PATIENT HANDBOOK

3rd Edition

2015 - 2016

MEDICAL SAFETY NET PROGRAM

P.O. BOX 355

SANTA ANA, CA 92701

www.ochealthinfo.com

TABLE OF CONTENTS

Mission Statement 1
Important Message to Enrollees 1
Important Telephone Numbers 2
MSN Website 2
Eligibility 2
General/Financial Criteria 3
Eligibility Appeals Process 4
Application Process 4
Citizenship Guidelines and Requirements 5
Medical Services 8
Covered Medical Services 8
Medical Services Not Covered 9
Service Locations 10
Urgent Care Centers 10
Assigned Community Clinics 11
MSN Network Hospitals 12
MSN Emergency Care Hospitals 13
Minute Clinics 14
MSN Program Co-Payments 15
How to Acquire a Specialist/Other Specialized Services 15
Patient/Provider Relations Fraud and Recovery Department 17
Laboratory/X-ray/Imaging and other Services 18
Prescription Services 18
Co-Payments 18
Service Locations 19
Drug Authorizations 19
Advanced Directives 20
Billing Process 20
Notice of Payment Denial 21
Appeals Process 21
Applicant Rights and Responsibilities 21
Other County Resources 23

Mission Statement

The Medical Safety Net (MSN) is Orange County's safety-net program for low-income adults providing urgent, emergent medical services and necessary follow-up care through a public-private partnership between the Orange County Health Care Agency and community health care providers The Medical Safety Net Program DOES NOT provide comprehensive health coverage.

Comprehensive health coverage is available from Covered California – California's health insurance marketplace. Most MSN members should qualify for financial assistance to purchase health coverage. For more information about Covered California and enrollment into comprehensive health coverage, please call Covered California at (800) 300-1506 or go to their website at ***www.coveredca.com***.

County of Orange
Medical Safety Net (MSN) Program

Please read this Handbook carefully. It provides important information to assist you to receive medical services through the MSN Program.

My Assigned Community Clinic is:

Name: _____

Address: _____

Phone Number: _____

Important Information for Members Regarding the MSN Program

MSN Program benefits include urgent and emergency medical services; necessary follow-up care, laboratory and x-ray/imaging services. MSN members have access to an assigned community clinic to help coordinate any necessary follow-up medical care needs.

It is important to know that acceptance to the MSN Program does not guarantee that all medical services you receive are covered benefits. (See pages 8-9 of this Handbook for more information about covered and non-covered services.)

Important Telephone Numbers

MSN Patient Relations ..... (866) 613-5178

MSN General Information..... (714) 834-6248

MSN Eligibility Information Line ..... (714) 347-0389

Other Helpful Telephone Numbers

General Relief/Food Stamps ..... (714) 834-8899

Medi-Cal Application Line ..... (855) 478-5386

Covered California Information Line..... (800) 300-1506

211 Orange County (General Community Resources – Shelter, Job Training, Counseling, etc.) 211

Public Health General Information ..... (714) 834-4722

For more information and frequently asked questions, visit the MSN Web Site at
www.ochealthinfo.com

Eligibility

You may be eligible for MSN benefits if you

- Have an urgent or emergent medical condition
- Are able to provide proof that you are a U.S. Citizen or lawful resident of the United States. This includes:
    - Permanent Residents Under Color of Law (PRUCOL)*
    - Resident Alien with Deferred Action Status
    - Confirmed refugee status including Violence Against Women Act (VAWA) refugees
- Can provide proof that you are a lawful Orange County resident
- Are between the ages of 19 and 64

- Have an income that is over 138% but no-more than 200% of the Federal Poverty Level (FPL)
- Have no medical coverage
- Are Ineligible for MAGI or Traditional Medi-Cal
- Can comply with Medi-Cal Property and Income Limitations (Asset Test)

*Noncitizens who are PRUCOL may include, but are not limited to:

- Refugees, asylees, and persons granted withholding of deportation or removal
- Parolees and Cuban/Haitian entrants
- Conditional entrants
- Lawful temporary residents under the amnesty programs
- Persons granted deferred action status
- Persons granted deferred enforced departure (DED)
- Persons granted Family Unity
- Applications for adjustment of status who are immediate relatives of US citizens
- Persons under an order of supervision
- Persons granted stays of deportation or removal
- Noncitizens who have continuously resided in the US since before January 1, 1972
- Certain battered immigrants, parents of battered children
- Citizens of Micronesia, the Marshall Islands, or Palau
- Persons granted K, S, U, or V status
- Victims of trafficking
- Persons granted voluntary departure

Call the MSN General Information at (714) 347-0389 if you have any questions about the qualifications listed above.

