

PROVIDER MEMO

To: Primary Care Providers, Skilled Nursing Facilities, Hospitals, and Specialists
From: Chris Turner
Chief Operating Officer
Date: July 26, 2019
Subject: Durable Medical Equipment Transitions

Dear SCFHP Provider,

This memo is sent in follow up to previous communications regarding the status of the relationship between Santa Clara Family Health Plan (SCFHP) and California Home Medical Equipment (CHME) for the provision of Durable Medical Equipment (DME) and medical supplies.

Effective March 1, 2019, SCFHP transitioned from a capitated contractual relationship with CHME to a fee-for-service relationship. This decision was made in response to concerns regarding service to our members. As part of this transition, we communicated with you that referrals can be made to our other contracted DME and medical supply vendors.

SCFHP continues to experience concerns regarding the service CHME provides to our members. While we have not terminated our relationship with CHME, we have placed them on a corrective action plan effective July 25, 2019 in order to ensure quality of care and the safety of our members. This corrective action plan precludes CHME from accepting new patients and/or new orders for existing patients until they are able to demonstrate that the service issues have been resolved to our satisfaction.

As such, we are also actively transitioning certain cases from CHME to other DME and medical supply vendors. Members with the following DME/medical supply needs will be receiving calls and/or letters from SCFHP and/or one of our contracted vendors advising them of the need to transition care to a new vendor.

- Ventilator dependent
- Portable oxygen equipment
- CPAP/BIPAP equipment
- Nutritional (enteral) support
- Medical equipment (beds, mobility devices, etc.)
- Disposable medical supplies (ostomy, diabetes, incontinence, wound care, urology)

Primary Care Providers of these members will also be notified and receive a request for additional information to assist in transitioning patient care. Transitions will require new orders from the prescribing

physician and in some cases there will be a need to re-establish medical necessity. Prior authorizations will need to be submitted consistent with SCFHP's prior authorization requirements for DME and medical supplies.

Enclosed are the following attachments:

- SCFHP Durable Medical Equipment/Medical Supply Vendor List
- SCFHP Prior Authorization List
- SCFHP DME Order Form
- Copy of the SCFHP member notification, approved by the Department of Health Care Services and Centers for Medicare and Medicaid Services
- Frequently Asked Questions

Quality service and patient care are our top priority. We acknowledge that these types of transitions can be disruptive, but we feel these actions are necessary to uphold our quality standards and are in the best interest of our members.

If you have questions, concerns or ideas about how we can work together to better facilitate this process, please contact Art Shaffer at 1-408-874-1762 or email providerservices@scfhp.com. Thank you for your support.

Vendor Name	Items Offered	Contact Info
AAYS Rents & Sells Inc	DME	598 E. Santa Clara St San Jose, CA 95112 (408) 295-1309
Advanced Respiratory	Respiratory	1020 W County Rd #F Saint Paul, MN 55126 (800) 426-4224
Amerasian Medical Supply Co	DME & Incontinence Supplies	1668 Alum Rock Ave San Jose, CA 95116 (408) 937-0166
American Medical & Equipment	DME & Medical Supplies	3725 Union Ave San Jose, CA 95124 (408) 559-5800
Animas Diabetes Care	Diabetic Supplies & Insulin Pumps	200 Lawrence Dr West Chester, PA 19380 (610) 644-8990
Berke, Gary, CProst	Prosthetics & Orthotics	2001 Winward Way #100 San Mateo, CA 94404 (650) 570-5861
Bio-Concepts, Inc	Custom Compression Garments	2424 E University Dr Phoenix, AZ 85034 (800) 421-5647
Bowman Medical	Urological, Orthopedic Supplies, & Wound Care	1200 Industrial Rd #16 San Carlos, CA 94070 (650) 654-5525
Brannon's Rental & Sales	CPAP & BIPAP, Wheelchair, Lift Chairs, Misc. Respiratory, & Medical Supplies	2052 Lincoln Ave San Jose, CA 95125 (408) 448-3000
Brooks Health Care *Medi-Cal only	Home Infusion, Nutrition, & Specialty Pharmacy	5070 N 6th St #164 Fresno, CA 93710 (877) 889-3424
Byram Healthcare Centers Inc	Ostomy & Wound Care	5302 Rancho Rd Huntington Beach, CA 92647 (714) 799-1222
Caremax RM Corporation	DME & Incontinence Supplies	8271 Commonwealth Ave Buena Park, CA 90622 (800) 626-2600
DJO, LLC Former DJ Orthopedics *Medi-Cal / Healthy Kids Only	DME, Orthotics, & Prosthetics	1430 Decision St Vista, CA 92081 (888) 225-4398

