

NEW PROVIDER ORIENTATION MANUAL

January 2021
Edition

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Chapter 1

Introduction



January 2021

Dear Valued Provider:

Welcome to Omnicare Medical Group!

You are part of a network of progressive Providers in the Compton, Lynwood and surrounding communities who are committed to providing quality health care.

This Provider Manual documents information about Omnicare including how to submit a referral and authorization, and claims. In addition, we ask you to review the Provider Responsibilities section. It is imperative that you comply with this section to ensure your practice does not fall out of compliance with us.

Please note that this Manual will change over time in response to changes in Omnicare practices, Federal and State law, and Health Plan rules and regulations.

We thank you for your participation in our network, and look forward to a long and rewarding partnership, as we work together to provide quality healthcare to our members.

If you have any questions, please do not hesitate to contact your assigned Provider Network Administrator or Omnicare at (310) 900-4280.

Sincerely,

Corey Moffatt

Corey Moffatt
Director, Provider Network Administration

OMNICARE: A COMPANY OVERVIEW

The Company

Omnicare Medical Group once started and operated by a group of dedicated physicians in the Lynwood, Compton area, who are committed to providing quality healthcare to the citizens in the Lynwood, Compton and surrounding communities. Currently, with a network of 125 Primary Care Physicians and over 300 Specialty Providers, Omnicare serves approximately 35, 000 lives. Our membership is expected to grow by expanding our relationship with other healthcare partners. Our core hospitals are St. Francis Medical Center and Long Beach Memorial Medical Center.

Omnicare is fiscally sound, offers competitive reimbursement, commitment to attracting and retaining our membership and providing the most up to date information regarding the healthcare industry and how it may impact your office. Omnicare has remained active in educating and empowering its Primary Care Physicians to become a 5-star Provider

Omnicare is committed to developing healthy relationships by offering quality health care and service through its spectrum of products. We are currently contracted with the following Health Plans:

| | |
|------------------------------------|---|
| ❖ Blue Shield of California | Commercial, including PPO/POS, and Medicare Advantage |
| ❖ CIGNA | Commercial, including POS/PPO |
| ❖ LA Care Health Plan | Medi-Cal, Covered California, Cal Medi-Connect |
| ❖ Health Net of California | Commercial, including POS/PPO, Medicare Advantage, Medi-Cal, Covered California |
| ❖ United HealthCare | Commercial, including POS/PPO |
| ❖ Blue Cross of California | Medi-Cal |
| ❖ Brand New Day | Medicare Advantage |
| ❖ Central Health Plan | Medicare Advantage |



Big News!

In 2016, Omnicare merged with AltaMed Health Services Corporation. Omnicare and AltaMed Health Services are committed to serving medically underserved communities in Southern California. Omnicare will continue to operate independently with no change in delegated responsibilities and operational functions.

Chapter 2

Provider Network Services



Omnicare – Provider Network Services

Omnicare Provider Network Administrators are dedicated liaisons who are here to help you. We want you to have a positive experience with Omnicare Medical Group. Upon joining Omnicare, you will be assigned your personal Provider Network Administrator. The Administrator will work closely with you to help you get the most out of doing business with us.

Provider Network Department*

| | | |
|-------------------|---------------------------------------|--------------------------|
| Corey Moffatt | Director, Provider Network Management | cmoffatt@alturamso.com |
| Nellie Smith | Administrative Assistant | narmstrong@alturamso.com |
| Moises Herreros | Sr Provider Network Administrator | mherreros@alturamso.com |
| Rocio Sevilla | Provider Network Administrator | rsevilla@alturamso.com |
| Kimberly Martinez | Patient Care Coordinator | kmartinez@alturamso.com |
| Sachin Raheja | Provider Network Administrator | sraheja@alturamso.com |

*For phone number and additional information, please see Chapter 10, Contact Information.