MSN eligibility determination:

- Can only be determined by the MSN Eligibility Unit.
- Is approved until the end of the calendar year.
- Can be suspended or discontinued if obtained fraudulently or the MSN Program determines that you no longer meet the eligibility guidelines as stated above. Applicants must cooperate with MSN by making a good faith effort to furnish the required information upon request.

To contact an MSN Eligibility Technician, please call (714) 347-0389. An Eligibility Technician will respond to your call. Be sure to leave your name, Social Security number, current address, phone number, and the reason for your call.

If your eligibility is denied:

You will be sent a Notice of Action (NOA) letter stating why your eligibility has been denied. You may appeal this denial by completing the form on the back of your NOA letter and mailing it to:

Medical Safety Net Program
Appeals Unit
P.O. Box 355
Santa Ana, CA 92701

You may disenroll from MSN at any time by calling MSN Patient Relations at (866) 613-5178. Disenrollment will take place on the last day of the month in which you make your request.

Application Process

To apply for MSN coverage, you must:

- Make an appointment with an MSN Community Clinic or MSN Hospital to complete an application
- Provide proof of Orange County residency (i.e., CA identification or driver's license, car registration, credit card, or utility bill)
- Sign a Credit Authorization release form
- Provide proof of income (i.e., recent pay stubs, unemployment benefits statement, or cancelled checks)
- Provide proof of age
- Provide proof of Alien status (Alien card must be provided)
- Provide proof of identity and citizenship
- Provide documentation of assets (mortgage statements, tax returns, investment accounts, etc.)
- Conduct spend down of assets if over property limits. Applicant should contact the MSN Eligibility Information Line at 714-347-0389 with any questions regarding spend down requirements. The spend down process and supporting documentation must be submitted by the end of the encounter month to the MSN Eligibility Unit.

MFBU Size	1	2	3	4	5
Property Limits	$ 2,000	$ 3,000	$ 3,150	$ 3,300	$ 3,450

If the resources exceed the limits for the family size (MFBU), the applicant is not eligible for MSN assistance, but may spend down assets in the encounter month in order to become eligible

- Sign and date the MSN Co-Payment Acknowledgement Form

Acceptable Citizenship and Identity Documents:

The easiest way for U.S. citizens or nationals to provide both proof of citizenship and identity is with one of these documents:

- U.S. Passport or Passport Card issued without limitation (expired ones are acceptable)
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U.S. Citizenship (N-560 or N-561)

OR

If you do not have one of the documents above, then provide ...

One (1) citizenship document AND one (1) identity document from the following columns (see pages 4 and 5).

Citizenship Documents

U.S. Birth Certificate

Certification of Report of Birth (DS-1350)

Report of Birth Abroad of a U.S. Citizen (FS-240)

State Department Certification of Birth (FS-545 or DS-1350)

U.S. Citizen Identification Card (I-197 or I-179)

American Indian Card (I-872)

Northern Marianas Card (I-873)

Final adoption decree showing a U.S. place of birth

Proof of employment by the U.S. civil service before June 1, 1976

U.S. military service record that shows a U.S. place of birth

U.S. hospital record established at the time of the person's birth*

Life, health, or other insurance record*

Federal or State census record that shows the applicant's age and U.S. citizenship or place of birth

Seneca Indian tribal census record*

Bureau of Indian Affairs tribal census record of the Navajo Indians*

U.S. State Vital Statistics birth registration notification*

An amended U.S. public birth record (amended more than 5 years after the person's birth)*

Statement signed by doctor or midwife present at the time of birth*

Admission papers from a nursing or skilled care facility, or other institution that shows a U.S. place of birth

Medical record (not an immunization record)*

* Must be dated at least 5 years before your 1st MSN application and show a U.S. place of birth. You must provide a document as high on the list as you can.

Identity Documents

NOTE: Expired identity documents are acceptable proofs of identity

Driver's license issued by a U.S. State or Territory with a photograph or other identifying information

School Identification card with a photograph

U.S. Military I.D. card or draft record

Federal, state or local government I.D. card with same identifying information as a driver's license

U.S. Military dependent identification card

A U.S. passport (issued with limitation)

Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native Tribal - document

U.S. Coast Guard Merchant Mariner Card

*If you cannot provide any of the citizenship documents listed on pages 4 and 5***,** ask two adults to fill out and sign an ***Affidavit of Citizenship.*** Both adults must have proof of their own identity and U.S. citizenship, and only one of them may be related to you.

Obtaining a Birth Certificate in Person:

Under law, individuals appearing in person will be permitted to receive an authorized copy after presenting a valid government form of identification and signing a statement sworn under penalty of perjury that the requester is an authorized person. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.

Vital records for Orange County (birth, marriage, and death records) are located in Room 106 of the Hall of Finance and Records in Santa Ana. Office hours are Monday through Friday, from 8:00 a.m. to 4:30 p.m. Payment can be made by cash, personal check, cashier's check, money order, or ATM/Debit card.

