- CCS Referral logs submitted monthly to Anthem
- Claims sweeps for CCS eligible diagnoses

HEALTH HOMES (Carve-Out)

Medicaid health homes was created to coordinate the full range of physical health care services, behavioral health services, and community-based long term services and supports (LTSS) needed by members with chronic conditions.

MCP is responsible for providing the following six core HHP services to eligible Medi-Cal members: comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support, and referral to community and social support services.

END OF LIFE SERVICES (Carve Out)

Terminally ill members, age 18 or older with the capacity to make medical decisions are permitted to request & receive prescriptions for aid-in-dying medications if certain conditions are met. Provision of these services by health care providers is voluntary and refusal to provide these services will not place any physician at risk for civil, criminal or professional penalties.

End of Life Services include consultations and the prescription of an aid-in-dying drug. EOL services are a “carve out” for Medi-Cal Managed Care Health Plans (MCPs) and are covered by Medi-Cal FFS. Members are responsible for finding a Medi-Cal FFS Physician for all aspects of the EOL+benefit. Policy & Procedure describes:

- 1). During an unrelated visit with an MCP physician, a member may provide an oral request for EOL services. If the physician is also enrolled with the Department of Health Care Services (DHCS) as a Medi-Cal FFS provider, that physician may elect to become the member's attending physician as he or she proceeds through the steps in obtaining EOL services.
- 2). EOL services following the initial visit are no longer the responsibility of the MCP, and must be completed by a Medi-Cal FFS attending physician, or a Medi-Cal FFS consulting physician.
- 3). Alternatively, if the MCP physician is not a Medi-Cal FFS provider, the physician may

document the oral request in his or her medical records as part of the visit.

4). MCP physician should advise the member that following the initial visit he or she must select a Medi-Cal FFS physician in order for all of the remaining requirements to be satisfied.

Evidence:

END