

HEALTH PLAN CONTRACTS			
HEALTH PLANS	PRODUCT LINES		
Aetna	HMO: Commercial, POS		
Alignment Healthcare	HMO: Medicare		
Anthem Blue Cross	HMO: Medi-Cal		
Blue Shield of CA	HMO: Commercial, POS, Medicare		
Blue Shield Promise Health Plan	HMO: Medi-Cal		
Brand New Day	HMO: Medicare, Medi-Medi		
Central Health Plan	HMO: Medicare		
Clever Care Health Plan	HMO: Medicare		
Easy Choice Health Plan	HMO: Medicare		
Health Net	HMO: Commercial, POS, Medicare, Covered CA, Medi-Cal (capitated to Beverly Hospital managed by MPM)		
Molina Healthcare	HMO: Commercial, Medi-Cal, Medicare, Medi-Medi, Cal MediConnect, Covered CA		
SCAN Health Plan	HMO: Medicare, Medi-Medi		

CONTACTS			
DEPARTMENT	FAX NUMBER		
Case Management	(818) 791-4019		
Inpatient Utilization Management	(818) 791-4017		
Outpatient Utilization Management	(818) 791-4020		
Authorization Notes **	(818) 791-4018		

\*\* If electronic submission is not available, please utilize the above fax number. However, electronic submission via MPM web portal is preferred.

HOSPITAL AFFILIATIONS		
Alhambra Hospital Medical Center	Monterey Park Hospital	
Beverly Hospital	San Gabriel Valley Medical Center	
Children's Hospital of Los Angeles	Whittier Hospital Medical Center	
Garfield Medical Center	White Memorial Medical Center	
Greater El Monte Community Hospital		

MANAGEMENT COMPANY	MSO contract with MedPOINT Management http://www.medpointmanagement.com
WEB PORTAL USER LOGIN	Access Claims, Cap Reports, Submit Authorizations via web portal: Sign up for the Provider Portal here – https://portal.medpointmanagement.com/sign-in
CAPITATED LAB	All Lab work must be referred to American Bio-Clinical Laboratories at (323) 222-6688. For provider registration, please send an email to IT@abclab.com *Members with Health Net Covered California must be referred to Quest Diagnostics at (866) 697-8378
ELIGIBILITY & BENEFITS	For the most current information, check via Health Plan website, directly.
CLAIMS & ENCOUNTER SUBMISSIONS	Submit Electronic Claims and Encounters through Office Ally – Payer ID: MPM44 Contact Office Ally at (866) 575-4120 or go to http://www.officeally.com/register/enrollment.aspx to set up an account. Submit hard copies to P.O. Box 571450 Tarzana, CA 91357-1450
FIELD REPRESENTATIVE	Field Representative is available to answer any questions or can come to your office for an In- Service. Contact Tam Doan at (626) 757-2500, tam.doan@ahpscipa.com
IN-HOUSE CLIENT REPRESENTATIVE	In-House Client Representative is available to answer any questions. Contact Celine Melendez at (818) 702-0100 x 1884, CMelendez@medpointmanagement.com
PROVIDER NETWORK OPERATIONS	Please contact MPM Provider Network Operations with questions and Provider Updates at (800) 509-8359, Prompt 5 or AHISP_ProviderServices@medpointmanagement.com