

# County of San Diego

## County Medical Services (CMS) Program



Ancillary Handbook  
July 2009

## Contents

<b>Section I, CMS Program .....</b>	<b>1</b>
AmeriChoice .....	1.1
<b>Section II, Eligibility.....</b>	<b>2</b>
Financial Criteria.....	2.1
Citizenship/Eligible Alien Status.....	2.1
Residency.....	2.1
Eligibility Appointments .....	2.1
CMS Eligibility .....	2.2
CMS Hardship .....	2.2
Immediate Care.....	2.3
Emergency Room Care.....	2.3
Inpatient Care .....	2.3
Scheduled Admissions and Outpatient Care .....	2.3
CMS Identification Card.....	2.4
Fraud Referral .....	2.4
<b>Section III, Medical Policy and Scope of Services .....</b>	<b>3</b>
Policy .....	3.1
Medical Criteria .....	3.1
Covered Services .....	3.1
Not Covered Services .....	3.2
Preventive Care .....	3.3
Ancillary Health Services and Supplies.....	3.3
Ancillary Services and Specific Requirements .....	3.3
Emergency Transportation .....	3.3
Transfer Transportation.....	3.3
Non-Emergency Transportation.....	3.3
Home Health .....	3.3
Home Infusion .....	3.4
Durable Medical Equipment and Soft Goods .....	3.4
Rehabilitation Therapy .....	3.5
Hearing Aids .....	3.5
Second Opinion.....	3.5
Case Management .....	3.5

**Section IV, Prior Authorizations and Physicians Responsibilities..... 4**

**Section V, Referrals ..... 5**

    Evaluations ..... 5.1

    Treatment Authorization Requests (TAR) ..... 5.1

    Urgent TAR ..... 5.2

    Notifications – Approval ..... 5.3

    Notifications – Denial..... 5.3

    Reconsideration and Appeal Process ..... 5.3

**Section VI, Prescription Medications ..... 6**

    Prescriptions..... 6.1

    Formulary Exclusions ..... 6.1

    Other Products ..... 6.1

    Prior Authorization Process..... 6.1

    Contracting Facilities ..... 6.2

**Section VII, Claims ..... 7**

    Submission Requirements ..... 7.1

    Checking Claim Status ..... 7.2

    Share of Cost ..... 7.2

    Reimbursement..... 7.2

    Notification of Changes to Provider Information ..... 7.2

    Medi-Cal Pending or Approved ..... 7.3

    Appeal Process for Denied Claims ..... 7.3

**Attachment A..... A**

    CMS Program Contracting Hospitals ..... A.2

    CMS Program Primary Care Clinics ..... A.3

    CMS Program Pharmacies..... A.6

# County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

## Section I CMS Program

County Medical Services (CMS) is not health insurance; it is the program of last resort for eligible adults, which covers only necessary medical services. Although the CMS Program reimburses specialty and ancillary providers at interim Medi-Cal rates, it differs from the Medi-Cal entitlement program. Services are limited to the Program Medical Criteria.

### Handbook – Online Version

The following link can be used for accessing the online version of this handbook:

[http://www.sdcounty.ca.gov/hhsa/programs/ssp/county\\_medical\\_services/index.html#CMS\\_Handbooks](http://www.sdcounty.ca.gov/hhsa/programs/ssp/county_medical_services/index.html#CMS_Handbooks)

### AmeriChoice

AmeriChoice serves as the CMS Program Administrative Services Organization (ASO) and administers day-to-day activities including case management and coordination of care, utilization review and prior authorization, patient and provider relations, claims payment financial management and program development and analysis.

Questions and concerns about the operations of this program should be directed to:

**AmeriChoice**  
**CMS Program Provider Relations**  
**PO Box 939016**  
**San Diego, CA 92193**  
**(858) 492-4422**

## **Section II Eligibility**

To be eligible for CMS services, patient must:

- Have an immediate or chronic health condition
- Be a US citizen or eligible alien
- Be a resident of San Diego County
- Be 21 through 64 years old
- Not be linked to Medi-Cal (aged, blind, CalWORKS or disabled)
- Be within CMS income limits or receive General Relief
- Be within CMS resource limits
- Sign a lien for services covered by CMS

### **Financial Criteria**

Financial eligibility criteria for the CMS Program are based on resources and income. Resources include, but are not limited to: cash, funds in checking and savings accounts, and real property other than the patient's primary home.

### **Citizenship/Eligible Alien Status**

Patients must have U.S. Citizenship or eligible alien status and must provide proof before certification.

### **Residency**

Patients must live in a primary residence located in San Diego County and must provide proof of residence before certification. A fixed address is not required. Patients living on the streets or in a vehicle can be county residents. Patients "visiting" from other counties, states, or countries are not eligible.

### **Eligibility Appointments**

Human Services Specialists (HSS) are located in select Community Health Centers and Public Health Centers and local hospitals. HSSs are County employees responsible for determining CMS eligibility. Eligibility appointments with HSSs at the Community Health Centers and Public Health Centers are scheduled by calling (800) 587-8118. Patients requesting ongoing CMS must provide a completed Medical/Dental Need Form (CMS-127) to CMS prior to requesting an eligibility appointment. Eligibility appointments with HSSs at the hospitals are scheduled by hospital staff or the Hospital Outstationed Services (HOS) HSS.

# County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

## County Medical Services (CMS) Medical/Dental Need Form (CMS-127)

The CMS Program is defined as a program of last resort for indigent individuals who have a serious medical need. CMS is not health insurance and addresses only urgent health issues. The medical/dental form must be completed by a licensed or certified health care professional or a designee authorized as appropriate by the health care professional and mailed or faxed to CMS Administrative Services Organization (AmeriChoice) before patients can schedule their next certification appointment.

