AUTHORIZATION MATRIX

MAY 2006

SANTA CLARA COUNTY sccipa INDIVIDUAL PRACTICE ASSOCIATION

SANTA CLARA COUNTY IPA

PACIFIC PARTNERS MANAGEMENT SERVICES, INC.

Hours of Operation:	**Monday through Friday, 8 AM – 5 PM**
Mailing & Claims Address:	**PPMSI / SCCIPA, P.O. Box 5860 San Mateo, CA 94402-5860**
Main PPMSI Telephone:	**800-993-1993**
Utilization Management:	**800-977-7331 (beginning 8:30 am); Fax 650-570-6205**
Provider Services:	**800-977-7478**
Member Services:	**800-977-7332**
Main PPMSI Fax Number:	**650-577-1464**
Senior Medical Director:	**650-358-5831 Lawrence A. William, M.D.**
Medical Director:	**650-358-5707 Ralph J. Watson, M.D.**
Inpatient Management Team:	**408-371-4714 Good Sam, Los Gatos Community, O'Connor 408-729-2820 Regional Medical Center of San Jose**
Senior Services:	**877-722-4726 (1-877-SCCIPAMD)**
Member Website:	**www.sccipa.com**
Access Express Website Login:	**www.ppmsi.com/login**
Help Desk:	**877-258-4357 (258-HELP)**

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SCCIPA CONTRACTS

This Authorization Matrix applies to the SCCIPA Medicare Advantage, Commercial & Medi-Cal HMO & Point of Service contracts listed below.

Aetna Select Choice & Point of Service

Blue Cross of California: CaliforniaCare HMO & Point of Service

Blue Cross of California Medi-Cal

Blue Shield of California: Access + HMO & Point of Service

CIGNA HealthCare & Point of Service

Health Net Commercial HMO & Point of Service

Health Net Seniority Plus Medicare Advantage

PacifiCare Commercial HMO

Secure Horizons/PacifiCare Medicare Advantage

Valley Health Plan (Primary & Urgent Care only)

SCCIPA also negotiates contracts for many of your office's PPO plans which are listed online at www.sccipa.com.

GENERAL AUTHORIZATION INFORMATION

The Authorization Matrix summarizes HMO services that require preauthorization by your IPA, by the health plans and by third party organizations appointed by the health plans. Most care delivered by the primary care doctor in the office does not require prior approval, with the exception of the Special Procedures listed in the table on the next page. Most other care requires an entry into the web-based *Access Express* system for automated eligibility checking and/or authorizations. Most online referral requests are instantly approved based on automated protocols embedded in the online system.

Access Express is the fastest way to confirm membership, get a medical service approved, or have PPMSI personnel investigate eligibility for an individual who is not yet identified in the system. In a business with ever-changing contracts, ***Access Express*** helps your office staff make the right provider choices for each patient and health plan, and it provides *direct access* to IPA data, using drop-down lists to simplify data entry and minimize offline research. Your staff can quickly check IPA member eligibility and enter authorization requests using search tools to select appropriate diagnosis (ICD-9) and procedure (CPT) codes. They can confirm the status of prior authorization requests, update patient Pay for Performance data now required by most California health plans, and submit claims electronically. ***PPMSI does not use or accept faxed requests.***

- ***Access Express* is available 7 days a week, 24 hours a day.**
- **For Technical Support, call the *Access Express Help Desk* at 1-877-258-4351 (258-HELP), Monday - Friday, 8 am - 5 pm.**
- **The *Access Express Provider Office Guide* can be downloaded from the *Access Express* website.**

Telephone requests to Utilization Management may also be used by those who lack an Internet connection. Please keep in mind that telephone requests take considerably more of your staff time, with a PPMSI maximum of three requests per phone call to assure availability of phone lines to other callers. Authorization request calls are received from 8:30 am to 5 pm, Monday thru Friday, excluding holidays. On weekends, after hours and on holidays, requests may be called into UM voice mail, which is checked daily during normal business hours. When calling in requests, the caller must have the following information available to assist the authorization representatives:

- Member name & Identification number
- Health plan name
- Referring provider
- Provider selected to perform or provide the service
- Type & Number of services or procedures requested to be authorized
- Diagnosis code (ICD-9)
- Procedure code (CPT)
- Clinical information relating to the requested service or procedure

Four Categories of Service Requests:

1. **Referrals:** Requests for one or more visits to a specialist. *The Referral category does not include the Special Procedures described in #3 below.*
2. **Precertifications:** Requests involving a facility like an inpatient hospital admission or outpatient surgicenter procedure.
   The Precertification category approves *both the facility and the doctors* who provide care during the stay at the facility. It covers all needed care from date of admission to date of discharge. No further authorizations are required for needed inpatient consultants if the admission is authorized.
   Note: a Precertification approval authorizes only a single stay in that facility, although the stay may be brief or lengthy.

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3. **Special Procedures:** Requests for special outpatient services and medical equipment your IPA wants to approve before care is rendered. When these services are performed as part of an approved inpatient authorization, no additional approval is necessary. Special Procedures include the specific list of services in columns 2 and 3 below. All other services are entered as Referrals, Precertifications or Emergencies.

4. **Emergencies:** All services that were performed without prior authorization because of the urgent or emergent nature of the medical problem. This is the only place where past unauthorized care can be described for possible retroactive approval. *Note: retroactive care is only authorized for urgent or emergent problems or when certain administrative difficulties prevent necessary approval before care is rendered (e.g.. when the member was not in the IPA data bank or the wrong patient was entered into the system in error). Retroactive authorizations are not given for elective services in other circumstances.*

This table provides examples of the services and procedures that require authorization **regardless** to which specific health plan the member belongs. The services and procedures have been categorized by the type of authorization data-entry screen to be used by *Access Express* users.

Referral Authorization	Special Procedure Authorization		Precertification Authorization	Emergency Authorization
• Referrals/visits/procedures by specialists in specialist's office • Brain stem auditory evoked response (BSAER/BAER) • Pulmonary function test (in office) • Radiation therapy • Radiology procedures not done by contracted radiologists • Routine vision care services (call health plan to verify benefits) • Request for consultation with non-contracted providers (explain why contracted provider could not be used)	• Ambulance • Amniocentesis • Bone Density Study • Bunionectomy • Chorion biopsy • CT scans • Dermatological light treatment • Dialysis • Durable Medical Equipment (DME) • Echocardiogram • Electroconvulsive Therapy (ECT) • Endoscopy • Epidural injection • Holter monitoring • Home Health Care • Hospice Care • Hyperbaric oxygen treatment • Infusion services • Laboratory services	• MRI scans • Nerve conduction study • PET scans • Physical, Occupational, Speech therapy • Psychological Testing • Radiation Therapy • Repair of Hammertoe • Stress test/treadmill • Supplies, medical • Ultrasound • Specified injections--the only medications that require prior authorization in an outpatient office setting: *anticancer chemotherapy - Botox - DHPG - erythropoetin - Filagrastrim - Foscarnet - G-CSF - Ganciclovir - Growth hormone - Interferon - Sumatriptan - intravenous clotting factors - intravenous gamma globulin - intravenous immunosuppressants - travel immunizations* ***Routine immunizations do not require prior approval.***	• All in-area facilities including acute hospital care, SNU/SNF admission • Outpatient procedures & diagnostic testing when done in a hospital surgicenter, outpatient center or urgent care center • Surgical center care • Facility-based surgical procedures (D&C, liver biopsy, etc.) • Arteriogram when done at a facility • Hospital-based diagnostic tests	• Emergent/urgent services/visits/ procedures • Request for services that have already occurred (describe both the medical problem & reason prior notification was not done) • Services/visits/ procedures that could not be previously entered because the member was not in the PPMSI eligibility system • Retro authorization for in-area facility admission

