



3 CHILD WELFARE SERVICES

3.1 Children’s Emergency Shelter Care Center (Polinsky Children’s Center)

HHS A provides temporary emergency shelter and medical services for children who have been the victims of neglect, abuse, and abandonment and are in protective custody. Health related services are provided at Polinsky Children’s Center to minors through a contractual agreement between HHS A and Contracted Provider, herein referred to as (“Provider”). HHS A will notify Medi-Cal Managed Care Plans who the Provider is. Medical services are provided at the Polinsky Children’s Center, herein referred to as (“PCC”), through Provider’s Specialty and Hospital Network.

Since the average length of stay at PCC is fifteen to seventeen days, children admitted to PCC, who are enrolled in a Medi-Cal Managed Care Plan, need not be dis-enrolled from that Plan. Medi-Cal Managed Care Plans, herein referred to as (“Plan”), agree to reimburse Provider and Provider’s Specialty and Hospital Network for all medical services provided to PCC minors, who are active Plan members. Plan agrees to serve as the single point of contact for reimbursement, health care issues, information exchange, and any other issues that might affect their members.



3.2 Confidentiality

Confidentiality at PCC is subject to state and federal statutory guidelines and limits the manner in which such information may be released to others. The transfer of medical information between Provider and Plan is essential to the overall care and treatment of each minor. Reasonable effort will be made to ensure timely and clinically appropriate exchange of medical information within mandated guidelines. Disclosure of health care information between the Provider and the Plan will be governed by the California Civil Code Section 56.10-56.16, specifically Sub-section C, Paragraphs (1) - (15).

The following responsibilities and duties with respect to the Provider and Plan are:

ISSUE	PROVIDER	MEDI-CAL MANAGED CARE PLAN
<p>3.2.1 CONFIDENTIALITY</p>	<p>a. Exchange of medical information by the Provider to the Plan, Plan’s representatives, and medical staff will be governed by the California Civil Code Section 56.10-56.16.</p> <p>b. Only medical information will be exchanged between Provider and Plan. Any information regarding reason for stay, forensic data collected on the minor, social work reports, police reports, etc., will not be disclosed.</p> <p>c. In the rare instance where the minor must remain anonymous, the minor will be dis-enrolled from the Plan and no information will be forthcoming regarding any treatment of said child.</p>	<p>a. Plan will treat all information provided by Provider for follow up care and billing regarding health-related care the minor received during their stay at PCC as confidential.</p> <p>b. Release of medical information regarding a minor’s health-related care during their stay at PCC to the Primary Care Physician, Specialty Physicians, billing staff, and other staff members at the Plan must be done in accordance with California Civil Code Section 56.10-56.16. Recipients of said information cannot release medical information regarding a minor’s stay at PCC to a third party unless otherwise stipulated in California Civil Code 56.10-56.16.</p>



<p>3.2.2 TRANSFER OF MEDICAL RECORDS</p>	<ul style="list-style-type: none"> a. Provider will disclose medical information to the Plan regarding a minor’s health related care at PCC and any need for ongoing care on a Discharge Summary Form subject to all the safeguards for any pending court activities. b. Release of medical information from the Plan to the Provider regarding a minor at PCC, is governed by the Statues set forth in the California Civil Code Section 56.10-56.16. c. Only medical information will be disclosed on the Discharge Summary. d. Medical information received from the Plan regarding a minor staying at PCC, cannot be released to a third party unless otherwise stipulated in California Civil Code 56.10-56.16. 	<ul style="list-style-type: none"> a. Plan recipients cannot share medical information regarding a minor at PCC unless otherwise stipulated in California Civil Code Section 56.10-56.16. b. Plan will provide Provider with medical information on a Plan member if said member is a resident at the PCC. Release of medical information will be in accordance with the Statues set forth in California Civil Code 56.10-56.16. c. Plan will only exchange medical information with the Provider if a Plan member is a resident at PCC.
<p>3.2.3 LIAISONS</p>	<ul style="list-style-type: none"> a. Provider will appoint a staff member to serve as a liaison to coordinate activities with the Plan and address issues of confidentiality, release of information or any issue that may require resolution. 	<ul style="list-style-type: none"> a. Plan will designate a liaison to coordinate activities with the Provider and address issues of confidentiality, release of information or any issue that may require resolution.
<p>3.2.4 IDENTIFICATION OF MINOR’S Plan</p>	<ul style="list-style-type: none"> a. HHSA is responsible for identifying minor’s Plan as information becomes available to do so. 	<ul style="list-style-type: none"> a. Plan will assist Provider’s staff in identifying minor’s Primary Care Physician and/or any Specialist(s) involved with the minor’s ongoing health care issues.



