

**New Process for HealthPAC
Durable Medical Equipment (DME)****Goals:**

- ◆ To increase access to services
- ◆ To improve patient and provider experience for all HealthPAC medical homes
- ◆ To decrease wait times by allowing providers to request services directly from vendor

Durable Medical Equipment (DME) is reusable medical equipment such as walkers, wheelchairs or hospital beds. HealthPAC patients can get durable medical equipment as long as the equipment is medically necessary.

The Alameda County Medical Center (ACMC) is responsible for HealthPAC DME. All requests for DME must be cleared through ACMC. The vendor contracted with ACMC is American Medical Equipment .

Referral forms available on Reftrak.

<https://carcu.acmedctr.org/secure/TrakPortal.aspx?tabindex=1&tabid=20>

**New Process for Durable Medical
Equipment:****Forms**

- Provider obtains appropriate forms from RefTrak
- Completed forms are faxed directly to the vendor

Vendor

- Seeks authorization from ACMC UM Department
- Coordinates appointment/equipment with Medical Home

Results

- Sent directly to Medical Home
- Medical Home verifies continuous need on a yearly basis.

All HealthPAC safety net clinics are participating in the HealthPAC Accelerated Quality Improvement Program (AQIP). Clinic staff will focus on achieving outcomes in the following three key areas: access to care, panel management, and care transitions. AQIP incentivizes clinics for achieving outcomes in the three key areas and will assist clinics in implementing Patient Centered Health Home (PCHH) activities. Contracts are in place and all clinics are moving forward to improve care. 85,000 patients are enrolled in HealthPAC!

Referrals Received (July 2012 to Current)

**Durable Medical Equipment:
12 patients all non -ACMC clinics**

Oxygen/CPAP: 53 (ACMC-39, non-ACMC-14)

Sleep Studies: 70 (ACMC-66, non-ACMC-4)

It is important that forms submitted to the vendor are complete!

**If you need assistance please call
1-877-879-9633**

How To Access Durable Medical Equipment

Step 1: Provider/Medical Home staff complete the top section of the form (forms are on Reftrak).

Step 2: Services that do not require pre-authorization are listed on the left. These should be sent directly to American Medical Equipment FAX: 408-559-5808

OR

Step 2: Services that require pre-authorization are listed on the right. These should be sent to Alameda County Medical Center Utilization Management Department.

Fax : 510 437-4124 Phone: 510 437 4452

Order form for Durable Medical Equipment

American Medical Equipment

3725 Union Avenue, San Jose, CA 95124
Phone (408) 559-5800 Fax: 408-559-5808

Patient Name _____

Medical Record # _____

DOB _____ Best Phone # _____

Requesting MD _____	Name of Clinic _____
Referring MD NPI Number _____	Address _____
MD Signature _____	Contact person at Clinic _____
Date _____	Phone Number _____ Fax _____

INSURANCE INFORMATION (Please attach a face sheet with demographic information with current payer source.)

PRIMARY INSURANCE (HEALTHPAC, MEDI-CAL, MEDICARE, MEDICAL PENDING) _____

SECONDARY INSURANCE _____

Does your patient have a SOC? NO YES

No Pre-Authorization Required

(if not provided in the last 5 yrs)

- Front Wheel Walker (300 lb cap)
- X-Duty Walker (650 lbs cap)
- Quad Cane (250 lbs cap)
- Tub Rail (250 lbs cap)
- Tub Transfer Bench (315 lb cap)
- Shower Chair (315 lb cap)
- Tub Bench (315 lb cap)
- Diabetic Shoes
- Raised Toilet Seat
- Standard Commode (wt cap 300 lbs)
- 3 in 1 Commode (wt cap 300 lbs)

Pre-Authorization Required

(medical justification required)

- Wheelchairs
- Other _____



Fax Request to:

ACMC Utilization Management Department

Fax: 510-437-4124

Phone: (510) 437-4452



Fax Order Form to:

American Medical Equipment

Fax: 408-559-5808

NEW Sleep Study Form

Doctors Medical Center is the vendor FAX 510 970-5707

Consultation Referral Form

Doctors Medical Center
Sleep Disorders Center
2000 Vale Road, San Pablo CA 94806
Phone (510) 970-5925
Fax 510- 970-5707

Patient Name _____
Medical Record # _____
DOB _____ Best Phone # _____

History:

1. How long has the patient been symptomatic with his/her complaint? _____ mos/yr
2. Does the patient complain of :
 - a. Drowsiness while driving? NO YES
 - b. Near missed motor vehicle accidents? NO YES
3. What is the patient's occupation? _____

Requesting MD _____ Name of Clinic _____
Referring MD NPI Number _____ Address _____
MD Signature _____ Contact person at Clinic _____
Date _____ Phone Number _____ Fax _____

INSURANCE INFORMATION

PRIMARY INSURANCE (HEALTHPAC, MEDI-CAL, MEDICARE, MEDICAL PENDING) _____
SECONDARY INSURANCE _____
Does your patient have a SOC? NO YES

SCHEDULING INFORMATION

The sleep disorder staff will call your patient to schedule his/her appointment. Please be aware of the following:

1. Patients should arrive at the sleep center promptly in order to complete necessary registration paperwork.
2. Your patient may be asked to view educational materials and/or spend some time with a number of the center's staff during their visit.
3. Patients should be prepared to spend 60-75 minutes at the center during their first visit.

Cancellations: We require cancellation of scheduled appointments 48 hours in advance. Failure to do so will result in being placed at the end of the queue for a make-up appointment. Failure to keep two appointments may result in not rescheduling an appointment for a third time.

Fax Referral Form and Sleep Evaluation to: Doctors Medical Center

Fax: 510-970-5707

(Please attach a face sheet with demographic information with current payer source.)