Obtaining a Birth Certificate Online

For those in need of fast turnaround time, you may place your request over the Internet with VitalChek, a private independent company. Acceptable methods of payment through VitalChek are Master Card, VISA, American Express or Discover. A special handling fee collected by VitalChek will be charged on all credit card orders, in addition to the County of Orange certified copy fee. Internet credit card orders will be processed within 5 working days of receipt of the Certificate of Identity. Internet orders will be returned by regular mail unless expedited delivery is requested for an additional fee. For information, and pricing, please call (877) 445-8988. Or visit ***www.vitalchek.com***.

To Schedule an Appointment to Apply or ReApply

The MSN Program Contracts with hospitals and community clinics in Orange County. Some of these hospitals and clinics take MSN applications by appointment only***.***

For a list of contracted hospitals and community clinics please refer to the service locations listed on pages 11-13 of this Handbook. An up-to-date listing of all locations is available online at:

www.ochealthinfo.com

To reapply to the MSN Program, you must continue to meet all the eligibility requirements and follow the application process outlined above.

After the MSN Program receives your application, you:

- Are sent a Notice of Action (NOA) informing you whether your eligibility for the MSN Program is approved or denied.
- Must read all information sent to you.

Once your MSN application is approved you:

- Are eligible until the end of the current calendar year
- Must show each provider of service a copy of your NOA letter or Member Identification Card
- May reapply for MSN for continued coverage
- Must repay the MSN Program for all medical services paid in the event of a Workers' Compensation, insurance or accident claim settlement, or if it is determined that you have fraudulently used MSN services.

Medical Services

Covered Medical Services

Acceptance to the MSN Program does not guarantee that all services you receive are covered benefits. MSN Enrollees may opt to pay out-of-pocket for services (such as plastic surgery not covered through the MSN Program). Please note however that your provider must accept MSN's payment as "payment in full" for covered or authorized services. Providers are not permitted to charge you for services that would have been covered under the MSN Program's benefit plan.

Non-emergency medical services must be rendered in Orange County to be considered for reimbursement. Covered services include:

- Immediate treatment of life or limb threatening urgent and emergent conditions.
- Hospital care (inpatient and outpatient).
- Emergency ambulance transportation to an MSN contracted facility.
- Non-emergency ambulance transportation, when authorized, to an MSN contracted facility.
- Physical therapy, general x-rays, ultrasounds, MRIs, CT scans, diagnostic mammograms, and other diagnostics. These services must be provided at MSN contracted facilities.
- Laboratory work including necessary blood work, PSA blood levels, urine analyses including urine dip-stick for pregnancy.

Note: Most services rendered outside of your assigned Community Clinic must be prior authorized. Please follow up with your assigned clinic to ensure that you have received proper approval before you seek specialty care.

Emergency Services Provided Outside of Orange County (Out-of Area Services)

Emergency and stabilization services provided to MSN enrollees outside of Orange County are covered, if those services fall within the "scope" of the MSN program. You or your providers should contact the MSN program within 72 hours of the initial encounter. This notification allows the MSN program to work with you and your providers to coordinate necessary follow-up care. Failure to notify the MSN program within the allotted timeframe may result in denied claims.

Providers must register with the MSN Program and send any claims directly to the MSN Program's Fiscal Intermediary. If the out-of-area provider(s) refuse to register, you will be financially responsible for any charges related to the services you receive. The MSN Program cannot force any provider to participate in the MSN Program.

Please contact MSN Patient Relations at (866) 613-5178 for more information.

Medical Services Not Covered

- Services from specialists that are not authorized.
- Non-Emergency Medical Services provided at non-contracted facilities. .
- Non-Emergency Medical services rendered outside of Orange County.
- Medical services that do not meet the purpose of the MSN Program.
- Non-formulary and Over-The-Counter (OTC) medications.
- Pregnancy, including complications of pregnancy (exception is urine "dip stick" to test for pregnancy).
- Treatment in an extended or long-term care facility.
- Adult day care services.
- Acupuncture/chiropractic services.
- Hearing aids and eyeglasses.
- Medical transportation to non-contracted facilities.
- Medical services for persons under 19 and over 64 years old.
- All vaccines. Public Health may offer some vaccines at low cost. For more information, contact the Health Referral Line at (800) 564-8448 or go to ***http://ochealthinfo.com/phs/about/family/iz***.

Voluntary Provider Reimbursement for Out-of-Pocket Costs

As an MSN enrollee, you may be eligible for reimbursement from your provider for out-of-pocket medical, dental, and pharmacy expenses paid by you prior to becoming MSN eligible. To receive reimbursement, YOU must ask your provider to register and bill the MSN Program for the services or medications you received. Your provider must voluntarily agree to bill the MSN Program for the service(s) provided to you.

