



## Quick Reference Guide *for Providers*

<p><b>Health Plans</b></p>	<p><b>HEALTH PLAN DESCRIPTIONS</b>  AIDS Healthcare Foundation (AHF) operates:</p> <ul style="list-style-type: none"> <li>• <b>PHP (HMO SNP)</b> – Medicare Advantage special needs plan with prescription drug coverage for Medicare beneficiaries who have an HIV diagnosis and live in Los Angeles County.</li> <li>• <b>PHC California</b> – Medi-Cal managed care plan for Medi-Cal beneficiaries who have a prior AIDS or AIDS-defining illness diagnosis, no share of cost and live in Los Angeles County.</li> </ul>																								
<p><b>Contact Information</b></p>	<p><b>ADDRESS</b> AHF Care Management Division  1710 N. La Brea Ave.  Los Angeles, CA 90046</p> <p><b>MAIN TELEPHONE</b> (323) 436-5000</p>																								
<p><b>Member Services and Eligibility Verification</b></p>	<p><b>ELIGIBILITY INFORMATION</b>  To verify member eligibility, or for inquiries regarding eligibility, please call Member Services at <b>(800) 263-0067</b>.</p> <p><b>MEMBER GRIEVANCES</b>  Members may contact Member Services at <b>(800) 263-0067</b> to file a grievance or request an appeal.</p> <p><b>ENROLLMENT AND DISENROLLMENT</b>  Eligible Medicare and/or Medi-Cal beneficiaries who wish to enroll in PHP or PHC California should call Member Services at <b>(800) 263-0067</b>. Members who wish to disenroll should also contact Member Services.</p>																								
<p><b>Access to Care Standards</b></p>	<p><b>ACCESS STANDARDS FOR CLINICAL SERVICES</b>  The following details the access to care standards for availability of services to members for primary, specialty, emergency and urgent care.</p> <table border="1" data-bbox="415 1304 1466 1906"> <thead> <tr> <th>Type of Care</th> <th>Standard (Measured from Time of Request)</th> </tr> </thead> <tbody> <tr> <td>Emergency/Urgent Care</td> <td>Immediate</td> </tr> <tr> <td>Urgent Care Appointment – Services that Do Not Require Prior Auth.</td> <td>Within 48 hours</td> </tr> <tr> <td>Urgent Care Appointment – Services that Require Prior Auth.</td> <td>Within 96 hours</td> </tr> <tr> <td>Primary Care Appointment (Non-Urgent)</td> <td>Within 10 business days</td> </tr> <tr> <td>Specialist Appointment (Non-Urgent)</td> <td>Within 15 business days</td> </tr> <tr> <td>Mental Health Care Appointment (Non-Physician)</td> <td>Within 10 business days</td> </tr> <tr> <td>Ancillary Services to Diagnose or Treat a Health Condition (Non-Urgent)</td> <td>Within 15 business days</td> </tr> <tr> <td>Physical Exam/Preventive Care</td> <td>Within 30 calendar days of request</td> </tr> <tr> <td>First Prenatal Visit</td> <td>Within 2 weeks</td> </tr> <tr> <td>Initial Health Assessments</td> <td><b>For PHP:</b> Within 90 days of enrollment <b>For PHC California:</b> Within 120 days of enrollment</td> </tr> <tr> <td>Office Waiting Time</td> <td>Should not exceed 30 minutes</td> </tr> </tbody> </table> <p><b>EMERGENCY SERVICES</b>  In the case of emergency, members should call 911 or go to the nearest emergency room.</p>	Type of Care	Standard (Measured from Time of Request)	Emergency/Urgent Care	Immediate	Urgent Care Appointment – Services that Do Not Require Prior Auth.	Within 48 hours	Urgent Care Appointment – Services that Require Prior Auth.	Within 96 hours	Primary Care Appointment (Non-Urgent)	Within 10 business days	Specialist Appointment (Non-Urgent)	Within 15 business days	Mental Health Care Appointment (Non-Physician)	Within 10 business days	Ancillary Services to Diagnose or Treat a Health Condition (Non-Urgent)	Within 15 business days	Physical Exam/Preventive Care	Within 30 calendar days of request	First Prenatal Visit	Within 2 weeks	Initial Health Assessments	<b>For PHP:</b> Within 90 days of enrollment <b>For PHC California:</b> Within 120 days of enrollment	Office Waiting Time	Should not exceed 30 minutes
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<p><b>Laboratory Services</b></p>	<p><b>LABORATORY REFERRALS TO LABCORP ONLY</b></p> <p>The contracted lab for all plan-covered lab services is LabCorp, Inc. For the nearest location, please contact LabCorp, Inc. at <b>(888) 522-2677</b> or visit <b>www.labcorp.com</b>.</p>
<p><b>Referrals and Authorizations</b></p>	<p><b>REFERRALS AND AUTHORIZATIONS</b></p> <p>AHF processes routine referrals within 14 business days from the date of the request for PHP, and 5 business days from the date of the request for PHC California. An Authorization Request Form must be completed and faxed to the Utilization Management Department at <b>(888) 235-8327</b>. <b>If the authorization request is Urgent, please call (800) 474-1434.</b></p> <p><b>Members must be referred to contracted specialists who are part of the PHP or PHC California provider network.</b> Please refer to the PHP or PHC California provider directory for a complete list of contracted providers. You may search for contracted providers online by going to <a href="http://www.php-ca.org/provider-find">www.php-ca.org/provider-find</a> and searching for providers by plan.</p>
<p><b>After-Hours Nurse Advice Line</b></p>	<p><b>AFTER HOURS NURSE ADVICE LINE</b></p> <p>Plan members who need the help of a nurse when their PCP office is closed should call the After-Hours Nurse Advice Hotline. This service is available after business hours, weekends and holidays. Call <b>(800) 797-1717</b>.</p>
<p><b>Claims</b></p>	<p><b>CLAIMS SUBMISSION</b></p> <p><b>The payer ID for PHP is 95411 and PHC California is 95422.</b></p> <p>These payer ID's support professional, institutional and dental claim submissions.</p> <hr/> <p><b>CLAIMS STATUS</b></p> <p><u>Member Eligibility &amp; Claims Status Portal:</u>  <a href="https://www.ahfwebapplication.org/MemberEligibility/">(https://www.ahfwebapplication.org/MemberEligibility/)</a></p> <p><b>What is the status of my claim?</b></p> <p><b>SUS = Suspended Claim</b> – The claim is under review by an examiner for non-clean billing, fee schedule, W9 or another error.</p> <p><b>ALW = Allowed Claim</b> - The claim will be paid on the Plan's next check run. Check runs occur Monday and Wednesday (except for Holidays).</p> <p><b>DN = Denied Claim</b> - The claim has been denied. Refer to your EPP from ECHO for RARC reason. May require corrected claim submission.</p> <p><b>PD = Paid Claim</b> - The claim has been paid. Refer to ECHO Health for a copy of your RA/EPP.</p>

