

# County of San Diego

## County Medical Services (CMS) Program



Hospital Handbook  
July 2009

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## Section I CMS Program

The San Diego County Medical Services (CMS) Program is not a health insurance program; it is the program of last resort for eligible adults, covering 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**

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## 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.

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## 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.

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## **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.

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## 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: _____
*Loss of Eligibility: See #4 on reverse
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

<p>COUNTY OF SAN DIEGO COUNTY MEDICAL SERVICES P.O. BOX 85222 SAN DIEGO, CA 92186-5222 Phone (800)587-8118</p>	
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



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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 acute 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

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- Emergency medical transportation for physical health conditions
- Emergency dental care
- 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.

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### 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

### Self-Limiting and Minor Conditions

A visit to a primary care provider to effectively evaluate patient presenting symptom(s) is always a primary care visit to evaluate self-limiting conditions such as flu or cold is always covered. The evaluation of minor conditions, such as head lice, first degree sunburn or mild contact dermatitis is covered. These conditions can be treated with over-the-counter products. The following table lists the ICD-9 codes that are subject for review:

	ICD-9 Code
Hypercholesteremia	272-272.9
Obesity	278.0
Refractive disorders	367-367.9
Low vision	369-369.9
Acute nasopharyngitis	460
Dental disorders Repeat services are covered when the provider is a dentist	521-529.8
Menopausal disorders (except 627.1 - post menopausal bleeding)	627-629
Corns and callosities	700
Keloid scar	701.4
Scar conditions and fibrosis of the skin	709.2
Diseases of the hair	704-704.9
Toxic effects of alcohol	980-980.09
Conditions influencing health status	V40-V49

These diagnoses are not eligible for referral, but specialty care may be approved when there is concomitant pathology.

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### Stable Long Standing and/or Congenital Conditions

When a condition is not acute or there is no change in the status of the condition, specialty care will NOT be covered. Patients may continue to receive care from their primary care provider as needed. Example conditions are:

- Perforated ear drum without history of recent infection
- Cleft lip/ cleft palate
- Allergies
- Arteriosclerotic heart disease
- Myositis, myalgia
- Fibromyalgia, chronic fatigue
- Nasal fractures (greater than 6 months)
- Chronic back or joint pain
- Implanting and removal (unless imbedded) of IUD devices
- Osteoarthritis

### Limited Ancillary Health Services and Supplies

- Home health services only for suture removal are covered only when the patients' physical condition renders them "home-bound".
- Diagnostic mammograms for women under 40 years of age; 40 years and older refer to CEDP for diagnostic screening.
- Non-formulary over-the-counter products.
- Custom orthotics are rarely approved. Over-the-counter products are covered with a prescription.
- Dentures – full mouth or anterior stay plate. Patient employment status and health risk are evaluated by AmeriChoice.
- Optometry services – eye exams and glasses
  - Best visual acuity (with current prescription) is 20/50 or worse
  - Patient must have a chronic health condition that requires ongoing treatment or monitoring by the primary care physician
  - Primary care patient for a minimum of 6 months.

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### 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.

## **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
- Providing the ASO with sufficient documentation to determine the severity of the patient's condition, reasons for the services, and previous treatments made
- 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

## **Section V Inpatient and Emergency Department Services**

### **Inpatient Services**

Inpatient services are services provided to a patient who is admitted to a hospital and receives medical services from a physician during at least a 24-hour period. CMS contracting hospitals are required to notify AmeriChoice within twenty-four (24) hours (extended to the first day following a weekend or holiday) of any admission of a CMS (or potential CMS) patient. The hospital stay shall be subject to retrospective medical review by AmeriChoice, which may result in disallowance of all or some patient days. For more information on how a potentially eligible CMS patient may apply for CMS coverage of the inpatient service, please refer to Section II of this handbook. Physicians who have treated a CMS certified patient on an emergency inpatient basis will be paid for these services with an approved admission.

- A single authorization number is provided to the hospital for all facility and physician services provided during that hospital stay.
- Authorizations for emergency admissions are processed and approved only when eligibility is confirmed. Authorization numbers are not released until the eligibility process is complete.

### **Scheduled Admissions and Outpatient Surgery**

Outpatient services are services provided to a patient who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours. Scheduled, non-emergent admissions and outpatient surgical procedures must be prior authorized by submitting a Treatment Authorization Request to AmeriChoice. AmeriChoice sends written confirmation to both the ordering physician and the facility that indicates the approved procedure(s) and the valid dates for service. Prior approval includes pre-operative diagnostic tests for scheduled surgical admissions and outpatient surgery. These procedures must be provided during the approved time period. For information on how a potentially eligible CMS patient may apply for CMS coverage of the outpatient or emergency department service, please refer to Section II of this handbook.

### **Emergency Room (ER) Services**

Approved emergency services must meet the following conditions:

- The patient must show a valid CMS ID Card.
  - The ER and associated services are covered for CMS certified patients (CMS cardholders) at both contracted and non-contracted hospitals
- The condition must be included in the CMS covered services (Section III, Page 1) and must be medically necessary (ER visits for follow-up or prescriptions are not covered)
- The place of service listed on the claim form must be the ER



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### Covered Emergency Room Services

- All facility, technical services and supplies provided during the emergency room episode are included in the hospital's reimbursement
- Emergency physician, specialty physician and ambulance services are claimed and paid separately and must have occurred during the approved ER episode
- DME that is given to the patient during or after the ER episode is paid separately only when authorized by CMS

### Emergency Room Follow-Up

All patients must receive information about how to obtain follow-up care through the CMS Program when they are discharged from the ER.

