

County of San Diego

County Medical Services (CMS) Program

Provider Handbook
August 2020



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

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Section 1 County Medical Services Program

The San Diego County Medical Services (CMS) Program is not health insurance; it is the program of last resort for eligible adults, which covers only necessary medical services as outlined in the CMS Medical Policies.

The CMS Program is managed for the County of San Diego by an Administrative Services Organization (ASO), AmeriChoice. Medical services are provided by Community Health Centers, specialist physicians, and hospitals, which contract with the County of San Diego, Health and Human Services Agency. A list of participating primary care providers and hospitals can be found in Attachment A. Patient services, appeals, authorizations, claims processing and payment are handled by AmeriChoice. Any physician who accepts an authorization to see a certified patient is paid at CMS reimbursement rates. The following services are available to County Medical Services (CMS) Program certified patients:

- **Primary Care Services:** No authorization is needed when primary care services are provided by a contracted Community Health Center.
- **Emergency Department Services:** Coverage for an emergency encounter is limited to health services for a physical health condition as the primary reason for the visit. Claims from any San Diego County hospital will be honored for the CMS certified patient presenting for a covered service.
- **Emergency Admissions:** AmeriChoice provides a single authorization number to the hospital for all services associated with the hospital stay, including physician services. This authorization includes one follow-up visit with the attending physician within thirty (30) calendar days of discharge. Additional visits and/or services require authorization from AmeriChoice.
- **Scheduled Admissions:** The admitting physician must obtain prior authorization from AmeriChoice. Approval is based on CMS scope of services and medical necessity.
- **Supplemental Services:** Providers may authorize limited, non-clinic diagnostic procedures and supplies.

Accessing More Information on the CMS Program

The following link can be used for accessing CMS Program information:
http://www.sdcountry.ca.gov/hhsa/programs/ssp/county_medical_services/index.html

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

AmeriChoice
CMS Program Provider Relations
PO Box 927110
San Diego, CA 92192
(888) 595-6547

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Important Numbers

AmeriChoice Numbers and Addresses

CMS Provider Line (Authorizations, Program Information).....(858) 658-8650
CMS Provider Fax (Authorizations, Utilization Review).....(855) 394-7927
CMS Provider Claims(Claims/Payments) Email: COSD_claims@uhc.com
..... Fax: (855) 394-7927
AmeriChoice Program Operations(888) 595-6547
CMS/AmeriChoice Fax Number(855) 394-7927
CMS/AmeriChoice Address:PO Box 927110
San Diego, CA 92192

County Administration Numbers and Addresses

CMS Program Administration Phone.....(619) 338-2876
CMS Program Administration Fax.....(619) 338-2972
CMS Program Administration Address..... 1255 Imperial Avenue, Suite 446
San Diego, CA 92101
Compliance Office (to report provider fraud, waste, and abuse).....(619) 515-4246
Privacy Office(619) 515-4243
Access.....(866) 262-9881 or
pubassist.HHSA@sdcounty.ca.gov

Section 2 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 (HSSs) 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. Eligibility appointments with HSSs at the hospitals are scheduled by hospital staff or the Hospital Out-stationed Services (HOS) HSS.

CMS Eligibility

Patients apply for standard 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 Notice of Action (NOA) along with 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.

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Patients receiving General Relief (GR) are referred to apply for Medi-Cal. If eligible for Medi-Cal, the applicant must complete the appropriate application. If the applicant is not eligible for Medi-Cal, then he/she will be may be eligible for CMS. Once the patient's identity, verification of receipt of GR, and CMS eligibility are established, the GR HSS gives the patient a white CMS ID card, CMS Informing Letter, 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). CMS Hardship applications are evaluated by the County of San Diego.

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 calendar 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 at (800) 587-8118. The patient should inform the customer service representative of the date of the scheduled service. AmeriChoice

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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.

CMS Identification Card

CMS patients will receive 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

Example of the CMS Card is shown below:

White card: Front

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



Name: John Smith
Member ID #: AB-123-987
Medical Home (PCC): Ocean Clinic
PCC phone #

Eligibility Verification:
www.sdcmspov.com

Back

1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.
2. If you have a medical emergency, go to an Emergency Room or dial 911.
3. All services, except community clinic and emergency room visits, must be approved in advance by the CMS Program.
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.
5. You must use all other health insurance before CMS.

Other Insurance: _____

Patient's Signature: _____

Fraud Referral

When you suspect that a patient is not eligible for CMS, you should call the Patient/Provider Coordinator at (888) 595-6547. 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 3 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 (Hotline Phone Number: 1-888-724-7240).

The following provides a general overview of the CMS program medical criteria and covered services:

Medical Criteria

Medical criteria are used to determine whether the CMS program will cover a service or treatment. Nationally accepted guidelines, such as MCG (formerly known as Milliman Care Guidelines) are used to help define medical necessity. 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
- Formulary medications. All prescriptions funded by CMS must be approved by the Food and Drug Administration (FDA) for that indication.

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Services covered only when prior authorized by the CMS program:

- Services provided by a specialist
- Scheduled hospital admissions
- Surgical and diagnostic procedures, including those such as diagnostic mammography and colonoscopy for medical indications such as breast mass or melana
- Limited rehabilitation, medical equipment, and home health services
- Non-emergency medical transportation
- Optometry exams and supplies
- Non-formulary prescription medications

Not Covered Services*

The following services/diagnoses are NEVER covered:

- Pregnancy and all prenatal care
- Preventive Services, including screening of asymptomatic persons for breast, cervical, prostate and colon cancer.
- Family Planning
- Infertility services
- Sterilization procedures
- Treatment of Erectile Dysfunction
- Mental Health services
- Drug and Alcohol Treatment
- Chiropractic care
- Organ and bone transplants, including bone marrow transplants and all services related to obtaining a transplant
- Any procedure or treatment that is not FDA approved for that indication, such as Experimental Procedures
- Services that are solely intended for Cosmetic purposes, in the absence of trauma or significant pathology
- Medications and services associated with transgender procedures and on-going transgender care
- Non-emergency dental and vision care
- Routine, preventive, school or work examinations or the completion of such forms or certificates
- 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.

* This list is not exhaustive of all Non-Covered Services. Please contact the Service Provider Line at 858-658-8650 for more information.

