



**on LOK**<sup>®</sup>  
where seniors embrace life

**PACE**

# **ON LOK PACE PROVIDER MANUAL**

**2020**

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# ON LOK PACE PROVIDER MANUAL

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## **Section 1: Overview**

### **Introduction**

It is our pleasure to welcome you to On Lok Senior Health Services (“On Lok”) as a contracted provider (“contractor”). We appreciate your participation in helping us fulfill our mission to provide quality healthcare for the well-being of frail seniors.

Our program, known as On Lok PACE, is a comprehensive health plan that serves frail seniors, who reside in San Francisco County, Santa Clara County, and the cities of Fremont, Newark, and Union City in Alameda County, and are at risk of nursing home placement. With the medical and personal care assistance offered by On Lok PACE, frail seniors can remain in the community for as long as possible.

### **Purpose and Organization of the Provider Manual**

The On Lok PACE Provider Manual (“Provider Manual”) guides you and your staff in working with On Lok while providing healthcare services to On Lok PACE participants. It is intended to supplement, and not to replace or supersede, your Provider Services Agreement (“Agreement”) with On Lok. In the event of any discrepancy between the Provider Manual and the Agreement, the terms of the Agreement shall govern.

The contents of the Provider Manual have been organized according to similar topics and functions. A complete table of contents is located at the beginning of the Provider Manual and includes the subheadings of topics included within each section. The On Lok Senior Health Services Resource Contacts in Section 2 includes names, departments, and contact information that will assist you in obtaining answers to questions or rendering services to On Lok PACE participants.

Your satisfaction with On Lok is vital to this relationship. We welcome and encourage your comments and suggestions regarding this Provider Manual or any other aspect of your relationship with On Lok. For clarification, questions, or comments about your role as a contractor for On Lok, please feel free to contact our Provider Services Department.

### **Provider Manual Updates**

The Provider Manual will be updated periodically in response to changes in regulatory requirements and operational systems.

## **About On Lok PACE**

On Lok PACE is a comprehensive, integrated health and long-term care delivery system designed exclusively for frail seniors in need of long-term care and medical services. It is the prototype for an innovative delivery system known nationally as the Program of All-Inclusive Care for the Elderly (PACE), which, since 1997, has been recognized as a permanent provider type under the Medicare and Medicaid programs. In the early 1970s, the Chinatown-North Beach community of San Francisco saw the pressing needs of families for long-term care services for their elders who had immigrated from China, Italy, and the Philippines. Dr. William L. Gee, a public health dentist, headed the committee that hired Marie-Louise Ansak in 1971 to investigate solutions. Along with other community leaders, Dr. Gee and Ms. Ansak formed a nonprofit corporation called On Lok Senior Health Services to create a community-based system of care.

As a PACE program, On Lok receives fixed monthly payments (capitation) from the Centers for Medicare and Medicaid Services (CMS) and the California Department of Health Care Services (DHCS) to provide PACE services to participants. On Lok Senior Health Services is a California licensed Knox-Keene health plan that has full financial risk for all the care needed by its participants.

The On Lok PACE medical management approach includes the following:

- Integration of medical, social, and supportive services;
- Care management and service delivery from an interdisciplinary team (IDT) consisting of primary care providers (physicians and nurse practitioners), nurses, social workers, therapists, dietitians, and others;
- Primary care management of specialty and institutional services; and
- Continuous monitoring of medical conditions and supervision of health and safety.

# **ON LOK PACE CENTER LOCATIONS**

## **SAN FRANCISCO COUNTY**

### **ON LOK PACE GEE CENTER**

1333 BUSH STREET, SAN FRANCISCO, CA

Hours of Operation: 8:00 a.m. to 4:30 p.m., Monday - Saturday

Clinic Telephone Number: (415) 292-8829/8820 (Rose/Jade)

Clinic Fax Number: (415) 292-8845

TTY Number: 711

### **ON LOK PACE POWELL CENTER**

1441 POWELL STREET, SAN FRANCISCO, CA

Hours of Operation: 8:00 a.m. to 4:30 p.m., Monday - Friday

Clinic Telephone Number: (415) 292-8650

Clinic Fax Number: (415) 434-4026

TTY Number: 711

### **ON LOK PACE 30<sup>TH</sup> STREET CENTER**

225 30<sup>th</sup> STREET, SAN FRANCISCO, CA

Hours of Operation: 8:00 a.m. to 4:30 p.m., Monday - Friday

Clinic Telephone Number: (415) 550-2232

Clinic Fax Number: (415) 642-1135

TTY Number: 711

### **ON LOK PACE CENTER AT IOA\***

3575 GEARY BOULEVARD, SAN FRANCISCO, CA

Hours of Operation: 8:30 a.m. to 5:00 p.m., Monday - Friday

Clinic Telephone Number(s): (415) 379-2643 or (415) 379-2673

Clinic Fax Number: (415) 447-1249

TTY Number: 711

*\* Institute on Aging operates the On Lok PACE center at this location.*



**ON LOK PACE CENTER LOCATIONS**  
*(continued)*

**SANTA CLARA COUNTY**

**ON LOK PACE SAN JOSE CENTER**

299 STOCKTON AVENUE, SAN JOSE, CA

Hours of Operation: 8:00 a.m. to 4:30 p.m., Monday - Friday

Clinic Telephone Number: (408) 535-4622

Clinic Fax Number: (408) 291-5952

TTY Number: 711

**ON LOK PACE EAST SAN JOSE CENTER**

130 NORTH JACKSON AVENUE, SAN JOSE, CA

Hours of Operation: 8:00 a.m. to 4:30 p.m., Monday - Friday

Center Telephone Number: (408) 795-3888

Center Fax Number: (408) 795-3811

TTY Number: 711

**ALAMEDA COUNTY**

**ON LOK PACE PERALTA CENTER**

3683 PERALTA BOULEVARD, FREMONT, CA

Hours of Operation: 8:00 a.m. to 4:30 p.m., Monday - Friday

Clinic Telephone Number: (510) 494-3700

Clinic Fax Number: (510) 713-1022

TTY Number: 711

## Section 2: On Lok Senior Health Services Resource Contacts

On Lok Senior Health Services  
Administrative Offices  
1333 Bush Street  
San Francisco, CA 94109  
Tel: (415) 292-8888  
Fax: (415) 292-8745  
Website: [www.onlok.org/PACE](http://www.onlok.org/PACE)

### **Administration..... (415) 292-8888**

*General information for On Lok Senior Health Services, including locations and contact information for On Lok PACE centers, verification of participant eligibility, and primary care provider contact information or referral status.*

### **Authorizations.....(415) 292-8888**

*Required authorizations for referrals by a contracted specialist to another in-network entity, to non-participating specialists, or to request services such as home care services, labs, and DME.*

### **Claims.....(415) 292-8354**

*Information regarding status of claims and claims payment.*

Please mail claims to:  
**On Lok Senior Health Services**  
**Attn: Claims Department**  
**1333 Bush Street**  
**San Francisco, CA 94109**

Fax:  
**(415) 292-2806**

E-mail:  
**ASOinquiry@onlok.org**

*Information regarding status of claims and claims payment can be found at:*  
**<https://claimsportal.onlok.org/providerclaimsportal>**

### **Provider Services.....(415) 292-8864**

*General program information about out-of-network referrals, request copies of policies and procedures or existing On Lok publications. Discussion of contracting terms and conditions, status of contract, addition of providers to an existing medical group contract, changes to existing provider demographics, or receive information for participation as a contracted provider with On Lok Senior Health Services.*

Please mail inquires or disputes to:  
**On Lok Senior Health Services**  
**Attn: Provider Services Department**  
**1333 Bush Street**  
**San Francisco, CA 94109**

E-mail:  
**providerservices@onlok.org**

**Credentialing.....(415) 292-8324**  
*Information related to credentialing terms and conditions and status of credentialing application.*

**Enrollment and Outreach.....(888) 886-6565**  
*Speak to an Enrollment and Outreach Representative about the On Lok PACE program benefits, eligibility requirements, medical centers, and enrollment process.*

E-mail:  
**enrollment2@onlok.org**

**Quality Management..... (415) 292-8885**  
*Information about On Lok's responsibility for quality of care oversight, specific questions about On Lok PACE quality assurance (QA) policies and procedures, QA provider office on-site inspections, and provider reporting requirements.*

**Utilization Management.....(415) 292-8793**  
*Information about the Utilization Management Program under the direction of the Medical Director and staffed by the Utilization Review Nurse.*

## Section 3: Participant Eligibility

### On Lok PACE Participant

On Lok PACE uses the term “participant” when referring to an enrollee or member of the plan.