A CMS-127 is **not** needed when:

- AmeriChoice has an approved Treatment Authorization Request (TAR) waiting to be used and the CMS certification is expiring. An approved TAR is verification of a medical need.
- A CMS inpatient (as identified in the Hospital Outstationed Services (HOS) Policy and Procedures manual) has been hospitalized and referred to HOS. The hospital admission is verification of a medical need.
- A CMS beneficiary has been identified by AmeriChoice as having a chronic medical condition.
- A CMS beneficiary has met their Share of Cost obligation in the last month of their CMS certification period.
- A CMS beneficiary was treated in an Emergency Room within the last 30 days.

### **CMS Eligibility**

Patients apply for CMS eligibility by completing an application and providing verifications to an HSS. The HSS reviews the application and verifications, and makes the decision to approve or deny. If approved, a CMS ID card and Patient Handbook will be mailed to the patient. Patients are approved for a period of up to 6 months. Upon renewal, patients with asthma, diabetes and/or hypertension may be approved eligibility for up to twelve (12) months. Patients receiving General Relief (GR) do not complete an application or submit verifications. After verifying the patient's identity and receipt of GR, the GR HSS gives the patient a blue CMS ID card and a Patient Handbook.

### **CMS Hardship**

An individual whose family income is over 165% FPL, up to and including 350% FPL, and who meets all other CMS eligibility criteria, will be evaluated for a CMS Hardship. CMS Hardship may result in the individual being required to pay or be obligated to pay a monthly Share of Cost (SOC) before CMS paid coverage would become effective (for more information on SOC, please go to the Section VII "Claims" in this handbook). CMS Hardship applications are evaluated by the County of San Diego.

## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

### **Immediate Care**

When a non-certified patient requires **immediate** medical care that the clinic cannot provide, the patient should call the CMS Patient Information Line (800) 587-8118. The Administrative Services Organization (ASO) will evaluate the patient's medical need and if all CMS criteria are met, the AmeriChoice representative will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

### **Emergency Room Care**

When a non-certified patient has received treatment in an emergency room and is treated (including observation) and released in excess of 24 hours, the patient must call the CMS Patient Information Line (800) 587-8118 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were treated in an emergency room and provide the date that the treatment took place. The patient will be required to provide documentation to verify the emergency room service date.

### **Inpatient Care**

When a non-certified patient is admitted to the hospital through the emergency room for less than 24 hours, the patient must call the CMS Patient Information Line (800) 587-8118 within 30 days of the uncertified visit to apply for CMS coverage effective the first of the month of the uncertified visit. The patient should notify the customer service representative that they were hospitalized and provide the date that the treatment took place. The patient will be required to provide documentation to verify the date s/he was hospitalized.

### **Scheduled Admissions and Outpatient Care**

When a non-certified patient has been scheduled for an admission or outpatient service, the patient should call the CMS Patient Information Line (800) 587-8118. The patient should inform the customer service representative of the date of the scheduled service. AmeriChoice will evaluate the patient's medical need and if all CMS criteria are met, AmeriChoice will contact the County Eligibility Unit to schedule an urgent eligibility appointment. Following notification of approved eligibility, AmeriChoice will arrange and authorize appropriate care.

# County of San Diego County Medical Services (CMS) Program Ancillary Handbook

## CMS Identification Card

CMS patients will receive either a blue, or a white CMS Identification Card and Notice of Action (NOA). The ID card and NOA are not proof of eligibility and do not authorize services.

Eligibility for patients who applied for CMS after May 12, 2008 should be verified on the CMS IT System website: [www.sdcmspov.com](http://www.sdcmspov.com)

Examples of the CMS Cards are shown below:


Blue card: Front

<b>County of San Diego CMS Program ID Card</b> (800) 587-8118
Name: _____
DOB: _____
*Eligible: _____ thru: _____
<b>*Loss of Eligibility: See #4 on reverse</b>
Primary Care Clinic: _____
Phone: (    ) _____
Call your clinic if you need health care services.

Back

<ol style="list-style-type: none"><li>1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.</li><li>2. If you have a medical emergency, go to an emergency room or dial 911.</li><li>3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.</li><li>4. If you misuse or alter this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.</li><li>5. You must use all other health insurance before CMS.</li></ol>
Other Insurance: _____
Patient's Signature: _____
Date Issued: _____

White card: Front

<b>COUNTY OF SAN DIEGO COUNTY MEDICAL SERVICES P.O. BOX 85222 SAN DIEGO, CA 92186-5222 Phone (800)587-8118</b>	
Name: John Smith Member ID #: AB-123-987 Medical Home (PCC): Ocean Clinic PCC phone #	
Eligibility Verification: <a href="http://www.sdcmspov.com">www.sdcmspov.com</a>	

Back

<ol style="list-style-type: none"><li>1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.</li><li>2. If you have a medical emergency, go to an Emergency Room or dial 911.</li><li>3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.</li><li>4. If you alter or misuse this card, falsify information, or stop meeting CMS requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.</li><li>5. You must use all other health insurance before CMS.</li></ol>
Other Insurance: _____
Patient's Signature: _____
Date Issued: _____

## Fraud Referral

When you suspect that a patient is not eligible for CMS, you should call the Patient/Provider Coordinator at (858) 492-4422. You should be able to give the patient's name, address, birth date, and Social Security number and the reason you suspect fraud. You can remain anonymous.



## **Section III Medical Policy and Scope of Services**

### **Policy**

The County Medical Services (CMS) Program is a medical assistance program servicing indigent adult residents of San Diego County. CMS provides physical health services for immediate and chronic health conditions. It is the policy of the CMS program to provide coverage for physical health services when program medical criteria are met. The CMS Medical Director can deny coverage if established program medical criteria are not met. The provider or the patient has the right to appeal any CMS Program decision that denies a physical health service.

Mental Health Services for adult indigent residents of San Diego County are provided by the County Mental Health Services Division. The following provides a general overview of the CMS program medical criteria and covered services.

### **Medical Criteria**

Medical criteria are used to determine whether or not the CMS program will cover a service or treatment. The CMS program will provide coverage for medical care for an eligible patient whose health condition or symptoms meet the following general criteria:

#### **Life-Threatening**

Major trauma, myocardial infarction (MI), malignant lesions or tumors, cerebral vascular accidents (CVA), etc.