3.3 Provision of Health Assessment and Health Care Services

The following responsibilities and duties with respect to the Provider and Plan are:

LEVEL OF CARE	PROVIDER	MEDI-CAL MANAGED CARE PLAN
<p>3.3.1 HEALTH ASSESSMENT & PRIMARY CARE SERVICES</p>	<ul style="list-style-type: none"> a. Each child admitted to PCC will undergo a health assessment no later than 24-hours after admission to the PCC. c. Comprehensive primary care services, covered by Medi-Cal, will be provided to all PCC minors. A list of standard procedures and services provided is attached to this MOA (Attachment 3.1). c. Following discharge, need for ongoing care will be forwarded to the Plan Liaison, as soon as Plan is identified. 	<ul style="list-style-type: none"> a. Plan will accept billing from Provider for comprehensive primary care services provided. b. Plan will reimburse Provider at fee-for-service ('FFS') Medi-Cal rates. c. Plan Liaison will provide medical information regarding Health Assessments, Primary Care Services, or need for ongoing care to the minor's Primary Care Physician when notified by Provider.
<p>3.3.2 SPECIALTY CARE SERVICES</p>	<ul style="list-style-type: none"> a. Provider will use the Provider's Specialty and Hospital Network for provision of Specialty Services outside the scope of PCC. b. Following discharge, need for ongoing care will be forwarded to the Plan Liaison, as soon as Plan is identified. 	<ul style="list-style-type: none"> a. Plan will accept billing from Provider's Specialty and Hospital Network with identifying data of PCC resident. b. Plan will reimburse at FFS Medi-Cal rates or if a contract is in place, at contracted rates. c. Plan Liaison will provide information regarding specialty care services or need for ongoing care to the minor's Primary Care Physician when notified by Provider.
<p>3.3.3 CHRONIC CARE SERVICES</p>	<ul style="list-style-type: none"> a. In the event minors with chronic medical problems are admitted to PCC, HHSA will identify the minor's Plan and Provider will make reasonable effort to refer to the minor's Plan for chronic care services. b. HHSA will be responsible for transporting the minor to the Plan's Service Provider. c. If no Plan is identified, Provider's Specialty and Hospital Network will be used for services. d. If Chronic Care Services are provided by Provider's Specialty and Hospital Network, following discharge, need for ongoing care will be forwarded to the Plan Liaison, as soon as Plan is identified. 	<ul style="list-style-type: none"> a. Plan will assist with identification of Plan's Service Providers and facilitate referrals. b. Plan will reimburse Provider's Specialty and Hospital Network at FFS Medi-Cal Rates or if a contract is in place, at contracted rates. c. Plan Liaison will provide information regarding chronic care services or need for ongoing care to the minor's Primary Care Physician when notified by Provider.