Updated 07/25/19. For a current list of vendors, use the Provider Search Tool at www.scfhp.com/for-members/find-a-doctor

Vendor Name	Items Offered	Contact Info
Ebi, LP	Orthopedic & Bone Growth	4861 E Airport Dr Ontario, CA 91761 (800) 526-2579
Ecologically Sound Med Serv	DME Supplies, Incontinence, & Supplies Wound Care	1865 N Macarthur Dr Tracy, CA 95376 (209) 835-6868
Freedom Mobility Center LLC	Air Fluidized Beds, Electric Patient Lifts, & Speech Generating Devices	586 Parker Ave Rodeo, CA 94572 (510) 799-9920
Hanger Prosthetics & Ortho	Prosthetics & Orthotics	9460 No Name Uno #240 Gilroy, CA 95020 (408) 484-3163
Hanger Prosthetics & Ortho	Prosthetics & Orthotics	298 San Antonio Rd #150 Mountain View, CA 94040 (650) 559-1711
Hanger Prosthetics & Ortho	Prosthetics & Orthotics	125 Ciro Ave #240 San Jose, CA 95128 (408) 484-3163
Home Health Resource Inc.	Respiratory, Trach, Enteral, & In Home Critical Care Vents	4361 Technology Dr #C Livermore, CA 94551 (510) 352-9592
Hometown Medical Supply LLC	All DME (with the exception of Respiratory & Ox) & Wound Care	140 Lewis Rd #5 San Jose, CA 95111 (408) 279-3955
KCI USA, Inc.	Medical Supplies	1040 Commercial St #110 San Jose, CA 95112 (800) 275-4524
Kids Korner Medical Supply	DME & Incontinence Supplies	165 Lewis Rd #10 San Jose, CA 95111 (408) 971-1034
MD Mart Inc.	DME & Medical Supplies	1630 Oakland Rd # A108 San Jose, CA 95131 (408) 453-6468
Mini Pharmacy Enterprises	Insulin Pumps	2425 Porter St Los Angeles, CA 90021 (888) 545-6464
Minimed Distribution Corp	Insulin Pumps	13101 Collection Center Dr Chicago, IL 60693 (800) 933-3322

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Vendor Name	Items Offered	Contact Info
Mothers Milk Bank	Breast Pumps	751 S Bascom Ave San Jose, CA 95128 (408) 998-4550
My Best Homecare	Respiratory	420 S Hillview Dr Milpitas, CA 95035 (408) 934-9617
National Seating & Mobility Inc.	DME Manual & Power Wheelchairs	1190 Dell Ave #1 Campbell, CA 95008 (408) 920-0390
Numotion	Wheelchairs Both Manual and Power & Repair	610 N Pastoria Ave Sunnyvale, CA 94085 (408) 522-1200
Orthofix Inc.	Extremity Fixation Spine Fixation	3451 Plano Pkwy Lewisville, TX 75056 (855) 527-0404
Pacific Medical Inc.	Prosthetics & Orthotics	123 Di Salvo Ave San Jose, CA 95128 (408) 217-9387
Pacific Pulmonary Services	Oxygen & Nebulizers	773 San Marin Dr #2230 Novato, CA 94945 (408) 954-1961
Prosthetics Solutions Inc.	DME, Orthotics & Prosthetics Supply	3350 Scott Blvd #6301 Santa Clara, CA 95054 (408) 845-9245
Pulmonary Solutions LLC	Oxygen & Nebulizers	2255 Martin Ave #e Santa Clara, CA 95050 (408) 492-9504
Senter Pharmacy	DME & Incontinence Supplies	2643 Senter Rd # A San Jose, CA 95111 (408) 287-4899
Shield Health Care Center CA	Enteral / Incontinent Supplies / Ostomy	2950 Buskirk Ave #180 Walnut Creek, CA 94597 (800) 675-8840
Walk Rite for Life	Diabetic Shoes	4701 Hamilton Ave #705 San Jose, CA 95130 (408) 376-0495

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This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC) for a complete list of covered services.