Your provider must do this within ninety (90) days from the date of service or from the date on your Notice of Action letter, whichever is later. If your provider receives payment from MSN, they must return the monies, less any co-payment amounts, paid by you.

The MSN Program only reimburses medical providers. It does not reimburse patients.

MSN does not and cannot require any provider to bill MSN for services provided to you prior to you becoming an MSN member. Providers must complete the mandatory MSN Registration Process before any reimbursement can be made.

YOUR PROVIDER MAY BILL MSN FOR SERVICES PROVIDED PRIOR TO YOUR ELIGIBILITY IF:

1. You received an MSN covered service on a date before your application was approved; and,
2. Your MSN eligibility period includes the date your services were provided to you, and the service is a covered benefit; and,
3. You (or another person) paid out-of-pocket for your medical services, dental services, or medications.

Service Locations

Medical Care may only be provided by physicians and Community Clinics within the network. You will be assigned to a contracted Community Clinic for necessary follow-up care.

Except for emergencies that are life or limb threatening, please contact your designated Community Clinic for services. MSN Enrollees can choose their assigned Community Clinic at the time of application. Once chosen, MSN Enrollees may change their assigned Community Clinics once during their eligibility period.

Services provided by a Clinic that you are not assigned to will not be covered unless prior authorized by the MSN Program.

Urgent Care Centers

Available after hours and on weekends, urgent care centers are able to treat a wide variety of illnesses and injuries that require immediate attention with convenient locations and hours (including evenings, weekends, and holidays.) No appointment is necessary, but you should call ahead for faster service.

Urgent Care Centers	Street	City	Phone
South Coast Medical Group	5 Journey, Suite 130	Aliso Viejo	(949) 360-1069
Gateway Urgent Care	1006 W. La Palma Ave., Anaheim, CA	Anaheim	(714) 778-3838
OC Urgent Care	631 S. Brookhurst Street	Anaheim	(714) 991-5700
Caceres Medical Group	8585 Knott Avenue	Buena Park	(714) 821-8588
OC Urgent Care	26781 Portola Parkway, Suite 4E	Lake Forest	(714) 991-5700

ASSIGNED MSN COMMUNITY CLINICS

MSN Clinic Resource Name	Street	City	Phone
Alta Med Healthcare Services	1814 West Lincoln Avenue	Anaheim	(888) 499-9303
Central City Community Health Center - Anaheim	2237 West Ball Road	Anaheim	(714) 490-2750
KCS Health Center	7212 Orangethorpe Avenue, Suite 9A	Buena Park	(714) 503-6550
Share Our Selves	1550 Superior Avenue	Costa Mesa	(949) 270-2100
North Orange County Regional Health Foundation	901 West Orangethorpe Avenue	Fullerton	(714) 441-0411
Sierra Health Center	501 South Brookhurst Road	Fullerton	(714) 870-0717
St. Jude Neighborhood Health Center	731 South Highland Avenue	Fullerton	(714) 446-5100
Alta Med Healthcare Services	12751 Harbor Boulevard	Garden Grove	(888) 499-9303
Nhan Hoa Comprehensive Health Center	7761 Garden Grove Boulevard	Garden Grove	(714) 898-8888
VNCOC (Asian Health Center)	9862 Chapman Avenue	Garden Grove	(714) 418-2040
Alta Med Healthcare Services	8041 Newman Avenue	Huntington Beach	(888) 499-9303
Friends of Family	501 South Idaho Street, Suite 190	La Habra	(562) 690-0400
The Gary Center	341 Hillcrest Street	La Habra	(562) 691-3263
Laguna Beach Community Clinic	362 Third Street	Laguna Beach	(949) 494-0761
Alta Med Healthcare Services	4010 East Chapman Avenue	Orange	(888) 499-9303
Center for Inherited Blood Disorders	1010 West La Veta Avenue, Suite 670	Orange	(714) 221-1200
La Amistad de Jose Family Health Center	353 South Main Street	Orange	(714) 771-8006
Camino Health Center	30300 Camino Capistrano	San Juan Capistrano	(949) 240-2272
Alta Med Healthcare Services	1400 North Main Street	Santa Ana	(888) 499-9303
Alta Med Healthcare Services	2720 South Bristol Street, Suite 110	Santa Ana	(888) 499-9303
Serve the People	1206 East 17th Street, Suite 101	Santa Ana	(714) 352-2911
Central City Community Health Center - Stanton	12116 Beach Boulevard	Stanton	(714) 898-2222
Livingstone CDC	12362 Beach Boulevard, Suite 10	Stanton	(714) 248-9500
Orange County Rescue Mission (Hurtt Family Clinic)	One Hope Drive	Tustin	(714) 247-0300

MSN NETWORK HOSPITALS

MSN Network Hospitals provide emergency and scheduled inpatient and outpatient services to MSN Enrollees.