Provider Network Administrators offer support such as:

- Provider Site visits
- Training your staff on Omnicare’s policies and procedures
- Providing ongoing education resources such as the provider portal
- Resolving operational issues to improve health care delivery
- Being available to answer your questions
- Omnicare Portal – CONNECT.AlturaMSO.com

If you have any questions or concerns, please contact your assigned Provider Network Administrator or call Nellie Smith, Administrative Assistant, at (310) 900-4280.

Certified Enrollment Counselor

Available on site is a Certified Enrollment Counselor (CEC) to assist the public in obtaining health insurance. With management approval, the CEC can come to your office to assist your patients with enrolling or enrollment retention. Please see chapter 10, Contact Information, for CEC contact number.

Management Company – Altura MSO

Omnicare has a Medical Management Company, Altura MSO that supports the needs of our members and Providers. A Nurse Case Manager is assigned to assist in the coordination of care and facilitating access for appropriate health care services. Omnicare’s Nurse Case Managers work under the direction of Toni Johnson-Chavis, MD for Pediatrics and Ashok Raheja, MD for Adults. Together, they promote “immediate” health care management by focusing on early assessments to identify members with a



chronic disease and/or special needs. Nurse Case Managers will provide educational services to members requiring preventive instruction.

Altura MSO

Omnicare Primary Care Physicians, Specialists, and Ancillary Providers use Altura MSO Provider Portal at [CONNECT Portal \(alturamso.com\)](https://alturamso.com) to submit online referrals, medical records, provider research, check status of referral and claims, eligibility check, provider reports-HEDIS, New Members, Actionable P4P reports, and to obtain needed documents to provide patient care. As a contracted Specialist, you will receive an orientation from your assigned Provider Relations Representative and Altura MSO. At that time, you will be given your own ID and password to access to the Altura MSO Provider Portal. Please see the following pages on how to access Altura MSO

Chapter 3

Medical Management

Omnicare – Medical Management

Omnicare offers a Case Management Services that is designed to coordinate resources and create appropriate cost-effective options for our patients that require extensive or ongoing services. The case management efforts are focused on the restoration, maintenance and preventative aspects of self-care.

Case Management

Through our Case Management services, the nurses promote health management of our members by focusing on early assessment for chronic disease and special needs, and by providing education regarding preventive services. In addition to this member focus, the nurses are available to assist our provider network with health care delivery to our members. The nurses work under the direction of Toni Johnson-Chavis, MD for Pediatrics and Ashok Raheja, MD for Adults.

Utilization Management

Medical Management, through its utilization management processes, is structured to deliver fair, impartial, and consistent decisions that affect the health care of our members. If there is a utilization denial, you will be provided with written notification and the specific reason for the denial, as well as your appeal rights. In addition, Conifer Health Solution Medical Officer, or an appropriate practitioner, will be available to discuss any utilization issues and the criteria utilized in making the decision. Utilization decision-making is based solely on appropriateness of care and service and existence of coverage. Please submit necessary supporting documents to prevent a delay or denial of your request. You can reach Altura MSO Utilization Department by calling (855) 848-5252. Medical Management's business hours are 8:00 am to 5:00 pm Monday through Friday. However, we do recommend that you contact your assigned Provider Network Administrator to assist you with any issues.

Referral/Authorizations

Omnicare promotes the traditional primary care relationship between physicians, specialists and their patients. Omnicare recommends that the PCP coordinate the entire episode of care to ensure the timely initiation and appropriate utilization of health services. We do recognize that there are certain situations and circumstances in which the specialist provider would request a referral to another specialist.

The Provider Referral Form is utilized to obtain pre-authorization for services outside of the PCP/Specialist office. The Provider Referral Form is available electronically for completion and submission to Altura MSO. Use of the electronic form is secure and is the preferred method of submitting requests for pre-authorizations. If you cannot submit your authorization electronically, see sample authorization form. Urgent requests for pre-authorization may be made by faxing Medical Management at (323) 720-5608. Medical Management strives to respond to provider requests for pre-authorization of services in an efficient and prompt manner.