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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 may include but are not limited to annual ophthalmology and podiatry evaluation for persons with diabetics.

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 if the condition does not meet medical necessity criteria. Patients may continue to receive care from their primary care provider as needed. Example conditions are:

- Perforated ear drum without history of recent infection
- Nasal fractures (greater than 6 months)

Limited Ancillary Health Services and Supplies

- Home health services for suture removal are covered only when the patients' physical condition renders them "home-bound."
- Custom orthotics are rarely approved. Over-the-counter products may be covered with a prescription if they meet medical necessity criteria.
- Dentures – full mouth or anterior stay plate may be covered if enrollee meets medical necessity criteria.
- Optometry services – eye exams and glasses
 - Best visual acuity (with current prescription) is 20/50 or less
 - Patient must have a chronic health condition that requires ongoing treatment or monitoring by the primary care physician

Second Opinion

AmeriChoice will authorize a request for a second opinion for the patient or provider, or AmeriChoice may request 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) 658-8650.

Section 4 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 requesting authorization for non-formulary prescriptions.

Prescriptions

- CMS patients receive approved medications at no cost
- All prescriptions must be filled at participating pharmacies
- Pharmacies may dispense up to a maximum of a ninety (90) day supply for specified medications in the CMS formulary
- The CMS Program Drug Formulary Listing is updated periodically. It is available to be viewed on the CMS website

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 medications prescribed only for mental health conditions
- Experimental drugs or drugs used in an experimental manner
- Nicotine and smoking cessation products
- Medications for the treatment of Erectile Dysfunction
- Medications for transgender conditions

Other Products

Contact a CMS Authorization Representative at (858) 658-8650 to request authorization of durable medical equipment, wound supplies, or nutritional supplements.

Prior Authorization Process

Requests for non-formulary medication require completion the CMS Drug Prior Authorization Request form, which requires medical justification **from the physician** as to why a formulary alternative is not appropriate.

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

OptumRx, the CMS Pharmacy Benefit Manager:

Phone: (800) 880-1188

Fax: (844) 403-1029

Section 5 Prior Authorizations and Physician Responsibilities

The CMS Program reimburses providers for services provided rendered when the patient has been certified for CMS **AND** the services received prior authorization. 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 received prior authorization 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

Section 6 Primary Care Clinics

During the application process, patients are asked to select a “medical home” where they will receive their primary medical care. Authorization is not needed for visits to the patient’s primary clinic; however, health conditions must be within the CMS Scope of Services.

The Primary Clinic is also responsible for completing the paperwork for their established patients who are applying for General Relief, State Disability and Social Security Disability. Patients must be receiving care for the stated condition either directly from the primary provider or a referred to specialist. A visit for the sole purpose of completing a form is not an approved visit and receives no compensation from the CMS Program.

A primary care visit always includes:

- A face-to-face encounter with a physician or mid-level provider for the purpose of examination, diagnosis, and treatment of the presenting or chronic medical condition. Primary care providers are employed by the clinic and practice in family or general medicine, internal medicine, or gynecology.
- All nursing and supportive services, supplies and equipment provided during the encounter.
- Nutritional counseling and health education are not reimbursed separately but may be covered by other programs.

Primary care visit may include:

- Diagnostic laboratory tests customarily done by the clinic during a primary care visit
- Plain radiographs (2 view films)
- Simple procedures (injections, vision, hearing tests, and EKG)

Dental Services

Limited dental services are available to patients with standard eligibility. Services are limited to procedures described in the listing of CMS Primary Care Basic Dental Services located in Attachment B.

Optometry Services

Optometrist services for refractory exam, lenses and frames are limited to certified patients whose corrected visual acuity is 20/50 or less in one or both eyes. Prior authorization from AmeriChoice is required for all optometry services. Claims history and diagnoses are reviewed to determine criteria for ongoing care.

Section 7 Inpatient and Emergency Department Services

Inpatient Services

Inpatient services are services provided to a patient who is admitted to a hospital as an inpatient and receives medical services from a physician. 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. 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. Inpatient and emergency services at facilities outside of San Diego County are not covered.

- 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 hospitalized over 24 hours. Scheduled, non-emergent admissions and outpatient surgical procedures must receive prior authorization 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 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 be CMS certified
 - The ER and associated services are covered for CMS certified patients (CMS cardholders) at both contracted and in county 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 and referral for specialty care, if that is needed
- Standard eligibility and prior authorization are required for additional services, including follow-up by a specialty physician
- The primary care clinics are notified of their patients' ER visits monthly and are encouraged to contact patients for follow-up care with their primary care physician

Inpatient Follow-up

One (1) follow-up office visit by the attending physician is included in the approved hospital referral when obtained within thirty (30) days of discharge. Post-operative care associated with the procedure is deemed global and is not separately reimbursed. Any laboratory and x-ray service provided during this visit requires separate authorization.

Emergency Department Services

Emergency Department services, including specialty physician services provided in the ER, are covered when provided in any San Diego acute care hospital for CMS certified patients. The emergency condition must be a physical condition within the CMS Scope of Services.

Specialist physicians providing care in a contracting emergency department do not need separate authorization; however, the episode must meet the following conditions:

- The patient must be CMS eligible for the date of service
- The condition must be included in the CMS Scope of Services
- The place of service listed on the claim form must be the emergency department at a CMS contracting hospital

Emergency Department Follow-up Care

CMS certified patients are eligible for specialty care when visit(s) have received prior authorization by AmeriChoice.

- If the patient is not already CMS certified, the patient must call the CMS Appointment Line at (800) 587-8118 to schedule an eligibility appointment. The AmeriChoice Customer Service Representatives will screen for CMS eligibility at that time.

Section 8 Medical Management

CMS Registered Nurses 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 medical records of CMS patients to determine if:

- The admission is appropriate
- The length of stay is appropriate
- Continued inpatient care is medically warranted
- The patient requires placement upon discharge
- The discharge planner, social worker, or case manager has started the placement process, if appropriate
- 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 an Independent Living Facility (ILF), formerly known as a room and board facility, the discharge planner must notify the ASO Case Management Department at (858) 658-8650. To be considered for placement the patient must be CMS certified, must have obtained approval by the ASO Case Manager, and meet placement criteria.