Authorization Category Details & Exceptions

- **Carefully review Approved Authorizations** to make sure you understand exactly the approved provider and the number of visits.
- **Reason Field** explains WHY the patient requires a service. When services are denied, exactly what your have typed in the REASON field is printed in the Authorization letters sent to patients. Therefore, please restrict your entry in the *Reason* field to the specific medical problem or service requested. The ***Reason*** field should NOT include # of requested visits, abbreviations, codes or terms a member would not understand.
- **Notes to the Medical Director,** which is NOT printed in the Authorization letter should include number of visits, reasons for requesting a non-network provider, and clinical and provider information to support your request.
- ***Check the box*** in the Request form to indicate when the Member (NOT the doctor) requests the service.

Special Procedures

- **Services NOT FOUND on the *Special Procedure* list** are to be requested as Referral Authorizations, Precertifications or Emergencies.
- **Procedures that DO NOT Require Prior Authorization when performed in the doctor's office:**
  - → routine immunizations
  - → ophthalmic ultrasounds
  - → fetal stress tests
  - → obstetrical & urologic ultrasounds
  - → gynecologic endoscopies
  - → anoscopy
  - → laryngoscopy
  - → proctosigmoidoscopy
  - → sigmoidoscopy

Urgent Referrals, Procedures & Precertifications

- ***If care has not yet taken place:***
  Fill out a Referral, Precertification or Procedure Authorization Request explaining why the care is Urgent in the Note Section.
- ***If care has already been provided on an Emergency basis:***
  Fill out an Emergency Request explaining why the care was required as Urgent or Emergency care without advance authorization.

Claims for Emergency Services. In order to correctly pay claims related to urgent or emergent services that were not prior approved, PPMSI must at some time prior to claims adjudication receive information about the Emergency and its circumstances. Failure to report an Emergency using *Access Express* or phone may lead to incorrect denial of services or delay in payment if the medical problem is not recognized as an Emergency.

Services Requiring Authorization by Health Plan or by Contracted 3rd-party Health Plan Vendor.

- To obtain benefit information or prior authorization for services authorized and provided by a specialty provider, such as a mental health or vision care vendor, etc.), the provider may need to contact the entity specified in the Health Plan-specific section of this Authorization Matrix.
- All authorization requests for **Experimental or Investigational treatment** for members with a life threatening or seriously debilitating condition are referred to the Health Plan for coverage determination. Check the Operations Manual for more information.
- Claims for these services must be submitted to the Health Plan or to the third party for payment, not to PPMSI. The services requiring prior authorization by some entity other than PPMSI will be noted in the health plan-specific authorization tables.

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Referrals

- **All Non-Emergent referrals** from a Primary Care Physician to a Specialist require Referral Authorization.
- **Primary Care Physicians (PCPs) & Specialists may perform office procedures as necessary with the exception of the Special Procedures** in the Authorization Matrix which require Procedure Authorization.
- **A PCP acting as a Sub-Specialist** does not require a Referral Authorization to see one of his/her primary care patients.
- **Specialist care is limited to the number of visits authorized,** which is determined based on input by the PCP, Utilization Management policy and other industry-specific criteria. One visit includes all care provided by all providers who share a common tax ID in a given day.
- **Capitated & Network Referrals.** Referral Authorizations to a Non-Capitated or Out-of-network provider WILL NOT be approved if services can be provided by a network provider. SCCIPA has capitated arrangements with **Stanford Clinical Laboratory, PRN/Carr Physical Therapy** for physical & occupational therapy, **Valley Radiology, Inc.** for all radiology services, certain specialty groups like **cardiology, orthopedics, otolaryngology, podiatry, urology, rheumatology, vascular surgery.** PPMSI UM may be contacted should you need assistance in selecting a specialist. **Any request for referral to a non-capitated or non-preferred provider requires the reason why a member was not directed to a preferred provider.** Costs incurred by the medical group for non-authorized out-of-network referrals will be charged back to the referring physicians.
- **A Specialist cannot refer directly to another Specialist.** A Referral Authorization must be requested by the PCP.
- **Referral Extensions.** After an initial referral, a Specialist can request additional visits through *Access Express*. These requests are electronically routed to PCPs for input and transferred to the Medical Director for a decision if PCP input is not provided within 24 hours. A Specialist should not expect to receive an extension if s/he has not submitted a progress or consultative report to the PCP.
- **Referral Authorizations are not issued retroactively**. They are effective on the date of entry into the PPMSI system and expire four months after the authorization has been approved, with the exception of maternity referrals, dialysis, and chemotherapy that expire in ten months.
- **Authorization Guideline Questions.** *Access Express* users who request referrals and authorizations will often be required to answer additional questions about their requests. These questions were developed by PPMSI to expedite referral and authorization requests by making sure requesters consider IPA protocols and include the minimal information required for an appropriate decision. For example, the IPA may have decided that all referrals to allergists for pollinosis should be made only after two different antihistamines and inhaler with steroids have been tried. For these referrals, requesters will be asked to answer two questions with answers factored in referral decisions. *Has the primary care doctor treated patient with at least 2 different antihistamines? Has the primary care doctor given patient a prescription for intranasal steroid?*

OB/GYN Open Access. If the OB/GYN is a participating IPA provider, members do not need a referral from their PCP to see an IPA OB/GYN for most gynecological services. However, authorization is required for the following:

- Outpatient hospital procedures
- Infertility treatment
- Elective inpatient hospital admission & inpatient admissions for obstetric or gynecologic care
- Out of network provider

OB/GYN providers continue to coordinate and communicate all treatment with the member's PCP as needed.

Blue Cross Ready Access. Blue Cross CaliforniaCare members can self-refer to Allergists, Dermatologists & ENT (Otolaryngology) physicians as well as OB/GYN physicians. Check the Health Plan specific section towards the end of the Authorization Matrix for more information. The Specialist office is responsible for obtaining the necessary authorizations for services they will provide to the member.