Please remember the following when submitting your pre-authorization:

- All Inpatient/outpatient services require Pre-Authorization

- All Out-of-Network services require Pre-Authorization
- All “not otherwise classified” (NOC), “unlisted”, or “unspecified” codes require clinical review
- All services/procedures billed to Omnicare/ Altura MSO must be both medically necessary and coded appropriately.

Following:

- Pre-Authorization form

Chapter 4

Provider Responsibilities

Omnicare – Provider Responsibilities

This section will address several important responsibilities of every Provider. It is important that you adhere to this section to ensure you remain in good standing with us. If you have any questions, please do not hesitate to contact your assigned Provider Network Administrator.

1. Initial Health Assessments (IHA)

The Department of Health Care Services (DHCS) requires primary care physicians (PCPs) to complete an initial health assessment (IHA) for all new Medi-Cal members within 120 days of their Health Plan enrollment date. You have 120 days to call your newly assigned patients in for their Initial Health Assessment. The goal of the IHA is to assess acute, chronic and preventative health needs.

2. Access and Availability Standards and After-Hours Care

All PCPs and Specialists are responsible for offering members access to covered services 24 hours a day, 7 days a week. Access includes regular office hours on weekdays and the availability of a provider or designated agent by telephone after regular office hours, on weekends and on holidays. When unavailable, providers must arrange for on-call coverage by another participating provider. See following pages for sample access and available standards and after-hours care script.

3. Electronic Health Records (EHR)

All PCPs and Specialists will be required to participate in electronic health record (EHR). An EHR is a digital version of a patient's paper chart. EHRs are real time, patient-centered records that make information available instantly and securely to authorized users. While an EHR does contain the medical and treatment histories of patients, an EHR system is built to go beyond standard clinical data collected in a provider's office and can be inclusive of a broader view of a patient's care. EHRs contain a patient's medical history, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, and laboratory and test results. Allow access to evidence-based tools that providers can use to make decisions about a patient's care.

If you have any questions or concerns, please contact your assigned Provider Network Administrator.

4. Laboratory Services

Omnicare utilizes Quest Diagnostic as our provider for laboratory services. It is vital that all lab work is submitted Quest Diagnostics! Quest Diagnostic will provide you and our members with responsive, convenient, high quality services. Quest Diagnostic has more than 100 phlebotomy locations. Please contact Omnicare for a list of phlebotomy locations or you may visit the Quest Diagnostic website at www.questdiagnostics.com for locations.

5. Provider Profile

All contracted Provider Profiles must be up to date. If have you moved, changed telephone or fax numbers without notifying us, please fax the updated information to Omnicare at (323) 721-1171. You may also email your assigned Provider Network Administrator. Please complete Office Update Request Form.

6. Participating Providers

All Participating Providers in your office must be credentialed! If you have a Participating Provider who needs credentialing, please contact your assigned Provider Network Administrator to request a credentialing packet or call Nellie Smith, Administrative Assistant, at (310) 900-4280.

7. Non-Contracted Providers - Primary Care Physician

Omnicare works diligently to negotiate contracts in our network. Please refer members to our contracted Specialty and Ancillary Providers. If you have a Specialist or Ancillary Provider you would like us to consider, please email the Contracting Department at Contracting@alturamso.com or fax to (323) 721-1171.

8. Consultation Notes – Specialist

After each office visit with the patient, please provide the patient's primary care physician with a copy of the chart notes. You will find the primary care physician's fax number listed on the referral form.

9. Quality Measure Updates

We are looking to all Providers to improve their quality measure coding this year. If you are not sure if your codes are up to date, please refer to the HEDIS 2017/2018 Value Set Directory located on the LACare website at www.lacare.org/provides-resources/hedis-resources.

10. Medi-Cal License – Effective January 2019

In an effort to remain compliant with the Department of Health Care Service (DHCS) and our Medi-Cal contracted health plan partners, providers participating in Medi-Cal managed care health plans are now required to actively enroll in the DHCS Medi-Cal program no later than 12/31/18. See Reference information in folder.