Discharge Planning for High-Risk Patients

The discharge planner should call the ASO Case Management staff at (858) 658-8650 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

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

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- Diagnosis (Admitting, Working, and/or Discharge)
- Discharge plan request
- Patient's location
- Medical records (upon request)

The ASO Social Worker Case Manager may:

- 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 Independent Living Facility and arrange placement if placement criteria are met
- Notify the discharge planner of the location of the facility (Note: hospitals are responsible for providing transportation upon discharge)

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

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 may authorize certain services and medical supplies, including the following:

- Nursing assessments

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- 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.

Section 9 Ancillary Services

Ancillary Health Services and Supplies

Generally, ancillary health services and supplies are covered when appropriate for the health condition. An example of a coverage limitation for a specific service includes a home health service request for suture removal for a home-bound patient.

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 and the condition is covered by CMS. 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.

Initial – A copy of the physician's prescription (including legible physician's name), the anticipated period 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),

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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.

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.

Section 10 Pharmacy Services

Pharmacy Services

The CMS Program covers prescribed medications for all products listed on the CMS formulary. (All prescriptions funded by CMS must be approved by the FDA). Formulary exceptions are processed by the CMS pharmacy benefit management company. This formulary is modified on a periodic basis, and updates are provided on the CMS Website. Directions for obtaining non-formulary prescriptions are detailed in the instruction section of the CMS formulary.

Pharmacies may dispense the full-prescribed quantity of medications for certified CMS patients up to a maximum of a ninety (90) calendar day supply for specified medications per the CMS formulary. The physician determines the appropriate number of refills when prescribing maintenance drugs, however the prescriptions can be written for the full period permitted by law.

Section 11 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. This form is available on the CMS website. In addition, the eTAR system is available for contracted providers to submit their request for treatment authorization electronically.

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
- After evaluating the patient, the specialist will send a consultation report to the referring primary care practitioner

If a CMS patient presents to a specialist physician’s office without an authorization, he or she should be referred 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) 658-8650.

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 927110
San Diego, CA 92192
FAX: (855) 394-7927**

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All non-clinic, non-emergency services provided to CMS patients must be prior approved. Authorization from 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. The request should include:

- 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, **routine** laboratory, and radiology studies. 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.

Providers must submit their request on a CMS-19, CMS Program Request for Referral Services Form (Treatment Authorization Request [TAR]), to AmeriChoice with sufficient information to support the requested medical service. Information required includes:

- History & assessment of the stated condition
- Applicable diagnostic test results
- Clinical notes specific to the condition, when appropriate

All TARs must be ordered by a physician or co-signed by a physician for physical health services. TARs ordered by a midlevel provider without a physician signature will be denied.

Turnaround time for routine TARs is ten (10) calendar days.

Complete, accurate and legible information will ensure a prompt response from AmeriChoice.

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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 are important.

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 (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 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. Other types of TAR denials include administrative, criteria not met, and non-covered benefit.

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 the request to the following address:

**CMS Program
Attn: Medical Appeals
PO Box 927110
San Diego, CA 92192
Phone: (858) 658-8650
Fax: (855) 394-7927**

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 requests for reconsideration must be submitted within three (3) business days of the date of the denial.

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

The following diagnostic studies, radiographs and DMEs **do not** require authorization:

Diagnostic Studies	Radiographs	DME
▪ Audiogram ▪ Cardiovascular stress test (Treadmill) ▪ Diagnostic mammogram ▪ Doppler ▪ Echocardiogram ▪ EEG ▪ PFT ▪ Diagnostic Sigmoidoscopy ▪ Holter monitor	▪ Barium enema ▪ Barium swallow ▪ Colposcopy Procedure ▪ IVP ▪ Diagnostic mammogram ▪ Sonogram ▪ Ultrasound ▪ Upper GI ▪ X-rays 4+ views	▪ Crutches ▪ Elastic support brace ▪ Standard one-point cane

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

Referral Services

AmeriChoice Medical Management reviews Treatment Authorization Requests (TAR) from clinics and specialists. Planned admissions, surgical procedures, ancillary/supportive services, specialty care, and the following services require authorization from AmeriChoice's Medical Management:

Diagnostic Studies	Consults	DME
▪ CT Scan ▪ MRI ▪ Non-formulary products ▪ Nuclear studies ▪ P.E.T. Scan ▪ Simple biopsy by a Dermatologist ▪ Sleep Studies (Attach sleep study form) ▪ EMG, Limited ▪ Nerve conduction study ▪ Radiology Guided Biopsy	▪ Cardiology ▪ Dermatology ▪ Endocrinology ▪ ENT ▪ Gastroenterology ▪ Gynecology ▪ Hernia repair evaluation (with work history form completed) ▪ Nephrology ▪ Neurology ▪ Neurosurgery ▪ Oncology ▪ Ophthalmology ▪ Optometry ▪ Orthopedics ▪ Pain Management ▪ Physical Therapy (evaluation only) ▪ Podiatry ▪ Pulmonology ▪ Rheumatology ▪ Surgery ▪ Urology	▪ All DME that meet LIHP Medical Policy criteria and received TAR approval

Please refer to Section 12 of this handbook for information concerning a beneficiary's rights and processes of Grievance and Appeals.

eConsult Services

The eConsult website is only available to contracted providers.

On demand web cast training for eConsult can be found at:

<http://www.cchealthnetwork.com/about/cchn-events-calendar/on-demand-webcasts-.aspx>

For providers of eConsult services, eConsult can be accessed through the eConsult website:

- Via eTAR website (www.sdcmmstars.com)
- Via SD County Medical Society website (www.econsultsd.com)

Section 12 Grievances and Appeals

The CMS Complaint and Medical Appeal process provides a method for CMS Program Administration and AmeriChoice to investigate and resolve complaints and appeals filed by patients and providers.

Complaints

A complaint is a written or verbal expression of dissatisfaction with access to care, quality of services, denial of services, etc. Primary care clinics must have an internal complaint process to handle complaints and to monitor quality of services. The clinic must use its internal process to try to resolve patient complaints about clinic services and treatment plans. Clinics may ask AmeriChoice for clarification of program coverage and procedures by forwarding pertinent information to AmeriChoice; they will work with clinics and patients to facilitate communication and provide information.

