PHYSICIAN SERVICES FOR INDIGENTS PROGRAM (PSIP)

CLAIMS SUBMISSION

FREQUENTLY ASKED QUESTIONS

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Rev 7/15/2025

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1. PROGRAM ENROLLMENT PERIOD

How long does the enrollment period last?

This is a three-year enrollment period which covers County Fiscal Years (FYs) 2025/26 through 2027/28 - July 1, 2025, through June 30, 2028.

Who is the County's Claim Adjudicator?

Management Applied Programming (MAP) AKA: American Insurance Administrators (AIA)

2. PROGRAM ENROLLMENT FORMS

What forms must I submit to enroll the physician in the program?

- A completed Program Enrollment Provider Form
- A completed Conditions of Participation Agreement
- Attach a copy of the physician's current medical license.

Physician must possess a valid and current license to practice medicine in the State of California during the enrollment period when the emergency services are performed.
Note: If the license expires and a copy of the updated license is not provided to MAP, claims will be rejected.

Submit documents to:
Management Applied Programming (MAP)
P.O. Box 17908
Los Angeles, CA 90017-0908
Fax: (562) 692-8689 or email: AIALAPSIP@MAPINC.COM

3. PATIENT ELIGIBILITY/BILLING EFFORTS

Who is eligible for this program?

Patients covered by this claims process are only those who do not have health insurance coverage for emergency services and care, cannot afford to pay for services rendered, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal government, including Medi-Cal, but with the exception of claims submitted for reimbursement through Section 1011 of the Federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

How do I refund the County Program if I received a payment from another source?

If, after receiving payment from the County hereunder, physician is reimbursed by a patient or a responsible third party, physician or the physician's billing company, shall notify the County within 60 days of receipt of the payment (see address below) in writing, and reimburse the County the amount received from the County.

MAKE REFUND CHECK PAYABLE TO:
County of Los Angeles/Department of Health Services
Refund checks should be accompanied by the supporting documents below:
1) a copy of the Remittance Advice, and 2) a specific explanation for the refund, e.g., received payment for services from Medi-Cal, etc.

REFUND CHECKS AND SUPPORTING DOCUMENTS ARE TO BE MAILED TO:
Los Angeles County/Department of Health Services
Finance – Special Program Funds
1000 S. Fremont Avenue
Unit 11, Building A11, 2nd Floor
Alhambra, CA 91803

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4. SUBMISSION OF CLAIMS

What documentation is required when submitting a claim to the program?

- Complete and submit an original copy of the CMS 1500 Form per patient

When can I submit a claim to the program?

Either of the following has occurred:

- When the enrollment has been opened by the County, the physician has enrolled in the program and 3 months have passed from the date of service, you may bill the program. You must attempt to bill the patient 2 times (at least 90 days) before you bill the program.
- Physician has attempted to settle by offering to bill patients a reduced amount i.e., a percentage of total charges.
- Physician has received actual notification from the patient or responsible third party that no payment will be made for the services rendered.
- All claims for services provided during a fiscal year (July 1st through June 30th) must be received by the County's Claim Adjudicator no later than October 31st of the following fiscal year. Claims received after this deadline has passed will not be paid.

What is the mailing address for submission of claims?

All claims for the Physician Services for Indigent Program (PSIP) should be mailed to the County's Claims Adjudicator:

Management Applied Programming (MAP)
P.O. Box 17908
Los Angeles, CA 90017-0908

Attention: PSIP Claims – If submitting Emergency Claims (non-trauma)
Attention: Trauma Claims – If submitting Trauma Claims

5. ELECTRONIC BILLING

Can I submit claims electronically?

The County's Claims Adjudicator can receive claims electronically. The record layout necessary for electronic submission shall be obtained directly from the County Claims Adjudicator at (800) 303-5242.

6. CLAIM REJECTIONS AND APPEALS

What are the procedures for rejected claims or appeals?

Revised claims previously rejected for incomplete information must be received by the contracted Claims Adjudicator within 20 calendar days from the date of the rejection letter; however, in no case shall claims be resubmitted later than January 18 of the following fiscal year.

The Physician must submit an appeal of any denied claim within thirty (30) calendar days from the date of the denied Remittance Advice. A denied claim can be appealed once; however, after the appeal is dispositioned, a further appeal will not be considered. All resubmissions or appeals must be received by Claims Adjudicator within seven (7) months after the close of the fiscal year during which services were provided, no later than January 8 of the following fiscal year. All appeals shall be prepared and sent in accordance with the directions set forth in Exhibit "A".