Following:

- Access and Availability Standards
- After Hours Care Script
- Office Update Request Form

Note: This section is not intended to supersede the responsibilities outlined in the Agreement. If you have any questions, please contact your assigned Provider Services Representative.



Chapter 5

Claims

Omnicare – Claims

As required by Assembly Bill 1455, the California Department of Managed Health Care has set forth regulations establishing certain claim settlement practices and the process for resolving claims disputes for managed care products regulated by the Department of Managed Health Care. This information notice is intended to inform you of your rights, responsibilities, and related procedures as they relate to claim settlement practices and claim disputes for commercial HMO, POS, and, where applicable, PPO products where Omnicare Medical Group, Inc. is delegated to perform claims payment and provider dispute resolution processes. Unless otherwise provided herein, capitalized terms have the same meaning as set forth in Sections 1300.71 and 1300.71.38 of Title 28 of the California Code of Regulations.

❖ **Billing**

Contracted providers will have 90 calendar days from Date of Service to submit claims. Non-contracted providers shall have 180 calendar days from Date of Service to submit claims.

1. Claim Submission Instructions

- A. Sending Claims to Omnicare Medical Group, Inc. Claims for services provided to members assigned to Omnicare Medical Group, Inc. must be sent to the following:

Mail: Omnicare Medical Group, C/O **Altura MSO**
PO Box 7280, Los Angeles, CA 90022-0980

Physical Delivery: 1401 N Montebello Blvd, Montebello CA 90640

Via Clearinghouse: Office Ally
(909) 464-9129

- B. Calling Omnicare Medical Group, Inc. Regarding Claims. For claim filing requirements or status inquiries, you may contact Omnicare Medical Group, Inc. by calling: (855) 855-5252.

- C. Claim Submission Requirements. The following is a list of claim timeliness requirements, claims supplemental information and claims documentation required by Omnicare Medical Group, Inc.

❖ **Provider Disputes**

A contracted provider dispute is a provider's written notice to Omnicare Medical Group, Inc. and/or the member's applicable health plan challenging, appealing or requesting reconsideration of a claim (or a bundled group of substantially similar multiple claims that are individually numbered) that has been denied, adjusted or contested or seeking resolution of a billing determination or other contract dispute (or bundled group of substantially similar multiple billing or other contractual disputes that are individually numbered) or disputing a request for reimbursement of an overpayment of a claim.

- I. Time Period for Submission of Provider Disputes. Contracted provider disputes must be received by Omnicare Medical Group, Inc. within 365 calendar days from provider's action that led to the dispute (or the most recent action if there are multiple actions) that led to the dispute, or

Please refer to your contract, Claims Settlement Practices & Dispute Resolution Mechanism, for complete information in submitting claims and claims settlements.

❖ **Balance Billing**

Per Federal and State regulations, L.A. Care has included prohibitions on balance billing in its provider contracts. Network providers who engage imbalance billing are in breach of their contract with L.A. Care Health Plan. Providers who engage in balance billing may be subject to sanctions by L.A. Care, CMS, DHCS and other industry regulators. Contracted Providers cannot balance bill a Medi-Cal and or Medicare eligible beneficiary for any covered benefit. See following pages for balance billing information.

Note: This section is not intended to supersede the responsibilities outlined in the Agreement. If you have any questions, please contact your assigned Provider Network Administrator

Chapter 6

Member Rights

Omnicare – Member Rights

Omnicare members have the right to, but not limited to, the following:

- Be treated with respect and dignity.
- Personal privacy
- Participate with practitioners in decision-making regarding your health care.
- Candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Voice complaints or appeals about Omnicare or the care provided.
- Request translation services, interpretative and/or auxiliary aide services (for the sensory impaired) at no cost, to ensure that you have an equal opportunity to access and participate in all services. You have the right to a certified medical interpreter or sign language interpreter to translate health information accurately, who must respect your privacy and keep all information confidential.