Infertility Referrals & Coverage. Health plans provide varying coverage for infertility benefits. Because of complexities associated with infertility care benefits, PPMSI must be contacted prior to providing infertility services.

Authorization Denials & Notifications

- **Most online referral requests are instantly approved based on automated protocols embedded in the online system.**
  Most common cause for denials of needed care: The requesting provider leaves out relevant information to explain why the service is needed.
- **Most *Access Express* authorization requests are reviewed instantly using automated PPMSI protocols** developed by UM management over the past fifteen years. Utilization criteria used to make the decision are included in the notification letter sent to the Requesting Provider, and a copy of these criteria are also available to the provider upon request by calling 650-358-5831 during normal business hours.
- **APPROVED Authorizations.** Requesting and Referred to providers are notified of APPROVED authorizations in one of three ways, depending on office capability. Approval letters are also sent via *Access Express* or Fax to involved Facilities and mailed to Members.
  - → Instantly receives notification through secure *Access Express* email, OR
  - → Next business day receives Faxed notification, OR
  - → Notification mailed next business day after request is approved.
- **DENIAL letters** are sent to
  - → Requesting providers, via *Access Express* or Fax within 24 hours of the denial decision
  - → Referred to providers and Members, within 2 business days.

  Providers should contact the UM department to obtain a copy of the Utilization Criteria.
  When additional information is needed, UM staff contact the requesting provider's office.
  - → Request is pended for 5 days & if additional information is not received, letter is sent to requesting provider specifying needed information.
  - → Request is pended & if additional information is not received, a review decision is made based on available information.

SCCIPA SPECIAL AUTHORIZATION REQUIREMENTS

After Hours Policy

Except in life-threatening emergencies, members are required to coordinate all their medical care through their PCP, including after-hour urgent and emergency care. Providers must be available, or have arrangements in place for a covering physician, 24 hours a day, seven days a week including after-hours, weekends and holidays. IPA physicians should use their best efforts to inform the IPA of member emergency room visits and inpatient admissions. *Covering physicians must agree to accept IPA reimbursement rates and member copayment as payment in full. On-call bills sent to IPA members by non-contracting providers will be paid by the IPA and deducted from future payments to the IPA provider.*

SCCIPA OnCall Advice/ MedAmerica OnCall

OnCall Advice is a toll-free after-hours telephone-based triage system staffed by MedAmerica OnCall at—1-800-4SCCIPA (1-800-472-2472). Hours are Monday – Thursday 5 pm – 7 am and Friday 5 pm – Monday 7 am. Staffed by experienced medical professions, the advice line counsels IPA members seeking medical care after hours, on weekends or holidays. In addition to advice for home treatment, the MedAmerica staff will set up a PCP appointment, if needed, identify local urgent care facilities and arrange transportation to a facility and communicate with PCP and PPMSI UM staff. MedAmerica is used for after-hours office triage by a number of IPA physicians. If your office wishes to subscribe to MedAmerica, call 800-377-CALL.

Urgent Care Centers

SCCIPA Members may be seen at these Urgent Care Centers for acute illness or injury, if a covering physician is not available:

NAME	PHONE	ADDRESS	MON – FRI*	WEEKENDS*
Almaden Family Physicians	408-997-9155	6475 Camden Ave #105, San Jose (corner Trinidad & Camden)	After hours: 5 – 6:30 pm	Sat: 9 am – 5 pm; Sun: 11 am – 4 pm
Cupertino Medical Center	408-996-8656	20289 Stevens Creek Blvd, Cupertino (between DeAnza & Vista)	9 am – 6 pm	Closed
Gateway Family Medical Center	408-364-7600	1580 S. Winchester Blvd #202, Campbell	8 am – 8 pm	Sat: 8 am – 8 pm
Nga V Pham, MD	408-532-0105	2470 Alvin Ave, #50, San Jose	9 am – 6 pm	Sat: 9 am – 3 pm
Pinnacle Urgent Care	408-848-0444	7793 Wren Ave, Gilroy	8 am - 8 pm	Sat-Sun: 9 am -7 pm
	831-634-4444	551 McCray St, Hollister	8 am - 8 pm	Sat-Sun: 9 am -7 pm
Samaritan Medical Care Center	408-281-2772	554 Blossom Hill Rd, San Jose (Blossom Hill & Highway 85)	8 am – 6 pm	Sat., Sun., Holidays: 9 am – 3 pm
SJMG Willow Glen Urgent Care	408-278-3620	625 Lincoln Ave, San Jose	8 am – 8 pm	Sat., Sun., Holidays: 8 am – 8 pm
South Valley Family Occupational Health Center	408-842-1544	9460 No Name Uno #230, Gilroy (across from entrance to St. Louise Regional Medical Center)	8 am – 6 pm	Closed

**Schedule subject to change. Please call to confirm hours & locations.*

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Stanford Clinical Laboratories

Stanford Clinical Laboratories is a recognized leader in laboratory testing, with an extended menu of tests that includes genetic, HIV & Hepatitis testing and genotyping. There are also many pediatric test modifications available like pediatric reference ranges, instruments & test methodology. Stanford will provide SCCIPA physicians with prompt access to medical lab faculty for consultations re: test selection and interpretation. Stanford Clinical Lab locations are listed on the next page.

Web-based 4Medica Software Links SCCIPA Offices to Patient Lab Results

4Medica is an easy-to-use software will be used to efficiently report lab results to your office. It is accessible through the Access Express website.

- LAB TESTS CAN BE TRACKED ONLINE.
- COLOR CODED REPORTS and test values indicate results with normal, abnormal and critical values. System automatically alerts physicians when test values are critical.
- Test values are automatically GRAPHED against five previous Stanford test values for that patient; markers can be used to indicate significant events (medication changes, hospital admissions, etc.)
- GRAPHS CAN BE PRINTED for charts and patients.
- POWER SEARCH allows users to quickly find patients by name & partial spelling.
- REPORTS CAN BE SIGNED ELECTRONICALLY & forwarded to a user in a different location.
- PATIENT SUMMARY displays all lab results for one patient on a spreadsheet, replacing multiple pages in the chart.

Valley Radiology & PRN/Carr Physical Therapy

All SCCIPA patients must be referred to Valley Radiology and PRN/Carr Physical Therapy for radiology and physical therapy services.
Local sites are listed on the following pages.