To qualify for On Lok PACE, an individual must:

- Be 55 years of age or older
- Live in San Francisco County, Santa Clara County, or the cities of Fremont, Newark, or Union City in Alameda County
- Need a nursing home level of care as certified by the California Department of Health Care Services
- Be able to live safely in the community

### On Lok PACE Program Benefits


On Lok PACE covers all Medicare and Medi-Cal services, as well as additional services that is determined necessary by the interdisciplinary team to improve and maintain each participant’s health. On Lok PACE program benefits include, but are not limited to, the following:

Ambulance Services	Medical Social Services/Case Management
Audiology, Dentistry, Podiatry, and Vision Care	Mental Health Services
Adult Day Center Services	Nursing Care
Diagnostic Testing, Including Imaging and Laboratory Services	Nutrition
Durable Medical Equipment	Physician/Professional Services
Emergency Health Services	Physical/Occupational/Speech Therapy
End of Life Care	Specialty Care
Hospital Services	Skilled Nursing Facility Care
Home Health Services	Transportation Services

### On Lok PACE Participant Eligibility Verification

On Lok PACE utilizes a unique number for participant identification. This unique identifier is assigned by On Lok upon enrollment and avoids the use of personal or protected health information as a mechanism for identification. This identifier is printed on the participant’s ID card and all paperwork related to the care and treatment of the participant. The unique identifier is either a 4-digit or 5-digit numeric code.

## Front of Card

	<b>on LOK</b> <sup>®</sup> where seniors embrace life	<b>PACE</b>	<b>HEALTH PLAN MEMBER CARD</b>
Member #:			
Member:			
Center:			
<b>EMERGENCY 9-1-1</b> After Hours (###) ###-####			
Issued 10/2020			

## Back of Card

**Notice to all service providers:** This member is eligible to receive covered services that are authorized by On Lok PACE. Most covered services require prior authorization. Emergency services do not require prior authorization.

Outpatient Authorization: (###) ###-####  
Claims: (###) ###-####

1333 Bush Street, San Francisco, CA 94109

You may verify eligibility for an On Lok PACE participant by calling us at (415) 292-8888, Monday through Friday from 8:00 a.m. to 4:30 p.m. For quicker and easier service, please have ready the participant's unique identifier, date of birth (DOB), and first and last name.

## **Section 4: Members/Participants**

### **Contractor Responsibility for Continuity of Care**

The California Health and Safety Code, Section 1373.96 requires that the contractor acknowledge responsibility for continuity of care of On Lok PACE participants under contractor's care who meet certain requirements in the event of a termination of a provider's contract. Eligible participants have the right to request that the terminated contractor continue to provide and be compensated for those services that are covered by On Lok PACE. This provision also applies to any On Lok sub-contracting provider (i.e., any provider that contracts with On Lok's contracted providers).

### **On Lok PACE Participant Eligibility**

On Lok ensures participants, who are receiving treatment for certain conditions or have been authorized for treatment or procedures to be performed by an On Lok PACE provider, have the right to request continuation of care from the provider if the contract with the provider is terminated by On Lok or the provider. Upon receiving a request for continuation of care from participants who are receiving treatment for a certain condition from a terminated provider, On Lok makes a determination about whether the participant may continue treatment with that provider. In order to continue treatment, the service must be covered by On Lok PACE and be used to treat one of the following within the specified time frame:

- Acute condition - for the duration of the condition
- Serious chronic condition - not to exceed 12 months from the date of the provider's termination
- Terminal illness - for the duration of the illness

If the participant received authorization for surgery (or other procedure) and scheduled the surgery (or other procedure) within 180 days of the date of the provider's termination, On Lok may request that the provider continue to provide the service.

An "acute condition" is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a limited duration. A "serious chronic condition" is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and does either of the following: (i) persists without full cure or worsens over an extended period of time, and (ii) requires ongoing treatment to maintain remission or prevent deterioration. A "terminal illness" is an incurable or irreversible condition that has a high probability of causing death within one year or less.

### **Contractor Responsibility**

The contractor shall be responsible for providing continuing care under the following conditions:

- Contractor's termination or non-renewal was voluntary and not for reasons related to a medical disciplinary cause or reason, as defined in paragraph (6) of subdivision (a) of Section 805 of the California Business and Professions Code, or fraud or other criminal activity.
- Contractor agrees in writing to be subject to the same contractual terms and conditions of the original contract, including but not limited to, credentialing, hospital privileges, utilization review, peer review, and quality assurance requirements.
- Contractor agrees in writing to accept the payment rates and methods, which are the same or similar to those used by On Lok for contractors receiving fee-for-service payment.

If contractor does not agree to comply with the On Lok contractual terms and conditions that are imposed upon current contracted providers, or, if contractor is unable to comply due to retirement, disability, death, or a move out of the service area, On Lok does not approve the request from the participant for the continuation of care services.

### **Process for Participant to Request Continuity of Care**

When On Lok intends to terminate a contractor, or is notified of a provider's intent to terminate, it assesses participants under the care of the contractor for meeting the criteria for continuation of care. On Lok notifies eligible participants that they can request to continue to see the terminated provider for continuation of care.

On Lok will then arrange for the care to continue under the conditions above until course of treatment is over or until transfer can be made.

### **On Lok PACE Participant Bill of Rights**

On Lok PACE is dedicated to providing participants with quality health care services, so they may remain as independent as possible. Participants are made aware of their rights and responsibilities at the time of enrollment and at least annually thereafter.

### **On Lok PACE Participant Grievance Process**

On Lok ensures the participant, or the participant's representative, is able to express his/her concerns or dissatisfaction with services and quality of care delivered by On Lok PACE staff or contract providers. The grievance procedure enables On Lok to address complaints in a timely and efficient manner when they arise and allow for a systematic resolution.

## **On Lok PACE Appeals Process**

On Lok ensures a participant, a participant's representative, or a referring provider has the right to appeal a decision to deny, defer, or modify a particular care-related service or to not pay for a service received by a participant.

*Note: On Lok ensures the participant will not be discriminated against based on the fact that an appeal has been filed. On Lok also continues to furnish disputed services until the final appeals determination has been issued when the following conditions have been met: (a) On Lok proposes to terminate or reduce services currently being provided, and (b) the participant requests continuation with the understanding that he/she may be liable for the costs of the contested services if the final determination is not made in his/her favor.*

## **On Lok PACE Cultural and Linguistic Services Program**

Cultural and linguistic competence among health care providers is essential to the care satisfaction of recipients of health care and social care services. The goal of the On Lok PACE cultural and linguistic services program is to ensure the participants, both with and without limited English proficiency, have access to quality health care and services that are culturally and linguistically appropriate. The On Lok PACE cultural and linguistic services program, includes the following four main areas: 1) Participants, 2) Staffing and Providers, 3) Competency, and 4) Monitoring.

### **Participants**

On Lok PACE participants have rights to language assistance services provided by On Lok and contracted providers. Interpretation and translation services are to be provided to participants at no cost. On Lok provides key health plan materials to participants in threshold languages, including English, Chinese, Spanish, Hindi, and Vietnamese..

### **Staffing and Providers**

To the extent possible, On Lok recruits culturally and linguistically appropriate staff in both direct participant care and administrative functions for the diverse population that On Lok PACE serves. In addition, On Lok contracts with several language assistance services to provide assistance in situations where staff are not able to provide interpretation or translation services.

Contractors, such as medical specialists, labs, and hospitals, can often provide culturally and linguistically appropriate services to our participants. Many participants speak English, Cantonese, Spanish, and other non-English languages. On Lok can also support with language assistance upon request at no cost to the participant. For assistance with interpretation or translation services for the participants, please contact us at (415) 292-8888.



## On Lok PACE Health Education Services Program

On Lok provides appropriate quality health care information and education to participants in an easily accessible manner based on the identified needs of individuals and of the general population of On Lok PACE participants.