	<p><b>PROVIDER DISPUTE</b></p> <p>A provider dispute is a written notice challenging, appealing or requesting reconsideration of a claim that has been denied, adjusted or contested. Written disputes must be submitted within 365-days from the date of the action that lead to the dispute. Please send your dispute to:</p> <p style="text-align: center;"><b>Attn: Claims Department PHP/PHC California 1710 N. La Brea Ave. Los Angeles, CA 90046</b></p> <p>For inquiries regarding the status of a dispute, please contact the Claims Department at <b>(888) 662-0626</b>.</p>
<p style="text-align: center;"><b>Prescription Drug Authorization</b></p>	<p><b>PRESCRIPTION DRUG AUTHORIZATION</b></p> <p>PHP processes routine prescription drug authorization requests within 72 hours and urgent requests within 24 hours. For authorization status, please call Pharmacy Technical Help at <b>(888) 554-1334</b>.</p> <p>PHC California prescription drugs given by a pharmacy are covered by Medi-Cal RX, a Medi-Cal FFS program.</p> <p><i>Pharmacy Operations (non-clinical)- Pharmacy Help Desk: 888-554-1334 or pharmacyhelpdesk@aidhealth.org</i></p>
<p style="text-align: center;"><b>Interpreter Services</b></p>	<p><b>AVAILABLE INTERPRETER SERVICES</b></p> <p>Should a PHP or PHC California member need language interpreter services, you are encouraged to contact Member Services at <b>(800) 263-0067</b>. Member Services will access Language Line, which will provide telephonic interpreter services in the language the member speaks. This service is at no charge to members. Reasons when interpreter services are necessary include:</p> <ul style="list-style-type: none"> <li>• Member requests interpreter services in a language that the provider does not speak.</li> <li>• You start a conversation in English and realize that the member does not understand what is being said.</li> <li>• You start a conversation in a language other than English and realize you need help communicating with the member.</li> </ul>
<p style="text-align: center;"><b>Provider Services</b></p>	<p><b>PROVIDER RELATIONS CONTACT</b></p> <p>The Contracting and Provider Relations Department serves as the liaison between provider offices and PHP and PHC California. Department staff is available to resolve provider issues such as claims, authorizations, eligibility, and educate providers on health plan policies and procedures. For inquiries, please call <b>(888) 726-5411</b> or email <b>CAPR@aidhealth.org</b>.</p> <hr/> <p><b>60-DAY NOTIFICATION REQUIREMENT</b></p> <p>AHF requires a 60-day notification for provider changes, such as address, phone/fax number, office hours, tax ID numbers, termination, or leaves of absence. Changes made must be submitted to AHF in writing to:</p> <p style="text-align: center;"><b>Attn: Contracting and Provider Relations AHF Care Management Division 1710 N. La Brea Ave. Los Angeles, CA 90046</b></p> <p>You may also fax your changes to <b>(888) 235-7695</b>, Attn: Contracting and Provider Relations.</p>



### **IN-SERVICING AND PROVIDER TRAINING**

AHF will provide an initial in-service to your office to orient your staff to PHP and PHC California policies and procedures. Providers and/or office managers may request additional training at any time by contacting the Contracting and Provider Relations Department at **(888) 726-5411** or email **CAPR@aidshhealth.org**.

### **PROVIDER MANUALS**

Provider manuals for PHP and PHC California are available online at the following web addresses:

PHP – **[www.php-ca.org/for-providers/publications](http://www.php-ca.org/for-providers/publications)**

PHC California – **[www.phc-ca.org/providers/pubs](http://www.phc-ca.org/providers/pubs)**