#### **Acute**

Conditions that could lead to medical complications or disability such as benign tumors, fractures, gallbladder and ulcer disease, and infectious diseases, etc.

#### **Chronic**

Conditions that are progressive and require ongoing medical and/or pharmaceutical management such as diabetes, hypertension, asthma, rheumatoid arthritis, etc.

### **Covered Services**

Services covered by the CMS program that do not require prior authorization:

- Evaluation by a primary care provider to determine the nature and severity of a condition and to order treatment
- Follow-up care by a primary care provider for serious or chronic health conditions
- Emergency room care for physical health conditions
- Emergency hospital admissions for physical health conditions
- Emergency medical transportation for physical health conditions
- Emergency dental care

## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

- Formulary medications. All prescriptions funded by CMS must be approved by the Food and Drug Administration (FDA)

Services covered only when prior authorized by the CMS program:

- Care by a specialist
- Scheduled hospital admissions
- Surgical and diagnostic procedures
- Limited rehabilitation, medical equipment and home health services
- Non-emergency medical transportation
- Optometry exams and supplies
- Non-formulary prescription medications
- Medication and treatment related to preventing organ rejection and/or complication

### **Not Covered Services**

The following services/diagnoses are NEVER covered:

- Pregnancy and all services during a pregnancy
- Pediatrics
- Family Planning
- Infertility services
- Sterilization procedures
- Mental Health services
- Drug and Alcohol Treatment
- Primary care services for HIV disease (early intervention)
- Chiropractic care
- Organ and bone transplants and all services related to obtaining a transplant
- Bone marrow transplants
- Experimental Procedures
- Cosmetic Procedures in the absence of trauma or significant pathology
- Non-emergency dental and vision care
- Routine or work examinations
- Completion of medical certificates
- Counseling for lifestyle problems
- Orthodontia
- Non-prescription medications
- Emergency room visits for after care, follow-up, and to obtain prescriptions.
- Medical or Clinical trials, including any medication, treatment, procedure, or professional component related to any clinical trial in which the CMS patient may be involved.

# County of San Diego County Medical Services (CMS) Program

## Ancillary Handbook

---

### Preventive Care

Patients who are receiving primary care and are diagnosed with long-term, chronic conditions are eligible to receive selected preventive services. Services include:

- Annual ophthalmology and podiatry evaluation for diabetics
- Cholesterol lowering agents for patients diagnosed with diabetes or coronary artery disease

### Ancillary Health Services and Supplies

Generally, ancillary health services and supplies are covered when appropriate for the health condition. Examples of coverage limitations for specific services are:

- Home health services requested only for suture removal
  - Patient's physical condition must render them "home-bound"
- Mammograms
  - Refer women 40 years and older to Cancer Early Detection Program (CEDP)
- Non-formulary pharmaceutical products
  - Reviewed for the most efficacious and cost effective product (all prescriptions funded by CMS must be approved by the FDA)
- Custom orthotics are rarely approved
  - Over-the-counter products are preferred

### Ancillary Services and Specific Requirements

#### Emergency Transportation

CMS will pay for emergency transportation to a **contracting** hospital for a CMS eligible patient.

#### Transfer Transportation

CMS will pay ambulance transportation for a level of care transfer when the sending hospital obtains an authorization number **prior to** the transfer. The sending hospital is responsible for the transportation cost if the ASO was not notified or did not authorize the transfer.

#### Non-Emergency Transportation

Ambulance, taxi, and shuttle transportation services are only authorized under special circumstances. Authorization from the ASO's social services department is required for each trip.

#### Home Health

Includes nursing, physical, speech and occupational therapy provided in the home. Patients must be home bound during the approval period.

## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

**Initial** – A copy of the physician’s prescription (including legible physician’s name), the anticipated period of time the service is needed, the number of encounters for each discipline. Additionally, a completed Certificate of Need is required when the patient is pending a Medi-Cal disability determination.

**Extension** – Progress notes must include documented progress and medical justification for continued need.

### **Supplies**

Contact the ASO for instructions. Authorization for supplies is given directly to the preferred vendor.

### **Home Infusion**

**Initial** – The requesting specialist or hospital discharge department is required to provide the diagnosis, a copy of the history and physical exam and documentation that the patient does not have a recent history of IV drug abuse.

The Home Infusion vendor must provide a copy of the physician’s prescription (including legible physician’s name), the frequency and anticipated length of time the service is needed and, when the patient is pending Medi-Cal, a completed Certificate of Need.

**Extension** – Provide the ASO with a new prescription and Certificate of Need prior to extending the treatments.

### **Durable Medical Equipment and Soft Goods**

The ASO will indicate if the requested equipment will be rented or purchased. Approval for rental of durable medical equipment is time specific. The vendor is responsible for providing the ASO with medical justification for an extension of the rental period in a timely manner.

**Initial** – Provide a copy of the prescription(s), state the diagnosis and anticipated length of need; indicate rental or purchase; and provide the applicable HCPCS code(s).

**Extension** – Request the extension of a rental period from the ASO prior to the expiration date as noted on the approval notice. Provide an updated prescription, medical justification and indicate the additional length of time the equipment is needed. When rental equipment is subsequently purchased, the rental fee already paid will be deducted from the purchase price.

## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

The ASO will always designate the vendor for the purchase of all soft goods, wound supplies and ostomy supplies.

### **Rehabilitation Therapy (outpatient physical, speech or occupational therapy)**

**Initial** – Specialists must obtain authorization from the ASO for all rehabilitation services (evaluation or for a continued course of treatment).

**Extension** – Provide a copy of the prescription, evaluation report, progress notes, if applicable, and state the anticipated number of weeks needed to reach goals. CMS encourages patient participation in a home exercise program.

### **Hearing Aids**

Primary care providers can authorize a hearing evaluation. Hearing devices must be prior authorized by the ASO, and the audiologist report must accompany the request. One (1) aid will be covered when all CMS criteria are met.