Based on the assessment by interdisciplinary team (IDT) members and upon request by the participant, On Lok provides health education services in the following ways:

- Upon enrollment, On Lok provides general health education materials, which are relevant and appropriate for the participant. Topics include, but are not limited to, diseases, such as osteoporosis, arthritis and hypertension.
- On Lok PACE staff provides individual health education sessions, including the distribution of discipline-specific materials per the participant's care plan.
- On Lok PACE staff provides direct education through one-on-one counseling with participants and/or their family/caregiver and general group education sessions.

When a contractor identifies an area where health education may be helpful, the contractor should notify an On Lok PACE interdisciplinary team member. Team members will make all reasonable efforts to meet the individual needs of the participants.

## On Lok PACE Transportation Services

All On Lok PACE participants have access to medical transportation services that include the following:

- **Transportation** provided by On Lok or a contracted transportation service.
- **Wheelchair/Non-Ambulatory Transportation** for participants requiring wheelchair or other assisted transport to medical appointments or other covered services. These services may be by On Lok PACE transportation services or an outside contracted service.
- **Basic Life Support (BLS)** which is provided by emergency medical technicians for non-emergency transportation of stable patients.
- **Advance Life Support (ALS)** for use in response to "911" requests. Care is provided by ambulance paramedics.
- **Critical Care Transportation** for participants who require a higher level of care for services not routinely available at the facility in which they are initially admitted.
- **Air Ambulance Transportation** when medically appropriate.

## **Advance Health Care Directive and POLST for On Lok PACE Participants**

Within six months of enrollment in On Lok PACE, participants are asked by their primary care provider (PCP) and/or social worker whether they have completed an advance health care directive and/or Physician Orders for Life-Sustaining Treatment (POLST) form. The completed advance health care directive and/or POLST form is incorporated into the participant's medical record at On Lok PACE. If a participant does not have an existing advance health care directive and/or POLST form, the primary care provider and/or the social worker encourages and provides guidance to the participant and/or the participant's representative in completing an advance health care directive and/or POLST form. An annual review of the participant's documented health wishes is provided by the primary care provider to the participant and/or the participant's representative.

Upon admission or transfer to an acute care facility or a skilled nursing facility (SNF), On Lok will send a copy of the participant's documented advance health care directive and/or POLST form along with the participant.

## **Experimental and Investigational Therapies for On Lok PACE Participants**

Experimental and investigational procedures and therapies are not covered by On Lok PACE. Contractor should contact the participant's primary care provider for further information regarding On Lok PACE coverage for a proposed experimental and/or investigational therapy.

## Section 5: Billing and Payment

### Claims Submission

Claims for services rendered to On Lok PACE participants must be submitted on a current CMS-1500 form for professional services, CMS-1450 (UB-04) form for facility services, or ADA Dental Claim Form for dental services. The claim must contain all required data elements. Incomplete or incorrect claims will be rejected and returned to the contractor. On Lok follows Medicare or Medi-Cal rules and regulations for claims payment. All provider contracts also require medical records to be submitted for each claim.

### Time Frame for Submitting Claims

Claims must be submitted within the time frame stated in the Provider Services Agreement.

When submitting a “corrected claim,” it must be submitted within the time frame specified in the Provider Services Agreement from the date of service.

You may submit claims to On Lok in the following ways:

US Mail	Fax
On Lok Senior Health Services Attn: Claims Department 1333 Bush Street San Francisco CA 94109	On Lok Senior Health Services Attn: Claims Department Fax: (415) 292-8745
EDI	Secure E-mail
(Send claims electronically to your clearinghouse)  On Lok Payor ID: <b>99485</b>	(Send claims securely by e-mail)  ASOinquiry@onlok.org

### Claims Payment

On Lok will make payment within thirty (30) working days of the date of receipt of a completed and clean claim. Late payments on all claims (excluding those for emergency services) shall automatically include interest at the rate of fifteen percent (15%) per annum for the period of time that the payment is late.

Late payment for a complete claim for emergency services, which is neither contested nor denied, shall automatically include the greater of fifteen dollars (\$15) for each 12-month period or portion thereof on a non-prorated basis, or interest at the rate of fifteen percent (15%) per annum for the period of time that the payment is late.

## **Deductibles, Copayments, and Coinsurance**

There are no deductibles, copayments, or coinsurance for On Lok PACE participants.

## **Adjusted, Denied or Contested Claims**

If your claim is adjusted, denied, or contested, On Lok will provide a written explanation of the specific reasons for the action taken and direct the provider to access information regarding the provider dispute resolution process. For questions about the written explanation, please see “Payment Inquiries from Providers” below for contact information. Additionally, detailed information regarding On Lok’s provider dispute resolution process can be found in Section 10 of this Provider Manual.

## **Potential Billing Discrepancies**

In the event of a billing discrepancy, On Lok will make an initial attempt to resolve any potential billing errors, which may include differences between the bill and On Lok PACE records, with the provider. We may request a copy of the medical record as well as other supplemental documentation by submitting a clear, accurate, and written explanation of the necessity for the request to the provider.

## **Incomplete or Pending Claims**

On Lok shall contest or deny incomplete claims as well as claims for which information necessary to determine payer liability has been requested. The claims will be held or pended awaiting receipt of additional information in writing within the time frames set forth in the regulations.

## **Payment Inquiries from Providers**

On Lok’s administrative services department initially handles all payment inquiries from providers. Please have the participant’s name, On Lok PACE ID number, name and address of where services were rendered, and date of service (DOS) ready when calling the administrative services department. If any issues cannot be resolved, the administrative services department refers the provider to the Provider Relations Specialist for additional resolution options, including the provider dispute resolution process as described in Section 10 of this Provider Manual.

## **Problematic Claims**

For claims that appear suspect to possible fraud, misrepresentation, or unfair billing practices, the claim will be forwarded to On Lok’s Chief Medical Officer, Provider Services Department, and/or other external agencies for review. Further information about On Lok’s Fraud, Waste, and Abuse Prevention Program can be found in Chapter 11.

## **Third Party Liability**

In the event that an On Lok PACE participant has suffered damages as a result of a third party and has the right to recover funds from a liable third party (i.e., casualty insurance or tort), On Lok's contract with the California Department of Health Care Services will prevail for the recovery of funds for medical expenses. On Lok will not exercise cost avoidance for medical care services, unless the On Lok PACE participant has other health coverage (OHC) and the services are covered by the OHC.

## **Services Provided Without Prior Authorization**

In the case where participants pay out of pocket for non-emergency services without prior-authorization, such claims will be paid by On Lok at the discretion of the interdisciplinary team (IDT) and/or the Chief Medical Officer. If the services are deemed not medically necessary or an alternate in-network provider was available, the social worker will discuss payment responsibility with the participant.

## **Balance Billing**

As a reminder, upon entering into a contract with On Lok to provide services for On Lok PACE participants, **all providers agree to accept On Lok's payment(s) as payment in full** with no right to seek additional payments from On Lok PACE participants, Medi-Cal, Medicare, or other insurance carriers or providers. For payment of non-authorized services where the participant is deemed responsible, as determined by On Lok's policy and procedures, On Lok PACE staff will speak to the participant and/or family regarding payment. Balance billing of an On Lok PACE participant is prohibited.

## **Overpayment of a Claim**

If On Lok determines that it has overpaid a claim to a contractor, On Lok will notify the contractor in writing through a separate notice that clearly identifies that claim, the name of the participant involved, the date of service(s), and a clear explanation of the basis upon which On Lok believes the amount paid on the claim was in excess of the amount due, including any interest or penalties on the claim.

If the contractor contests On Lok's notice of overpayment of a claim, the contractor, within thirty (30) working days of the receipt of the notice of overpayment of a claim, must send written notice to On Lok stating the basis upon which the provider believes that the claim was not overpaid. On Lok shall then process the contested notice in accordance with the provider dispute resolution process outlined in Section 10 of this Provider Manual.

If the contractor does not contest On Lok's notice of overpayment of a claim, the contractor shall reimburse On Lok within thirty (30) working days of the contractor's receipt of the notice of overpayment of a claim.

If the contractor does not contest On Lok's notice of overpayment of a claim, On Lok may choose to offset the overpayment amount indicated in the notice of overpayment against that provider's current claim submission when: (i) the provider fails to reimburse On Lok within the time frame noted in the above third paragraph, and (ii) On Lok's contract with the provider specifically authorizes On Lok to offset the overpayment amount indicated in the notice of overpayment from the contractor's current claims submissions. In the event that an overpayment of a claim is offset against a contractor's current claim pursuant to this section, On Lok shall provide the contractor a detailed written explanation identifying the specific overpayment or payments that have been offset against the specific current claim or claims.