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7. PSIP PAYMENTS THROUGH DIRECT DEPOSIT

There is an option for providers to sign up to receive their warrant by direct deposit. This will also resolve the undeliverable check issues if you receive any warrant in the future. Should you consider direct deposit, the following link to the website is provided for you to sign up at: https://directdeposit.lacounty.gov

You'll need to create a vendor code and give a TIN so you can log in. We only accept one of these 3 documents:

1. A voided check
2. Recent bank statement (dated within the last 3 months).
3. Recent bank verification letter (dated within the last 3 months).

Note: The bank verification letter is a letter from the bank, and it must confirm the bank account holder's name, address, account number, routing number, and account type (either checking or saving). In addition, the letter must be using the bank's original letterhead, signed by the bank representative, with his/her name, title, contact number, and bank's address. If you have any further questions, please contact: disb.directdeposit@lacounty.gov

8. AUDITING OF CLAIMS

To ensure that claims are compliant with audit requirements, the following key points should be **DOCUMENTED**:

- Documentation that reasonable inquiry to determine if there is a responsible private or public third-party source of payment or
- Documenting attorney information if an attorney was involved
- Documenting in the patient notes that 2 statements were sent to the patient within 3 months from the date physician billed the patient or responsible third party
- Auto accident claims should indicate follow-up and final resolution for possible third-party liability.
- Patients eligible for Medi-Cal with a Share of Cost (SOC) are ineligible for this program
- If the Medi-Cal web site is down, billers should attempt to verify Medi-Cal eligibility through the web site before billing PSIP.

Note: The Change Notice Form along with instructions can be found in the Physician Services for Indigents Program (PSIP) Enrollment packet.

9. CHANGE NOTICE FORM

A. PROVIDER INFORMATION

Providers must complete the section of this form when submitting a Change Notice Form and provide supporting documents to Management Applied Programming (MAP) when any change in the physician information occurs (e.g., office address change, billing company change).

B. CHANGE OF ADDRESS

If the provider has changed their payee address (where the Remittance Advice (RA) and check are sent, complete this section and check the boxes and provide a copy of: ☑ the W-9 Form and ☑ previously submitted Program Enrollment Provider Form

C. BILLING CHANGE

If provider has changed their biller, or billing company and payee address will not be changing, or provider has gone out of business complete this section and check the boxes that apply:

☑ Changed Biller ☑ Changed Billing Company ☑ Gone out of Business

D. CHANGE OF PROVIDER GROUP NAME OR CHANGE OF BILLER AND PAYEE ADDRESS

If provider has changed their group name or changed their biller and payee address (where the Remittance Advice (RA) and check are sent) WILL change, the provider must re-enroll in the program check the boxes that apply:

☑ Change of Provider Group Name ☑ Change of Biller and Payee Address

Attach a copy of the following:

☑ Physician's current license
☑ Previously submitted Program Enrollment Provider Form
☑ New W-9 Form
☑ Complete a new Program Enrollment Provider Form
☑ Complete a new Conditions of Participation Agreement Form

E. UPDATED PHYSICIAN LICENSE

A current copy of the physician's license must be on file. If a current copy of the physician's license is being submitted check: ☑ Updated Physician License box.

F. SUBMITTING CHANGE NOTICE FORM

Submitting current and accurate information will avoid any delays in receiving future payments. Completed Change Notice Form and documents can be submitted by: **Fax:** (562) 692-8689 Attention: MAP-PSIP Physician Enrollment Department or by **email**: AIALAPSIP@MAPINC.COM

10. PSIP BILLING TRAINING WORKSHOPS

Providers interested in scheduling a Physician Services for Indigent Program (PSIP) billing, training workshop for personnel that need assistance in form completion and submission, can contact Marta Contreras of Management Applied Programming (MAP) at: marta@mapinc.com

This workshop will cover the following:

- Submission of Program Enrollment Forms
- Claim Reimbursement Period
- Billing Procedures
- Claim Appeals
- Payment and Notifications
- Program Audits

11. INFORMATION CONTACTS

Who do I contact if I have questions

Contact Management Applied Programming (MAP) AKA: AIA via the Physician Claims Hotline at: (800) 303-5242 or by email at AIALAPSIP@MAPINC.COM

12. MEDICARE PART A & B

Can we bill the program if a patient only has coverage for Medicare Part A which covers hospitalization, but does not have coverage for Medicare Part B which covers the physician payment? Yes, if a denial for Medicare Part B is provided. TEMIS should also indicate PAYOR 1: County Indigent, Payor 2: Medicare Part A only.