MSN Network Hospital Resource Name	Street	City	Phone
Anaheim Global Medical Center	1025 S. Anaheim Boulevard	Anaheim	(714) 533-6220
West Anaheim Medical Center	3033 W. Orange Avenue	Anaheim	(714) 827-3000
Fountain Valley Regional Hospital & Medical Center	17100 Euclid Street	Fountain Valley	(714) 966-7200
Orange Coast Memorial Medical Center	9920 Talbert Avenue	Fountain Valley	(714) 378-7000
St. Jude Medical Center	101 E. Valencia Mesa Drive	Fullerton	(714) 871-3280
Garden Grove Hospital & Medical Center	12601 Garden Grove Boulevard	Garden Grove	(714) 537-5160
Huntington Beach Hospital	17772 Beach Boulevard	Huntington Beach	(714) 843-5000
La Palma Intercommunity Hospital	7901 Walker Street	La Palma	(714) 670-7400
Mission Hospital - Laguna Beach	31872 Coast Highway	Laguna Beach	(949) 499-1311
Saddleback Memorial Medical Center – Laguna Hills	24451 Health Center Drive	Laguna Hills	(949) 837-4500
Long Beach Memorial	2801 Atlantic Avenue	Long Beach	(562) 933-2000
Mission Hospital Regional Medical Center	27700 Medical Center Road	Mission Viejo	(949) 364-1400
Chapman Global Medical Center	2601 E. Chapman Avenue	Orange	(714) 633-0011
St. Joseph Hospital - Orange	1100 W. Stewart Drive	Orange	(714) 633-9111
Saddleback Memorial Medical Center – San Clemente	654 Camino De Los Mares	San Clemente	(949) 496-1122
Orange County Global Medical Center	1001 N. Tustin Avenue	Santa Ana	(714) 953-3409
South Coast Global Medical Center	2701 Bristol Street	Santa Ana	(714) 754-5558

MSN EMERGENCY CARE HOSPITALS

MSN Emergency Care Hospitals provide only emergency medical services to MSN clients. In certain cases, these hospitals may provide inpatient care and follow-up care to MSN Enrollees. Scheduled, non-urgent procedures will not be performed at these facilities.

MSN Emergency and Stabilization Hospital Resource Name	Street	City	Phone
Anaheim Regional Medical Center	1111 W. La Palma Avenue	Anaheim	(714) 999-6161
Kaiser Foundation Hospital - Anaheim	3440 E. La Palma Avenue	Anaheim	(714) 644-6850
Hoag Memorial Hospital - Irvine Campus	16200 Sand Canyon Avenue	Irvine	(949) 517-3167
Kaiser Foundation Hospital - Irvine	6640 Alton Parkway	Irvine	(949) 932-2882
Los Alamitos Medical Center	3751 Katella Avenue	Los Alamitos	(562) 799-3116
Hoag Memorial Hospital Presbyterian	One Hoag Drive	Newport Beach	(949) 764-4624
University of California Irvine Medical Center	101 City Drive South	Orange	(714) 456-7328
Placentia Linda Hospital	1301 North Rose Drive	Placentia	(714) 993-2000

Note: MSN provides only emergency dental coverage for eligible members. MSN does not cover routine or preventive dental services. Emergency dental and preventive dental services may be available through your assigned Clinic. Please contact the Clinic listed on your MSN card for more information.

Preventive dentistry services are available to the public at no cost through West Coast University's Dental Hygiene Clinic. You can contact West Coast University at 877-928-2546 to schedule an appointment. **The MSN Program, the Health Care Agency, or the County of Orange has no affiliation with West Coast University.**

Minute Clinics

Minute Clinics are available when you have an urgent or immediate medical need and your assigned clinic is not open (evenings and weekends) or you feel you cannot wait for an appointment. Board certified practitioners are available every day. No appointments are necessary. A copayment of $10 per visit is required. Minute clinic hours vary by site. Call customer service at (866) 389-2727 for more information.