## **Section 6: Utilization Management**

### **Program Description**

On Lok assures quality of care by establishing overall organizational controls, including a process for utilization management and review. The utilization management program for On Lok PACE differs from traditional utilization management programs in that On Lok relies on the professional judgment of its staff primary care providers to make medical care decisions and relies on experts on the interdisciplinary team (IDT) to make decisions in their respective disciplines. The only exceptions are in instances of out of network services, which must be approved by On Lok's Chief Medical Officer.

### **Prior Authorization**

There are general areas where authorization is required for services. They include:

- Referrals to contracted specialists, facilities, and ancillary services.
- Referrals made by a contracted specialist to another in-network entity, including another specialist or a diagnostic center. Such referrals must be reviewed and approved by the participant's primary care provider.
- Referrals to an out-of-network provider. These requests are reviewed and authorized by On Lok's Chief Medical Officer.
- Recommendations for home care services, attendance in the adult day health center, rehabilitation services, nursing home placement, durable medical equipment (DME), glasses, hearing aids, dentures, nutritional supplements, and portable meals are reviewed and approved by the participant's interdisciplinary team.

Emergency services, preventive services, sensitive services, and confidential services do not require prior authorization by On Lok.

The Authorization Form delineates the reason for the referral and the scope of the requested service. The Authorization Form includes a numeric authorization number. The contractor responds to the referring On Lok PACE physician in writing on the form regarding the professional opinion, recommended treatment plan, and anticipated follow up care. All additional services recommended by the contractor, including referrals to other providers, diagnostic tests, and treatments must be explicitly authorized by On Lok.

## **Discharge Planning**

Upon discharge from an inpatient hospital, the On Lok PACE primary care provider or interdisciplinary team coordinates discharge planning with the hospital staff.

## **Transportation Services**

As detailed in Section 4 of this Provider Manual, On Lok provides or otherwise arranges for transportation services to and from the contractor's service location. On Lok may also provide an escort to assist the participant to and from this service location.



## **Section 7: Pharmacy**

### **Prescription Drug Benefits**

Each participant enrolled with On Lok PACE is entitled to Medicare and Medi-Cal covered services, including prescription drugs. The participant's primary care provider is responsible for managing the care of the participant, including prescription drugs. Recommendations for a drug therapy made by a pharmacist will be reviewed by the primary care provider and ordered as appropriate. On Lok will not assume financial responsibility for unauthorized drugs/medications ordered by providers outside of On Lok PACE **except** in the case of an emergency.

### **Deductibles, Copayments, and Coinsurance**

As a reminder, On Lok PACE participants pay no deductibles, copayments, or coinsurance for covered services, including prescription drugs.

## **Section 8: Quality Assurance**

### **Quality Assurance and Improvement Program (QAIP)**

The On Lok PACE Quality Assurance and Improvement Program (QAIP) enables On Lok to measure, assess, and improve important aspects of health care delivery and the health care outcomes of On Lok PACE participants.

#### **Goals of the Quality Improvement Program**

The On Lok PACE QAIP adheres to the principles of the National Committee on Quality Assurance (NCQA). On Lok's Quality Assurance Department objectively and systematically monitors and evaluates the quality and appropriateness of participant care at least quarterly, and more frequently when appropriate. The results are reported to the Quality Management Team (QMT) and Quality Assurance and Improvement Committee (QAIC). The goals of the review process are to assure that all care is provided at a high level of quality and any problems that could affect care are identified, assessed, and resolved.

The QAIP is reviewed annually and revised if major changes have occurred or when new healthcare regulations are in effect. The revisions to the QAIP are presented to the On Lok Senior Health Services Board of Directors for approval on an annual basis.

#### **QAIP Committee Structure**

Three standing committees of the On Lok Senior Health Services Board of Directors facilitate the oversight of quality. These committees include the following:

- The Quality Assurance and Improvement Committee;
- The Plan Policy Advisory Committee; and
- The Ethics Committee.

The Quality Assurance and Improvement Committee receives information from the following committees for review and action: (1) Quality Management Team, (2) Infection Control Committee, (3) Dental Review Committee, (4) Home Healthcare Review Committee, (5) Utilization Management Committee, and (6) Service Utilization Review Committee.

### **Quality Management**

As part of the QAIP program, contractors are monitored for:

- Participant access to care and availability of care and services;
- Compliance with On Lok PACE policies and procedures;
- Participant satisfaction with care provided;

- Coordination of care by the primary care provider, specialist physicians, mental health providers, and community facilities caring for the participant;
- Cultural and linguistically appropriateness of care, including availability of bilingual staff and telephonic language assistance services; and
- Program performance and resource utilization management.

By monitoring services and addressing problems as they arise, On Lok is able to keep its mission and vision of providing quality, affordable care services for the well-being of the frail elderly and to continually lead the movement to improve care for the elderly.

## **Quality Assurance Provisions Applicable to Contractor**

In addition to complying with the On Lok credentialing requirements detailed in Section 9, the contractor must cooperate and comply with quality assurance provisions that include coordination of care, accessibility standards, office waiting times, participant satisfaction surveys, grievances and appeal activities, and communication regarding unusual incidents.

Upon request, contractor may receive a copy of the On Lok PACE QAIP. Please contact On Lok’s Provider Services Department at the telephone number listed in Section 2 of this Provider Manual for further information.

## **Facility and Provider Site Reviews**

On Lok conducts site reviews to meet the On Lok PACE quality improvement standards and to ensure compliance with applicable local, state, and federal laws and regulations.

### **Reviews for Contractors**

Annual site reviews will be conducted for all contracted primary care providers. Annual site reviews will also be conducted for specialists who provide a high volume of services. High volume is defined as 20 or more unique encounters in the year prior to recredentialing.

### **Access and Availability**

On Lok monitors adherence to appointment availability standards through office visits and tracking of complaints and grievances related to access and/or discrimination. Contracted providers are required to meet the access requirements outlined below:

<b>Service</b>	<b>Access Time</b>
Emergent, life threatening condition	Within 24 hours of request
Urgent primary care or specialist appointment	Within 48 hours of request
Non-urgent specialist appointment	Within 15 business days of the request

<b>Service</b>	<b>Access Time</b>
Non-urgent mental health evaluation by psychiatrist, psychologist, or other non-physician mental health care provider	Within 10 business days of the request
Waiting time in the office for a scheduled appointment for contract physician specialty providers	No more than 30 minutes from appointment time to time seen by provider

## **Section 9: Provider Credentialing**

### **Provider Credentialing Standards**

On Lok has developed and implemented credentialing and recredentialing policies and procedures for contractors. Contractors must comply with the On Lok credentialing requirements prior to providing services to On Lok PACE participants and complete the recredentialing process every three years thereafter. Please see the Appendix for the following credentialing standards, procedures, and applications:

- On Lok PACE Credentialing Standards and Procedures for Physicians and Contract Specialist Providers
- On Lok PACE Credentialing Standards for Organized Medical Groups and Hospital Employed Physicians
- Credentialing Application for On Lok PACE Provider Panel Physicians and Non-Physician Providers
- Recredentialing Application for On Lok PACE Provider Panel Physicians and Non-Physician Providers

### **Confidentiality of Credentialing Information**

All information obtained during the credentialing and recredentialing process is considered to be confidential except as otherwise required by law.

For additional information regarding credentialing and recredentialing requirements and policies, please contact On Lok's Quality Assurance Department at (415) 292-8324 or [qa\\_department@onlok.org](mailto:qa_department@onlok.org).

### **Medicare and/or Medi-Cal Certification**

All facility based providers eligible for Medicare and/or Medi-Cal certification must be Medicare and/or Medi-Cal certified.

Physician or other professionals that are not Medicare and/or Medi-Cal certified must not be ineligible for participation in the Medicare and/or Medi-Cal programs.

## **Section 10: Provider Rights and Responsibilities**

### **Primary Care Provider Responsibilities**

The On Lok PACE primary care provider acts as the primary care manager to his or her assigned participants. The primary care provider is an integral part of the interdisciplinary team (IDT) that makes the PACE model unique.