When efforts to resolve the complaints are unsuccessful and the differences between a patient and a provider are irreconcilable, Clinic Administration may ask the patient to transfer to another clinic. Clinic Administration must:

1. Send a written notice to the patient stating that after thirty (30) days the clinic will no longer treat them.
2. Tell the patient to call the CMS Patient Information Line to change primary care provider.
3. Send a copy of the letter with a summary of the patient's medical services to AmeriChoice, Attention: Case Management Program.

Medical Appeals

The CMS Program utilizes a two-tiered appeal process of reconsideration and appeal. Instructions for requesting a review are referenced on the Request for Authorization Denial Notice Form. Patients are encouraged to discuss the denial and other treatment options with their physician before filing an appeal with the AmeriChoice Patient Relations Department.

Both the patient and the requesting provider will receive written notification of a medical service denial, and either one may contact AmeriChoice and request clarification or may appeal the denial within thirty (30) days of receiving the denial notice.

All written and verbal inquiries to AmeriChoice, whether from the patient or the provider, will initiate an investigation. The Medical Appeal Process has two levels. The first level is called a Reconsideration and the second level is called an Appeal. When AmeriChoice denies a Request for Authorization, a written denial notice is sent to the patient, and a copy to the Primary Care Provider who requested authorization. Patients should review the denial with the Primary Care Provider and discuss other treatment options. Either the patient or the provider may contact AmeriChoice to obtain clarification or to file a Reconsideration.

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Reconsideration

The patient or provider must submit a written request for reconsideration to AmeriChoice within 30 calendar days from the date of the service denial notice. Upon receipt of the request for consideration AmeriChoice will:

1. Contact the patient to clarify the details of the denial.
2. Review the denial and contact the requesting primary care provider or specialty physician to obtain additional medical information or clarification and re-evaluate the request.
3. Seek an opinion from an independent specialty physician, as needed.
4. Send a written decision to the patient, the requesting physician, and the patient's primary care provider within forty-five days after receipt of the reconsideration request.

Appeal

The patient, the patient's authorized representative or provider must submit a written request to the CMS Program Administration within 30 calendar days from the date of the reconsideration decision notice. Upon receipt of the request for an Appeal, AmeriChoice and CMS Program Administration will:

1. Assemble an independent panel and schedule a hearing.
2. Summarize the independent panel's findings and recommendations.
3. Prepare the Final Decision Notice for the Health and Human Services Agency Director's signature.

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Section 13 Claims

AmeriChoice 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, Social Security Number, or CMS Member ID
 - 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
 - Individual and organizational NPI
 - 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
County Medical Services (CMS) Program
Claims Office
PO Box 927110
San Diego, CA 92192

Checking Claim Status

AmeriChoice processes claims that are complete and accurate within 30 days of receipt. If you have not received payment within 45 days please email inquiries to COSD_claims@uhc.com or fax inquiries to (855) 394-7927. All claims related inquiries, including questions regarding

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claim status must be emailed or faxed.

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 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.

Reimbursement

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

- Specify the CPT codes for **all** services provided by the clinic during the visit.
 - All covered supplemental services provided in the clinic will be paid at Medi-Cal or negotiated rates.
- All CMS dental services (basic and pre-approved) are paid at Denti-Cal rates.
- All pre-approved optometry services are paid at Medi-Cal rates.

The actual utilization and level of the Primary Care Pool fund will be assessed quarterly. If necessary, interim payment rates may be adjusted to ensure, to the greatest extent possible, that the pool will not be depleted prior to the end of the contract year.

You may not bill patients for:

- Any balance of fees or other associated costs after CMS pays for the service(s)
- Any hospital 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 Scope of Services

Payment Rates

Claims are paid based on Medi-Cal Fee Schedule and Guidelines. See Section 14 – Provider

Reimbursement Schedule for more information.

Notification of Changes to Provider Information

To ensure your check and RA is accurate and timely, immediately notify AmeriChoice's Claims Department via email (COSD_claims@uhc.com) or fax (855-394-7927) :

- Ownership
- Address (mailing and/or service site)
- Group affiliation

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- Tax Identification Number (TIN)

Clinics must provide the AmeriChoice Claims Department with a listing of licensed providers employed by the clinic (MD, DO, RNP and PA). Copies of license numbers and if applicable, DEA numbers are required. Staff additions and any corrections should be forwarded to AmeriChoice as they occur to avoid unnecessary delays or denial of claims.

Medi-Cal Pending

CMS covers necessary medical care for certified patients while their Medi-Cal disability evaluation is pending. AmeriChoice will process claims for these patients following standard CMS procedures.

Medi-Cal Approved

AmeriChoice will notify providers of the Medi-Cal approval on the RA. AmeriChoice will deny all claims received after the patient has been approved for Medi-Cal. For claims AmeriChoice has paid:

- Providers must bill Medi-Cal directly once Medi-Cal eligibility is approved
- In the event you receive payment from Medi-Cal for a service previously paid by AmeriChoice, you must reimburse the CMS Program.

Appeal Process for Denied Claims

If a claim submitted to the CMS Program for payment is denied, you may ask for an appeal and must resubmit the claim within 30 days of the denial notification. The reason for the appeal and additional justification for payment must be clearly stated. Send all claims for appeals to the following address:

**CMS Program – Appeals
Attention: Claims Department
PO Box 927110
San Diego, California 92192**

If you have questions, email (COSD_claims@uhc.com) or fax (855-394-7927) the Claims Department for instructions on how to submit your appeal. AmeriChoice will review the claim and additional information and notify you of the decision within 45 calendar days.

End of Year Close-Out

The CMS Program fiscal year ends on June 30 of each year. All claims for services provided to patients certified or referred to CMS in a fiscal year must be submitted to AmeriChoice by July 31, regardless of authorization or eligibility status.

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Section 14 Provider Reimbursement Schedule



CMS Provider Reimbursement Schedule

Provider Type	Reimbursement Schedule
Inpatient Hospital	Medi-Cal APR-DRG
Outpatient Hospital	100% Medi-Cal Fee Schedule
Specialist	150% of Medi-Cal Fee Schedule
Specialist – Ortho/Neuro Surgery	150% of Medi-Cal Fee Schedule
Ancillary Provider & Services	100% Medi-Cal Fee Schedule
Primary Care Services Provider	E&M codes paid at 280% of current Medi-Cal Fee Schedule/all other services paid at 100% of the current Medi-Cal Fee Schedule; Dental services paid at 100% of the current Denti-Cal Fee Schedule
UCSD Medical Group	150% Medi-Cal Fee Schedule
UCSD Med Group Ortho and Neuro Surgery	150% Medi-Cal Fee Schedule
Emergency Room Physician	100% Medi-Cal Fee Schedule
Ambulance	100% Medi-Cal Fee Schedule

Section 15 Definitions

Administrative Services Organization

The private organization retained by the County to provide administrative support to CMS.