### **Second Opinion**

AmeriChoice will authorize a request for a second opinion for the patient or provider, or AmeriChoice may suggest a second opinion when any one of the following circumstances are present:

- A more cost-effective treatment option is available.
- Conservative therapy has not been attempted or has not had sufficient time to show results.
- The provider or patient disagrees with the diagnosis and/or the plan of treatment recommended by the specialist.
- The provider or patient is seeking an alternate treatment option that may improve the outcome.
- Patient/provider relationship is hindered.
- Geographic and/or other obstacles prohibit patient from accessing care.

### **Case Management**

The physician may request assistance or case management for the patient if appropriate and beneficial by calling AmeriChoice, ASO at (858) 495-1300.

## **Section IV Prior Authorizations and Physician Responsibilities**

The CMS Program reimburses providers for services provided when the patient has been certified for CMS **AND** the services have been prior authorized. The physician's office is responsible for:

- Verifying that the patient is certified for the CMS Program
- Verifying that non-emergent services to be provided to the patient have been prior authorized by the CMS Program
- Submitting a plan of treatment
- Assuring prior authorization for continued treatment and/or referrals
- Submitting claims in the format and time frame required by the CMS Program

# County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

## Section V Referrals

The County Medical Services Program maintains a network of Community Health Clinics that serve as “medical homes” to CMS patients, which provide integrated, basic primary care services. In the event the CMS patient requires specialty medical treatment, the primary care physician will complete a CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form and submit it to the AmeriChoice Medical Management Department for processing.

### Evaluations

Prior authorization is required for an evaluation and/or treatment by a specialty physician:

- Clinic completes the CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form identifying the patient, the patient’s dates of eligibility, the reason for the evaluation, the services to be authorized, and the name of the primary care practitioner
- A brief history and any pertinent test results should accompany the CMS Request for Referral Services (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form
- The approved form will indicate an evaluation and any additional tests or procedures that are authorized
- Please send your medical findings back to the referring primary care practitioner

If a CMS patient presents him or herself to a specialist physician’s office without an authorization, he or she should be referred back to his or her primary care clinic. If the CMS patient has received services for an inpatient stay or an emergency room visit and requires specialty care, please call a CMS Authorization Coordinator for further assistance at (858) 495-1300.

### Treatment Authorization Request (TAR)

When it is appropriate for the specialist physician to continue to follow the patient, the physician must submit a written plan of treatment (CMS-19 CMS Program Request For Referral Services Form – Treatment Authorization Request [TAR]) form directly to the CMS Medical Management mailing address or FAX number below:

**County Medical Services (CMS) Program  
Patient Care Authorization  
PO Box 939016  
San Diego, CA 92193  
FAX: (858) 495-1399**

## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

All non-clinic, non-emergency services provided to CMS patients must be prior approved.

Authorization from the AmeriChoice is required for:

- All specialty care
- CT scans and MRIs
- Outpatient hospital services such as nuclear studies, hyperbaric treatments, invasive procedures and outpatient surgery
- Scheduled admissions
- Special medical devices and supplies, orthotics and prosthetics, rehabilitation therapy and home health care
- Non-formulary drugs (prior authorization by the Pharmacy Benefits Manager, NMHC)

The CMS Treatment Authorization Request (TAR) form may be used when mailing or faxing the request.

- Patient name, date of birth, Social Security number and CMS eligibility period
- Specific services requested, including treatment plan and planned procedures
- Medical findings which indicate the severity of the condition (i.e., copy of SOAP notes including signs and symptoms, history, and physical examination pertinent to the treatment requested, and, when indicated, diagnostic lab and radiology reports)
- Location where the service will be provided (office, ancillary provider or name of facility)
- Anticipated length of stay for scheduled admissions
- Current CPT procedure codes

The authorization generally includes minor office procedures and **routine** laboratory and radiology studies. Please give the authorization number to outside lab or x-ray departments to assist them with their billing.

AmeriChoice will send an approval notice to both the requesting physician and the ancillary vendor when the request has indicated that an allied service (rehab therapies, DMS, outpatient hospital procedure, etc.) is part of the patient's plan of care.

All CMS authorizations are valid for a limited time. To ensure payment, the patient must be seen before the "valid to" date noted on the referral.

### **Urgent TAR**

AmeriChoice will process a TAR as urgent only when services are needed because of a patient's immediate medical condition. In addition to the usual patient identification, indicate the medical service needed and document sufficient information to establish the medical urgency. Legibility and appropriate documentation is important.



## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

If the patient's condition is life threatening, refer the patient to the nearest CMS contracting hospital or call 911. Emergency care does not require prior approval; medically necessary ambulance service is covered for eligible patients when taken to a contracted hospital.

### **Notifications – Approval**

After the service is reviewed, the physician's office will receive notification of the outcome, usually within five (5) to seven (7) business days. The CMS Treatment Authorization Notification form states the authorization number, the service(s) authorized and the effective dates of the authorization based on either the plan of care or the patient's eligibility dates.

- When the service cannot be provided before the expiration date, contact AmeriChoice Provider Line to request an extension of the time period **before** providing the care.
- Repeated requests for retro authorization due to administrative oversight may result in denials. All claims submitted for services provided beyond the "valid to " date are rejected as outside of the approved period.

### **Notifications – Denial**

Only the CMS Program Medical Director can deny a service as medically unnecessary or inappropriate.

### **Reconsideration and Appeal Process**

The ordering physician may ask the Medical Director to reconsider the denial for a medical service. The patient is also notified that a service has been denied and is informed of his/her rights and the appeal process. Either party's request for reconsideration must be submitted in writing within thirty (30) days of the date of denial. Send to:

**CMS Program  
Attn: Medical Appeals  
PO Box 939016  
San Diego, CA 92193  
Phone: (858) 492-4422  
FAX 858 565-4901**

The ASO Medical Management will review the case in depth and may contact the physician or other providers for additional information. The physician and the patient will be notified of the decision within forty-five (45) calendar days from receipt of the request for reconsideration or appeal. Expedited appeals may be requested for urgent requests within three (3) business days.

