

MemorialCare Select Health Plan New Provider Orientation





Congratulations!

You have successfully completed MemorialCare Select Health Plan's contracting process and are now part of the Memorial Care Select Health Plan provider network.

In this packet you will find useful information about:

- Contacts
- Provider website
- Provider Portal registration
- Claims submission
- Contracted providers

Please orient your staff to requirements detailed in this packet, the Provider Manual, and other resources. Additional information can be found on the MemorialCare Select Health Plan's website at www.mcshp.org. You may contact us at (855) 367-7747 for assistance with access, training or general inquiries.

Welcome and thank you for your participation in providing care to our members.

Sincerely,

A handwritten signature in black ink that reads "Maribel Ferrer". The signature is written in a cursive, flowing style.

Maribel Ferrer
Chief Executive Officer
MemorialCare Select Health Plan

Contact Information

Administrative Department		General Information	
Maribel Ferrer	657-241-3900	MemorialCare Select Health Plan	
CEO	MFerrer3@memorialcare.org	17360 Brookhurst Street	
Gina Ramirez	657-241-3900	Fountain Valley, CA 92708	
Executive Assistant	gramirez@memorialcare.org	S01:	(844) 805-8700
Claims Department		Main:	(657) 241-3900
Scott Davidson	657-241-3900	Toll free:	(855) 367-7747
Manager, Claims	SDavidson@memorialcare.org	TTY:	711
Finance & Enrollment Department		Reaching a Representative	
Mark Gunter	657-241-3900	Listen for automated voice	
Director, Finance	MGunter@memorialcare.org	Choose department:	
Hieu Han	657-241-3900	1-Claims	
Manager, Enrollment	HHan@memorialcare.org	2-UM (Auths, Hospitals, CM)	
Medical Management Department		Listen for automated voice	
Scott S. Ferer, MD	657-241-3900	2-CM	
Chief Medical Officer	SFerer@memorialcare.org	3-Eligibility	
Patricia Barajas	657-241-3900	4-Contracting/Provider Services/Cred	
Director, Medical Management	Pbarajas@memorialcare.org	Claims Address	
Quality & Credentialing Department		MemorialCare Select Health Plan	
Raashi Subramanya	657-241-3900	P.O. Box 20900	
Quality Manager	Rsubramanya@memorialcare.org	Fountain Valley, CA 92728	
Provider Contracting Department		Fax Numbers	
Mark Kroeger	657-241-3900	Admin	657-241-3960
Executive Director Managed Care	MKroeger@memorialcare.org	Receptionist	657-241-3960
Angela Donatoni	657-241-3900	Claims	562-933-1893
Sr. Contract Manager	ADonatoni@memorialcare.org	Credentialing	562-912-1248
Member & Provider Services Department		Finance/Enrollment	562-595-1345
Cymone Garrett	657-241-3900	Info Services	657-241-3960
Manager, Member & Provider Services	Cgarrett2@memorialcare.org	Managed Care	562-424-1614
MemorialCare Select Health Plan Web Address		Quality	562-933-1892
www.memorialcaresselecthealthplan.org		UM	562-933-1891
www.mcshp.org		UM Case Mgmt.	562-933-1890

HOW TO NAVIGATE THE WEBSITE
Step 1: Go to www.mcshp.org or www.memorialcaresselecthealthplan.org
Step 2: Select “For Providers”
FOR THE PROVIDER PORTAL
Step 3: If registered, Click on “Provider Portal MC Link” to be directed to the Provider Portal log-in page.
Step 4: If NOT registered, Follow the information provided in the “MCLink How to Guide” on how to register for the MC Link Provider Portal.
FOR PROVIDER MANUALS
Step 5: Find the “Provider Manuals” under the Provider Services Contact Information section.
FOR OTHER RESOURCES
Step 6: Find more information under the “Other Resources” section for Language Assistance, Health Education, Utilization Management, and Provider Updates.
FOR CLAIMS
Step 7: Click on the “Claims Information” button found under the Other Resources section.

Provider Manual

The Provider Manual is a reference tool for providers and office staff outlining basic processes that support the provision of contracted health care services to MemorialCare Select Members. Providers are responsible for ensuring appropriate staff review and understand the Provider Manual. The Provider Manual is reviewed and updated at least annually and is available online.

Provider Portal

The Provider Portal connects Providers to real-time eligibility, benefits, claims, and authorizations information and other helpful resources. For initial access to the Provider Portal please complete and submit Provider Portal Access Request form.

Member Eligibility

It is important that Providers verify eligibility. The Primary Health Plan ID card does not guarantee eligibility. Eligibility may change monthly; a member eligible on the last day of the month may not be eligible on the first of the following month. Claims submitted for non-eligible members will not be paid.

Member eligibility can be verified through the Provider Portal or directly by the Primary Health Plan.

Contact	Phone Number/Fax	Website
AEVS (Medi-Cal)	(800) 456-2387	
Medi-Cal		https://www.medi-cal.ca.gov/Eligibility/Login.asp
Primary Health Plan		
L.A. Care Health Plan ¹	(844) 901-7272	http://lacare.org/providers/provider-sign-in/check-coverage
Anthem Blue Cross ²	<ul style="list-style-type: none"> • Medi-Cal (LA Care): (888) 285-7801 • Regional Health Plans (Southern CA) (818) 291-6914 	https://mediproviders.anthem.com/ca/Pages/eligibility-capitation-reports.aspx
Health Net ³	<ul style="list-style-type: none"> • Health Net Provider Services Center (Except Medi-Cal and Medicare) (800) 641-7761 • Provider Services Medi-Cal (800) 675-6110 (800) 281-2999 (fax) • Provider Services Medicare Advantage Plans (800) 929-9224 (800) 646-5614 	https://www.healthnet.com/porta/provider/content/iwc/provider/unprotected/dashboard/content/jan_service_notice.action#
Blue Shield ⁴	<ul style="list-style-type: none"> • (800) 393-6130 	https://www.blueshieldca.com/provider/account-tools/login/home.sp