#### **Ongoing Responsibilities**

On an ongoing basis, the primary care provider has the following responsibilities:

- Sees every participant assigned to him or her every three months.
- Sees every “comfort care” participant assigned to him or her every thirty (30) days.
- Attends a weekly interdisciplinary team meeting to discuss the health status of their assigned participants.
- Coordinates and directs appropriate care for participants by means of an initial diagnosis and treatment, refer participants for second opinions as necessary, and consult with contracted specialty providers.
- Follows up on referrals made to contracted specialty providers to assess the outcome of care, medication regimen, and special treatments to ensure a seamless delivery of care.
- Be available to provide health care services, 24 hours a day, 7 days a week.

On Lok PACE assists the primary care provider as follows:

- Coordinates specialty visits by making appointments with the specialty provider and transports the participant to the appointment.
- Provides pharmacy consultation regarding the appropriate use of the pharmacy drug benefit.
- Helps educate the participant on disease prevention practices and early diagnostic services.
- Assists in the transfer of the participant to another primary care provider, if necessary or as requested.

### **Specialty Provider Responsibilities**

With authorization by On Lok, the specialty provider has the responsibility to render medical care within their scope of specialization.

The specialty provider has the following responsibilities:

- Sets a specialty appointment within 15 days of the request.

- Communicates findings of visit to the participant’s primary care provider, including recommendations for further diagnostic procedures or therapy.
- Coordinates laboratory and X-ray request(s) with the On Lok PACE center.
- Maintains medical records consistent with state and federal regulations.
- Complies with the On Lok PACE quality assurance policies and procedures, as noted in Section 8.
- Contacts the On Lok PACE primary care provider if a specialist referral to another specialist is recommended.
- Provide continuity of care services to On Lok PACE participants if specialty provider’s contact with On Lok is terminated, as specified in Section 4 of this Provider Manual.

## **Provider Rights**

On Lok will make every effort to assist a provider in the resolution of complaints or problems encountered while providing services to On Lok PACE participants. Please see the section below, “Provider Dispute Resolution Process,” for more information.

## **Complaint and Participant Care Problem**

For assistance in resolving administrative or contractual complaints or problems related to participant care, please contact On Lok’s Provider Services Department. The Provider Services Department will confer with other On Lok departments, as necessary, to provide a response to the provider’s complaint. Examples of administrative issues include clarification of authorization or referral process and billing or payment issues.

## **Provider Dispute Resolution Process**

On Lok manages a dispute resolution mechanism in order to process and resolve administrative, operational, contractual, and payment disputes from contracted and non-contracted providers in a timely, fair, and cost-effective manner. On Lok makes best efforts to resolve provider disputes on a timely basis with the mutual satisfaction of all parties.

Providers should report any administrative, operational, contractual, or claims/payment concerns, issues, or disputes in writing to On Lok’s Provider Services Department. Disputes must be filed within 365 calendar days of On Lok’s action, or in the case of inaction, within 365 calendar days after the time for contesting or denying claims has expired. When filing a dispute, the following must be submitted for review:

- The provider’s name and identification number (i.e., NPI).
- The provider’s contact information, including address, telephone number, and fax number of the provider’s contact person.
- An explanation of the dispute or issue, including any relevant attachments, documentation, and supplemental information.

- The name, ID number, and date of service of the On Lok PACE participant for disputes involving a service provided to a specific participant.

Provider disputes can be submitted to On Lok in the following ways:

<b>US Mail</b>	<b>Fax</b>
On Lok Senior Health Services Attn: Provider Services Department 1333 Bush Street San Francisco, CA 94109	On Lok Senior Health Services Attn: Provider Services Department Fax: (415) 292-8745
<b>Secure E-mail</b>	
<a href="mailto:providerservices@onlok.org">providerservices@onlok.org</a>	



## **Section 11: Fraud, Waste, and Abuse Prevention**

### **Prevention of Fraud, Waste, and Abuse**

On Lok takes health care fraud, waste, and abuse (FWA) seriously. We are committed to preventing FWA in our programs in accordance with the Deficit Reduction Act and federal and state laws, such as the False Claims Act. It is our policy to provide information to all employees, contractors, and agents about the federal and state false claims acts, remedies available under these acts and how employees, contractors, and agents can use them, and whistleblower protections available to those who report a violation of the federal or state false claims acts. We also inform our employees, contractors, and agents of the policies and procedures that we have in place to detect health care fraud and abuse. On Lok works in partnership with its contracted providers to identify and report suspected FWA. Our contracts with providers require compliance with all applicable state and federal FWA laws and regulations.

### **Federal False Claims Act**

The Federal False Claims Act allows a civil action to be brought against a health care provider who:

- Knowingly makes, uses, or causes to be made or used a false record or statement to get a false or fraudulent claim paid; or
- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid (31 USC sec. 3729(a)).

Examples of false claims include the following:

- Falsifying information in the medical record
- Billing for procedures not performed
- Upcoding
- Misuse of coding modifiers
- Violation of another law (e.g., a claim was submitted appropriately, but the service was the result of an illegal relationship between a physician and the hospital (physician received kick-backs for referrals))

### **Penalties**

Health care providers and suppliers who violate the False Claims Act can be subject to civil monetary penalties ranging from \$5,500 to \$11,000 for each false claim submitted. In addition to civil penalties, providers and suppliers can be required to pay three times the amount of damages sustained by the U.S. government. The Office of Inspector

General of the Department of Health and Human Services may also seek to exclude the provider or supplier from participation in federal health care programs.

## **Whistleblower Rights and Protections**

To encourage individuals to come forward and report misconduct involving false claims, the False Claims Act includes a provision to allow any person (a “whistleblower”) with actual knowledge of alleged false claims to the government to file a lawsuit on behalf of the U.S. government. Federal law prohibits an employer from discriminating against an employee who is a whistleblower in the terms or conditions of his or her employment because the employee initiated or otherwise assisted in a false claims action. The employee is entitled to relief necessary to make the employee whole (31 USC 3730(h)).

The whistleblower with the actual knowledge of a false claim must file his or her lawsuit on behalf of the government in a federal district court. The lawsuit will be kept confidential while the government reviews and investigates the allegations and determines how it will proceed.

If the government decides to proceed with lawsuit, the prosecution of the lawsuit will be directed by the U.S. Department of Justice. If the government decides not to intervene, the whistleblower may continue to pursue the lawsuit on his or her own.

If the lawsuit is successful, and provided that certain requirements are met, the whistleblower may receive an award from the government ranging from 15 to 30 percent of the amount received by the U.S. government, as well as reasonable expenses.

## **No Retaliation**

In addition to the financial reward, the False Claims Act entitles employees, who are whistleblowers that file a lawsuit with the government, to additional protection, including employment reinstatement, back pay, and any other compensation that may have arisen from retaliatory conduct against the employee for filing an action. On Lok has a policy prohibiting retaliation against its own employees for engaging in protected activity and strongly encourages employees to raise concerns about what they perceive to be false claims or false statements with their supervisor, another administrator, or On Lok’s Compliance Officer. Providers contracted with On Lok are required to do the same.

## **Statute of Limitations**

A statute of limitations says how much time may pass before an action may no longer be brought for violation of the law. Under the False Claims Act, the statute of limitations is six (6) years after the date of violation or three years after the date when material facts are known or should have been known by the government, but no later than ten (10) years after the date on which the violation was committed.

## California False Claims Act

The California False Claims Act was the first state statute passed after the federal law. The California law prohibits the knowing presentation of a false claim for payment to a state government agency, including the Medi-Cal program. California's law is similar to the Federal law, except that the State law also requires a person who unknowingly submitted a false claim and then later discovers the claim was false, to report the false claim to the State, or face penalties. California also has other laws dealing with fraud, including Labor Code §1102.5, Health and Safety Code §1278.5, Insurance Code §1871.7, Penal Code §550, and Welfare and Institutions Code §14107.