## Section VI Prescription Medications

The CMS Program covers prescriptions and pharmaceutical products listed in the CMS Drug Formulary listing. All prescriptions funded by CMS must be approved by the Federal Food and Drug Administration (FDA). In addition to the list of covered pharmaceutical products, the introduction explains general coverage regulations and directions for obtaining authorization for non-formulary prescriptions.

### Prescriptions

- CMS patients receive approved medications at no cost.
- All prescriptions must be filled at participating pharmacies. (All SAV-ON and CVS Pharmacies in San Diego County as well as independent pharmacies).
- Patients may receive up to a maximum of a thirty (30) day supply of a prescribed drug. Code I drugs (restricted to a diagnosis or an amount that can be dispensed per month) are clearly marked in the formulary.

### Formulary Exclusions

Drugs and drug types excluded from the CMS Program Drug Formulary Listing are:

- Birth control products and medications for non-pathologic reasons
- Psychotropic and psychotherapeutic therapies prescribed only for mental health conditions
- Experimental drugs or drugs used in an experimental manner
- Non-formulary over-the-counter drugs, prescribed or not
- Nicotine and smoking cessation products
- Organ anti-rejection medications

### Other Products

Contact a CMS Authorization Representative at (858) 495-1300 for authorization of durable medical equipment, wound supplies or nutritional supplements.

### Prior Authorization Process

Requests for non-formulary medication require medical justification **from the physician**. When presented with a prescription for a non-formulary medication, the pharmacy may contact you to consider a formulary alternative.

## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

To obtain authorization of a non-formulary medication, complete the CMS Drug Prior Authorization Request form and fax the request to:

**informedRX, Inc., the CMS Pharmacy Benefit Manager:  
(800) 945-1815**

**Urgent request may be called to informedRX, Inc at (800) 777-0074**

### **Contracting Facilities**

A listing of primary care clinics, contracting hospitals and pharmacies can be found in Attachment A.

# County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

## Section VII Claims

The AmeriChoice Claims Department processes all claims submitted by hospitals, clinics, specialty physicians and ancillary providers seeking payment from the CMS Program.

### Submission Requirements

All claims must:

- Be for services and service dates that match the certified patient's eligibility and period authorized
- Be submitted electronically or on the CMS-1500 Form (Note: When the patient has other health coverage (OHC), you must submit a claim to the other insurance carrier first, and then attach the other carrier's EOB to the CMS-1500 before submitting your claim to CMS)
- Include the following information:
  - Patient name, birth date, and Social Security Number
  - Date(s) of service
  - Place of service
  - Vendor and group name, address and phone number
  - Name and address of facility where services were rendered (if different from the billing office)
  - Medi-Cal Provider number
  - Provider Tax ID number
  - ICD-9 Codes
  - Current RVS, CPT, HCPCS, DRG and Medi-Cal codes as indicated
  - Authorization number (TAR control number)
  - Referring physician **required**
  - Full itemization of charges including drugs and supplies provided
  - All documentation and attachments required by Medi-Cal
  - Catalogue page or invoice when submitting an unlisted or "miscellaneous" code
  - Be submitted within thirty (30) days from the date of services but no later than July 31 to:

AmeriChoice, ASO  
County Medical Services (CMS) Program  
Claims Department  
PO Box 939016  
San Diego, CA 92193

# County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

## Checking Claim Status

AmeriChoice processes claims that are complete and accurate within thirty (30) days of receipt. If you have not received payment within forty-five (45) days, you must call (858) 495-1333 to ask about the claim's status.

## Share of Cost

Effective July 1, 2008, CMS Providers are to continue the current billing practice for CMS reimbursement, and the provider will receive full CMS reimbursement for all approved claims regardless of whether their CMS patient has a SOC. The SOC collection shall be seamless to the provider. When the County receives a CMS provider claim for CMS covered services provided to a SOC patient, the County will bill the patient for the amount of their monthly SOC or the amount of CMS services, whichever is less. Individuals will not be billed for any months in which they did not receive CMS services. The County will collect the SOC through June 2009, while automating the process.

## Reimbursement

Checks and the Remittance Advice (RA) are produced on twice a month basis. CMS reimbursement is considered payment in full.

You may not bill patients for:

- Any balance of fees or other associated costs after CMS pays for the service(s)
- Any administrative errors (incorrect coding, failure to obtain timely authorization or late submission)

You may bill patients for

- Unauthorized services
- Services not covered in the CMS Program's medical criteria

## Notification of Changes to Provider Information

To ensure that your check is accurate and timely, immediately notify AmeriChoice Claims Department at (858) 495-1333 of any changes in:

- Ownership
- Address (mailing and/or Service site)
- Group Affiliation
- Tax identification number (TIN)

## County of San Diego County Medical Services (CMS) Program Ancillary Handbook

---

### Medi-Cal Pending or Approved

CMS covers necessary medical care for certified patients who are awaiting a Medi-Cal disability determination. Claims for these patients will be processed according to standard CMS claims processing procedures and the program recovers payments directly from Medi-Cal.

- CMS will pay for authorized services when a patient is pending a Medi-Cal determination.
- All claims received after the CMS Program is notified that a patient is awarded Medi-Cal will be denied.
- CMS will notify providers of the Medi-Cal eligibility on the RA.
- Providers cannot bill Medi-Cal for services billed to or paid by CMS. In the event you receive payment from Medi-Cal for a service paid by CMS you must, within thirty (30) days from receipt of Medi-Cal payment, reimburse the CMS Program.
- The Medi-Cal Program often requires prior authorization and medical documentation for specified procedures. CMS requires that you provide the necessary documentation upon request (medical records, Medi-Cal provider numbers) to facilitate revenue recovery for CMS.
- Providers are to notify the CMS Program if they become aware a patient started receiving Medi-Cal.