- Certified patients are encouraged to contact their primary care physician for continued care of referral
- Standard eligibility and prior authorization are required for additional services, including follow-up by a specialty physician
- The primary care clinics are notified quarterly of their patients' ER visits and are encouraged to contact patients for follow-up care with their primary care physician

## **Section VI Medical Management**

CMS has registered nurses who hold valid California nursing licenses. The nurses receive face sheets from contracting and non-contracting hospitals and censuses from contracting hospitals identifying patients who are CMS-certified or who are pending certification. The nurse case managers review these documents for high-risk indicators and they also review the medical records of CMS patients to determine if:

- The admission is appropriate
- The length of stay is appropriate
- Continued inpatient care is medically warranted
- There is a discharge plan
- The discharge plan is safe and appropriate
- The patient requires placement upon discharge
- The discharge planner, social worker, or case manager has started the placement process
- A referral to Medi-Cal for a disability evaluation is appropriate

### **Discharge Planning for Placement**

When the hospital discharge planner identifies a patient who needs placement in a room and board or board and care facility, the discharge planner must notify the ASO Case Management Department at (858) 495-1300. To be considered for placement the patient must be CMS certified and also must have obtained approval by the ASO Case Manager. Additionally, the patient must also:

- Live in an inadequate environment or lack support from family or friends;
- Need care and supervision following hospitalization; or
- Require stabilization due to medical condition.

### **Discharge Planning for High-Risk Patients**

The discharge planner should call the ASO Case Management staff at (858) 495-1300 when a CMS certified patient is an inpatient with one or more of the following high-risk indicators:

- Tuberculosis (TB)
- Transportation issues, based upon medical need
- Homelessness (concomitant medical diagnosis is required)
- Drug and/or alcohol abuse
- Limited mental functioning
- Illiteracy
- Multiple physicians
- Complex or chronic medical conditions

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The discharge planner must give the following information to the ASO Case Manager:

- Patient name
- Social Security Number
- Date of birth
- Date of admission
- Projected date of discharge
- Diagnosis (Admitting, Working, and/or Discharge)
- Discharge plan request
- Patient's location
- Medical records (upon request)

The ASO Case Manager will:

- Make a hospital visit
- Complete an intake form
- Review the patient's chart
- Assess the patient for the appropriate level of care
- Identify the most appropriate room and board or board and care facility, and arrange placement if placement criterion are met
- Notify the discharge planner of the location of the facility (Note: hospitals are responsible for providing transportation upon discharge)
- Initiate a CMS-5 Medi-Cal disability referral, if appropriate.

### **Medication upon Discharge**

The hospital is responsible for providing no less than a full course of antibiotics and/or 3-day supply of medication at time of discharge to avoid unnecessary complications after hospitalization.

### **Services and Equipment after Discharge**

The hospital discharge planner must submit all post-discharge requests for ongoing services and equipment needed to the ASO Case Manager for authorization. The ASO Case Manager will evaluate the patient for:

- Acute inpatient rehabilitation
- Outpatient rehabilitation
- Home health
- Home infusion
- Durable medical equipment

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The ASO Case Manager may ask the discharge planner for additional information such as, history and physical; operative reports; lab results; MRI results; physical therapy/occupational therapy/speech therapy notes; discharge summary and/or instructions that support the need for post hospitalization services and equipment.

### **In Home Care**

For patients discharged home, the ASO Case Manager can authorize certain services and medical supplies, including the following:

- Nursing assessments
- Wound care
- Home infusion therapies
- Home rehabilitation therapies
- Durable medical equipment (DME)

### **Treatment Plans**

ASO Case Managers coordinate treatment plans by authorizing inpatient and outpatient rehabilitation, assisting with scheduling services, and making referrals to other community-based services.

### **Transportation**

ASO Case Managers can help CMS certified patients who satisfy CMS transportation assistance criteria get transportation to medical appointments.

### **Public Assistance**

ASO Case Managers can help CMS certified patients apply for other benefits such as General Relief (GR), Medi-Cal Disability, and Supplemental Security Insurance (SSI).

### **Contracting Facilities**

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

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## 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

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## 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)

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## 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.

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

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



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**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

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**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

**Downtown Family Health Center**

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

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

**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

**Chula Vista Family Health Center**

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

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**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

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**OPERATION SAMAHAN INC. (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

**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 Boulevard  
San Diego, CA 92113  
(619) 231-9300

**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

**SAN YSIDRO HEALTH CENTER (continued)**

**Otay Family Health Center**

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

**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

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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

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**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

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**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

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**Ramona Pharmacy**

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

**Rancho Park Pharmacy**

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

**Rite Aid Pharmacy**

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

**Rite Aid Pharmacy**

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

**Rite Aid Pharmacy #1**

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

**Rite Aid Pharmacy #2**

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

**Rite Aid Pharmacy #3**

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

**San Ysidro Health Center**

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

**Sav Mart Pharmacy**

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

**Semca Pharmacy**

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

**Statscript Pharmacy**

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

**Tri City Community Health Center**

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

**TSSI Pharmacy**

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

**UCSD Ambulatory Care Pharmacy**

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

**UCSD Medical Center Pharmacy**

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

**UCSD Medical Group Pharmacy**

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



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**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