County

County of San Diego, a political subdivision of the State of California.

Beneficiary

An individual who has been approved for the CMS benefits.

Emergency Medical Condition

Per Special Terms & Conditions (63): a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- (a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
- (b) Serious impairment to bodily functions.
- (c) Serious dysfunction of any bodily organ or part.

Individual

An applicant for the CMS whose eligibility has not yet been determined.

Network Provider

A provider who has a contract with the County of San Diego to provide CMS services.

Out-of-Network Provider

A provider who does not have a contract with the County of San Diego to provide CMS services.

Section 16 CMS Dental Locations (Appointments Are Required)

Comprehensive Health Center

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

Fallbrook Family Health Center

1328 South Mission Road
Fallbrook, CA 92028
(760) 451-4720

Family Health Centers San Diego – City Heights Dental Clinic

5454 El Cajon Boulevard
San Diego, CA 92115
(619) 515-2442

Family Health Centers San Diego – Diamond Neighborhoods Clinic

4725 Market Street
San Diego, CA 92102
(619) 515-2560

Family Health Centers San Diego – Elm Street Dental Clinic

140 Elm Street
San Diego, CA 92101
(619) 515-2543

Family Health Centers San Diego – Grossmont/Spring Valley Dental

8788 Jamacha Road
Spring Valley, CA 91977
(619) 515-2330

Family Health Centers San Diego – Logan Heights Dental Clinic

1809 National Avenue
San Diego, CA 92113
(619) 515-2394

Family Health Centers San Diego – North Park/Hillcrest Dental Clinic

3544 30th Street
San Diego, CA 92104
(619) 515-2434

La Maestra Family Clinic – El Cajon

183 South First Street
El Cajon, CA 92019
(619) 328-1335

La Maestra Family Clinic

4305 University, Suite 120
San Diego, CA 92105
(619) 285-8135

Neighborhood Healthcare – Lakeside Dental

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

Neighborhood Healthcare – Pauma Valley

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

Neighborhood Healthcare – Ray M. Dickinson Wellness Center

425 North Date, Suite 125
Escondido, CA 92025
(760) 737-2018

Operation Samahan – Camino Ruiz

10737 Camino Ruiz, Suite 235
San Diego, CA 92126
(858) 578-4220

Operation Samahan—Highland

2743 Highland Avenue
National City, CA 91950
(619) 474-2284

San Ysidro Health Center

4004 Beyer Blvd
San Ysidro, CA 92173
(619) 662-4180

Vista Community Clinic

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

Section 17 CMS Hospitals

Alvarado Hospital

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

Palomar Health Downtown Campus

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

Palomar Medical Center

2185 Citracado Parkway
Escondido, CA 92029
(442) 281-5000

Paradise Valley Hospital

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

Pomerado Hospital

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

Promise Hospital of San Diego

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

Scripps Memorial – Encinitas

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

Scripps Memorial – La Jolla

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

Scripps Mercy Hospital

4077 Fifth Avenue

San Diego, CA 92103

(619) 294-8111

Scripps Mercy Hospital – Chula Vista

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

Sharp Chula Vista Medical Center

751 Medical Center Court
Chula Vista, CA 91911
(619) 502-5800

Sharp Coronado Hospital

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

Sharp– Grossmont Hospital

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

Sharp Memorial Hospital

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

Tri-City Medical Center

4002 Vista Way
Oceanside, CA 92056
(760) 724-8411

UCSD Medical Center

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

UCSD Thornton Hospital

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

Section 18 CMS Primary Care Clinics

BORREGO SPRINGS MEDICAL CENTER

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

Centro Medico – El Cajon

133 West Main Street
El Cajon, CA 92020
(619) 401-0404

Borrego Julian Medical Clinic

2721 Washington Street
Julian, CA 92036
(760) 765-1223

COMMUNITY HEALTH SYSTEMS

Fallbrook Family Health Center

1328 South Mission Road
Fallbrook, CA 92028
(760) 451-4720

FAMILY HEALTH CENTERS (FHC) OF SAN DIEGO

Beach Area FHC

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

Chase Avenue FHC

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

Chula Vista FHC

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

City Heights FHC

5454 El Cajon Boulevard
San Diego, CA 92115
(619) 515-2400

FAMILY HEALTH CENTERS (FHC) OF SAN DIEGO

(continued)

Connections FHC

1250 6th Avenue, Suite 100
San Diego, CA 92101
619-515-2430

Diamond Neighborhoods FHC

4725 Market Street
San Diego, CA 92102
(619) 515-2560

Elm Street FHC

140 Elm Street
San Diego, CA 92101
(619) 515-2520

Grossmont/Spring Valley FHC

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

Lemon Grove FHC

7592 Broadway
Lemon Grove, CA 91945
(619) 515-2550

Logan Heights FHC

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

North Park FHC

3544 30th Street
San Diego, CA 92104
(619) 515-2424

Sherman Heights FHC

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

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IMPERIAL BEACH HEALTH CENTER

949 Palm Avenue
Imperial Beach, CA 91932
(619) 429-3733

Nestor

1016 Outer Road
San Diego, CA 92154
(619) 429-3733

LA MAESTRA FAMILY CLINIC

4060 Fairmount Avenue
San Diego, CA 92105
(619) 280-4213

El Cajon

165 South First Street
El Cajon, CA 92019
(619) 779-7900

National City Clinic

217 Highland Avenue
National City, CA 91950
(619) 434-7308

**MOUNTAIN HEALTH & COMMUNITY
SERVICES**

Alpine Family Medicine

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

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

**MOUNTAIN HEALTH & COMMUNITY
SERVICES (continued)**

25th Street Family Medicine

316 25th Street, Suite 101
San Diego, CA 92102
(619) 238-5551

NEIGHBORHOOD HEALTHCARE

El Cajon

855 East Madison
El Cajon, CA 92020
(619) 440-2751

Lakeside

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

Escondido – North Elm

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

Escondido – Grand

1001 E. Grand Avenue
Escondido, CA 92025
(760) 520-8200

Pauma Valley

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

Ray M. Dickinson Wellness Center

425 North Date Street, Suite 203
Escondido, CA 92025
(760) 520-8300

NORTH COUNTY HEALTH SERVICES

Ramona Health Center

220 Rotanzi Street
Ramona, CA 92065
(760) 736-6767

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OPERATION SAMAHAN INC.