STANFORD LABORATORY PATIENT SERVICE CENTERS

Call 1-877-717-3733 with Questions about Site Locations, Hours, Opening Dates

STAT LABS—OPEN AFTER HOURS, SUNDAYS & HOLIDAYS—EL CAMINO, O'CONNOR, ST. LOUISE & STANFORD HOSPITALS

CITY	ZIP	ADDRESS	PHONE	PEDIATRIC TESTING[2]	DAYS & HOURS OF OPERATION
Cupertino	95014	20555 Prospect Rd[1]	408-255-3064		Mon-Fri 8 am-12 noon, 1:15-5 pm
Gilroy	95020	7949D Wren (Behind 7933 Wren) NEAR Pinnacle Urgent Care	408-846-8750	**Yes**	Mon-Fri 7:30 am-5 pm, Sat 8 am-Noon
Los Gatos	95032	234 Los Gatos Blvd #A	408-395-2117		Mon-Fri 8 am-12:30 pm, 1:30-5 pm
	95032	777 Knowles #4	408-378-3143		Mon-Fri 8 am-5 pm, Sat 7:30 am-1 pm
Milpitas	95035	500 East Calaveras Blvd #130	408-946-8235		Mon-Fri 8 am-12:30 pm, 1:30-5 pm
Mtn View	94040	2500 Hospital Drive Bldg 2	650-965-8035		Mon - Fri 8 am-12:30 pm, 1:30-5 pm
San Jose	95112	25 N 14th St #710	408-283-0495	**Yes**	Mon-Fri 7 am-5 pm, Sat 7:30 am-1 pm
	95116	266 N Jackson #4 (near Regional Medical Ctr)	408-347-1490		Mon-Fri 8 am-6 pm
	95120	6489 Camden Ave #106	408-997-7235		Mon-Fri 8 am-12:30 pm, 1:30-5 pm
	95121	2060 Aborn Rd #200	408-532-0679		Mon-Fri 7:30 am-5:30 pm
	95123	393 Blossom Hill Rd #350	408-629-1998		Mon-Fri 8 am-6 pm
	95124	2460 Samaritan Dr[1]	408-356-0010		Mon-Fri 7:30 am-5 pm
	95124	2505 Samaritan Dr #105[1]	408-358-8931		Mon-Fri 8 am-12:30, 1:30-5 pm
	95124	2585 Samaritan Drive #103	408-358-3149	**Yes**	Mon-Fri 7 am-6 pm, Sat 7:30 am-1 pm
	95128	2100 Forest Ave #111	408-295-4748		Mon-Fri 8 am-12:30 pm, 1:30-5 pm
	95128	2419 Forest Ave	408-557-9053	**Yes**	Mon-Fri 7 am-6 pm, Sat 7:30 am-1 pm
	95129	5150 Graves Ave Bldg 6[1]	408-366-0890		Mon-Fri 8 am-12:30 pm, 1:30-5 pm
	95148	2690 South White Road - **NEW**	408-531-1813		Mon-Fri 8 am-5 pm
Palo Alto/	95304	730 Welch Rd - **NEW**	650-725-9302	**Yes**	Mon-Fri 7:30 am-6 pm
Stanford	95305	Stanford Hospital, 300 Pasteur Dr (enter by Cafeteria or Fountains. Follow signs to Clinical Lab) NO Stanford registration req'd.	877-717-3733	**Yes**	24 hours a day 7 days a week including holidays

[1] Physician office location. [2] Specializes in Pediatric (<5 yrs Old) blood testing. Adult testing available at all sites.

VALLEY RADIOLOGY SITES

CITY	NAME & LOCATION	PHONE & FAX	CAPABILITIES
Los Gatos	Los Gatos Imaging 340 Dardanelli Lane #11,12A	(408) 866-7131 Fax (408) 866-7494	General, Linear Tomography, Ultrasound
Los Gatos	Valley Radiology MRI at Community Hospital of Los Gatos, 815 Pollard Road	(408) 374-5001 Fax (408) 374-5017	High-Field MRI
Mountain View	Mountain View 285 South Drive #5 & 5A,	(650) 967-1331 Fax (650) 691-6794	Multi-slice CT, Phillips Gyroscan 1.0T MRI, General, Fluoroscopy, Ultrasound, Mammo, DEXA, Linear Tomography
Redwood City	Brewster Imaging 801 Brewster Ave. #100	(650) 368-1302 Fax (650) 368-9055	High-Field MR, Multi-slice CT, General, Fluoroscopy, Mammo, Ultrasound, DEXA
San Jose	DiSalvo Imaging 123 DiSalvo Ave. #A	(408) 297-4591 Fax (408) 297-7184	Multi-slice CT, General, Fluoroscopy, Ultrasound, Mammo, Cine Esophogram, CT/Arthrography, Linear Tomography
San Jose	**Montpelier Imaging (Open 5/1/06)** **2385 Montpelier Drive**	**(408) 964-1000** **Fax (408) 964-1001**	**High Field MRI, Multi-slice CT, Digital Radiography & Fluoroscopy, Ultrasound**
San Jose	MRI (Basement) #103 & 004 2585 Samaritan Drive	(408) 356-1104 Fax (408) 244-1636	Hitachi Airis .3T Open MRI
San Jose	Samaritan Imaging & PET Ctr 2581 Samaritan Dr. #100	(408) 358-6881 Fax (408) 358-6899	PETCT, High-field MRI, Multi-slice CT, General, Mammo, Ultrasound, DEXA, Fluoroscopy, Linear Tomography
San Mateo	San Mateo Valley Radiology MRI Imaging, Suite 2 35 Baywood Ave	(650) 685-1100 Fax (650) 685-1379	Hitachi Airis .35T Open MRI

PRN/ CARR PHYSICAL THERAPY

CITY	NAME	LOCATION	PHONE & FAX
Campbell	Bascom Physical Therapy & Hand Rehabilitation	3395 S. Bascom Ave #140	(408) 369-8556 Fax: (408) 369-8560
Milpitas	Calaveras Physical Therapy	670 E Calaveras Blvd	(408) 943-4700 Fax (408) 943-4701
Morgan Hill	Morgan Hill Physical Therapy Center	16130 Medical Center Dr #106	(408) 778-3434 Fax: (408) 778-3464
Mountain View	Mountain View Physical Therapy	490 W. El Camino Real	(650) 961-7370 Fax: (650) 961-2360
San Jose	Williamson / Hahn Physical Therapy	1688 Willow St #K	(408) 264-6643 Fax: (408) 264-6652
	Performance Physical Therapy FREE PARKING IN REAR	93 N. 14th St	(408) 294-3922 Fax: (408) 294-6652
Sunnyvale	Sunnyvale Physical Therapy & Hand Rehabilitation	323 N. Mathilda Ave	(408) 733-3670 Fax: (408) 733-6734

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Organ Transplants

The Health Plan and PPMSI must be notified of all authorization requests related to organ transplants.
PPMSI UM staff will coordinate the request with the appropriate staff at the Health Plan.

Second Opinion Requests

The member may request a Second Opinion from the PCP or treating specialist for the following reasons. Authorization requests for a Second Opinion provided by a SCCIPA in-network provider are reviewed and authorized by PPMSI. Requests for a Second Opinion by an out-of- network provider are referred to the member's Health Plan for review and a decision determination.