SCFHP Utilization Management Department:

Telephone: 408-874-1821

Prior Authorization Request Submission Fax Lines: 408-874-1957 or
408-376-3548

When faxing a request to SCFHP, please:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at www.scfhp.com
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

Other Contact Information:

SCFHP Automated Eligibility: 1-800-720-3455

SCFHP Customer Service:

Medi-Cal & Healthy Kids: 1-800-260-2055

Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation & Non-Emergency Transportation contact SCFHP Customer Service

Benefits Authorized by Vendors:

Dental Services:

Medi-Cal & Cal MediConnect: Contact Denti-Cal at 1-800-322-6384

Healthy Kids: Contact Liberty Dental at 1-888-902-0403

Vision Services: Contact Vision Service Plan (VSP) at 1-844-613-4479

Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services for members age 21 years and under with behavioral conditions that may or may not include autism spectrum	
Durable Medical Equipment <i>*Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual</i>	Cal MediConnect	Medi-Cal & Healthy Kids HMO
	<ul style="list-style-type: none"> • Custom Made Items • Any other DME or Medical Supply Item Exceeding \$1000 • Prosthetics & Customized Orthotics Exceeding \$1000 • Hearing Aids • Other Specialty Devices 	<ul style="list-style-type: none"> • CPAP and BIPAP • Enteral Formula and Supplies • Hospital Bed and Mattress • Oxygen • Requests Over the Benefit Limit • Power Wheelchairs, Scooters, Manual Wheelchairs (except standard adult and pediatric), and motorized wheelchairs and Accessories • Respiratory: Oxygen, BIPAP, CPAP, ventilators • Prosthetics & Customized Orthotics, not including off-the-shelf covered items • Hearing Aids • Other Specialty Devices
Experimental Procedure	<ul style="list-style-type: none"> • Experimental Procedures • Investigational Procedures • New Technologies 	
Home Health	<ul style="list-style-type: none"> • All Home Health Services • Home IV Infusion Services 	
Inpatient Admissions	<p>All elective medical and surgical inpatient admissions to:</p> <ul style="list-style-type: none"> • Acute Hospital • Long Term Acute Care (LTAC) <p>All admissions for:</p> <ul style="list-style-type: none"> • Acute Inpatient Psychiatric • Partial Hospital Psychiatric Treatment • Substance Use Disorder including Detoxification <p>Rehabilitation and Therapy Services</p> <ul style="list-style-type: none"> • Acute Rehabilitation Facilities • Skilled Nursing Facilities (SNF) 	
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> • Community-Based Adult Services (CBAS) • Long-Term Care 	
Medications	<ul style="list-style-type: none"> • Refer to the 2019 Medical Benefit Drug Prior Authorization Grid • Drugs administered in the doctor's office or in an outpatient setting 	

Category of Service	Services Requiring Prior Authorization
Non-Contracted Providers	All non-urgent/emergent services provided by non-contracted providers
Organ Transplant	All Organ Transplants
Outpatient Services and Procedures	<ul style="list-style-type: none"> • Abdominoplasty/Panniculectomy • Bariatric Surgery • Breast Reduction and Augmentation Surgery • Cataract Surgery • Cochlear Auditory Implant • Dental Surgery, Jaw Surgery and Orthognathic Procedures • Dermatology: <ul style="list-style-type: none"> • Laser treatment • Skin Injections • Implants • All types of Endoscopy, except Colonoscopy • Gender Reassignment Surgery • Genetic Testing and Counseling • Hyperbaric Oxygen Therapy • Intensive Outpatient Palliative Care (IOPC) • Neuro and Spinal Cord Stimulators • Outpatient Diagnostic Imaging: <ul style="list-style-type: none"> • Magnetic Resonance Imaging (MRI) • Magnetic Resonance Angiography (MRA) • Nuclear Cardiology Procedures • Single-Photon Emission Computerized Tomography (SPECT) • Positron-Emission Tomography (PET/PET-CT) • Outpatient Therapies <ul style="list-style-type: none"> • Occupational Therapy (OT) • Physical Therapy (PT) • Speech Therapy (ST) • All Plastic Surgery and Reconstructive Procedures • All Podiatric procedures and surgery • Radiation Therapy: <ul style="list-style-type: none"> • Intensity Modulated Radiation Therapy (IMRT) • Proton Beam Therapy • Stereotactic Radiation Treatment (SBRT) • Sleep studies • Spinal Procedures, except Epidural Injections • Surgery for Obstructive Sleep Apnea • Temporomandibular Disorder (TMJ) Treatment • Transplant-related services (EXCEPT Cornea transplant): Prior to surgery • Unclassified Procedures • Varicose Vein Treatment



Category of Service	Services Requiring Prior Authorization
Transportation	Non-Emergency Medical Transportation for ground and air <u>except</u> ground transportation from facility to facility and hospital to home.