Health Clinic

10737 Camino Ruiz, Suite 235
San Diego, CA 92126
(858) 578-4220

Family Clinic

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

Community Health Center

2835 Highland Ave., Suite A
National City, CA 91950
(619) 474-5567

**SAN DIEGO AMERICAN INDIAN HEALTH
CENTER**

2630 First Avenue
San Diego, CA 92103
(619) 234-2158

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 Medical Plaza

678 Third Avenue
Chula Vista, CA 91910
(619) 662-4100

SAN YSIDRO HEALTH CENTER (continued)

Comprehensive Health Center – Ocean View

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

King-Chavez Health Center—Euclid

950 Euclid Avenue
San Diego, CA 92114
(619) 662-4100

National City Family Clinic

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

Otay Family Health Center

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

Paradise Hills Family Clinic

2400 E. 8th Street, Suite A
National City, CA 91950
(619) 662-4100

SOUTHERN INDIAN HEALTH COUNCIL

Alpine Clinic

4058 Willows Road
Alpine, CA 91901
(619) 445-1188

Campo Clinic

36350 Church Road
Campo, CA 91906-0498
(619) 445-1188 x700

**ST. VINCENT de PAUL VILLAGE FAMILY
CENTER**

1501 Imperial Avenue
San Diego, CA 92101
(619) 233-8500

County of San Diego County Medical Services (CMS) Program

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VISTA COMMUNITY CLINICS

Vista Community Clinic

1000 Vale Terrace

Vista, CA 92084

(760) 631-5000

Vista Community Clinic – Grapevine

134 Grapevine Drive

Vista, CA 92083

(760) 631-5000

Vista Community Clinic –

Horne Street

517 N. Horne Street

Oceanside, CA 92054

(760) 631-5000

Vista Community Clinic –

North River Rd

4700 North River Road

Oceanside, CA 92057

(760) 631-5000

Vista Community Clinic–

Pier View Way

819 Pier View Way

Oceanside, CA 92154

(760) 631-5000

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Section 19 CMS Network Pharmacy Locations

Patients need to check with specific pharmacies for delivery details.

AD-RX Pharmacy

6240 Wilshire Boulevard
Los Angeles, CA 90048
(323) 936-8221
Free Delivery in CA.

Community Medical Center Pharmacy

610 Gateway Center Way, Ste A
San Diego, CA 92102
(619) 262-4373
Free Mail/Delivery with > 1 Rx

Allen's Pharmacy

1141 6th Ave.
San Diego, CA 92101
(619) 232-8101
Free Mail/Delivery

Community Medical Center Pharmacy

750 Medical Center Court
Chula Vista, CA 91911
(619) 421-1132
Free Mail/ \$5 Delivery Fee

Asmar Community Pharmacy

436 S. Magnolia St.
El Cajon, CA 92020
(619) 447-9900
Free Delivery/No Mail

Community Pharmacy

29115 Valley Center Road
Valley Center, CA 92082
(760) 749-1156
No Mail/Delivery

Best Pharmacy

5507 El Cajon Boulevard
San Diego, CA 92115
(619) 582-4466
No Mail/Delivery

CVS Pharmacy

1101 S. Mission Road
Fallbrook, CA 92028
(760) 723-5721
Free Delivery/No Mail

***Borrego Community Health Foundation
Pharmacy**

655 Palm Canyon Drive, Suite B
Borrego Springs, CA 92004
(760) 767-3047
Charge for Mail/No Delivery

CVS Pharmacy

318 West El Norte Parkway
Escondido, CA 92026
(760) 489-1505
No Mail/Delivery

*Patient must be assigned to this community health center, otherwise they will need to have their prescriptions filled at one of the designated CMS pharmacies.

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CVS Pharmacy

555 Broadway, Suite 1054
Chula Vista, CA 91910
(619) 420-7808
No Mail/Delivery

CVS Pharmacy

313 E. Washington Avenue
San Diego, CA 92103
(619) 291-7170
No Mail/Delivery

CVS Pharmacy

2510 El Camino Real
Carlsbad, CA 92008
(760) 729-8941
No Mail/Delivery

CVS Pharmacy

2760 Fletcher Parkway
El Cajon, CA 92020
(619) 461-4411
No Mail/Delivery

CVS Pharmacy

800 Palm Avenue
Imperial Beach, CA 91932
(619) 424-8989
No Mail/Delivery

CVS Pharmacy

3332 Sand Rock Road
San Diego, CA 92123
(858) 278-0047
No Mail/Delivery

CVS Pharmacy

1380 South 43rd Street
San Diego, CA 92113
(619) 263-8116
No Mail/Delivery

CVS Pharmacy

1810 Main Street
Ramona, CA 92065
(760) 789-9062
No Mail/Delivery

CVS Pharmacy

3350 Palm Avenue
San Diego, CA 92154
(619) 424-7030
No Mail/Delivery

CVS Pharmacy

1652 Garnet Avenue
San Diego, CA 92109
(858) 273-1940
No Mail/Delivery

CVS Pharmacy

4404 El Cajon Blvd.
San Diego, CA 92115
(619) 280-5006
Free Delivery/No Mail

CVS Pharmacy

3925 North River Road
Oceanside, CA 92058
(760) 757-9348
No Mail/Delivery

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CVS Pharmacy

635 S. Melrose Dr.
Vista, CA 92081
(760) 643-3900
No Mail/Delivery

Fallbrook Pharmacy

343 East Alvarado St.
Fallbrook, CA 92028
(760) 728-1607
\$7/\$14 Mail/\$10 Delivery Fee

***Family Health Centers of San Diego**

1809 National Avenue
San Diego, CA 92113
(619) 515-2490
No Mail/Delivery

Galloway's Medical Center Pharmacy

2995 National Avenue
San Diego, CA 92113
(619) 525-1551
Free Mail/Free Delivery over 1 rx

Hillcrest Pharmacy

120 University Avenue
San Diego, CA 92103
(619) 260-1010
Free Mail/Delivery

***Indian Health Council Rincon Clinic**

50100 Golsh Road
Valley Center, CA 92082
(760) 749-1410
No Mail/Delivery

***Indian Health Council Ysabel Clinic**

110 1/2 School House Canyon Road
Santa Ysabel, CA 92070
(760) 765-4203
No Mail/Delivery