LEVEL OF CARE	PROVIDER	MEDI-CAL MANAGED CARE PLAN
<p>3.3.4 PREGNANCY CARE SERVICES</p>	<p>a. Once a minor's pregnancy is diagnosed, her Plan will be notified so that prenatal care can be provided.</p> <p>b. If minor already has an identified Specialist from the Plan's Physician Panel, the services will be continued with that physician if it is not geographically impractical and it is not an emergent situation, otherwise the minor will be referred to Provider's Specialty and Hospital Network.</p> <p>c. If no Plan is identified, Provider's Specialty and Hospital Network will provide services.</p> <p>d. If Pregnancy Care Services are provided by Provider's Specialty and Hospital Network, following discharge, need for ongoing care will be forwarded to the Plan Liaison as soon as Plan is identified.</p>	<p>a. Plan will be responsible for identifying Plan's Service Providers for prenatal care and expediting access to such care.</p> <p>b. Plan will reimburse Provider's Specialty and Hospital Network at FFS Medi-Cal rates or if a contract is in place, at contracted rates.</p> <p>c. Plan Liaison will provide information regarding pregnancy care services or the need for ongoing care to the minor's Primary Care Physician when notified by Provider.</p>
<p>3.3.5 EMERGENCY CARE SERVICES AND URGENT CARE SERVICES</p>	<p>a. Provider's medical staff will refer minors in need of emergent or urgent care services to the Provider's Specialty and Hospital Network.</p> <p>b. When medically appropriate, HHS will transport minors to Emergency Room or Urgent Care facility.</p> <p>c. Following discharge, need for ongoing care will be forwarded to the Plan Liaison, as soon as Plan is identified.</p>	<p>a. Plan will accept billing and reimburse Provider and Provider's Specialty and Hospital Network at FFS Medi-Cal rates or if a contract is in place, at contracted rates for emergency room services or urgent care services.</p> <p>b. Plan Liaison will provide information regarding emergency and urgent care services or need for ongoing care, to the minor's Primary Care Physician when notified by Provider.</p>
<p>3.3.6 EMERGENCY TRANSPORT CARE SERVICES</p>	<p>a. When medically necessary, minors will be transported to care provider via emergency transport service.</p>	<p>a. For medically necessary emergency transport, Plan will reimburse Transport Provider at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.</p>
<p>3.3.7 CALIFORNIA CHILDREN SERVICES ("CCS") ELIGIBLE CONDITIONS OR ANY OTHER COMMUNITY BASED PROGRAMS ("CBP")</p>	<p>a. Provider will provide primary care services to minors with previously identified CCS conditions.</p> <p>b. For medical needs associated with the minor's CCS condition, minor will be referred to CCS Service Provider. For CCS eligible conditions identified at PCC, referrals will be made within twenty-four (24) hours to CCS.</p>	<p>a. Plan will reimburse Provider at FFS Medi-Cal rates for primary care services.</p> <p>Plan Liaison will provide information regarding CCS or CBP referrals or need for ongoing care to the minor's Primary Care Physician when notified by Provider.</p>



	<ul style="list-style-type: none"> d. If minor participates in a CBP for a chronic medical condition and HHSA can identify such, minor will be referred to CBP when necessary. e. Following discharge, need for ongoing care will be forwarded to the Plan Liaison, as soon as Plan is identified as well as any information regarding referrals made to CCS/CBP. 	
<p>3.3.8 TRANSFER OF CARE AFTER RELEASE FROM PCC</p>	<ul style="list-style-type: none"> a. Provider will provide medical information and need for ongoing services on a Discharge Summary Form, which will be given to the family/guardian and to the Plan Liaison as soon as Plan is identified. b. Provider's medical staff will be available to Plan and Plan's Service Providers for consultation. 	<ul style="list-style-type: none"> a. Provider will send Discharge Summary Form to Plan Liaison. Plan Liaison will be responsible to inform minor's Primary Care Physician about need for ongoing care and also inform Primary Care Physician regarding all health care services provided to minor while a resident at PCC. b. After the minor has been released from PCC, the Plan will resume full responsibility for the provision of medical care.



3.4 Provision of Hospital Care Services

The following responsibilities and duties with respect to the Provider and Plan are:

TYPE OF HOSPITALIZATION	PROVIDER	MEDI-CAL MANAGED CARE PLAN
<p>3.4.1 ADMISSION TO HOSPITAL FOR EMERGENCY CARE SERVICES</p>	<p>a. In an emergency, Provider's medical staff will refer minor to the Provider's Specialty and Hospital Network. Provider or Provider's Specialty and Hospital Network will notify Plan of minor's hospitalization as soon as minor's Plan is identified.</p> <p>b. Upon discharge from PCC, Provider will provide medical information and need for ongoing services on a Discharge Summary Form, which will be given to the family/guardian and to the Plan Liaison as soon as Plan is identified.</p> <p>c. Provider's medical staff will be available to Plan and Plan's Service Providers for consultation.</p>	<p>a. Plan will reimburse Provider's Specialty and Hospital Network Emergency Room and all associated professional and ancillary services for said hospitalization at Medi-Cal rates, or if a contract is in place, at contracted rates.</p> <p>b. Plan Liaison will provide information regarding hospitalization and need for ongoing care to the minor's Primary Care Physician when notified by Provider of minor's hospital stay.</p>
<p>3.4.2 ADMISSION TO HOSPITAL FOR PREGNANCY CARE SERVICES</p>	<p>a. Pregnant minor requiring hospital evaluation and/or admission will be referred to identify Plan's Hospital, if Plan is identified. If no Plan is identified, Provider's Specialty and Hospital Network will provide services.</p> <p>b. In an emergency, Provider's medical staff will refer minor to the Provider's Specialty and Hospital Network Emergency Room.</p> <p>c. Provider or Provider's Specialty and Hospital Network will notify Plan of minor's hospitalization as soon as Plan is identified.</p> <p>d. Upon discharge from PCC, Provider will provide medical information and need for ongoing services on a Discharge Summary Form, which will be given to the family/guardian and to the Plan Liaison as soon as Plan is identified.</p> <p>e. Provider medical staff will be available to Plan and Plan's Service Providers for consultation.</p>	<p>a. Plan will identify hospital for pregnant minor's labor and delivery needs.</p> <p>b. Plan will reimburse Provider's Specialty and Hospital Network and all associated professional and ancillary services for said hospitalization at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.</p> <p>c. Plan Liaison will provide information regarding hospitalization and need for ongoing care to minor's Primary Care Physician when notified by Provider of minor's hospital stay.</p>