This section only represents a small portion, but significant, outline of Member's Rights. We look to our contracted Providers to follow the requirements to ensure patients are treated respectfully and according to Health Plan guidelines.

Chapter 7

Urgent Care

Omnicare – Urgent Care Locations

Omnicare Medical Group members have access to urgent care centers located in Los Angeles and surrounding areas. As an alternative to visiting the emergency room, which may result in long waits and high out-of-pocket costs, urgent care centers can treat our members with non-life-threatening conditions in these well-equipped facilities and advanced technology. Here is a list of our contracted urgent care locations. If you would like a copy for your office, please contact your assigned Provider Network Administrator or call Omnicare at (310) 900-4280.

DUSK TO DAWN URGENT CARE

| | | | | |
|--------------------------------|------------|----|------------|----------------|
| 5745 PARAMOUNT BLVD | PARAMOUNT | CA | 90723-4332 | (562) 808-2273 |
| 3680 E IMPERIAL HWY STE 410 | LYNWOOD | CA | 90262-2692 | (310) 639-2220 |
| 701 E 28TH STREET STE 401 | LONG BEACH | CA | 90806-2743 | (562) 426-2661 |
| 709 NEWMARK MALL | MONTEBELLO | CA | 90640 | (323) 888-2273 |
| 1045 W REDONDO BEACH BL ST 138 | GARDENA | CA | 90247-4104 | (310) 323-2273 |
| 323 N PRAIRIE AVE STE 434 | INGLEWOOD | CA | 90301 | (310) 673-2273 |
| 3356 W BALL ROAD STE 120 | ANAHEIM | CA | 92804 | (714) 828-2213 |

MINUTECLINIC

| | | | | |
|---------------------------|-----------------|----|------------|----------------|
| 5623 KANAN RD | AGOURA | CA | 91301-3358 | (866) 389-2727 |
| 1401 S BALDWIN AVE | ARCADIA | CA | 91007-7922 | (866) 389-2727 |
| 511 N HOLLYWOOD WAY | BURBANK | CA | 91505-3406 | (866) 389-2727 |
| 1871 EL CAMINO REAL | BURLINGAME | CA | 94010-3220 | (866) 389-2727 |
| 1720 S BASCOM AVE | CAMPBELL | CA | 95008-0608 | (866) 389-2727 |
| 10455 S DE ANZA BLVD | CUPERTINO | CA | 95014-3011 | (866) 389-2727 |
| 650 SAN RAMON VALLEY BLVD | DANVILLE | CA | 94526-4022 | (866) 389-2727 |
| 5040 LAGUNA BLVD | ELK GROVE | CA | 95758-4150 | (866) 389-2727 |
| 8101 GREENBACK LN | FAIR OAKS | CA | 95628-2502 | (866) 389-2727 |
| 350 FLORIN RD | SACRAMENTO | CA | 95822-4202 | (866) 389-2727 |
| 987 E HILLSDALE BLVD | FOSTER CITY | CA | 94404-2112 | (866) 389-2727 |
| 10889 WELLWORTH AVE | LOS ANGELES | CA | 90024-4918 | (866) 389-2727 |
| 2900 N SEPULVEDA BLVD | MANHATTAN BEACH | CA | 90266-2730 | (866) 389-2727 |
| 13171 MINDANAO WAY | MARINA DEL REY | CA | 90292-6307 | (866) 389-2727 |
| 2037 VERDUGO BLVD | MONTROSE | CA | 91020-1626 | (866) 389-2727 |
| 2630 W EL CAMINO REAL | MOUNTAIN VIEW | CA | 94040-1117 | (866) 389-2727 |