- If the enrollee questions the reasonableness or necessity of recommended surgical procedures.
- If the enrollee questions a diagnosis or plan of care for a condition that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment, including, but not limited to, a serious chronic condition.
- If the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition, and the enrollee requests an additional diagnosis.
- If the treatment plan in progress is not improving the medical condition of the enrollee within an appropriate period of time given the diagnosis and plan of care, and the enrollee requests a second opinion regarding the diagnosis or continuance of the treatment.
- If the enrollee has attempted to follow the plan of care or consulted with initial provider concerning serious concerns about diagnosis or plan of care.

Routine Vision Care Services

Vision care benefits vary by health plan. PPMSI authorizes routine vision care services (if a benefit of the health plan) for the following plans:

• Aetna Select Choice	800 756-7039	Verify coverage with Health Plan
• CIGNA HealthCare	800 722-6059	Verify coverage with Health Plan
• PacifiCare Commercial HMO	800 624-8822	Verify coverage with Health Plan
• Health Net Commercial HMO	800 641-7761	Verify coverage with Health Plan

The Health Plan or a 3rd party vendor has responsibility for authorizing and providing vision care services for the following health plans:

• Blue Cross of California	800 622-7444 (VSP)
• PacifiCare Secure Horizons	800 438-4558 (VSP)
• Health Net Seniority Plus	800 641-7761

The following Health Plans provide coverage for routine vision care that is authorized by PPMSI:

• Blue Cross of California Medi-Cal	Routine eye exams including refraction
• Blue Shield of California Access +	Routine eye exams 17 years and under, excludes refraction

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Medicare Skilled Nursing Facility Referrals

Medicare members who require post hospital care may be covered for care in a skilled nursing facility if the following criteria are met: the patient requires skilled nursing services or skilled rehabilitation services (i.e., services that must be performed by or under the supervision of professional or technical personnel); the patient requires that these skilled services be provided on a daily basis; AND daily skilled services can be provided only on an inpatient basis.

The services must be furnished based on a physician's orders and be reasonable and necessary for the treatment of a patient's illness or injury

Seniors-At-Home Program

Secure Horizons/PacifiCare and Health Net Seniority Plus contract with *Seniors-At-Home* to provide a social work based case management program for patients with chronic care needs. The goal of the program is to improve primary care for patients whose condition places them at risk for disability or hospitalization. PPMSI staff will work with the provider and his/her office staff to help identify patients who would benefit from this program. The UM staff also will help complete the *Seniors-At-Home Case Management Request Form* and coordinate the referral with the health plan.

Selection Criteria Guidelines

- Two or more hospital admissions within the previous 6 month period of time
- Discharge diagnosis of dehydration
- Discharge diagnosis of failure to thrive or new diagnosis of inability to ambulate
- Discharged with, or readmitted within 30 days for the same condition
- ER Frequent Flyer
- Two or more ER visits within the previous three month period of time, or
- Ambulance utilization of 2 or more calls within a 2 month period
- Frequent falls reported by member or caregiver
- Living alone or institutionalized and also has any of #1-5
- Previous history of difficulty to place, and also has any of #1-5
- Pre-hospital planning for major surgery, such as elective orthopedic procedures that may impact the fragility of enrollee or elderly enrollee aged spouse in the home.
- Frail senior cared for or giving care to another compromised person.
- Five (5) or more major classes of medications
- CHF, COPD, ESRD, Diabetes, Dementia/Alzheimers as primary diagnosis with any of #1-5
- Poor compliance with medical service utilization or issues in their living environment

Inpatient Management Team

To assure quality of hospital care and cost-effective use of inpatient resources SCCIPA has two dedicated inpatient teams of hospitalists that cover Community Hospital of Los Gatos, Good Samaritan Hospital, O'Connor Hospital and Regional Medical Center of San Jose. With the assistance of a UM nurse, the hospital inpatient team handles admissions, in-hospital care and discharge planning. The hospitalist teams can be reached at:

408-371-4714	**Community Hospital of Los Gatos, Good Samaritan Hospital, O'Connor Hospital**
408-729-2820	**Regional Medical Center of San Jose .**

Medical Necessity Criteria

PPMSI and the IPA use clinical review criteria based on professionally and nationally recognized standards of practice that are developed or adopted by the UM Committee. The following criteria are used by UM staff to review authorization requests for all types of services--inpatient and outpatient.
A written copy of the criteria or guidelines is available to the provider or member on request.

- IPA-developed Authorization Guidelines
- Health Plan guidelines
- Medicare coverage
- Milliman Care Guidelines effective 6/1/04
- Mandated benefits-California & Federal legislation

Recommendations made by the American Board of (Specialty).

WORK/ TRAVEL IMMUNIZATION RESPONSIBILITIES MATRIX

The following table identifies authorization request requirements, member responsibility (i.e., not covered by the health plan) and member copayments for work and travel immunizations.

PLAN	RESPONSIBILITY	COMMENTS
Aetna Select Choice	Member Responsibility	Excluded from coverage in all HMO plans.
Blue Cross Commercial HMO & POS	Member Responsibility	Excluded from coverage in all HMO plans.
Blue Cross Medi-Cal	Member Responsibility	Excluded from coverage in all HMO plans.
Blue Shield Access + & POS	IPA Responsibility	PPMSI Authorization required. If meets special requirements by the US Public Health Services - copayment may apply, depending on Member's plan benefits.
CIGNA HealthCare	Member Responsibility	Unless included in Benefit Plan.
Health Net Commercial	IPA Responsibility	PPMSI authorization required. If meets special requirements by the US Public Health Services – 20% copayment may apply.
Health Net – Seniority Plus	IPA Responsibility	PPMSI authorization required. If meets special requirements by the US Public Health Services – 20% copayment may apply.
PacifiCare Commercial	Member Responsibility	Excluded from coverage in all HMO plans.
PacifiCare Secure Horizons	Member Responsibility	Excluded from coverage in all HMO plans.

SCCIPA AUTHORIZATION REQUIREMENTS BY HEALTH PLAN

The following tables summarize the authorization requirements by health plan. The tables also indicate the type of authorization request and the organizational entity that has responsibility for authorizing the service. For specialty services, verification of benefits must be obtained prior to authorizing or providing the services. The member's health plan ID card should be checked to verify eligibility and copayment information.
The member services telephone number and the address to submit your claims are on the back of the ID card.