Claims and Encounters

Paper Claims, Appeals & Disputes	Electronic Encounters
<p>Send all paper claims, appeals and disputes to the following:</p> <p>MemorialCare Select Health Plan Claims Department P.O. Box 20900 Fountain Valley, CA 92708</p>	<p>Office Ally Payor ID: 46187 (Claims) Payor ID: E4618 (Encounters) www.officeally.com/resourcecenter.asp</p> <p>Change Health Care Payor ID: 46187 (Claims) Payor ID: E4618 (Encounters) https://cda.changehealthcare.com/Portal/</p>

Federal False Claims Act (FCA)

MemorialCare Select Health Plan complies with all applicable federal and state laws including the Federal False Claims Act (FCA). The federal False Claims Act (31 USC § 3729-33) is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim to any program funded directly, in whole or in part, by the federal government.

Examples of Federal False Claims Act Violations:

- Submitting a false claim for payment,
- Making or using a false record or statement to obtain payment for a false claim,
- Conspiring to make a false claim or get one paid, or
- Making or using a false record to avoid payments owed to the U.S. Government.

Penalties for violating the federal False Claims Act are significant. Financial penalties for submitting a false claim can total as much as three times the amount of the claims, plus fines of \$5,500 - \$11,000 per claim.

The False Claims Act also protects individuals who report alleged fraud in good faith from retaliation. MemorialCare Select Health Plan will investigate allegations of fraud, waste and abuse – and reports of non-compliance on any level.

You can report your concern anonymously by calling or emailing the **Compliance & Ethics Hotline**.

Compliance & Ethics Hotline

Available 24/7, 365 days of the year

Dial toll-free: 888-933-9044 OR Online: memorialcare.ethicspoint.com

Member Services

The Member’s Primary Health Plan contact information can be found on the Member ID card. The Primary Health Plan provides members services, including:

- General Member Services
- Language Assistance Program (interpretation and translation services)
 - Access via the Primary Health Plan’s member services phone number
- Member Appeals and Grievances

Providers

Primary Hospital Network	Laboratory
<i>Primary Hospital Network</i> <ul style="list-style-type: none"> • MemorialCare Long Beach Medical Center (562) 933-1000 • Miller Children’s and Women’s Hospital Long Beach (562) 933-5437 	<i>Laboratory</i> <ul style="list-style-type: none"> • Quest Diagnostics (866) 697-8378

A complete list of our contracted providers can be found on the online Provider Directory at www.mcshp.org.

Affirmative Statement about Incentives

MemorialCare Select Utilization Management decision making is based only on appropriateness of care, service, and existence of coverage; the organization does not specifically reward practitioners or other individuals for issuing denials of coverage or service care; financial incentives for Utilization Management decision makers do not encourage decisions that result in underutilization.

Member Rights

As a MemorialCare Select Health Plan member, you have the **right to:**

- **Respectful and courteous treatment.** You have the right to be treated with respect, dignity and courtesy from your health plan's providers and staff. You have the right to be free from retaliation or force of any kind when making decisions about your care.
- **Privacy and confidentiality.** You have the right to have a private relationship with your provider and to have your medical record kept confidential. You also have the right to receive a copy of, amend, and request corrections to your medical record. If you are a minor, you have the right to certain services that do not need your parents' okay.
- **Choice and involvement in your care.** You have the right to receive information about your health plan, its services, its doctors and other providers. You have the right to choose your primary care provider (PCP) from the doctors and clinics listed in your health plan's provider directory. You also have the right to get appointments within a reasonable amount of time. You have the right to talk with your doctor about any care your doctor provides or recommends, discuss all treatment options, and participate in making decisions about your care. You have the right to a second opinion. You have the right to talk candidly to your doctor about appropriate or medically necessary treatment options for your condition, regardless of the cost or what your benefits are. You have the right to information about treatment regardless of the cost or what your benefits are. You have the right to decline treatment. You have a right to decide in advance how you want to be cared for in case you get a life-threatening illness or injury.
- **Receive timely customer service.** You have the right to wait no more than 10 minutes to speak to a customer service representative during MemorialCare Select Health Plan's normal business hours.
- **Voice your concerns.** You have the right to complain about MemorialCare Select Health Plan, the health plans and providers we work with, or the care you get without fear of losing your benefits. MemorialCare Select Health Plan will help you with the process. If you don't agree with a decision, you have the right to appeal, which is to ask for a review of the decision. You have the right to disenroll from your health plan whenever you want. *As a Medi-Cal member, you have the right to request a State Fair Hearing.*
- **Service outside of your health plan's provider network.** You have the right to receive emergency or urgent services as well as family planning and sexually transmitted disease services outside of your health plan's network. You have the right to receive emergency treatment whenever and wherever you need it.
- **Service and information in your language.** You have the right to request an interpreter at no charge instead of using a family member or friend to interpret for you. You should not use children to interpret for you. You have the right to get the Member Handbook and other information in another language or format (such as audio, large print or Braille).
- **Know your rights.** You have the right to receive information about your rights and responsibilities. You have the right to make recommendations about these rights and responsibilities.
- **Talk to a Registered Nurse any time, day or night, about health questions or worries about symptoms.** You can contact your Primary Health Plan for 24-hour Nurse Advice Service by calling the phone number on your Primary Health Plan Member's ID Card or on your Primary Health Plan's website.