Minute Clinics	Street
Aliso Viejo	26891 Aliso Creek Road, Aliso Viejo 92656
Buena Park	8850 Valley View Street, Buena Park 90620
Costa Mesa	1150 Baker Street, Costa Mesa 92626
Huntington Beach	19121 Beach Blvd., Huntington Beach 92648
Irvine	14330 Culver Drive, Irvine 92604
Mission Viejo	25272 Marguerite Pkwy., Mission Viejo 92692
San Clemente	638 Camino De Los Mares, San Clemente 92673
Seal Beach	921 Pacific Coast Highway, Seal Beach 90740
Yorba Linda	18080 Imperial Highway, Yorba Linda 92886

MSN Program Co-Payments

Under the MSN Program, all MSN enrollees are responsible for any applicable co-payment when services are rendered. The co-payments are as follows:

Medical Service	Co-Payment
Emergency Room Visit	$300
Emergency Medical Transport	$300
Inpatient Hospital per Admission	$300
Outpatient Hospital Visit	$20
Follow-Up Care Visits (Clinic or Physician)	$60
Specialist Visit (Physician)	$70
Emergent or Urgent Dental Visit	$60
Laboratory Test	$45
X-rays and diagnostic imaging	$65
Advanced Imaging (PET/CT/MRI)	$75
Durable Medical Equipment	$90
Home Health Services	$45
Skilled Nursing Facility per Admission	$150
Urgent Care	$75
Minute Clinic Visit	$20

Co-pays must be paid with each visit. Providers (with the exception of hospital emergency rooms) can refuse treatment if you do not pay the co-payment. Hospital emergency rooms CANNOT refuse treatment if you choose not to pay your co-payment.

Please note that if you have multiple visits with the same provider in the same day, the MSN Provider can only charge you one co-payment per calendar day

How to Acquire a Specialist and Other Specialized Services

The MSN Care Coordination works with your assigned Community Clinic and other members of your health care team to coordinate inpatient and outpatient services, including referrals to physician specialists, prior-authorization for durable medical goods, home health care, selected surgeries, and limited diagnostic procedures.

Please be aware that it may take up to 14 working days for the authorization staff to coordinate a request.

What if my request to see a specialist or other specialty service is denied?

MSN members have the right to file an appeal with the MSN Program. When a request for a specialty service is denied, members are sent a notification letter with instructions on the appeal process. The appeal form is located on the reverse side of the letter.

Please mail the completed **Appeal Form** to:

MSN Appeals Unit
P.O. Box 355
Santa Ana, CA 92701
or by Facsimile to 714-834-6292

Appeals must be filed with the MSN Program within sixty (60) calendar days of the date on the notification letter..

Appeals Process

Once received, the MSN Program will examine your appeal and provide you with a determination within forty-five (45) calendar days of receipt by the MSN Program.

During the examination period, you (or your designated representative) have the right to examine all records/documents under consideration during this appeal.

If requested, you and/or your representatives will be provided a reasonable opportunity to present evidence and allegations of fact or law, in writing, or by telephone, during this examination period.

Forty-five (45) calendar days is the standard time for resolution of an appeal.

Resolution of Your Appeal

You will receive a formal written Notice of Appeal Resolution of your appeal within forty-five (45) calendar days. This notice will include the results of the appeal process, the final resolution, and the date of completion.

Patient/Provider Relations Fraud and Recovery Department

The Patient/Provider Relations staff is available to provide information to patients and providers of service. The MSN Patient Relations Office at (866) 613-5178 has an automated phone system that provides important and helpful information to assist you. .

The Fraud and Recovery Division is responsible to identify and investigate areas of fraudulent activity within the MSN Program. This office helps to ensure that all requirements for MSN eligibility and payment are met.

An MSN applicant signs the following declarations on their Rights and Responsibilities form during the application process:

- I declare under penalty of perjury that the answers I have provided in this application are correct and true to the best of my knowledge.
- I understand that the statements on this form are subject to verification and investigation and that my signature on this form constitutes authorization for such an investigation.
- I realize that if I deliberately make false statements, withhold information, or obtain or use MSN Program benefits in an unlawful manner, I (or the person on behalf of whom I am acting) may lose MSN benefits and/or be prosecuted. I understand that any benefits I receive fraudulently may be subject to prosecution.

Fraudulent activity is investigated and may result in termination of MSN benefits, prosecution, and a demand for repayment to the MSN Program for services received.

Laboratory/X-ray/Imaging and Other Services

How do I obtain these services?

Outpatient services refer to treatments and procedures that do not require hospitalization. These services include physical therapy, ultrasound, general X-ray, MRI, CT scan, diagnostic mammogram, diagnostic PSA, blood and urine analyses. These services require a referral from your Community Clinic and may require prior authorization. In some cases, your assigned Community Clinic may be able to provide the services in-house. The MSN Program has a narrow network of specialty providers and there is no guarantee that your desired specialist will

be near your home. Please make sure that you have adequate transportation available for any necessary appointments.

Prescription Services

Do I have a co-payment for my medications and does MSN pay for every drug available?