Aetna Select Choice & POS

AUTHORIZED BY: Aetna 888-239-1287 **The following services require authorization by the health plan:**
• **Clinical Cancer Trials** • **Out-of-Area ER Facility Admissions** • **Organ Transplants & Immunosuppressants (must also notify PPMSI)** • **Out-of-Network Second Opinion Requests** • **Investigational & Experimental Services, Drugs, Equipment, etc.**
Chiropractic services: Verify benefit coverage through Aetna Member Services 800-756-7039 **AUTHORIZED BY: American Specialty Health Plans (ASHP)**
Mental Health and/or Chemical Dependency Services **AUTHORIZED BY: HAI/Magellan 300 Continental Blvd., Ste. 260, El Segundo, CA 90245 800-424-3498**
Routine Vision Care Services **VERIFY BENEFIT COVERAGE: Aetna Member Services 800-756-7039**

Blue Cross of California – CaliforniaCare & POS

Ready Access. The Ready Access program allows Blue Cross HMO members to self-refer to four types of specialty providers within the IPA without obtaining a referral from the PCP or PPMSI UM. Members may self-refer to these providers for medically necessary and appropriate services that can be performed in the specialist's office without limiting the number of visits. The Specialist office is responsible for obtaining the necessary authorizations for services they will provide to the member.

Specialty	Self-Referral Guidelines	Authorization Required
Allergy	Initial & subsequent office-based visits. Office-based, on-site diagnostic testing	Elective & non-emergent surgical procedures
Dermatology	Initial & subsequent office-based visits. Office-based, on-site diagnostic testing, including simple biopsies	Elective & non-emergent surgical procedures
Ear, Nose & Throat (ENT)	Initial and subsequent office-based visits. Office-based, on-site diagnostic testing, including basic audiometry, and simple biopsies	Endoscopic exams, Radiologic or ultrasonic testing, Complex auditory and vestibular function testing, Elective and non-emergent surgical procedures
OB/GYN	Initial and subsequent office-based visits. Office-based, on-site diagnostic testing	Elective and non-emergent surgical procedures

AUTHORIZED BY: Blue Cross of California 800-677-6669
The following services require authorization by the health plan:

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

Mental Health & Chemical Dependency Services
AUTHORIZED BY: Blue Cross Behavioral Health & Wellpoint Behavioral Health 800-728-9493

Routine Vision Care Services
AUTHORIZED BY: VSP 800-877-7195

Blue Cross of California – Medi-Cal

AUTHORIZED BY: Blue Cross of California 800-407-4627
The following services require authorization by the health plan:

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

Mental Health & Chemical Dependency Services
AUTHORIZED BY: Santa Clara County Mental Health Department 800-399-2421

Blue Shield of California HMO Access+ & POS

AUTHORIZED BY: Blue Shield of California 800-424-6521
The following services require authorization by the health plan:

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Organ Transplants (310 568-4321) (must also notify PPMSI)**
- **Out-of-Network Second Opinion Requests**
- **Experimental/Investigational Treatments**
- **Durable Medical Equipment costing $5000 or more (must also notify PPMSI)**

Mental Health & Chemical Dependency
AUTHORIZED BY: US Behavioral Health Plan of CA Patient Referral Intake: 877-263-8827

PCP Consultation Line (for MD's to discuss cases and/or treatment options with board-certified psychiatrist): (877) 263-9870

CIGNA HealthCare & POS

AUTHORIZED BY: CIGNA 800-722-6059
The following services require authorization by the health plan:

- **Clinical Cancer Trials**
- **Mental Health & Chemical Dependency Services (refer to member ID card for vendor phone or call CIGNA)**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**
- **Bariatric Surgery Services**

Injectables, Chemotherapy drugs, Prevnar (outpatient facility, physician office, or when prescribed for home use)
AUTHORIZED BY: CIGNA 800-722-6059 (list of drugs that require authorization to be provided by CIGNA) OR
PROVIDED & AUTHORIZED BY: CIGNA Tel-Drug 800-351-3606 (optional source)

Routine Vision Care Services
VERIFY BENEFIT COVERAGE: CIGNA Member Services 800-722-6059

Health Net Commercial HMO & POS

AUTHORIZED BY: Health Net 800-977-7282
The following services require authorization by the health plan:

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

Decision Power Program for Patients with Asthma, Backache, CHF, COPD, Coronary Artery Disease, Diabetes, Prostate problems
ENROLL PATIENTS: 800-893-5597 (TDD/TYY 800-276-3821)

Chiropractic & Acupuncture Services & Herbal Supplements – Optional Benefit– Self-referral by Member
VERIFY BENEFIT COVERAGE: Health Net Member Services 800-641-7761
AUTHORIZED BY: American Specialty Health Plans (ASHP) 800-678-9133

Mental Health & Chemical Dependency
AUTHORIZED BY: Managed Health Network (MHN) 888-426-0030

Routine Vision Care Services
VERIFY BENEFIT COVERAGE: Health Net Member Services 800-641-7761

Vision Care Hardware
AUTHORIZED BY: Medical Eye Services 800-638-3889

Health Net Seniority Plus

AUTHORIZED BY: Health Net 800-977-7282
The following services require authorization by the health plan:

- **Clinical Cancer Trials**
- **Out-of-Area ER Facility Admission**
- **Out-of-Network Second Opinion Request**
- **Organ Transplants (must also notify PPMSI)**

Decision Power Program for Patients with Asthma, Backache, CHF, COPD, Coronary Artery Disease, Diabetes, Prostate problems
ENROLL PATIENTS: 800-893-5597 (TDD/TYY 800-276-3821)

Chiropractic Services - only a benefit for employer groups purchasing supplementary benefits thru ChiroNet.
VERIFY BENEFITS: Seniority Plus Member Services 800-960-4638

Mental Health & Chemical Dependency (Members may self-refer)
AUTHORIZED BY: Managed Health Network (MHN) 800-646-5610 (TDD/TTY 800-327-0801)

Routine Vision Care Services
AUTHORIZED BY: Health Net Member Services 800-641-7761

Vision Care Hardware
AUTHORIZED BY: Medical Eye Services 800-638-3889

PacifiCare Commercial HMO & POS

AUTHORIZED BY: PacifiCare 800-624-8822 **The following services require authorization by the health plan:** • **Clinical Cancer Trials** • **Out-of-Area ER Facility Admission** • **Out-of-Network Second Opinion Request** • **Organ Transplants (must also notify PPMSI)**
Injectable Medications - See PacifiCare Table Next 2 Pages **AUTHORIZED BY: Prescriptions Solutions 800-853-3844** ***(Use fax form available on Access Express – NEWS)***
Mental Health & Chemical Dependency **AUTHORIZED BY: PacifiCare Behavioral Health (PBHI) 800-999-9585**
Routine Vision Care Services **VERIFY BENEFIT COVERAGE: PacifiCare Member Services 800-624-8822**

Secure Horizons/PacifiCare

AUTHORIZED BY: PacifiCare 800-624-8822 **The following services require authorization by the health plan:** • **Clinical Cancer Trials** • **Out-of-Area ER Facility Admission** • **Out-of-Network Second Opinion Request** • **Organ Transplants (must also notify PPMSI)**
Injectable Medications - See PacifiCare Table Next 2 Pages **AUTHORIZED BY: Prescriptions Solutions Fax 800-853-3844** ***(Use fax form available on Access Express – NEWS)***
Routine Vision Care Services **AUTHORIZED BY: VSP 800-438-4558**