<p>3.4.3 OTHER ADMISSIONS TO HOSPITAL</p>	<ul style="list-style-type: none"> a. If hospitalization is required, Provider will admit PCC minor to a hospital in the Provider's Specialty and Hospital Network. b. Provider or Provider's Hospital will notify Plan of minor's hospitalization as soon as Plan is identified. c. Upon discharge from PCC, Provider will provide medical information and need for ongoing services on a Discharge Summary Form, which will be given to the family/guardian and to the Plan Liaison as soon as Plan is identified. d. Provider Medical Staff will be available to Plan and Plan's Service Providers for consultation. 	<ul style="list-style-type: none"> a. Plan will reimburse Provider's Specialty and Hospital Network and all associated professional and ancillary services for said hospitalization at FFS Medi-Cal rates, or if a contract is in place, at contracted rates. b. Plan Liaison will provide information regarding hospitalization and need for ongoing care to minor's Primary Care Physician when notified by Provider of minor's hospital stay.
<p>3.4.4 AUTHORIZATION</p>	<ul style="list-style-type: none"> a. For hospitalization on emergency basis, retroactive authorization will be sought if Plan is known. b. If minor has been at PCC for more than five days, reasonable effort will be made to identify the minor's Plan. c. Provider will make reasonable effort to contact Plan for prior authorization in non-emergent hospitalization. d. If no Plan is identified, Provider's Specialty and Hospital Network will be used for services. 	<ul style="list-style-type: none"> a. Notification of hospital admission will be authorization for charges associated with that admission. b. Plan will reimburse Provider's Specialty and Hospital Network and all associated professional and ancillary services associated with the hospitalization at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.



3.5 Provision of Ancillary Care Services

Provider performs CLIA (Clinical Laboratory Improvement Amendment) waived laboratory and developmental assessment performed at and billed by Polinsky testing. Additional ancillary services are provided by the Provider's Specialty and Hospital Network. Please request list from department for the Provider's Specialty and Hospital Network.

The following responsibilities and duties with respect to the Provider and Plan are:

ANCILLARY CARE SERVICES	PROVIDER	MEDI-CAL MANAGED CARE PLAN
3.5.1 LABORATORY SERVICES AND RADIOLOGY SERVICES	a. Provider will order laboratory and radiology services through Provider's Specialty and Hospital Network.	a. Plan will accept billing from Provider's Specialty and Hospital Network and all associated professional services with identifying data of PCC resident. b. Plan will reimburse Plan and Provider and Provider's Specialty and Hospital Network at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.
3.5.2 PHARMACY	a. Provider will use Medi-Cal formulary; however, the Provider's Medical Staff may go outside of formulary at their discretion. This will be limited to short term medications. b. Provider Pharmacy will bill Plan's Pharmacy Benefits Billing Manager for medications provided to minor while at PCC. c. For extended use of non-formulary medications, Plan Liaison or Case Manager will be notified.	a. Plan will accept billing from Provider's Specialty and Hospital Network and all associated professional fees with identifying data of PCC resident. b. Plan will reimburse Provider and Provider's Specialty and Hospital Network at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.
3.5.3 DURABLE MEDICAL EQUIPMENT (DME)	a. Provider will follow Medi-Cal benefit guidelines for DME. b. If minor's Plan is not identified, Provider will use Provider's Specialty and Hospital Network for DME.	a. Plan will accept billing from Provider's Specialty and Hospital Network with identifying data of PCC resident. b. Plan will reimburse Provider and Provider's Specialty and Hospital Network at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.
3.5.4 FINANCIAL	a. With respect to Sections 3.5.1 through 3.5.3 Provider and Plan will develop procedure to identify claims for PCC minors. b. Provider's Specialty and Hospital Network will submit claims to the Plan as outlined in this MOA.	a. With respect to Sections 3.5.1 through 3.5.3 Provider and Plan will develop procedure to identify claims for PCC minors. b. Provider's Specialty and Hospital Network will be reimbursed at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.



