


## TABLE OF CONTENTS

### SECTION 1 – PROVIDER MANUAL & REFERENCE GUIDE


#### **I. INTRODUCTION**

**Page P & P**

I.1	Introduction of..... A. MD Partners, Inc. B. Med Logix MSO, LLC	2	
I.2	HIPAA Compliance Privacy Practice Notice Guidelines.....	3-5	
I.3	Fraud waste and abuse Training..... A. Provider's Letter..... B. Attestation Form.....	6 7-8	 01 MDPP Manual - Section 1 p1-13.pdf
I.4	Medicare Advantage Program.....	9	
I.5	Primary Care Physicians Office Manual - Quick Reference Sheet.....	10- 11	
I.6	MD Partners and Med Logix MSO's Contact List.....	12	
I.7	Important Contact Numbers.....	13	




#### **II. PROVIDERS RESPONSIBILITIES**

**Page P & P**

II.1	Medical services covered under primary care capitation.....	1	
II.2	Role of specialty care physician.....	2	
II.3	Access to Care and services.....	3	
II.4	Telephone access & Hospital Admission.....	4	
II.5	Complaints and Grievances..... A. Member Complaints And Grievances B. Provider Complaints	5	 02 MDPP Manual - Section II p4-6.pdf
II.6	Member and Provider Satisfaction Survey.....	6	
II.7	Provider status change.....	6	
II.8	Providers Responsibilities - Forms..... A. Provider Status Change Form B. Member Complaint Form C. Provider Satisfaction Survey D. Member Satisfaction Survey	6	

## TABLE OF CONTENTS

---


<b>III. <u>PMG SPECIALIST ROSTER</u></b>		<b>Page</b>	<b>P &amp; P</b>
III.1	Specialist Physician Roster (i.e. Ancillary Services and DME).....	1	
<b>IV. <u>MEMBERS SERVICES/ELIGIBILITY/CAPITATION</u></b>		<b>Page</b>	<b>P &amp; P</b>
IV.1	Eligibility Verification.....	1	
IV.2	Sample E-list.....	2-3	
IV.3	Sample Cap Report.....	4-5	
IV.4	Member Disenrollment .....	6	
<b>V. <u>UTILIZATION MANAGEMENT</u></b>		<b>Page</b>	<b>P &amp; P</b>
V.1	Authorization Guidelines and Time Frame.....	1	
	A. Referral Process.....	1	
	B. Method of receiving TARs request.....	1	
	C. Completing Authorization Form or web portal.....	1	
	D. ICE Guidelines for Timeliness.....	2	
	E. Sensitive Services (For Medi-Cal Member only).....	2	
	F. Approval Process for Routine Referrals.....	2	
	G. Approved Referrals.....	2	
	H. Denied Referrals.....	3	
	I. Emergency Room Utilization, Urgent Care and Emergent Referrals.....	3	
	J. Procedure for Emergent Referrals.....	4	
V.2	Hospital Admissions and Admitting Staff.....	5	
V.3	Non-Covered Program Services.....	6	
	A. Non-Covered Medicare Advantage and/or Medicaid Services		
	B. Non-Covered Other Lines of Business Services		
	C. Linked and Carved Out Medicare Services		
V.4	Utilization Management – Forms.....	7	
	A. Referral Authorization Request (In order to expedite your auth., please ensure that the auth. forms are filled out completely)		
	B. Direct Authorization Request (In order to expedite your auth., please ensure that the auth. forms are filled out completely)		
	C. Referral Log Sheet		

## TABLE OF CONTENTS

---


### **VI. QUALITY MANAGEMENT**

**Page P & P**

VI.1	Health Education Materials..... A. Provision Of Health Education Materials B. Documentation Of Health Education In Medical Records C. Health Education Topics	1	
VI.2	Cultural & Linguistic.....	2	 <small>06 MDP QManual - Section VI p1-7.pdf</small>
VI.3	Advance Directives.....	3	
VI.4	Credentialing and Facility Site Review.....	4	
VI.5	Medical Records.....	5-6	
VI.6	Quality Management – Forms..... A. Interpretation Services Sign For Provider’s Office B. Interpretation Services Refusal Form C. Advance Directives Form	7	