A list of Durable Medical Equipment (DME) providers can be found using the Santa Clara Family Health Plan (SCFHP) Provider Search Tool at www.scfhp.com/for-members/find-a-doctor. Submit this order form directly to the DME provider using their submission contact information. DME orders must include clinical documentation such as physician visit notes, progress notes, etc. to support the DME items requested.

To request DME authorization, please use the SCFHP Prior Authorization Form found on the Provider Forms and Documents page on the SCFHP website.

Member Name: _____ Member ID: _____

Date of Birth: _____ Gender: _____

Address: _____ Phone Number: _____

Plan: Medi-Cal Healthy Kids HMO Cal MediConnect

Diagnosis: _____ Diagnosis Code: _____

Height: _____ Weight: _____

Please check the DME being requested and offer details where appropriate.

<input type="checkbox"/> Wheel Chair		Months Needed: _____
<input type="checkbox"/> Standard Wheelchair (250 lbs Max) <input type="checkbox"/> Heavy-Duty Wheelchair (Over 250 lbs) <input type="checkbox"/> Wheelchair Cushion. Size: _____	<input type="checkbox"/> Detachable Arms <input type="checkbox"/> Elevating Leg Rest <input type="checkbox"/> Evaluation for Power Wheelchair and Power Wheelchair	
<input type="checkbox"/> Hospital Bed		Months Needed: _____
<input type="checkbox"/> Semi-Electric <input type="checkbox"/> Full Electric <input type="checkbox"/> Half Side Rails <input type="checkbox"/> Full Side Rails	<input type="checkbox"/> Over Head Trapeze <input type="checkbox"/> Low Air Loss Mattress <input type="checkbox"/> Alternating Pressure Pump and Pad (APP) <input type="checkbox"/> Gel Mattress Overlay	
<input type="checkbox"/> Assistive Device		Months Needed: _____
<input type="checkbox"/> Bedside Commode <input type="checkbox"/> Front Wheeled Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Quad Cane	<input type="checkbox"/> Single Point Cane <input type="checkbox"/> Transfer Bench <input type="checkbox"/> Sliding Board <input type="checkbox"/> Raised Toilet Seat	



<input type="checkbox"/> Incontinence Supply		Months Needed: _____
<input type="checkbox"/> Diaper Size: _____ <input type="checkbox"/> Underpad	<input type="checkbox"/> Number per month: _____	
<input type="checkbox"/> Enteral Nutrition		Frequency Needed: _____
<input type="checkbox"/> Formula: _____ <input type="checkbox"/> Feeding Tube <input type="checkbox"/> NGT <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy	<input type="checkbox"/> Administration <input type="checkbox"/> Bolus <input type="checkbox"/> Pump <input type="checkbox"/> Daily Total: : _____ Calorie/mL <input type="checkbox"/> Syringe Size: _____ <input type="checkbox"/> Water Flushing: _____	
<input type="checkbox"/> Respiratory		Months Needed: _____
<input type="checkbox"/> Oxygen at _____ LPM Administration <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask System <input type="checkbox"/> Concentrator <input type="checkbox"/> E-Tanks	<input type="checkbox"/> CPAP Setting: _____ <input type="checkbox"/> BIPAP Setting: _____ <input type="checkbox"/> Nebulizer	
<input type="checkbox"/> Other. Please Provide Details Below:		

Additional Comments: _____

Physician Name: _____ NPI: _____

Contact Name (if different from physician): _____

Address: _____ Phone Number: _____

Physician's Signature: _____ Date: _____

July 26, 2019

Q1. Why is SCFHP not allowing referrals to CHME?

A1. SCFHP members have experienced ongoing service related issues with CHME, so we are restricting new referrals to CHME.

Q2. What about patients who are currently receiving care from CHME?

A2. SCFHP has been communicating with members to inform them they have options of vendors who can serve their DME/Medical Supply needs and facilitating transitions in care.

Q3. What vendors are you using as an alternative to CHME? Where do I find a list of vendors?

A3. A list of contracted vendors is included in this mailing. This information can also be found on our website located at www.scfhp.com/sites/default/files/dme_vendorlist.pdf.

Q4. What does this mean to my practice?

A4. For new orders – New orders should be submitted to any contracted vendor on our Vendor List. If you submit an order for CHME, our UM team will reach out to your office to request that you change the order to another vendor.

For existing orders/renewals - We may contact your office to request a new order for a different vendor.

Q5. Who do I contact with questions?

A5. If you have any questions regarding this information please contact Art Shaffer, Provider Network Management Associate at 408-874-1762 or email providerservices@scfhp.com.