The MSN Program Formulary covers generic and some brand medications. All MSN members will have co-pays for prescriptions. Your prescription co-pays are determined by the pricing tier of the prescribed medication. MSN members will be responsible for a copayment for each prescription filled. Copayments will be $19 for Generic medications, $50 for Preferred Brand medications and $75 for Non-Preferred Brand medications. A sample of common medications covered under the MSN Program and copayment amount is shown in the table below. For a complete listing of the MSN Program Formulary, go to ***www.ochealthinfo.com***

Medication Type	Name	Copayment Amount per prescription type
Blood Pressure Medications	lisinopril, Amlodipine, Atenolol	***$19 for all Generic Medications***
Antibiotics	Amoxicillin, Ciprofloxacin, Tetracycline	
Seizure Medications	Levetiracetam , Carbamazepine, Phenytoin	
Diabetes Medications	Metformin, Glipzide, Glyburide	
Diabetes Medications	Lantus, Humulin, Novolin,	***$50 for Preferred Brand Medications***
Asthma Medications	Advair	
Insulin	Insulin Lispro	***$75 Non-Preferred Brand Medications***
Asthma/COPD Medications: Inhaled Anti-Inflammatory agents	Fluticasone/salmeterol diskus, budesonide/formoterol	

Medications not covered through the MSN Program may be available at little or no cost through a Patient Assistance Program (PAP). For more information, call the Partnership for Prescription Assistance at 1-888-477-2669. Many generic medications are available for $4 or less from some large retail pharmacies. Examples of these include: Target, Wal-Mart, K-mart, Costco, Walgreens, Rite-Aid, and CVS Pharmacy.

Medications not covered through the MSN Program may be available through the manufacturer at low or no cost. Please go to ***www.needymeds.org*** or call 800-503-6897.

Where Do I Get My Prescriptions Filled?

Prescriptions can be filled at over 590 MedImpact Healthcare System participating pharmacies throughout Orange County. Ask your local pharmacy if it is a MedImpact participant. Examples of MedImpact participating pharmacies include CVS, Sav-On, Rite Aid, Walgreens, Target, Wal-Mart, K-mart and Costco. A listing, by city, of all MSN participating pharmacies is available on the MSN website at ***www.ochealthinfo.com***. You may also call MSN Administration (714) 834-6248 for service locations.

Diabetic Supply Coverage:

The MSN Program will cover the cost of diabetic strips and meters up to $50 per month. All brands of diabetic strips and meters are covered under the MSN Program. A MSN member can select any type of strip and meter. If the total cost of the diabetic meter and strips are at or below $50, the MSN member will have no out of pocket costs. However, if the cost of diabetic supplies is greater than $50 for a given month, the MSN member will be responsible for the difference. For example, if the total cost for strips and a meter is $65 for that month, the MSN member must pay $15 out of pocket.

What if MSN Doesn't Cover My Medication?

The MSN Program does not pay for all medications. Approved medications are listed on the MSN Program Formulary.

In special circumstances, the MSN Program may approve a medication that is not on the MSN Program Formulary. An MSN Drug Authorization form must be completed by your **prescriber** and **pharmacist**, and include justification for the medication. **A separate form must be completed for each medication**. **You are still responsible for any applicable co-payments.**

Your community clinic or specialist has the MSN Drug Authorization form. The form is also available on the MSN website ***www.ochealthinfo.com***.

The completed form is faxed to the MSN Program for review. The pharmacist and prescriber are notified of the final decision. ***The MSN enrollee is responsible for any applicable co-payment associated with a non-formulary medication.***

Advance Directives

Under California law, you have the right to create an Advance Directive. If you are ever incapacitated, an Advance Directive will allow you to give instructions about your own health care or give the person you choose the power to make decisions about your health care.

For more information, please visit the website of the California Attorney General, **http://oag.ca.gov/consumers** and search for "Advance Directive." The website can provide you with information, forms, and links to resources.

Billing Process

What should I do if I receive a bill from a provider of service?

Immediately contact your provider(s) of service and confirm that they participate in the MSN Program. If they are a participating provider, inform them that you are an MSN enrollee. Ask them to submit their claims to:

Advanced Medical Management (AMM)
Attention: MSN Program
P.O. Box 3689
Long Beach, CA 90853
(800) 206-6591

Note: Only providers may submit bills to the MSN Program.

You may receive bills from physicians, hospitals, ambulance companies or other providers if the providers do not know you are an MSN enrollee. PLEASE CONTACT THE PROVIDERS AND LET THEM KNOW THAT YOU ARE ENROLLED IN THE MSN Program. If you do not let them know that you are enrolled in the MSN Program, you may be held responsible for the costs of your medical care and sent to a collection agency. Not every provider participates in the MSN Program or accepts MSN reimbursement. If they do not participate in the MSN Program, you will be responsible for the charges incurred. It is your responsibility to notify your medical providers of your MSN eligibility and to provide proof of your eligibility when you seek medical care. Failure to do so could leave you responsible for any and all charges incurred.