**John M. and Sally B. Thornton
Hospital Pharmacy**

9300 Campus Point Drive, Ste. 3-264
La Jolla, CA 92037
(858) 657-8610
Discharge Pharmacy Only

***La Maestra Family Clinic**

4060 Fairmont Avenue
San Diego, CA 92105
(619) 564-7013
No Mail/Delivery

Leo's Lakeside Pharmacy

9943 Maine Ave
Lakeside, CA 92040
(619) 443-1013
Free Delivery for East County Area

Linda Vista Pharmacy

2361 Ulric St.
San Diego, CA 92111
(858) 277-6145
Local Delivery Only

Med Rx Health Mart Pharmacy

1031 East Vista Way
Vista, CA 92084
(760) 724-7125
3+ Rx= Free Delivery

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Med-Care Pharmacy

161 Thunder Drive, Suite 100
Vista, CA 92083
(760) 758-7650
\$5.00 Charge for Delivery

Medco Drugs

1252 Broadway
El Cajon, CA 92021
(619) 440-3448
Free Mail/Delivery

Medical Center Pharmacy

12395 El Camino Real
San Diego, CA 92130
(858) 259-1221
Free Mail/No Delivery Service

Medical Center Pharmacy

480 Fourth Avenue, Suite 100
Chula Vista, CA 91910
(619) 427-1444
Free Mail/Delivery

Medical Center Pharmacy

765 Medical Center Court, #208
Chula Vista, CA 91911
(619) 656-2846
Free Mail/Delivery (2+ Rx)

Medical Center Pharmacy

1635 Third Avenue
Chula Vista, CA 91911
(619) 585-8818
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

855 Third Avenue, Suite 1102
Chula Vista, CA 91911
(619) 585-0665
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

4074 Fairmont Avenue
San Diego, CA 92105
(619) 284-1141
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

340 Fourth Avenue, Suite 1
Chula Vista, CA 91910
(619) 422-9291
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

310 Santa Fe Drive, Suite 109
Encinitas, CA 92024
(760) 753-9433
Free Mail Delivery in certain areas

Medical Center Pharmacy

4060 4th Ave. Suite 110
San Diego, CA 92103
(619) 297-2214
2+ Rx= Free Delivery

Medical Center Pharmacy

3904 Park Boulevard
San Diego, CA 92105
(619) 295-3109
Free Mail/Delivery

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Medical Center Pharmacy

7910 Frost Street Suite 103
San Diego, CA 92123
(858) 560-1911
Free Mail/Delivery

Modern Healthcare Pharmacy

13220 Evening Creek Drive, Suite 110
San Diego, CA 92128
(858) 668-3350
Free Delivery

***Neighborhood Healthcare**

460 North Elm Street
Escondido, CA 92025
(760) 737-2025
No Mail/Delivery

Nudo's Pharmacy

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

**Premier Pharmacy #4 – Previously Edwins
Pharmacy**

12500 Burbank Blvd.
Valley Village, CA 91607
(888) 619-6196
Free specialty mail order service/next day
delivery

**AHF Pharmacy – Previously Priority
Pharmacy**

3940 Fourth Avenue, Suite 150
San Diego, CA 92103
(619) 574-9700
Free Mail/Delivery

Px Drugstore

5300 Lankershim Boulevard, Suite 160
North Hollywood, CA 91601
(818) 769-0313
Free Mail/Delivery

Quality Care Pharmacy

727 West San Marcos Blvd.
San Marcos, CA 92078
(760) 744-5959
Free Mail/Delivery

Rite Aid

1665 Alpine Boulevard
Alpine, CA 91901
(619) 659-1085
No Mail/Delivery

Rite Aid

7224 Broadway
Lemon Grove, CA 91945
(619) 465-6694
No Mail/Delivery

Rite Aid

427 C Street, Suite 100
San Diego, CA 92101
(619) 233-1666
No Mail/Delivery

Rite Aid

6939 Linda Vista Road
San Diego, CA 92111
(858) 277-6730
No Mail/Delivery

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Rite Aid

1735 Euclid Ave.
San Diego, CA 92105
(619) 264-7211
No Mail/Delivery

Rite Aid

3650 Adams Avenue
San Diego, CA 92116
(619) 563-0802
No Mail/Delivery

Rite Aid

661 Sweetwater Road
Spring Valley, CA 91977
(619) 463-9848
No Mail/Delivery

***San Ysidro Health Center**

3177 Oceanview Boulevard
San Diego, CA 92113
(619) 231-9300 x3148
No Mail/Delivery

***San Ysidro Health Center**

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 662-4160
No Mail/Delivery

Sav-On Pharmacy

655 14th Street
San Diego, CA 92101
(619) 237-9127
Free Mail/Delivery

Sharp Coronado Community Pharmacy

230 Prospect Place No. 110
Coronado, CA 92118
(619) 522-3996
Free Delivery on Coronado

***Southern Indian Health Council**

4058 Willows Road
Alpine, CA 91901
(619) 445-1188x430
No Mail/Delivery

***Southern Indian Health Council**

36350 Church Road
Campo, CA 91906
(619) 445-1188x730
No Mail/Delivery

UCSD Hillcrest Medical Offices South

4168 Front Street
San Diego, CA 92103
(619) 543-5934
Free Mail/Delivery

UCSD Medical Center Discharge Pharmacy

200 West Arbor Drive, Suite 8765
San Diego, CA 92103
(619) 543-3279
No Mail/Delivery

UCSD Moores Cancer Center

3855 Health Science Drive, Suite 0845
La Jolla, CA 92093
(858) 822-6088
No Mail/Delivery

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UCSD Edith and William Perlman Pharmacy