3.6 Dispute Resolution

The following responsibilities and duties with respect to PCC and Plan are:

ISSUE	POLINSKY CHILDREN'S CENTER	MEDI-CAL MANAGED CARE PLAN
<p>3.6.1 DISPUTE BETWEEN PCC AND PLAN</p>	<ul style="list-style-type: none"> a. PCC will notify Plan of PCC Representative to contact for dispute resolution. b. If PCC has dispute with the Plan, PCC will document specifics and suggest acceptable solutions. c. PCC Representative will forward documentation to the Plan. d. PCC Representative will consult with appropriate administrative/clinic personnel to determine if Plan response is acceptable. e. If response is not acceptable, PCC Representative or other appropriate personnel will meet with Plan Representative to discuss/negotiate a solution. f. If resolution cannot be reached, PCC and Plan agree to use independent third-party arbitrator. g. If the issue is medically based or a medical emergency, the PCC Representative, Provider's Medical Director and Provider's Representative will consult with Plan Representative and Plan Medical Director. 	<ul style="list-style-type: none"> a. Plan will notify PCC of Plan Representative to contact for dispute resolution. b. Plan will respond to PCC Representative within 15 calendar days. c. If resolution cannot be reached, PCC and Plan agree to use independent third-party arbitrator. d. If the issue is medically based or a medical emergency, the PCC Representative, Provider's Medical Director and Provider Representative will consult with Plan Representative and Plan Medical Director.



<p>3.6.2 DISPUTE BETWEEN PLAN AND PCC</p>	<ul style="list-style-type: none"> a. PCC will notify Plan of PCC Representative to contact for dispute resolution. b. PCC will respond to Plan Representative within 15 calendar days. c. If resolution cannot be reached, PCC and Plan agree to use independent third-party arbitrator. d. If the issue is medically based or a medical emergency, the PCC Representative, Provider Medical Director and Provider Representative will consult with Plan Representative and Plan Medical Director. 	<ul style="list-style-type: none"> a. Plan will notify PCC of Plan Representative to contact for dispute resolution. b. If Plan has dispute with the PCC, Plan will document specifics and suggest acceptable solutions. c. Plan Representative will forward documentation to the PCC. d. Plan Representative will consult with appropriate administrative/clinic personnel to determine if PCC response is acceptable. e. If response is not acceptable, Plan Representative or other appropriate personnel will meet with PCC Representative to discuss/negotiate a solution. f. If resolution cannot be reached, PCC and Plan agree to use independent third-party arbitrator. g. If the issue is medically based or a medical emergency, the Plan Representative and Plan Medical Director will consult with PCC Representative, Provider Representative, and Provider Medical Director.
<p>3.6.3 DISPUTE BETWEEN PROVIDER AND PLAN</p>	<ul style="list-style-type: none"> a. Provider will notify Plan of Provider Representative to contact for dispute resolution. b. If Provider has dispute with the Plan, Provider will document specifics and suggest acceptable solutions. c. Provider Representative will forward documentation to the Plan. d. Provider Representative will consult with appropriate administrative/clinic personnel to determine if Plan 	<ul style="list-style-type: none"> a. Plan will notify Provider of Plan Representative to contact for dispute resolution. b. Plan will respond to Provider Representative within 15 calendar days. c. If resolution cannot be reached, Provider and Plan agree to use independent third-party arbitrator. d. If the issue is medically based or a medical emergency, the Plan