| | | | | |
|----------------------------|----------------|----|------------|----------------|
| 775 E FOOTHILL BLVD | POMONA | CA | 91767-1223 | (866) 389-2727 |
| 19353 VICTORY BLVD | RESEDA | CA | 91335-6302 | (866) 389-2727 |
| 2514 BERRYESSA RD | SAN JOSE | CA | 95132-2947 | (866) 389-2727 |
| 2455 SAN RAMON VALLEY BLVD | SAN RAMON | CA | 94583-1601 | (866) 389-2727 |
| 2700 HOMESTEAD RD | SANTA CLARA | CA | 95051-5353 | (866) 389-2727 |
| 25880 MCBEAN PKWY | SANTA CLARITA | CA | 91355-2004 | (866) 389-2727 |
| 2505 SANTA MONICA BLVD | SANTA MONICA | CA | 90404-2011 | (866) 389-2727 |
| 14735 VENTURA BLVD | SHERMAN OAKS | CA | 91403-3673 | (866) 389-2727 |
| 576 EL CAMINO REAL | SUNNYVALE | CA | 94087-1940 | (866) 389-2727 |
| 2791 AGOURA RD | THOUSAND OAKS | CA | 91361-3101 | (866) 389-2727 |
| 4235 PACIFIC COAST HWY | TORRANCE | CA | 90505-5525 | (866) 389-2727 |
| 738 BANCROFT RD | WALNUT CREEK | CA | 94598-1531 | (866) 389-2727 |
| 8491 SANTA MONICA BLVD | WEST HOLLYWOOD | CA | 90069-4218 | (866) 389-2727 |

ORTHOPEDIC INSTITUTE FOR CHILDREN

| | | | | |
|---------------------|-------------|----|------------|----------------|
| 403 WEST ADAMS BLVD | LOS ANGELES | CA | 90007-2664 | (213) 742-1104 |
|---------------------|-------------|----|------------|----------------|

WILINGTON URGENT CARE

| | | | | |
|-------------------|-----------|----|-------|----------------|
| 714 N Avalon Blvd | WILINGTON | CA | 90744 | (310) 522-4200 |
|-------------------|-----------|----|-------|----------------|

BAYSIDE MEDICAL CENTER- URGENT CARE

| | | | | |
|------------------------|-----------|----|-------|----------------|
| 2301 W El Segundo Blvd | Hawthorne | CA | 90250 | (323) 757-2118 |
|------------------------|-----------|----|-------|----------------|

VERNON URGENT CARE

| | | | | |
|-----------------------|-------------|----|-------|---------------|
| 231 W Vernon Ave #112 | Los Angeles | CA | 90037 | 323) 234-1468 |
|-----------------------|-------------|----|-------|---------------|

TWEEDY URGENT CARE

| | | | | |
|---------------------|------------|----|-------|----------------|
| 3314 Firestone Blvd | South Gate | CA | 90280 | (323) 537-8484 |
|---------------------|------------|----|-------|----------------|

We will modify this section routinely. Your assigned Provider Services Representative will provide you with an updated list as it becomes available.

Chapter 8

Cultural Linguistics

Interpreting Services

Healthcare Providers are required to provide **free** language assistance to limited English Proficient (LEP) and hard of hearing or deaf persons in their office. If a member requires or request interpreting services, please contact the member's health plan listed below.

LANGUAGE ASSISTANCE PROGRAM INTERPRETIVE SERVICES

HEALTH PLANS

| | |
|----------------------------------|-----------------------|
| BLUE SHIELD OF CALIFORNIA | 1-866-346-7198 |
| CIGNA HEALTH PLAN | 1-800-244-6224 |
| HEALTH NET OF CALIFORNIA | 1-800-522-0088 |
| UNITED HEALTH CARE | 1-800-624-8822 |
| LA CARE | |
| MEDI-CAL | 1-888-839-9909 |
| MEDI-CONNECT | 1-888-522-1298 |

Chapter 9

Trainings

Through the year, you will be required to participate in on training sessions, presented by the Health Plan or Omnicare. After each session, you will need to sign an attestation form completing your training. The attestation form will be placed in your file to attest your completion of the training.

Training(s):

1. Balance Billing
2. Fraud, Waste and Abuse

Chapter 10

Contact Information



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