9350 Campus Point Dr.
La Jolla, CA 92037
(858) 657-8610
Free Mail/Delivery

Vons

3645 Midway Drive
San Diego, CA 92110
(619) 222-9736
\$7.95 Delivery Charge

***Vista Community Clinic #1**

1000 Vale Terrace Drive
Vista, CA 92084
(760) 631-5000
No Mail/Delivery

Vons

4145 30th Street
San Diego, CA 92104
(619) 284-3582
Free Delivery M-F

***Vista Community Clinic #2**

134 Grapevine Road
Vista, CA 92083
(760) 631-5000
No Mail/Delivery

Vons

933 Sweetwater Road
Spring Valley, CA 91977
(619) 460-6336
\$7.95 Delivery Charge

***Vista Community Clinic #3**

818 Pier View Way
Oceanside, CA 92054
(760) 631-5000
No Mail/Delivery

Vons

845 College Boulevard
Oceanside, CA 92057
(760) 630-6252
\$5 Per delivery

Vons

1201 Avocado Avenue
El Cajon, CA 92020
(619) 440-1915
No Charge Delivery Service

Walgreens

1430 Eastlake Parkway
Chula Vista, CA 91915
(619) 591-7042
No Mail/Delivery

Vons

2345 East Valley Parkway
Escondido, CA 92027
(760) 489-0981
\$5 Delivery Service Charge

Walgreens

621 I Street
Chula Vista, CA 91910
(619) 407-4057
No Mail/Delivery

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Walgreens

215 North Second Street
El Cajon, CA 92021
(619) 401-0761
Free Delivery

Walgreens

111 West Washington Avenue
Escondido, CA 92025
(760) 291-0299
Free Standard Shipping

Walgreens

1574 East Valley Parkway
Escondido, CA 92027
(760) 839-7932
No Mail/Delivery

Walgreens

460 West Felicita Avenue
Escondido, CA 92025
(760) 735-6025
No Mail/ \$3 Delivery Fee

Walgreens

1285 South Mission Road
Fallbrook, CA 92028
(760) 451-2970
No Mail/Delivery

Walgreens

9728 Winter Gardens Boulevard
Lakeside, CA 92040
(619) 938-0069
No Mail/Delivery

Walgreens

30251 Murrieta Road
Menifee, CA 92584
(951) 244-7210
Charges for Delivery

Walgreens

27714 Clinton Keith Road
Murrieta, CA 92562
(951) 672-1214
Free Delivery in Certain Zip Codes

Walgreens

29910 Murrieta Hot Springs Road
Murrieta, CA 92563
(951) 894-1476
No Mail/Delivery

Walgreens

33060 Antelope Road
Murrieta, CA 92584
(951) 301-0670
No Mail/Delivery

Walgreens

40420 Murrieta Hot Springs Road
Murrieta, CA 92563
(951) 698-7459
No Mail/Delivery

Walgreens

40663 California Oaks Road
Murrieta, CA 92562
(951) 304-1219
No Mail/Delivery

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Walgreens

885 Euclid Avenue
National City, CA 91950
(619) 267-1950
Free Standard Shipping

Walgreens

4181 Oceanside Boulevard
Oceanside, CA 92056
(760) 536-7330
No Mail/Delivery

Walgreens

13390 Poway Road
Poway, CA 92064
(858) 435-7580
No Mail/Delivery

Walgreens

10787 Camino Ruiz
San Diego, CA 92126
(858) 437-0761
No Delivery

Walgreens

5504 Balboa Avenue
San Diego, CA 92111
(858) 495-9155
Free Standard Shipping

Walgreens

640 University Avenue
San Diego, CA 92103
(619) 295-6688
Free Standard Shipping to Certain SD Zip
Codes

Walgreens

8766 Navajo Road
San Diego, CA 92119
(619) 667-8764
Free Standard Shipping

Walgreens

3222 University Avenue
San Diego, CA 92104
(619) 528-1793
Free Standard Shipping

Walgreens

10512 Mission Gorge Road
Santee, CA 92071
(619) 258-7942
No Mail/Delivery

Walgreens

9305 Mission Gorge Road
Santee, CA 92071
(619) 258-8011
No Mail/Delivery

Walgreens

1320 Encinitas Boulevard
Encinitas, CA 92024
(760) 942-2018
Free Standard Shipping

Walgreens

1510 North Santa Fe Avenue
Vista, CA 92083
(760) 724-3763
No Mail/Delivery

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Walgreens

3507 Cannon Road
Oceanside, CA 92056
(760) 630-1327
No Mail/Delivery

Walgreens

802 South Santa Fe Avenue
Vista, CA 92084
(760) 724-2833
No Mail/Delivery

Walgreens

1111 Third Avenue
Chula Vista, CA 91911
(619) 691-1308
No Mail/Delivery

Walgreens

3752 Mission Avenue
Oceanside, CA 92054
(760) 722-9409
No Mail/Delivery

Walgreens

310 Sycamore Avenue
Vista, CA 92083
(760) 630-5723
No Mail/Delivery

Walmart

75 Broadway
Chula Vista, CA 91910
(619) 691-0873
1-800-273-3455 for Delivery

Walmart

1150 Broadway
Chula Vista, CA 91911
(619) 591-4909
1-800-273-3455 for Delivery

Walmart

13487 Camino Canada
El Cajon, CA 92021
(619) 561-2420
1-800-273-3455 for Delivery

Walmart

605 Fletcher Parkway
El Cajon, CA 92020
(619) 440-0848
1-800-273-3455 for Delivery

Walmart

1200 Highland Avenue
National City, CA 91950
(619) 336-1607
1-800-273-3455 for Delivery

Walmart

3405 Marron Road
Oceanside, CA 92056
(760) 730-7386
1-800-273-3455 for Delivery

Walmart

705 College Boulevard
Oceanside, CA 92057
(760) 631-1857
1-800-273-3455 for Delivery

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Walmart

3382 Murphy Canyon Road
San Diego, CA 92123
(858) 571-6971
1-800-273-3455 for Delivery

Walmart

3412 College Avenue
San Diego, CA 92115
(619) 858-0074
1-800-273-3455 for Delivery

Walmart

732 Center Drive
San Marcos, CA 92069
(760) 233-8971
1-800-273-3455 for Delivery

Walmart

2100 Vista Way
Oceanside, CA 92054
(760) 966-0143
1-800-273-3455 for Delivery

Walmart

32225 Temecula Parkway
Temecula, CA 92592
(951) 506-7631
1-800-273-3455 for Delivery

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