	<p>response is acceptable.</p> <p>e. If response is not acceptable, Provider Representative or other appropriate personnel will meet with Plan Representative to discuss/negotiate a solution.</p> <p>f. If resolution cannot be reached, Provider and Plan agree to use independent third-party arbitrator.</p> <p>g. If the issue is medically based or a medical emergency, the Provider Representative and Provider Medical Director will consult with Plan Representative and Plan Medical Director.</p>	<p>Representative and Plan Medical Director will consult with Provider Representative and Provider Medical Director.</p>
<p>3.6.4 DISPUTE BETWEEN PLAN AND PROVIDER</p>	<p>a. Provider will notify Plan of Provider Representative to contact for dispute resolution.</p> <p>b. Provider will respond to Plan Representative within 15 calendar days.</p> <p>c. If resolution cannot be reached, Provider and Plan agree to use independent third-party arbitrator.</p> <p>d. If the issue is medically based or a medical emergency, the Provider Representative and Provider Medical Director will consult with Plan Representative and Plan Medical Director.</p>	<p>a. Plan will notify Provider of Plan Representative to contact for dispute resolution.</p> <p>b. If Plan has dispute with the Provider, Plan will document specifics and suggest acceptable solutions.</p> <p>c. Plan Representative will forward documentation to the Provider.</p> <p>d. Plan Representative will consult with appropriate administrative/clinic personnel to determine if Provider response is acceptable.</p> <p>e. If response is not acceptable, Plan Representative or other appropriate personnel will meet with Provider Representative to discuss/negotiate a solution.</p> <p>f. If resolution cannot be reached, Provider and Plan agree to use independent third-party arbitrator.</p> <p>g. If the issue is medically based or a medical emergency, the Plan Representative and Plan Medical Director will consult with Provider Representative and Provider Medical Director.</p>



3.7 Exchange of Information

To provide exchange of information necessary for ongoing care of minors who are or have been in protective custody at PCC.

The following responsibilities and duties with respect to the Provider and Plan are:

ISSUE	PROVIDER	MEDI-CAL MANAGED CARE PLAN
3.7.1 METHODOLOGY	a. A copy of the Discharge Summary Form routinely given to foster parents, relatives and parents will be forwarded to the Plan. b. The Discharge Summary will contain information regarding health-related services provided during a minor's stay at PCC.	a. If requested by Provider, Plan will provide medical information needed for care provided at PCC. b. Discharge Summary will be forwarded to Plan Liaison. c. Plan Liaison will forward information to minor's Primary Care Physician regarding health services provided at PCC or through the Provider's Specialty and Hospital Network.
3.7.2 ADDITIONAL INFORMATION	a. Provider will be available for consultation with Plan. b. Provider will notify Plan Liaison of any changes that will impact this MOA.	a. Plan's Service Provider will be available for consultation with Provider. b. Plan will notify Provider of any changes that will impact this MOA.



3.8 Claim Submission

It is the intent of the parties to provide a mechanism for the submission of claims by Provider and Provider’s Specialty and Hospital Network to the Plan and a mechanism for reimbursement by Plan to Provider and Provider’s Specialty and Hospital Network.

The following responsibilities and duties with respect to the Provider and Plan are:

ISSUE	PROVIDER	MEDI-CAL MANAGED CARE PLAN
<p>3.8.1</p> <p>IDENTIFICATION OF BILLING SOURCE AND SUBMISSION OF CLAIMS FOR PRIMARY CARE SERVICES</p>	<p>a. Provider shall submit claims for Primary Care Services on a HCFA 1500 Form (Attachment 3.2).</p> <p>b. Specific requirements include: Box 23 to read “Not Required---Primary Care”; Box 25 will include the County’s Federal Tax Identification Number; Box 32 will contain the address of the Polinsky Children’s Center; and Box 33 will contain the remittance address (Attachment 3.2).</p> <p>c. Provider agrees to submit claims for comprehensive primary care and health assessment services under Section 3.3.1 rendered at PCC within 180 days of service for 100% reimbursement and 2 tiers of extended periods up to one year at reduced reimbursement levels. Reference: Welfare & Institutions Code § 14115.</p>	<p>a. Plan will reimburse Provider within 45 calendar days of receipt of claim.</p> <p>b. Plan will reimburse Provider for comprehensive primary care and health assessment services under Section 3.3.1 rendered at PCC at FFS Medi-Cal rates.</p> <p>c. Plan agrees to provide an Explanation of Benefits (“EOB”) with payment.</p> <p>d. Plan will reimburse Provider according to all State and Local Statues that govern such payments.</p>
<p>3.8.2</p> <p>IDENTIFICATION OF BILLING SOURCE AND SUBMISSION OF CLAIMS FOR SPECIALTY CARE SERVICES</p>	<p>a. Provider’s Specialty and Hospital Network shall submit claims for Specialty Care Services on a HCFA-1500 Form (Attachment 3.2).</p> <p>b. Specific requirements include the word “Polinsky” in Box 23 (Attachment 3.2).</p> <p>c. Provider’s Specialty and Hospital Network agree to submit claims for services provided under Sections 3.3.2 through 3.3.5, and Sections 3.4.1 through 3.4.3, within 120 days of service.</p>	<p>a. Plan will reimburse Provider within 45 calendar days of receipt of claim.</p> <p>b. Plan will reimburse Provider’s Specialty and Hospital Network for services provided to PCC minors at FFS Medi-Cal rates, or if a contract is in place, at contracted rates.</p> <p>c. Plan agrees to provide an EOB with payment. Plan will reimburse Provider’s Specialty and Hospital Network according to all State and Local Statues that govern such payments.</p>