### Appeal Process for Denied Claims

When you disagree with the level of payment or the denial of a claim, you must submit a written appeal **within thirty (30) days** of the denial notification. Clearly state the reason for the appeal and provide additional justification for payment. Send all documentation for the appeal to:

**CMS Program Appeals**  
**Attention: Claims Department**  
**PO Box 939016**  
**San Diego, CA 92193**  
**FAX: (858) 495-1329**

If you have questions, call the Claims Department at (858) 495-1333 for instructions about submitting your appeal. AmeriChoice will review the claim and additional information and notify you of the decision within forty-five (45) calendar days.

County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook

---

**Attachment A ..... A**

- CMS Program Contracting Hospitals
- CMS Program Primary Care Clinics
- CMS Program Pharmacies

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**CMS PROGRAM CONTRACTING HOSPITALS**

**Alvarado Hospital**

6655 Alvarado Road  
San Diego, CA 92120  
(619) 287-3270

**Scripps Mercy Hospital**

4077 Fifth Avenue  
San Diego, CA 92103  
(619) 294-8111

**Fallbrook Hospital District**

624 East Elder Street  
Fallbrook, CA 92028  
(760) 728-1191

**Scripps Mercy Hospital-Chula Vista**

435 H Street  
Chula Vista, CA 91910  
(619) 691-7000

**Palomar Hospital Medical Center**

555 East Valley Parkway  
Escondido, CA 92025  
(760) 739-3000

**Sharp Chula Vista Medical Center**

751 Medical Center Court  
Chula Vista, CA 91911  
(619) 482-5800

**Paradise Valley Hospital**

2400 East Fourth Street  
National City, CA 91950  
(619) 470-4321

**Sharp Coronado Hospital**

250 Prospect Place  
Coronado, CA 92118  
(619) 522-3600

**Pomerado Hospital**

15615 Pomerado Road  
Poway, CA 92064-2405  
(858) 613-4000

**Sharp- Grossmont Hospital**

5555 Grossmont Center Drive  
La Mesa, CA 91942  
(619) 740-6000

**Promise Hospital of San Diego**

5550 University Avenue  
San Diego, CA 92105  
(619) 582-3516

**Sharp Memorial Hospital**

7901 Frost Street  
San Diego, CA 92123  
(858) 939-3400

**Scripps Memorial – Encinitas**

354 Santa Fe Drive  
Encinitas, CA 92024  
(760) 753-6501

**UCSD Medical Center**

200 West Arbor Drive  
San Diego, CA 92103  
(619) 543-6222

**Scripps Memorial – La Jolla**

9888 Genesee Avenue  
La Jolla, CA 92037  
(858) 457-4123

**UCSD Thornton Hospital**

9300 Campus Point Drive  
La Jolla, CA 92037  
(858) 550-0115



**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**CMS PROGRAM PRIMARY CARE CLINICS**

**BORREGO SPRINGS MEDICAL CENTER**

4343 Yaqui Pass Road  
Borrego Springs, CA 92004  
(760) 767-5051

**Julian Clinic**

2721 Washington Street  
Julian, CA 92036  
(760) 765-1357

**Centro Medico—El Cajon**

345 North Magnolia, Suite 103  
El Cajon, CA 92020-3954  
(619) 401-0404

**COMMUNITY HEALTH SYSTEMS**

**Fallbrook Family Health Center**

617 East Alvarado Street  
Fallbrook, CA 92028  
(760) 728-3816

**FAMILY HEALTH CENTERS OF SAN DIEGO**

**Beach Area Family Health Center**

3705 Mission Boulevard  
San Diego, CA 92109  
(619) 515-2444

**Chase Avenue Family Health Center**

1111 West Chase Avenue  
El Cajon, CA 92020  
(619) 515-2499

**City Heights Family Health Center**

5379 El Cajon Boulevard  
San Diego, CA 92115  
(619) 515-2400

**Chula Vista Family Health Center**

251 Landis Avenue  
Chula Vista, CA 91910  
(619) 515-2500

**FAMILY HEALTH CENTERS OF SAN DIEGO  
(Continued)**

**Downtown Family Health Center**

1145 Broadway  
San Diego, CA 92101  
(619) 515-2525

**Grossmont/Spring Valley Family Health  
Center**

8788 Jamacha Road  
Spring Valley, CA 91977  
(619) 515-2555

**Logan Heights Family Health Center**

1809 National Avenue  
San Diego, CA 92113  
(619) 515-2300

**North Park Family Health Center**

3544 30<sup>th</sup> Street  
San Diego, CA 92104  
(619) 515-2424

**Sherman Heights Family Health Center**

2391 Island Avenue  
San Diego, CA 92102  
(619) 515-2435

**Diamond Neighborhoods Family Health  
Center**

220 Euclid Avenue, Suite 40  
San Diego, CA 92114  
(619) 515-2560

**IMPERIAL BEACH HEALTH CENTER**

949 Palm Avenue  
Imperial Beach, CA 91933  
(619) 429-3733

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**LA MAESTRA FAMILY CLINIC**

