



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
3851 ROSECRANS STREET, MAIL STOP P-578
SAN DIEGO, CA 92110-3134
(619) 531-5800 • FAX (619) 542-4186

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

August 22, 2016

Dear Ryan White Provider:

Effective September 1, 2016, AIDS Healthcare Foundation (AHF) will be the administrator of the Ryan White Specialty Pools.

As of close of business on August 31, 2016, the existing administrator, Health Quality Partners (HQP) will no longer authorize Ryan White specialty services which includes medical specialty, dental specialty, home health and home hospice services. AHF will begin authorization and payment activities on September 1, 2016.

Service request authorizations that HQP has approved will continue to be good for 90 days from the date of authorization. HQP will continue to pay claims for services it has authorized until January 31, 2017. These claims must be submitted within 60 days of the date of service.

We have enclosed a contact information sheet which includes fax numbers, phone numbers, email addresses and mailing address for AHF. Please use this starting September 1, 2016 for submission of authorization requests and associated claims.

If you have any questions, please contact Laura Cazares-Machado at (619) 293-4717 or Laura.Cazares-Machado@sdcounty.ca.gov.

Best regards,

A handwritten signature in blue ink that reads "Patrick Loose".

PATRICK LOOSE, Chief
HIV, STD and Hepatitis Branch of Public Health Services

AIDS Healthcare Foundation

Medical, Dental, Home Health and Home Hospice Specialty Care Contact Information

Claims Address:

Attn: Claims

AIDS Healthcare Foundation
PO Box 7490, La Verne, CA 91750

Authorizations/Utilization Management

Tel: 1-800-474-1434, Option 2

Fax: (888) 748-1290

For general program issues or questions, contact:

Michael O'Malley, Managed Care Administrator

michael.omalley@aidshealth.org

Tel: (323) 337-9172

Fax: (888) 235-8482

For authorizations and utilization management issues or questions, contact:

James Clausen, Utilization and Case Management Manager

james.clausen@aidshealth.org

Tel: (800) 474-1434, option 2

Fax: (888) 748-1290

For claims related issues or questions, contact:

Jesgena Al-Uqdah, Claims Department Manager

jesgena.al-uqdah@aidshealth.org

Tel: (888) 662-0626

Fax: (888) 235-9274

Quick Reference Guide *for Providers*

San Diego Ryan White Specialty Services Program

<p>Contact Information</p>	<p>ADDRESS AIDS Healthcare Foundation Managed Care Division 1001 N. Martel Ave. Los Angeles, CA 90046</p> <p>MAIN TELEPHONE (323) 436-5000</p>
<p>Patient Eligibility</p>	<p>ELIGIBILITY INFORMATION Eligibility for the San Diego Ryan White Specialty Services Program is determined by participating San Diego Ryan White Primary Care Program provider sites prior to requesting specialty services authorization. In order to access San Diego Ryan White Primary Care Program services, an individual must:</p> <ul style="list-style-type: none"> • Have an HIV diagnosis • Be currently enrolled in the San Diego Ryan White Primary Care Program • Not have other health coverage (e.g. Medicare, Medi-Cal, Covered California, etc.) to be eligible for services from this program. <p>Patients who are not Ryan White-eligible because of other coverage may apply to the San Diego Ryan White Specialty Services Program for a specific service not covered by the patient's primary insurance. Requests for such service, not covered by the patient's insurance, should be related to HIV/AIDS and be submitted on a standard Authorization Request form. These requests will be considered on a case-by-case basis.</p>
<p>Covered & Excluded Services</p>	<p>COVERED SPECIALTY SERVICES AHF has contracted with the County of San Diego, Health and Human Services Agency, Public Health Services Department, to operate and administer the San Diego County Ryan White HIV Specialty Services Program. This program provides specialty medical, dental, home health and home hospice services to eligible people living with HIV/AIDS under the HIV and AIDS Treatment Extension Act. This program does not cover primary care. Patients who require primary care should be referred to their primary care providers through the San Diego Ryan White Primary Care Program.</p> <p>EXCLUDED SERVICES The following services are not covered by this program:</p> <ul style="list-style-type: none"> • Emergency Department Services • Inpatient Services • Cosmetic Services • Experimental Services • Primary Care Services • HIV Resistance Testing • Prostheses
<p>Authorizations</p>	<p>AUTHORIZATION REQUESTS Authorizations are processed in two business days. Please use the appropriate Specialty Referral & Authorization Request form. There is one for medical, home health or home hospice referrals and one for dental services. The form must be faxed to (888) 748-1290. For enquiries about referrals and authorizations, please call (800) 474-1434, option 2.</p>
<p>Patient Complaints</p>	<p>PATIENT COMPLAINTS Patients may contact AHF Patient Relations at (800) 263-0067, option 3 to file a complaint or request an appeal.</p>

Claims

CLAIM SUBMISSION

Send claims to:

Attn: Claims
AIDS Healthcare Foundation
P.O. Box 7490
La Verne, CA 91750

Fax: (888) 235-9274

Contracted providers are required to submit claims within 60 calendar days from the date services were rendered, or according to the time frame specified in the provider contract.

All claims must be submitted on a properly completed CMS1500, UB92, or UB04 claim form. The claim must include the following:

- Patient Name
- Patient Address
- Patient Date of Birth
- Patient Insurance Name
- Patient ID Number
- Place of Service/
Physician Name
- NPI Number
- Provider License Number
- Tax ID Number
- Date of Service
- Billed Charges
- CPT Code(s)
- ICD-10 Code(s)

CLAIM STATUS

To check status of a claim, please call **(888) 662-0626**.

DISPUTE RESOLUTION PROCESS

A provider dispute is a written notice to AHF challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested. Written disputes must be submitted within 365 days from AHF's action that led to the dispute. Providers may send their dispute to:

Attn: Provider Relations
AIDS Healthcare Foundation
1001 N. Martel Ave.
Los Angeles, CA 90046

For inquiries regarding the status of a dispute, please call **(888) 726-5411**.

Provider Services

PROVIDER RELATIONS CONTACTS

The Provider Relations Department is the liaison between your office and AHF. It resolves provider issues and provides education of AHF's policies and procedures. For inquiries, please call **(888) 726-5411**.

60-DAY NOTIFICATION REQUIREMENT

AHF requires a 60-day notification for provider changes, such as address, phone/fax number, office hours, tax ID numbers, termination, or leaves of absence. Changes made must be submitted to AHF in writing via fax to **(888) 235-7695**, or by mail to:

Attn: Provider Relations
AIDS Healthcare Foundation
1001 N. Martel Ave.
Los Angeles, CA 90046

IN-SERVICING AND PROVIDER TRAINING

AHF will provide an initial in-service to your office to orient your staff to the San Diego Ryan White Specialty Services Program policies and procedures. Providers and/or office managers may request additional training at any time by contacting the Provider Relations Department at **(888) 726-5411**.