### **VII. INITIAL/ANNUAL HEALTH ASSESSMENT STAYING HEALTHY ASSESSMENT**

**Page P & P**

VII.1	Initial Health Assessments (IHA).....	1	
VII.2	Initial/Annual Health Assessment & Staying Healthy Assessment – Forms..... A. Staying Healthy Assessment (Senior) B. HA/AHA Form	2	 <small>07 MDP QManual - Section VII p1-2.pdf</small>

### **VIII. PREVENTIVE HEALTH GUIDELINES**

**Page P & P**


VIII.1	Vaccine And Immunization Administration..... (Adult Preventive Health Care Guidelines For Providers Attached)	1	
VIII.2	Preventive Health Guidelines – Forms..... A. Adult Preventive Healthcare Guidelines B. Preventive Care Plan – Male C. Preventive Care Plan – Female	1	 <small>08 MDP QManual - Section VIII p1.pdf</small>

## TABLE OF CONTENTS

---

### **IX. CLAIMS AND ENCOUNTER DATA**














































**Page P & P**

IX.1	Claims Submission Guidelines.....	1	
IX.2	Claims Settlement & Grievance Practices.....	2	
IX.3	AB1455 Claims Settlement Practices & Dispute Resolution Mechanism	3	
	A. Effective of AB1455		
	B. Claims Submission Instruction		
	C. Claim Receipt Verification		
IX.4	Claims Disputed Resolutions Process for Contracted Providers.....	4	
	A. Definition of Contracted Provider Dispute.....	4	
	B. Time Period for Submission of Provider Disputes Regarding Claims.....	5	 <small>09 MEDLOGIX MSO - Section IX P&amp;P.pdf</small>
	C. Acknowledgment of Contracted Provider Issues.....	5	
	D. Contacting the IPA Regarding Contracted Provider Disputes....	5	
	E. Instructions for Filing Substantially Similar Contracted Provider Disputes.....	5	
	F. Instructions for Provider Disputes.....	5	
	G. Past Due Payments.....	5	
IX.5	Disputed Resolutions Process for Non-Contracted Providers.....	6	
IX.6	Claim Overpayments.....	7	
	A. Notice of Overpayments of Claims		
	B. Contested Notice		
	C. No Contest		
	D. Offset to Payments		
IX.7	Encounter Data Submission Guidelines.....	8	
IX.8	Claims Submission And Encounter Data – Forms/Log.....	9	
	A. Provider Disputed and Resolutions (PDR)		
	B. Provider Dispute Resolution Request Form		
	C. Provider Dispute Resolution Request Log		