13. TRAUMA CENTERS

How many Private Trauma Centers are in Los Angeles County?

There are 13 Private Trauma Centers in Los Angeles County:

1. Antelope Valley Hospital (AVH)
2. Cedars-Sinai Medical Center (CSM)
3. Children's Hospital Los Angeles (CHH)
4. Dignity Health - California Hospital Medical Center (CAL)
5. Dignity Health - Northridge Hospital Medical Center (NRH)
6. Dignity Health - St. Mary Medical Center (SMM)
7. Henry Mayo Newhall Hospital (HMN)
8. Huntington Hospital (HMH)
9. Long Beach Memorial Medical Center (LCM)
10. Pomona Valley Hospital Medical Center (PVC)
11. Providence Holy Cross Medical Center (HCH)
12. Ronald Reagan UCLA Medical Center (UCL)
13. St. Francis Medical Center (SFM)

14. PSIP TRAUMA CLAIMS

Who can I contact if I have a question regarding a PSIP Trauma claim (i.e., incorrect Trauma Patient Sequence (TPS) #, no payor source)? Contact the Trauma Hospital's Registrar office from the attached Trauma Center Directory.

Los Angeles County-Department of Health Services
EMERGENCY MEDICAL SERVICES AGENCY

TRAUMA CENTER DIRECTORY

Lorrie Perez, RN
Trauma System Program Manager
(562) 378-1655

CODES	TRAUMA FACILITY	PROGRAM MANAGER	MEDICAL DIRECTOR	ADMINISTRATION	REGISTRAR
AVH Level II 5th District	ANTELOPE VALLEY MEDICAL CENTER 1600 WEST AVENUE J LANCASTER, CA 93534	Cynthia Marin (661) 949-5633 (661) 802-2726 Cell Cynthia.Marin@avmc.org	Pavel Petrik (661) 945-4433 (661) 733-0181 Cell Pavel.Petrik@avmc.org	Edward Mirzabegian *Chief Executive Officer* (661) 949-5533 Edward.Mirzabegian@avmc.org	Kimberly Fatan (661) 949-5254 Kimberly.Fatan@avmc.org
CAL Level II 1st District	DIGNITY HEALTH - CALIFORNIA HOSPITAL MEDICAL CENTER 1401 S. GRAND AVENUE LOS ANGELES, CA 90015	Laura Schneider (213) 742-5602 (310) 430-0610 Cell Laura.Schneider@commonspirit.org	Gudata Hinika (213) 742-5428 (310) 704-3018 Cell Gudata.Hinika@commonspirit.org	Alina Moran *President* (213) 742-5778 alina.moran@commonspirit.org	Gladys Guerrero (213) 742-5605 Gladys.Guerrero@commonspirit.org
CHH Level I PTC 1st District	CHILDREN'S HOSPITAL LOS ANGELES 4650 W. SUNSET BLVD. LOS ANGELES, CA 90027	Allison Fell (323) 361-9957 (323) 208-2952 Cell afell@chla.usc.edu	Ryan Spurrier (323) 361-3341 (847) 764-1049 Cell RSpurrier@chla.usc.edu	Paul Viviano *Chief Executive Officer* (323) 361-5528 Pviviano@chla.usc.edu	Mary Taylor (323) 361-4714 Mtaylor@chla.usc.edu
CSM Level I PTC 3rd District	CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	Heidi Hotz (310) 423-8732 (310) 430-2649 Cell Heidi.Hotz@cshs.org	Galinos Barmparas (310) 423-3544 (310) 384-3479 Cell Galinos.Barmparas@cshs.org	Peter Slavin, MD *Chief Executive Officer* (310) 423-5711 pls@cshs.org	Denise Gere (818) 304-2563 Denise.Piastrelli@cshs.org
HCH Level II 3rd District	PROVIDENCE HOLY CROSS MEDICAL CENTER 15031 RINALDI ST. MISSION HILLS, CA 91345	Melanie Crowley (818) 496-4312 (661) 755-4214 Cell Melanie.Crowley@providence.org	David Hanpeter (818) 256-0665 Cell (323) 789-8920 David.Hanpeter@providence.org	Bernard Klein, MD *Chief Executive Officer* (818) 496-4561 Bernard.Klein@providence.org	Delilah Paragas (818) 496-7530 Delilah.paragas@providence.org