## Reporting and Investigation of Suspected FWA or Submission of a False Claim

- If you or one of your employees suspect FWA involving care of an On Lok PACE participant, you must report it to On Lok immediately and we will investigate. You can report to On Lok using any of the following methods:
  - Calling On Lok's compliance hotline at (800) 361-4637 or On Lok's Compliance Officer at (415) 292-8722;
  - E-mailing a completed "Report Form for Incident of Suspected Fraud, Waste, and Abuse and PACE Noncompliance" to [compliance@onlok.org](mailto:compliance@onlok.org); or
  - Submitting in-person or mailing a completed "Report Form for Incident of Suspected Fraud, Waste, and Abuse and PACE Noncompliance" to the following address: On Lok Senior Health Services: Attn: Compliance Officer, 1333 Bush Street, San Francisco, CA 94109
- Reports to On Lok's Compliance Department may remain anonymous if you prefer.
- All information received by On Lok's Compliance Department will be treated as confidential and investigation results will not be shared with anyone who does not have a valid or legal reason to receive such information. We may be required to share investigation results with state and federal authorities, legal counsel, and/or senior management.
- You are not required to report a possible False Claims Act violation to On Lok first. You may report the incident directly to the federal Department of Health and Human Services Office of Inspector General by phone (800-HHS-TIPS) or online <https://forms.oig.hhs.gov/hotlineoperations>.
- Your complaint will be investigated by On Lok and we may follow-up with you with additional questions. If appropriate, the appropriate government agencies will be notified as required by law. Depending on the outcome of the investigation, On Lok will follow up with you if remediation or correction is required to prevent FWA in the future (e.g., education, policies, monitoring, etc.).

## **Policies and Procedures for Detecting Fraud, Waste, and Abuse**

On Lok maintains its own policies for detecting and preventing FWA. According to On Lok's policy, "Prevention and Investigation of Fraud, Waste, and Abuse and PACE Noncompliance," On Lok employees are encouraged to report suspected incidents to their supervisor or On Lok's Compliance Officer. Cases are investigated in an objective and timely manner by On Lok's Compliance Officer or other third party, if appropriate. On Lok's Compliance Officer will report the incident to On Lok's Compliance Committee and the On Lok Senior Health Services Board of Directors. You may obtain a copy of this policy upon request from On Lok's Compliance Department at [compliance@onlok.org](mailto:compliance@onlok.org).

# **ON LOK PACE PROVIDER MANUAL**

## **APPENDIX**

- (1) On Lok PACE Credentialing Standards and Procedures for Physicians and Contract Specialist Providers
- (2) On Lok PACE Credentialing Standards for Organized Medical Groups and Hospital Employed Physicians
- (3) Credentialing Application for On Lok PACE Provider Panel Physicians and Non-Physician Providers
- (4) Recredentialing Application for On Lok PACE Provider Panel Physicians and Non-Physician Providers



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**ON LOK PACE  
QUALITY ASSURANCE & IMPROVEMENT PROGRAM  
CREDENTIALING STANDARDS AND PROCEDURES  
FOR PHYSICIAN AND CONTRACT SPECIALIST PROVIDERS**

The purpose of the credentialing process is to verify that participating physicians and other professionals have the necessary and appropriate credentials to provide their services to On Lok PACE participants. The following standards and process are modeled after standards and procedures developed by National Committee on Quality Assurance (NCQA).

- A. Credentialing Procedures for Participating Physicians and Contract Specialist Providers
  1. On Lok receives an application from a candidate applying to be a contract physician, or a contract ancillary service provider, including an audiologist, acupuncturist, chiropractor, dentist, optometrist, podiatrist, physical therapist, occupational therapist, or speech therapist, with the following documentation:
    - a. Current curriculum vitae
    - b. Valid California physician's license or ancillary specialty license
    - c. Current Drug Enforcement Administration (DEA) certificate (if applicable)
    - d. Malpractice liability coverage certificate in the amount of at least one million dollars per occurrence per year and three million dollars aggregate per year
    - e. Board certification certificate (as appropriate)
    - f. History of professional liability claims that resulted in settlements or judgments paid by or on behalf of the provider
    - g. Provider's National Provider Identifier (NPI)
    - h. Signed application and statement permitting On Lok to make inquiries to other institutions regarding the competence of the practitioner's practice
    - i. Signed attestation that the practitioner is enrolled in CURES (Controlled Substance Utilization Review and Evaluation System) maintained by the California Department of Justice

- j. Signed attestation that the practitioner can perform essential functions of the position with or without accommodation, the history of loss of license or felony convictions, the history or loss or limitation of privileges or disciplinary activity, the lack of present drug use, and the accuracy and completeness of the application
2. On Lok verifies the practitioner's education, training, licensure, and hospital affiliations with documentation from primary sources (e.g., American Medical Association physician profile service, California Medical Board, or appropriate licensing Board of California) and queries hospitals.
  - a. For physicians, On Lok makes inquiries to the directors of the residency and fellowship training programs.
  - b. For other practitioners, On Lok queries the California Department of Consumer Affairs for information regarding the license issued and any disciplinary action against the practitioner.
3. On Lok queries the National Practitioner Data Bank (NPDB) for evidence of prior malpractice action and civil judgments, as well as the U.S. Department of Health and Human Services' Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), the Centers for Medicare and Medicaid Services (CMS) Preclusion List, and the General Services Administration (GSA) System for Award Management (SAM) for individuals that have been excluded and precluded from participation in Medicare, Medicaid, and all other federal health care programs.

Note: The credentialing procedures are the same for physician and non-physician providers. However, non-physician providers, other than dentists and nurse practitioners, do not require verification of DEA certification and hospital privileges. For dentists, On Lok receives information on sanctions or limitation on licensure from the State Board of Dental Examiners. For podiatrists, On Lok receives information on sanctions and limitation on licensure from the State Board of Podiatric Examiners.

4. When all the credentials have been verified, On Lok submits the candidate's file to the credentialing committee (a subcommittee of the quality assurance and improvement committee) for consideration and approval at the next scheduled meeting.
5. When the candidate's credentials have been reviewed and accepted by the credentialing subcommittee, the quality assurance and improvement committee, and the On Lok Senior Health Services Board of Directors, On Lok credentialing staff notifies On Lok's provider services department to authorize a contract to the practitioner.

Note: In the case that a practitioner is needed to provide services before the credentialing committee and the quality assurance and improvement committee have their next scheduled meetings, On Lok's Chief Medical Officer may interview the candidate, and the Medical Director will

review the credentials. If these reviews are acceptable, On Lok credentialing staff notifies the On Lok provider services department to allow the practitioner to provide services to the On Lok PACE participants prior to the approval of the committees.

## B. Site Review of Practitioners

For practitioners contracted by On Lok and see On Lok PACE participants at their own practice site, the On Lok quality assurance staff visits the practice site and conducts a site review using the "Contract Provider Site Review Instrument" as part of the credentialing process.

## C. Reverification of Practitioner's Credentials

1. Every three years, On Lok performs a reverification of the practitioner's credentials and requests the following documentation from the practitioner:
  - a. Current California licensure
  - b. DEA certificate (if applicable)
  - c. Malpractice liability coverage
  - d. Updated curriculum vitae
  - e. Signed renewal application and statement permitting On Lok to make inquiries to other institutions regarding the competence of the practitioner's practice and attestation that the practitioner can perform essential functions of the position with or without accommodation, the history of loss of license or felony convictions, the history or loss or limitation of privileges or disciplinary activity, the lack of present drug use, and the accuracy and completeness of the application

Note: If any credentials cannot be verified, On Lok contacts the practitioner immediately and requests that he/she submit current credentials.

2. On Lok also reviews and verifies the following:
  - a. Provider's NPI
  - b. Any actions listed in the NPDB, the OIG LEIE, the CMS Preclusion List, and the GSA SAM
  - c. American Medical Association physician's profile (if applicable)
  - d. Medical Board of California and State of California Department of Consumer Affairs for license verification and any disciplinary action against the practitioner



- e. Hospital privileges are in good standing for at least one of the hospitals that contract with On Lok (if applicable)
  - f. Any history of professional liability claims that resulted in settlements or judgments paid by or on behalf of the practitioner since the last credentialing cycle
  - g. Performance reviews are conducted for contract specialist providers who have provided at least one office consultation during the specified time period.
3. As part of the recredentialing process, the On Lok quality assurance staff also performs a site review of all high volume contract specialists using the "Contract Provider Site Review Instrument." High volume is defined as 20 or more encounters in the year prior to recredentialing.
  4. When all credentials have been verified, the On Lok quality assurance staff submits the practitioner's file to the credentialing committee for consideration and approval at the next scheduled meeting.
    - a. When the practitioner's credentials have been reviewed and accepted by the credentialing committee, the quality assurance and improvement committee, and the On Lok Senior Health Services Board of Directors, On Lok renews the practitioner's contract to perform services for participants.
    - b. If the credentials are not accepted, On Lok terminates the practitioner's contract, as appropriate.