4185 Fairmount Avenue  
San Diego, CA 92105  
(619) 280-4213

**La Maestra--El Cajon**

165 South First Street  
El Cajon, CA 92019  
(619) 312-0347

**La Maestra--Highland**

101 North Highland Avenue, Suite A  
National City, CA 91950  
(619) 434-7308

**MOUNTAIN HEALTH & COMMUNITY  
SERVICES**

**Alpine Family Medicine**

1620 Alpine Boulevard #B119  
Alpine, CA 91901  
(619) 445-6200

**High Desert Family Medicine**

44460 Old Highway 80  
Jacumba, CA 91934  
(619) 766-4071

**Escondido Family Medicine**

255 North Ash Street, Suite 101  
Escondido, CA 92027  
(760) 745-5832

**Mountain Empire Family Medicine**

31115 Highway 94  
Campo, CA 91906  
(619) 478-5311

**25th Street Family Medicine**

316 25<sup>th</sup> Street  
San Diego, CA 92102  
(619) 238-5551

**NEIGHBORHOOD HEALTHCARE**

**East County Community Health Services**  
855 East Madison  
El Cajon, CA 92020  
(619) 440-2751

**El Capitan Family Health Center**

10039 Vine Street  
Lakeside, CA 92040  
(619) 390-9975

**Escondido Community Health Center--North  
Elm**

460 North Elm Street  
Escondido, CA 92025  
(760) 737-2000

**Escondido Community Health Center--Grand**

1001 E. Grand Ave.  
Escondido, CA 92025  
(760) 737-7896

**Mountain Valley Health Center**

16650 Highway 76  
Pauma Valley, CA 92061  
(760) 742-9919

**Ray M. Dickinson Wellness Center**

425 North Date Street  
Escondido, CA 92025  
(760) 520-8300

**NORTH COUNTY HEALTH SERVICES**

**Ramona Health Center**

217 East Earlham Street  
Ramona, CA 92065  
(760) 789-1223

**OPERATION SAMAHAN INC.**

**Camino Ruiz**

10737 Camino Ruiz, Suite 100  
San Diego, CA 92126  
(858) 578-4220

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**NORTH COUNTY HEALTH SERVICES  
(continued)**