Injectable Medications Requiring Prior Authorization by PacifiCare

Alferon N	• Hepatitis C
Avonex	• Relapsing/Remitting Multiple Sclerosis
Betaserone	• Relapsing/Remitting Multiple Sclerosis
Ceredase/Cerezyme	• Gaucher Disease
Copaxone	• Relapsing/Remitting Multiple Sclerosis
Enbrel	• Rheumatoid Arthritis – at least 6 affected joints, 45 minutes of morning stiffness, ESR>28mm/hr, CRP>15mg/dl – **and -** • Prescribed by a rheumatologist **- and -** • Treatment failure to Methotrexate and one or more DMARD
Epogen/Procrit	• Anemia refractory to iron, vitamin B-12, folic acid therapy **- and -** • Chronic renal failure: Hct<33% or Hg<11 gm/dl **or** • HIV-infected patient on zidovudine therapy **or** • Cancer patient with non-myeloid malignancy receiving chemotherapy **or** • Anemic patient scheduled for elective, non-cardiac, non-vascular surgery to reduce need for allogenic blood transfusions **or** • Patient at high risk for perioperative transfusions with significant, anticipated blood loss ≥ 2 units of blood
Growth Hormone	• Growth Hormone Deficiency **or** • Turner Syndrome
Hyalgan/Synvisc	• Osteoarthritis
Intron A	• Chronic Hepatitis C
Infergen	• Chronic Hepatitis C
Lovenox, Fragmin, InnohepIntron A	• Outpatient treatment of acute deep vein thrombosis (DVT) without pulmonary embolism; inpatients concurrently on Coumadin (warfarin); **Retail Pharmacy** up to 10 day supply
Neumega	• Thrombocytopenia (platelet count <50,000) –**and-** • Nonmyeloid malignancies following myelosuppressive chemotherapy • **Not** indicated for myelablative chemotherapy
Neupogen, Leukine	• ANC<1,000 **- and -** • Neutropenia associated with myelosuppressive chemotherapy **or** • Bone marrow transplant, peripheral blood progenitor cell collection **or** • Severe chronic neutropenia

Rebetron	• Chronic Heapatitis C
Remicade	• Crohn's Disease • Rheumatoid Arthritis
Respigam/Synagis	• RSV (,24 month old)
Roferon-A	• Chronic Hepatitis C
Roferon-A	• Chronic Hepatitis C
Serostim	• HIV Wasting **- and -** • Chronic unremitting weight loss of >10% body weight in previous 4 months. **- and -** • Screened for hypogonadism and failure to hormone replacement therapy. **- and -** • Nutritional evaluation – decreased food intake indicates possible need for appetite stimulating medications (e.g. megestrol)

SCCIPA DURABLE MEDICAL EQUIPMENT (DME) VENDORS & SERVICES

Durable Medical Equipment (DME) can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the home. Equipment that basically serves comfort or convenience functions does not constitute durable medical equipment. **DME Vendors, Copayments and Benefits vary by health plan. VENDORS DO NOT work with every plan.**

- **All DME, regardless of cost, must be prior authorized under the Special Procedures category.**
- **To select the right vendor for your patient's health plan,** enter *Member Name* in the *Access Express* Procedure Authorization request screen. Select *Procedure Authorization,* then *Medical Equipment* under specialty, and review the list of vendors displayed on your screen.
- **Use the table below as a guide if you are not sure which products the vendors provide.**

VENDOR	SERVICES	SPECIALTY
Applied Orthotics & Prosthetics 408 358 9741	Durable Medical Equipment (DME) Orthotics & Prosthetics	Custom Orthotics & Prosthetics / Post-mastectomy Care
Apria Healthcare Inc. 800 801 9001	Durable Medical Equipment (DME) Orthotics & Prosthetics	Beds, Continuous Positive Airway Pressure (CPAP) Machines, Ambulatory Aids, Mattresses, Bathroom Equipment **No Diabetic Supplies*
Brannons Medical Inc. 408 448 3000	Durable Medical Equipment (DME) Orthotics & Prosthetics	Beds/ Continuous Positive Airway Pressure (CPAP) Machines, Ambulatory Aids, Mattresses, Bathroom Equipment **No Diabetic Supplies*

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SCCIPA DURABLE MEDICAL EQUIPMENT (DME) VENDORS & SERVICES (CONT.)

Certified Provider of Airway 877 348 2727	Durable Medical Equipment (DME) Respiratory Supplies	Continuous Positive Airway Pressure (CPAP) Machines / Bi-level Positive Airway Pressure (Bi-PAP)
California Rehabilitation Equipment 408 739 5750	Durable Medical Equipment (DME) Rehabilitation Equipment	Custom Electric Wheelchairs, Replacement Parts and Repairs
Demar Industries 800 835 4672	Durable Medical Equipment (DME) Medical Supplies	Orthotics, Braces, Splints, Motorized Wheelchairs, Walking Boots
E-Medical Supplies 888 814 6639	Medical Supplies	Ostomy Supplies / Diabetic Monitors *No Diabetic Supplies*
Edgepark Surgical Inc. 800 321 0591	Medical Supplies	Diabetic / Ostomy Supplies **No Continuous Positive Airway Pressure (CPAP) Machines*
Hanger/Novacare 408 358 5366	Durable Medical Equipment (DME) Orthotics & Prosthetics	Custom Orthotics & Prosthetics, Braces, Post-mastectomy Care
Med Mart/PacificPulmonary 408 954 1961	Durable Medical Equipment (DME) Respiratory Supplies	0xygen / Pulmoaides **No Continuous Positive Airway Pressure (CPAP) Machines*
Medical Home Care Service 800 954 0515	Medical Supplies	Infusion/Respiratory Supplies/Wheelchairs & Accessories **No Diabetic / Ostomy*
Medtronic MiniMed 800 999 9859	Medical Supplies	Diabetic / Insulin Supplies / Equipment / Pumps / Meters
National Seating & Mobility 408 920 0390	Durable Medical Equipment (DME)	Custom Electric / Manual Wheelchairs, Scooters, Rehabilitation Equipment
Norell Prosthetics 650 968 7464	Orthotics & Prosthetics	Custom Orthotics / Prosthetics
Orthologic 800 937 5520	Durable Medical Equipment (DME)	Bone Stimulators
Sleep Med of CA 408 260 9170	Durable Medical Equipment (DME)	Continuous Positive Airway Pressure (CPAP) Machines / Bi-level Positive Airway Pressure (Bi-PAP) / Sleep Equipment
Sterling Medical Services 888 229 7854	Medical Supplies	Incontinence / Wound Care **No Continuous Positive Airway Pressure (CPAP) Machines*

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HEALTHY FAMILIES

WHAT IS THE HEALTHY FAMILIES PROGRAM?