#### D. Removal of Participating Provider by On Lok

1. If On Lok receives information at any time that a participating provider has had a revocation of license to practice, has been convicted of a felony, or has been denied malpractice coverage by any carrier, On Lok suspends the provider from providing further services to On Lok PACE participants.
2. If On Lok receives information at any time that a participating provider has been disciplined by any entity (including Medicare, Medicaid, California Medical Board, or any hospital), the credentialing committee reviews the provider's file, and the committee may make recommendations to On Lok to suspend the provider from providing further services to On Lok PACE participants.
3. On Lok notifies the provider and the group by certified mail of the suspension, which may include an amendment or termination of the contract.



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**PACE**

**ON LOK PACE  
QUALITY ASSURANCE & IMPROVEMENT PROGRAM**

**CREDENTIALING STANDARDS FOR ORGANIZED MEDICAL GROUPS  
AND HOSPITAL-EMPLOYED PHYSICIANS**

The purpose of the credentialing process is to verify that participating physicians and other professionals have the necessary and appropriate credentials to provide their services to On Lok PACE participants. On Lok delegates responsibility for credentialing to hospitals under contract who employ physicians and organized medical groups. The hospitals or medical groups must implement a credentialing process that is modeled after standards and procedures developed by the National Committee of Quality Assurance (NCQA).

- A. Delegation of credentialing for contracted medical groups and organized independent practice associations (collectively known as "group")
  1. The credentialing committee (a subcommittee of the quality assurance and improvement committee) reviews and approves the group's credentialing standards and procedures in order to confirm that they meet the On Lok PACE standards and processes, as stated in the Credentialing Standards and Procedures for Physician and Contract Specialist Providers.
  2. On Lok ensures the group agrees to comply with the On Lok PACE credentialing standards that are modeled after the standards and procedures developed by the National Committee on Quality Assurance (NCQA). This requires the group to complete the following:
    - a. Provide On Lok with a list of participating physicians who will be a part of the On Lok PACE provider network.
    - b. Report additions or deletions to the provider list to On Lok on a quarterly basis.
    - c. Verify that each participating physician is properly credentialed, using the On Lok PACE credentialing standards.
    - d. Submit pertinent credentialing information of all of its providers to On Lok's quality assurance department for review by the credentialing committee according to On Lok PACE procedures.
    - e. Give written notice to On Lok whenever it acquires knowledge that any of the participating providers has had a revocation of a license to practice, has been disciplined by any entity (including Medicare, Medicaid, California Medical Board, or any hospital), has been convicted of a felony, or has been denied malpractice insurance coverage by any carrier.

3. For each group, On Lok reviews a random sample of 5% of the credentialing files on an annual basis and verifies the credentials using the "Provider Delegation Oversight Survey Instrument." This will include the collection of malpractice insurance certificates for those physicians included in the 5% check, as well as running the following reports:
  - a. NPDB report
  - b. AMA report
  - c. OIG report
  - d. NPI report
4. On Lok removes any provider from the participating panel who lacks proper credentials or has been disciplined by any entity.

B. Removal of Participating Provider by On Lok

1. If On Lok receives information at any time that a participating provider has had a revocation of license to practice, has been convicted of a felony, or has been denied malpractice coverage by any carrier, On Lok suspends the provider from providing further services to On Lok PACE participants.
2. If On Lok receives information at any time that a participating provider has been disciplined by any entity (including Medicare, Medicaid, California Medical Board, or any hospital), the credentialing committee reviews the provider's file, and the committee may make recommendations to On Lok to suspend the provider from providing further services to On Lok PACE participants.
3. On Lok notifies the provider and the group by certified mail of the suspension, which may include an amendment or termination of the contract.



Please return via email:  
cvincent@onlok.org or via fax:  
(415) 292-2822.  
Thank you!

**Please return this Application with a current copy of the following:**

- |   |  |
|---|--|
| <input type="checkbox"/> CV/ Resume           | <input type="checkbox"/> Malpractice Insurance Certificate |
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Board Certificate(s)              |
| <input type="checkbox"/> DEA Certificate      | <input type="checkbox"/> Business License                  |

**Credentialing Application for Provider Panel Physicians and Non-Physician Provider**

**1. Applicant Information**

Last Name:		First Name:		Middle Name:		Degree:	
Maiden Name/ Other Names Used:			Practice Specialty:				
Primary Practice Address:							
Office Phone:				Office Fax:			
Office Hours Provider is Available:							
Mon Time:	Tues Time:	Wed Time:	Thurs Time:	Fri Time:	Sat Time:	Sun Time:	
Cell Phone:		Email:					
Date of Birth:		Place of Birth:			Citizenship:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Language(s) spoken by provider only:					
Social Security Number:				NPI Number:			
Home Address:							

**2. Education**

College/ University:		Degree:	
Address:	Dates of Attendance:		Graduation Date:

**3. Medical Education**

Medical School:		Degree:	
Address:	Dates of Attendance:		Graduation Date:

4. Post-Graduate Training <i>please check training type and complete for each</i>		
Internship	Residency	Fellowship
Hospital/ University:		Dates of Training:
Address:		Specialty:

Internship	Residency	Fellowship
Hospital/ University:		Dates of Training:
Address:		Specialty:

Internship	Residency	Fellowship
Hospital/ University:		Dates of Training:
Address:		Specialty:

Internship	Residency	Fellowship
Hospital/ University:		Dates of Training:
Address:		Specialty:

5. Licensure	
California License Number:	Exp. Date:
DEA Registration Number:	Exp. Date:
ECFMG Number (if applicable):	Exp. Date:

6. Board Certificate		
Are you certified by a specialty board that is recognized by the American Board of Medical Specialties (ABMS)?		
	Yes	No
Board Eligible in (if not yet certified):		
If intending to sit for Board examination, specify date:		

Primary Specialty:	Certification Date:
Name of Board:	Re-certification Date:

Secondary Specialty:	Certification Date:
Name of Board:	Re-certification Date:

7. Malpractice Insurance	
Name of Carrier:	Coverage Limits:
Name of Prior Carrier (past five years):	
Have you ever been involved in malpractice claims?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any malpractice claims pending?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details on a separate sheet of paper	

8. Medical Group	
Are you currently part of a Medical Group?	
<i>(If yes, please check or list below)</i>	
UCSF Medical Group	Galen Inpatient Physicians
Pacific Inpatient Management Group	Washington Township Medical Foundation
Paragon Physicians Medical Group	Other:

**9. Hospital Privileges** *please check if affiliated with the hospitals below and applicable boxes*

**San Francisco County:**

Chinese Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
California Pacific Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
San Francisco General Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
St. Francis Memorial Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
St. Luke's Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
St. Mary's Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
UCSF Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:

**San Mateo County:**

Seton Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
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**Alameda County:**

Washington Hospital, Fremont, CA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
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**Santa Clara County:**

Good Samaritan Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
O'Connor Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
Santa Clara County Valley Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other:

**10. Practice Information**

Years in Practice:	Current Status:	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>
Name(s) of Associates:			
Name(s) of Covering Physicians (when you are not available):			

**11. Teaching Appointments**

University or Medical School:	
Dates:	Faculty Rank:

**12. Professional Society Memberships: Please list below**


### 13. Disciplinary Action

1. Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked, or is such action pending?

Yes  No

2. Has your registration with the Drug Enforcement Administration ever been limited, suspended, revoked, not renewed, or have action pending?

Yes  No

3. Have your privileges at any hospital, medical organization, or health plan ever been suspended diminished, revoked, or not renewed, or is such action pending?

Yes  No

4. Have you ever been denied staff membership or renewal of membership because of disciplinary action at any hospital, medical organization, or health plan, or is such action pending?

Yes  No

5. Have you ever resigned from a hospital medical staff, a medical organization, or health plan to avoid disciplinary action?

Yes  No

6. Have you ever been convicted of a felony?

Yes  No

### 14. Health Status

1. Are you able to perform the essential functions of this contract, with or without reasonable accommodation, according to accepted standards of professional performance and without posing direct threat to patients?