It is important to notify your provider of your MSN eligibility as soon as possible since they only have 90 days from the date you receive your medical services or from the date on your NOA letter, whichever is later to bill for your care. The NOA mail date is noted on the front of the letter.

If you are not eligible for the Program when you receive a bill, contact the provider and explain that an eligibility determination is pending and that you will notify them of the outcome as soon as possible. In general, the MSN Program will only go back as far as 90 days from the first of the month in which you applied to cover any services if you do become eligible. Please refer to pages 2-4 of this Handbook if you have questions about the eligibility/application process.

Will I receive notification from the MSN Program if a provider of service is denied payment?

Yes. There may be several reasons why your claim was not covered. Some examples might be:

- You were not eligible with MSN when the service was provided;
- There was no prior authorization;
- The non-emergency service was provided by a non-MSN Provider;
- The provider did not bill the MSN Program in a timely fashion (90-day rule);
- The service provided was not within the scope of benefits of the MSN Program;
- The provider does not participate in the MSN Program.

Acceptance to the MSN Program does not guarantee that all services you receive are covered or your preferred providers participate in the MSN Program.

If the MSN Program denies payment on a bill, you are sent a letter from our billing agent called a Notice of Payment Denial. This notification is not a bill. This letter explains the reason for the denial of payment, the name of the provider of service(s), the dollar amount denied, and the date of service. It provides you the opportunity to appeal the denial.

Applicant Rights and Responsibilities

Applicant Rights

I have the right to:

- Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age or political beliefs.
- Have all the information that I provide kept in strict confidence.
- Receive a written notice from SSA when a decision about my eligibility is made.
- Have a hearing if I am dissatisfied with the decision made by the Orange County Social Services Agency regarding eligibility. If I want a hearing to appeal the decision, I must ask for it in writing within 60 days of the date the NOA was mailed to me. If I do not receive a NOA, I must request a hearing within 30 days from the date I discovered the decision.

The Eligibility Appeals Unit address is:

Medical Safety Net Program
Appeals Unit
P.O. Box 355
Santa Ana, CA 92701

Applicant Responsibilities

I have the responsibility to:

- Provide proof that I am a resident of Orange County during the application process.
- Provide supporting documentation about my citizenship/immigration status.

- Provide supporting documentation about my income and property.
- Provide a Social Security number.
- Complete the MSN Co-payment acknowledgement form stating that I understand that I am financially responsible for all co-payments due to providers under the MSN.
- Apply for and cooperate in the eligibility determination process for Medi-Cal benefits if I am blind, pregnant, the parent of a child deprived of parental support, a refugee in the U.S. for 8 months or less, or receiving skilled nursing facility care.
- Apply for and cooperate in the eligibility determination process for Medi-Cal based on disability, if I have a physical or emotional problem that prevents me from performing normal work and the problem is expected to last at least a year.
- Apply for Medi-Cal benefits if my medical condition gets worse or significantly limits my ability to work. I understand that Medi-Cal enables me to receive benefits throughout California and covers more medical services than are available under the MSN Program.
- Report to the Medical Safety Net Program and my health care providers of any health care coverage/insurance coverage I carry or am entitled to use. If I willfully fail to provide this information, I may be guilty of a criminal offense, or may be billed by my providers for any services I have received.
- Give a copy of my NOA letter to my hospital, physician, pharmacist, community clinic or any other provider. I may be responsible for my bills if I fail to do so.
- Notify the MSN Program and my health care providers in the event that I receive money from an insurance claim or from an accident or injury lawsuit. I understand that I must use this money to repay the MSN Program for my medical services.

Filing a Complaint with the MSN Program

MSN members have the right to file a complaint with the MSN Program. Complaints from members may be made in writing.

Please send written complaints to the following address:

MSN Program
P.O. Box 355
Santa Ana, CA 92701

Complaints can also be made by telephone. MSN enrollees may call the MSN Program at (714) 834-6248 or MSN Patient Relations at (866) 613-5178.

Other County Resources

Behavioral Health, Alcohol, and Drug Abuse Services

The MSN Program works with the Health Care Agency's Behavioral Health Services department to provide limited coverage of behavioral health services. The locations listed below are for reference only. MSN Patients should discuss behavioral health matters with their Primary Care Physician. If you feel that you need immediate help, please contact the numbers below for an evaluation.

Behavioral Health Adult Outpatient Services		
Anaheim	2035 E. Ball Road, Suite #200	(714) 517-6300
Costa Mesa	3115 Redhill Avenue	(714) 850-8463
Fullerton	211 W. Commonwealth Avenue	(714) 447-7000
Mission Viejo	23228 Madero	(949) 454-3940
Santa Ana	1200 N. Main Street, Suite #201	(714) 480-6767
Westminster	14140 Beach Boulevard, Suite #223	(714) 896-7566