Healthy Families is a California state program that partners with health plans around the state to offer low-cost insurance for children and teens up to age 19. It provides health, dental, vision coverage to children who meet program qualification rules & do not qualify for FREE Medi-Cal care. Questions should be directed to:

MRMIB, the Managed Risk Medical Insurance Board, 1-800-880-5305
Monday-Friday, 8 am-8 pm, Saturday, 8 am-5 pm. **Website: *www.healthyfamilies.ca.gov***

WHO IS ELIGIBLE TO JOIN HEALTHY FAMILIES?

Children & teens up to age 19, who live in California and:

- Are NOT eligible for FREE Medi-Cal
- Live in families with incomes not higher than 250% of Federal Income Guidelines.
- Live in families with no health insurance from an employer for the past 3 months.
- Are US citizens, nationals or eligible qualified immigrants.

SCCIPA PHYSICIAN PARTICIPATION & REIMBURSEMENT VARY BY HEALTH PLAN:

FOR BLUE SHIELD & HEALTH NET:

- SCCIPA providers receive the SAME reimbursement for Healthy Families as they receive for Blue Shield & Health Net COMMERCIAL contracts.
- **ALL SCCIPA providers** MUST SEE Healthy Families members of these plans assigned to them.

FOR BLUE CROSS:

- Healthy Families uses MEDI-CAL-participating SCCIPA providers reimbursed at Medi-Cal rates.
- **SCCIPA Medi-Cal providers** MUST SEE Healthy Families members who are assigned to them.

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CALIFORNIA CHILDRENS SERVICES/ CCS

CCS is a statewide program that treats children with specific physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. CCS benefits are available to California residents under 21 who may have a medical condition covered by CCS, including

-- ALL SCCIPA Members with Healthy Families coverage or full-scope Medi-Cal coverage with no cost sharing.

-- SCCIPA Commercial Members who meet financial criteria for family income or out-of-pocket family medical expenses.

Family income is not a factor for children who need diagnostic services to confirm a CCS eligible medical condition; **or** were adopted with a known CCS eligible medical condition; **or** are applying only for Medical Therapy Program services.

If you have a child with healthcare problems who may qualify for CCS, please send a secure email via PPMSI Online to the CCS Case Manager, Pam Jewett, RN or call her at 650-358-3125.

CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. Examples:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, metabolic diseases (thyroid, PKU, diabetes)
- Disorders of the G-U system (chronic kidney problems)
- Disorders of the gastrointestinal system
  (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of sense organs (hearing loss, glaucoma, cataracts)
- Disorders of nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehab (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring intensive level of care

Check Access Express for information: www.ppmsi.com/login

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HEALTH PLAN INTERPRETER SERVICES

IPA will provide interpreter services to a member with sensory, manual, or speaking impairment to ensure that the member has the same degree of communication as a non-impaired member. Providers must evaluate the member's needs and offer an interpreter or auxiliary aid to facilitate communication between the member and the provider. The type of auxiliary aid to be provided is dependent on whether another form of communication would suffice. The member will be provided access through telephone interpreter services or face-to-face interpreter services. 24-hour interpreter services will be available for Blue Cross Medi-Cal and Healthy Families members through the health plan at no cost to the provider or member.

Blue Cross of California Telephonic Language Interpreter Services

7:00 AM to Midnight: 1-800 407-4627 **Medi-Cal Members,** 1-800 845-3604 **Healthy Families Members**
Midnight to 7:00 AM: 1-800 224-0336

Information that needs to be available at the time of the call:

- Member's identification number
- The need for an interpreter and the language
- Once the connection is made to the interpreter, introduce the member and explain the help that is needed

Blue Cross Telecommunications Device for the Deaf (TDD) and the California Relay Service

Providers should call: California Relay Service at 800 735-2922
Hearing-impaired members should call: Blue Cross TDD at 888 757-6034

Blue Cross Face-to-Face Interpreter Services

Face-to-face interpreter services must be scheduled 72-hours in advance of the scheduled appointment with the member. Rescheduling or cancellation of a member's appointment requires a minimum of 24-hour notice to Blue Cross. Blue Cross Customer Service telephone numbers are:

Weekdays: 7:00 AM to Midnight & Saturdays: 8:00 AM to 4:00 PM: 1-800 407-4627 **Medi-Cal Members;** 1-800 845-3604 **Healthy Families**

After Hours: Midnight to 7:00 AM: 1-800 224-0336 **Medi-Cal & Healthy Families Members**

Blue Cross Educational Materials

Blue Cross has a *Blue Cross Interpretation Services Card* and a variety of pamphlets and forms available in English and in alternate languages. Providers are to contact the Cultural and Linguistic contact person at (800 977-7332) at the PPMSI Customer Services Department to obtain an order form or the provider may contact the Blue Cross Customer Services Department at 1-800 407-4627.

GENERAL IPA POLICIES

Medical Decisions Not Influenced by Financial Consideration

IPA providers must provide services to members based on the individual's medical needs. Decision to provide medical care is based only on the appropriateness of care and service. Neither PPMSI nor the IPA offers incentives or rewards providers or any individuals conducting utilization review to deny coverage or to encourage inappropriate underutilization.

Disclosure of Utilization Management Criteria

IPA and PPMSI Utilization Management (UM) staff make review decisions based on appropriateness of care using their clinical experience, PPMSI-developed review criteria, industry-standard review criteria, Medicare Guidelines, etc. Providers may request a copy of any IPA Policy and Procedure and/or UM criteria utilized in the decision-making process. You may request a copy of the review criteria by contacting the PPMSI Medical Director at 650 358-5811.

Confidentiality and Disclosure of Member Data

IPA providers and their staff must ensure the confidentiality of member medical records and the appropriate release of medical information in accordance with Civil Code 56.10(a)-(c). The member's medical record may only be released if a written signed consent is obtained from the member, parent or legal guardian, or the person legally responsible for making medical decisions for the member.

Providers and their office staff may release medical information without a signed consent to Health Plans, legal entities, arbitrators, licensing agency staff government or administrative agency staff, etc. when needed in the performance of their job activities.

Provider offices are required to have policies and procedures in place describing confidentiality and disclosure of member medical records. Provider office staff should sign a "Confidentiality Statement" and this statement should be placed in the employee's personnel file.

Members Rights

IPA members should be treated with respect, dignity and courtesy. Members are responsible for taking an active role with their practitioner in making decisions regarding their healthcare. A complete listing of Member Rights & Responsibilities are provided with your Provider Welcome Kit and at Access Express.

Operations Manual

Please check the Operations Manual for additional information on IPA Policies and Procedures.