Yes  No

2. Do you have any physical or mental health problem that might affect your ability to practice medicine/clinical duties?

*If yes, please explain:*

Yes  No

3. Are you engaged in the use of illegal drugs, or the use of controlled substances not under the supervision of a licensed healthcare professional (including self-administration of such drugs)?

*If yes, please explain:*

Yes  No

4. Have you ever been denied staff membership or renewal of membership because of disciplinary action at any hospital, medical organization, or health plan, or is such action pending?

*If yes, please explain:*

Yes  No



### 15. Disclosure of Financial Interest

Please list the health-care related companies or health-care related facilities, if any, in which you or an immediate member/owner and have a material (5% or more) financial interest:

Yes  | Not applicable

*If yes, please specify in details below:*

### 16. Reference Request

***In order to complete the processing of your application, we are requesting two references from physicians/ professionals who are familiar with your current work and competence.***

#### Reference # 1

Name:

Degree:

Address:

Phone:

Fax:

Email Address:

#### Reference # 2

Name:

Degree:

Address:

Phone:

Fax:

Email Address:

## 17. Declaration

I understand On Lok PACE is responsible for the evaluation of my professional competence and qualifications and has the obligation to inquire into my professional training, experience, professional conduct, and judgment.

I consent to communication of information and documents between On Lok PACE, other medical staff, medical schools, training programs, medical societies, professional associations, professional liability insurance companies, and licensing authorities in jurisdictions in which I have trained, resided, or practiced, for evaluation of my professional training, experience, character, conduct, and judgment. In this regard, the utmost care shall be taken to safeguard the privacy and confidentiality of records.

I hereby affirm that the information furnished by me to On Lok PACE is true to the best of my knowledge and is furnished in good faith. I understand that willful and substantial omissions or misrepresentations may result in denial or suspension from providing services to On Lok PACE participants.

I present this information, and arrange for the submission of other information as part of this credentialing process, in the expectation that the confidentiality and these materials will only be released or disclosed as part of current and future credentialing, peer review, and quality assurance processes.

I hereby apply formally to be a member of On Lok PACE panel, and agree to abide by On Lok PACE's established guidelines.

Name (print or type):

Degree:

Signature:

Date:

If there is a change in the following, please contact On Lok's Credentials Office immediately at 415.292.8885 or 415.292.8796

- ◆ Hospital/ Institutional affiliation
- ◆ Malpractice Coverage
- ◆ DEA Certification

- ◆ Disciplinary action
- ◆ Health Status
- ◆ Licensure



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where seniors embrace life

**PACE**

**ATTESTATION OF REGISTRATION AND ACCESS TO CURES  
DATABASE**

I understand that the current law requires all California licensed professionals who are authorized to prescribe Schedule II, III, and IV controlled substances and possess a Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate be registered to have access to the Controlled Substance Utilization Review and Evaluation System (CURES) database as of October 2, 2018.

I hereby attest that I have registered and have an account in good standing with the proper access and login credentials for the CURES database. I declare that the above statement is true and accurate to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**PACE**

PLEASE FAX TO  
 (415) 292-2822  
 "ATTN: ON LOK PACE  
 CREDENTIALING".

**Please return this Application with a current copy of the following:**

<input type="checkbox"/> CV/ Resume	<input type="checkbox"/> Malpractice Insurance Certificate
<input type="checkbox"/> Professional License	<input type="checkbox"/> Board Certificate(s)
<input type="checkbox"/> DEA Certificate	<input type="checkbox"/> Business License

**Re-Credentialing Application for Provider Panel Physicians and Non-Physician Providers**

**1. Applicant Information**

Last Name:	First Name:	Middle Name:	Degree:
Maiden Name/ Other Names Used:		Practice Specialty:	
Primary Practice Address:			
Office Phone:		Office Fax:	
Office Hours Provider is Available:			
Mon Time:	Tues Time:	Wed Time:	Thurs Time:
Fri Time:	Sat Time:	Sun Time:	
Cell Phone:		Email:	
Date of Birth:		Place of Birth:	Citizenship:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Language(s) spoken by provider only:	
Social Security Number:		NPI Number:	
Home Address:			

**2. Malpractice Insurance**

Name of Carrier:	Coverage Limits:
Name of Prior Carrier (past five years):	
Have you ever been involved in malpractice claims?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any malpractice claims pending?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide details on a separate sheet of paper.	

3. Medical Group	
Are you currently part of a Medical Group? (If yes, please check or list below)	
	Yes <input type="checkbox"/>   No <input type="checkbox"/>
UCSF Medical Group <input type="checkbox"/>	Galen Inpatient Physicians <input type="checkbox"/>
Pacific Inpatient Management Group <input type="checkbox"/>	Washington Township Medical Foundation <input type="checkbox"/>
Paragon Physicians Medical Group <input type="checkbox"/>	Other: <input type="checkbox"/>

4. Hospital Privileges <i>please check if affiliated with the hospitals below and applicable boxes</i>
--

**San Francisco County:**

Chinese Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
California Pacific Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
San Francisco General Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
St. Francis Memorial Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
St. Luke's Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
St. Mary's Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
UCSF Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>

**San Mateo County:**

Seton Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
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**Alameda County:**

Washington Hospital, Fremont, CA	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
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**Santa Clara County:**

Good Samaritan Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
O'Connor Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
Santa Clara County Valley Medical Center	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Active <input type="checkbox"/>	Courtesy <input type="checkbox"/>	Provisional <input type="checkbox"/>	Other: <input type="checkbox"/>

5. Disciplinary Action	
1. Has your license to practice medicine in any jurisdiction ever been limited, suspended, or revoked, or is such action pending?	Yes <input type="checkbox"/>   No <input type="checkbox"/>
2. Has your registration with the Drug Enforcement Administration ever been limited, suspended, revoked, not renewed, or have action pending?	Yes <input type="checkbox"/>   No <input type="checkbox"/>

3. Have your privileges at any hospital, medical organization, or health plan ever been suspended, diminished, revoked, or not renewed, or is such action pending?	Yes	No
4. Have you ever been denied staff membership or renewal of membership because of disciplinary action at any hospital, medical organization, or health plan, or is such action pending?	Yes	No
5. Have you ever resigned from a hospital medical staff, a medical organization, or health plan to avoid disciplinary action?	Yes	No
6. Have you ever been convicted of a felony?	Yes	No

### 6. Health Status

<p> 1. Are you able to perform the essential functions of this contract, with or without reasonable accommodation, according to accepted standards of professional performance and without posing direct threat to patients?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>2. Do you have any physical or mental health problem that might affect your ability to practice medicine/clinical duties?</p> <p><i>If yes, please explain:</i></p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>3. Are you engaged in the use of illegal drugs, or the use of controlled substances not under the supervision of a licensed healthcare professional (including self-administration of such drugs)?</p> <p><i>If yes, please explain:</i></p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>4. Have you ever been denied staff membership or renewal of membership because of disciplinary action at any hospital, medical organization, or health plan, or is such action pending?</p> <p><i>If yes, please explain:</i></p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### 7. Disclosure of Financial Interest

<p>Please list the health-care related companies or health-care related facilities, if any, in which you or an immediate member/owner and have a material (5% or more) financial interest:</p>	Yes	Not applicable
<p><i>If yes, please specify in details below:</i></p>		

## 8. Declaration

I understand On Lok PACE is responsible for the evaluation of my professional competence and qualifications and has the obligation to inquire into my professional training, experience, professional conduct, and judgment.

I consent to communication of information and documents between On Lok PACE, other medical staff, medical schools, training programs, medical societies, professional associations, professional liability insurance companies, and licensing authorities in jurisdictions in which I have trained, resided, or practiced, for evaluation of my professional training, experience, character, conduct, and judgment. In this regard, the utmost care shall be taken to safeguard the privacy and confidentiality of records.

I hereby affirm that the information furnished by me to On Lok PACE is true to the best of my knowledge and is furnished in good faith. I understand that willful and substantial omissions or misrepresentations may result in denial or suspension from providing services to On Lok PACE participants.

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**Name (print or type):**

**Degree:**

**Signature:**

**Date:**

If there is a change in the following, please contact On Lok's Credentials Office immediately at 415.292.8885 or 415.292.8796

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- ◆ Disciplinary action
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I hereby attest that I have registered and have an account in good standing with the proper access and login credentials for the CURES database. I declare that the above statement is true and accurate to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_