<p>3.8.3</p> <p>IDENTIFICATION OF BILLING SOURCE AND SUBMISSION OF CLAIMS FOR ANCILLARY SERVICES</p>	<p>a. Provider's Ancillary Network shall submit claims for reimbursement on a HCFA-1500 Form.</p> <p>b. Specific requirements include the word, "Polinsky" in Box 23 (Attachment 3.2).</p> <p>c. Provider's Ancillary Network agrees to submit claims for services provided under Section 3.5.3 within 120 days of service.</p>	<p>a. Plan will reimburse Provider's Ancillary Network within 45 calendar days of receipt of claim.</p> <p>b. Plan will reimburse Provider's Ancillary Network for services provided to PCC minors at FFS Medi-Cal Rates, or if a contract is in place, at contracted rates.</p> <p>c. Plan agrees to provide an EOB with payment.</p> <p>d. Plan will reimburse Provider's Ancillary Network according to all State and Local Statutes that govern such payments.</p>
<p>3.8.4</p> <p>IDENTIFICATION OF BILLING SOURCE AND SUBMISSION OF CLAIMS FOR PROVIDER'S HOSPITAL NETWORK</p>	<p>a. Provider's Specialty and Hospital Network shall submit claims for Specialty Care Services, Chronic Care Services, Pregnancy Care Services, Emergency Room Services, Urgent Care Services, Emergency Transport Care Services, Hospital Care Services, Laboratory Services, Radiology Services, Pharmacy, and other Ancillary Services on a UB-92 Form (Attachment 3.3).</p> <p>b. Specific requirements include: Provider's Remittance address in Box 1; Provider's Federal Tax Identification Number in Box 5; The words "POLINSKY CENTER" in Box 63 A; and the comment, "This is at Polinsky, per agreement no auth needed" in Box 84 (Attachment 3.3).</p> <p>c. Provider's Specialty and Hospital Network agrees to submit claims for services provided under Sections 3.3.2. through 3.3.6., Sections 3.4.1 through 3.4.3, and Sections 3.5.1 through 3.5.2 within 120 days of service.</p>	<p>a. Plan will reimburse Provider's Hospital Network within 45 calendar days of receipt of claim.</p> <p>b. Plan will reimburse Provider's Specialty and Hospital Network for services provided to PCC minors at FFS Medi-Cal Rates, or if a contract is in place, at contracted rates.</p> <p>c. Plan agrees to provide an EOB with payment.</p> <p>d. Plan will reimburse Provider's Specialty and Hospital Network according to all State and Local Statutes that govern such payments.</p>



3.8.5 ADDITIONAL INFORMATION AS NEEDED	a. Provider Liaison will be available for consultation on an as needed basis.	a. Plan Liaison will be available for consultation on an as needed basis.
3.8.6 DENIALS/APPEALS	a. In the event that a claim is denied, Provider and Provider Specialty and Hospital Network have 180 days from receipt of EOB to file an appeal. b. Provider and Provider's Specialty and Hospital Network will follow the appeals process of individual Plan.	a. Plan will notify Provider and Provider Specialty and Hospital Network of denied claims, explain the reason for denial, and offer Provider an opportunity to submit additional information for reconsideration of the claim. b. Plan will provide a copy of their appeals process to Provider and Provider's Specialty and Hospital Network.