**Highland Avenue**

2743 Highland Avenue  
National City, CA 91950  
(619) 474-8686

**SAN DIEGO FAMILY CARE**

**Linda Vista Health Care Center**

6973 Linda Vista Road  
San Diego, CA 92111  
(858) 279-0925

**SAN DIEGO FAMILY CARE**

**(Continued)**

**Mid City Community Clinic**

4290 Polk Avenue  
San Diego, CA 92105  
(619) 563-0250

**SAN YSIDRO HEALTH CENTER**

4004 Beyer Boulevard  
San Ysidro, CA 92173  
(619) 428-4463

**Chula Vista Family Clinic**

865 Third Avenue, Suite 133  
Chula Vista, CA 91910  
(619) 498-6200

**National City Family Clinic**

1136 D Avenue  
National City, CA 91950  
(619) 336-2300

**Comprehensive Health Center—Metro**

3177 Ocean View Blvd.  
San Diego, CA 92113  
(619) 231-9300

**SAN YSIDRO HEALTH CENTER (Continued)**

**Otay Family Health Center**

1637 Third Avenue, Suite B  
Chula Vista, CA 91911  
(619) 205-1360

**Comprehensive Health Center—Downtown**

120 Elm Street, Suite 110  
San Diego, CA 92101  
(619) 235-4211

**Comprehensive Health Center—Euclid**

286 Euclid Avenue, Suite 302  
San Diego, CA 92114  
(619) 527-7330

**VISTA COMMUNITY CLINICS**

**Tri City Community Health Ctr.**

134 Grapevine Drive  
Vista, CA 92083  
(760) 631-5030

**Vista Community Clinic**

1000 Vale Terrace  
Vista, CA 92084  
(760) 631-5000

**Vista Community Clinic -Horne Street**

517 N. Horne Street  
Oceanside, CA 92054  
(760) 631-5009

**Vista Community Clinic—N. River Rd**

4700 North River Road  
Oceanside, CA 92057  
(760) 433-6880

**Vista Community Clinic—West**

818 Pier View Way  
Oceanside, CA 92054  
(760) 631-5250

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**CMS PROGRAM PHARMACIES**

**All Target/WalMart and CVS/Sav-On Pharmacies throughout San Diego County**

**Alvarado Community Pharmacy**

6367 Alvarado Court #109  
San Diego, CA 92120  
(619) 287-7697

**Alvarado Medical Plaza Pharmacy**

5555 Reservoir Drive, Suite 114  
San Diego, CA 92120  
(619) 287-5035

**Asmar Community Pharmacy**

436 S. Magnolia Ave., Ste 102  
El Cajon, CA 92020  
(619) 447-9900

**Avocado Pharmacy**

248 Avocado Avenue  
El Cajon, CA 92020  
(619) 442-0417

**Borrego Community Health Foundation**

655 Palm Canyon Drive, Suite B  
Borrego Springs, CA 92004  
(760) 767-3049

**C&A Pharmacy**

488 East Valley Parkway. Suite 101  
Escondido, CA 92025  
(760) 489-1668

**Cedar Pharmacy**

10737 Camino Ruiz #138  
San Diego, CA 92126  
(858) 536-7799

**Clark's Greenfield Pharmacy**

1685 East Main Street, Suite 101  
El Cajon, CA 92021  
(619) 441-5800

**Community Medical Pharmacy**

750 Medical Center Court, Suite 1  
Chula Vista, CA 91911  
(619) 421-1131

**Community Pharmacy**

29115 Valley Center Road #F  
Valley Center, CA 92082  
(760)749-1156

**Community Pharmacy of Escondido**

757 East Valley Parkway  
Escondido, CA 92025  
(760) 743-6300

**Community Prescription Center**

640 University Avenue  
San Diego, CA 92103  
(619) 295-6688

**Comprehensive Health Ctr Pharmacy**

3177 Ocean View Boulevard  
San Diego, CA 92113  
(619) 231-9300

**CVS Pharmacare Specialty Pharmacy**

1010 University Avenue  
San Diego, CA 92103  
(619) 291-7377

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**DrugCo Pharmacy**

307 North Ash Street  
Escondido, CA 92027  
(760) 745-6672

**Fallbrook Pharmacy**

343 East Alvarado Street  
Fallbrook, CA 92028  
(760) 728-3128

**Fletcher Med Pharmacy**

8881 Fletcher Parkway, Suite 103  
La Mesa, CA 91942  
(619) 463-7770

**Galloways Pharmacy**

2995 National Avenue  
San Diego, CA 92113  
(619) 525-1551

**Hillcrest Pharmacy**

120 University  
San Diego, CA 92103  
(619) 260-1010

**Imperial Beach Pharmacy**

720 Highway 75  
Imperial Beach, CA 91932  
(619) 424-8143

**KB Pharmacy**

5065 El Cajon Blvd.  
San Diego, CA 92115  
(619) 501-8046

**La Mesa Pharmacy**

8301 La Mesa Boulevard  
La Mesa, CA 91941  
(619) 466-3246

**Leo's Lakeside Pharmacy**

9943 Maine Avenue  
Lakeside, CA 92040  
(619) 443-1013

**Linda Vista Pharmacy**

2361 Ulric Street  
San Diego, CA 92111  
(858) 277-6145

**Logan Heights Family Health Center**

1809 National Avenue  
San Diego, CA 92113  
(619) 515-2492

**Longs Drugs**

10350 Friars Road  
San Diego, CA 92120  
(619) 563-9990

**MED CARE Pharmacy**

161 Thunder Drive, Suite 100  
Vista, CA 92083  
(760) 758-0401

**Medco Drugs**

1252 Broadway  
El Cajon, CA 92021  
(619) 440-3448

**Medical Arts Pharmacy**

8851 Center Drive #110  
La Mesa, CA 91942  
(619) 461-8551

**Medical Center Pharmacy**

340 4<sup>th</sup> Avenue #1  
Chula Vista, CA 91910  
(619) 422-9291

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**Medical Center Pharmacy**

1635 3rd Avenue, Suite A  
Chula Vista, CA 91911  
(619) 585-8818

**Medical Center Pharmacy**

865 3<sup>rd</sup> Avenue #102  
Chula Vista, CA 91911  
(619) 585-0665

**Medical Center Pharmacy**

765 Medical Center Court #208  
Chula Vista, CA 91911  
(619) 656-2846

**Medical Center Pharmacy**

310 Santa Fe Drive #109  
Encinitas, CA 92024  
(760) 753-9433

**Medical Center Pharmacy**

7930 Frost Street #104  
San Diego, CA 92123  
(858) 560-1911

**Neighborhood Healthcare Pharmacy**

420 Elm Street  
Escondido, CA 92025  
(760) 737-2025

**Nudo's Pharmacy**

455 North Magnolia Avenue  
El Cajon, CA 92020  
(619) 442-0303

**Paradise Valley Pharmacy**

5865 Cumberland Street  
San Diego, CA 92139  
(619) 471-3710

**Park Boulevard Pharmacy**

3904 Park Boulevard  
San Diego, CA 92103  
(619) 295-3109

**PillCo Pharmacy #1**

8575 Los Coches Road, Suite 5  
El Cajon, CA 92021  
(619) 561-5602

**PillCo Pharmacy #2**

2939 Alta View Drive, Suite L  
San Diego, CA 92139  
(619) 470-4550

**PJ's Prescription Shoppe**

3405 Kenyon Street  
San Diego, CA 92110  
(619) 223-5405

**Price Rite Pharmacy**

5115 Garfield Street  
La Mesa, CA 91941  
(619) 469-0161

**Priority Pharmacy**

3935 1<sup>st</sup> Avenue  
San Diego, CA 92103  
(619) 688-2290

**Quality Care Pharmacy**

727 West San Marcos Boulevard, Suite 113  
San Marcos, CA 92069  
(760) 744-5959

**Ralph's Pharmacy**

300 North 2<sup>nd</sup> Street  
El Cajon, CA 92021  
(619) 579-8022

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**Ramona Pharmacy**

677 Main Street  
Ramona, CA 92065  
(760) 789-0180

**Sav Mart Pharmacy**

3445 Midway Drive #A  
San Diego, CA 92110  
(619) 223-2291

**Rancho Park Pharmacy**

1331 Encinitas Boulevard  
Encinitas, CA 92024  
(760) 436-2011

**Semca Pharmacy**

286 North Euclid Avenue, Suite 206  
San Diego, CA 92114  
(619) 263-6635

**Rite Aid Pharmacy**

1665 Alpine Boulevard  
Alpine, CA 91901-3859  
(619) 659-1085

**Statscript Pharmacy**

3900 5<sup>th</sup> Avenue #110  
San Diego, CA 92103  
(619) 294-5474

**Rite Aid Pharmacy**

7100 Avenida Encinas C  
Carlsbad, CA 92009  
(760) 431-7380

**Tri City Community Health Center**

161 Thunder Drive #212  
Vista, CA 92083  
(760) 631-5030

**Rite Aid Pharmacy #1**

3650 Adams Avenue  
San Diego, CA 92116  
(619) 563-0802

**TSSI Pharmacy**

7200 Parkway Drive #103, 104 & 105  
La Mesa, CA 91942  
(619) 644-2170

**Rite Aid Pharmacy #2**

4840 Niagara Avenue  
San Diego, CA 92107  
(619) 222-7503

**UCSD Ambulatory Care Pharmacy**

4168 Front Street  
San Diego, CA 92103  
(619) 543-6191

**Rite Aid Pharmacy #3**

4077 Governor Drive  
San Diego, CA 92122  
(858) 453-4455

**UCSD Medical Center Pharmacy**

200 West Arbor  
San Diego, CA 92103  
(619) 543-6191

**San Ysidro Health Center**

4004 Beyer Boulevard  
San Ysidro, CA 92173  
(619) 662-4142

**UCSD Medical Group Pharmacy**

330 Lewis Street  
San Diego, CA 92103  
(619) 471-9235

**County of San Diego County Medical Services (CMS) Program  
Ancillary Handbook**

---

**UCSD Moores Cancer Center**

3855 Health Science Drive  
La Jolla, CA 92092-0845  
(858) 822-608

**UCSD Perlman Pharmacy**

9350 Campus Point Drive  
La Jolla, CA 92037-7729  
(858) 657-8610

**Upas Pharmacy**

3332 Third Avenue  
San Diego, CA 92103  
(619) 297-1677

**Vista Community Clinic**

517 North Horne Street  
Oceanside, CA 92054  
(760) 631-5250

**White Cross Drug Store**

474 Fairmount Avenue  
San Diego, CA 92105  
(619) 284-1141