## TABLE OF CONTENTS

### X. FORMS/LOGS

### Forms

<p><b>X.1</b> <b><u>II.1 Providers Responsibilities - Forms</u></b></p> <p>A. Provider Status Change Form B. Member Complaint Form C. Provider Satisfaction Survey D. Member Satisfaction Survey</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A.  X.1A - ILSA Provider Status Change Form.g</td> <td style="text-align: center;">B.  X.1B - ILSB Member Complaint Form.pdf</td> </tr> <tr> <td style="text-align: center;">C.  X.1C - Provider Satisfaction Survey.gx</td> <td style="text-align: center;">D.  X.1D - Member Satisfaction Survey.gx</td> </tr> </table>	A.  X.1A - ILSA Provider Status Change Form.g	B.  X.1B - ILSB Member Complaint Form.pdf	C.  X.1C - Provider Satisfaction Survey.gx	D.  X.1D - Member Satisfaction Survey.gx
A.  X.1A - ILSA Provider Status Change Form.g	B.  X.1B - ILSB Member Complaint Form.pdf				
C.  X.1C - Provider Satisfaction Survey.gx	D.  X.1D - Member Satisfaction Survey.gx				
<p><b>X.2</b> <b><u>V.4 Utilization Management - Forms</u></b></p> <p>A. Referral Authorization Request (In order to expedite your auth., please ensure that the auth. forms are filled out completely) B. Direct Authorization Request (In order to expedite your auth., please ensure that the auth. forms are filled out completely) C. Referral Log Sheet</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A.  X.2A - VSA Direct Referral Authorization</td> <td style="text-align: center;">B.  X.2B - VSB Direct Authorization Request</td> </tr> <tr> <td style="text-align: center;">C.  X.2C - VSC - Referral Log.pdf</td> <td></td> </tr> </table>	A.  X.2A - VSA Direct Referral Authorization	B.  X.2B - VSB Direct Authorization Request	C.  X.2C - VSC - Referral Log.pdf	
A.  X.2A - VSA Direct Referral Authorization	B.  X.2B - VSB Direct Authorization Request				
C.  X.2C - VSC - Referral Log.pdf					
<p><b>X.3</b> <b><u>VI.6 Quality Management - Forms</u></b></p> <p>A. Interpretation Services Sign for Provider's Office B. Interpretation Services Refusal Form C. Advance Directives Form</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A.  X.3A - VLG A Interpretation Service</td> <td style="text-align: center;">B.  X.3B - VLG B Interpretive Services F</td> </tr> <tr> <td style="text-align: center;">C.  X.3C - VLG C Advance Directive Form.pdf</td> <td></td> </tr> </table>	A.  X.3A - VLG A Interpretation Service	B.  X.3B - VLG B Interpretive Services F	C.  X.3C - VLG C Advance Directive Form.pdf	
A.  X.3A - VLG A Interpretation Service	B.  X.3B - VLG B Interpretive Services F				
C.  X.3C - VLG C Advance Directive Form.pdf					
<p><b>X.4</b> <b><u>VII.2 Initial/Annual Health Assessment &amp; Staying Healthy Assessment - Forms</u></b></p> <p>A. Staying Healthy Assessment (Senior) B. IHA/AHA (currently not available)</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A.  X.4A - VII.2A Form Senior.pdf</td> <td style="text-align: center;">B. Not available</td> </tr> </table>	A.  X.4A - VII.2A Form Senior.pdf	B. Not available		
A.  X.4A - VII.2A Form Senior.pdf	B. Not available				
<p><b>X.5</b> <b><u>VIII.2 Preventive Health Guidelines - Forms</u></b></p> <p>A. Adult Preventive Healthcare Guidelines B. Preventive Care Plan – Male C. Preventive Care Plan – Female</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A.  X.5A - VIII.2A Adult preventive guide</td> <td style="text-align: center;">B.  X.5B - VIII.2B Preventive Care Plan I</td> </tr> <tr> <td style="text-align: center;">C.  X.5C - VIII.2C Preventive Care Plan I</td> <td></td> </tr> </table>	A.  X.5A - VIII.2A Adult preventive guide	B.  X.5B - VIII.2B Preventive Care Plan I	C.  X.5C - VIII.2C Preventive Care Plan I	
A.  X.5A - VIII.2A Adult preventive guide	B.  X.5B - VIII.2B Preventive Care Plan I				
C.  X.5C - VIII.2C Preventive Care Plan I					
<p><b>X.6</b> <b><u>IX.8 AB1455 Claims And Encounter Data - Forms/Log</u></b></p> <p>A. Provider Disputed and Resolutions (PDR) - Form B. Provider Dispute Resolution Log - (For use of multiple claims) C. Provider Dispute Resolution Request - Tracking Form</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A. – C.  X.6 - IX.8A-C PDR ProviderDisputeResol</td> </tr> </table>	A. – C.  X.6 - IX.8A-C PDR ProviderDisputeResol			
A. – C.  X.6 - IX.8A-C PDR ProviderDisputeResol					