HGH Level I PTC 2nd District	HARBOR-UCLA MEDICAL CENTER 1000 W. CARSON ST. TORRANCE, CA 90502	Robin Tyler (424) 306-5358 (310) 413-5488 Cell RTyler@dhs.lacounty.gov	Brant Putnam (424) 906-5333 (310) 903-2032 Cell BPutnam@dhs.lacounty.gov	Andrea Turner *Chief Executive Officer* (424) 306-6580 aturner@dhs.lacounty.gov	La' Treva Neal (424) 306-5350 latneal@dhs.lacounty.gov
HMH Level II 5th District	HUNTINGTON HOSPITAL 100 W. CALIFORNIA BLVD. PASADENA, CA 91105	Joyce Roque (626) 397-3382 (626) 641-1000 Cell Joyce.Roque@huntingtonhospital.org	Amal Obaid-Schmid (626) 397-5956 (626) 616-4209 Cell Amal.Obaid-schmid@huntingtonhospital.org	Lori Morgan, MD *President/CEO* (626) 397-5000 Lori.Morgan@huntingtonhospital.org	Desiree Joshua (626) 397-3066 Desiree.Joshua@huntingtonhospital.org
HMN Level II 5th District	HENRY MAYO NEWHALL HOSPITAL 23845 McBEAN PKWY. VALENCIA, CA 91355	Gilda Cruz-Manglapus (661) 200-1617 (661) 312-2294 Cell CruzGS@henrymayo.com	Ranbir Singh (661) 253 1353 (818) 404-9229 Cell SinghR@henrymayo.com	Kevin Klockenga *Chief Executive Officer* (661) 200-1021 Kevin.Klockenga@henrymayo.com	Lillibeth Ventigan (951) 710-4363 ventigani@henrymayo.com
LBM Level II PTC 4th District	MEMORIAL LONG BEACH MEDICAL CENTER 2801 ATLANTIC AVE. LONG BEACH, CA 90806	Edna Transon (562) 933-1315 (310) 489-5844 Cell ETranson@memorialcare.org	Douglas Fraser (562) 933-1322 (562) 542-3392 Cell DFraser@memorialcare.org	Frank Beirne *Interim CEO* (562) 933-1111 FBeirne@memorialcare.org	Imelda Mosqueda (562) 933-1316 IMosqueda@memorialcare.org
LMC Level I PTC 1st District	LOS ANGELES GENERAL MEDICAL CENTER 1200 N. STATE ST. LOS ANGELES, CA 90033	Sixta Navarrete (323) 409-7888 (714) 482-8446 Cell SNavarrete@dhs.lacounty.gov	Demetri Demetriades (323) 409-7761 Cell (213) 919-8429 Pgr Demetria@usc.edu	Jorge Orozco *Chief Executive Officer* (323) 409-2800 jorozco@dhs.lacounty.gov	Jian Wange (323) 409-7880 Jfwang@dhs.lacounty.gov
NRH Level II PTC 3rd District	DIGNITY HEALTH NORTHRIDGE HOSPITAL MEDICAL CENTER 18300 ROSCOE BLVD. NORTHRIDGE, CA 91328	Sabrina Esparza (818) 885-8500 x2758 Sabrina.Esparza@commonspirit.org	Shawki Saad (818) 998-8591 (818) 326-8717 Cell Shawki.Saad@commonspirit.org	Jeremy Zoch, MD *Chief Executive Officer* (818) 885-8500 x55321 Jeremy.zoch@commonspirit.org	Jennifer Salas (818) 885-8500 x5445 Jennifer.Salas@commonspirit.org
PVC Level II 1st District	POMONA VALLEY HOSPITAL MEDICAL CENTER 1798 N. GAREY AVE. POMONA, CA 91767	Lauren Gurrola (909) 865-9501 x4406 (909) 837-9873 Cell Lauren.gurrola@pvhmc.org	Michael Jimenez (310) 435-4140 Cell Michael.Jimenez@pvhmc.org	Richard Yochum *President/CEO* (909) 865-9885 Richard.Yochum@pvhmc.org	Sarah Cline (909) 630-7174 Sarah.Cline@pvhmc.org
SFM Level II 4th District	ST. FRANCIS MEDICAL CENTER 3630 E. IMPERIAL HWY. LYNWOOD, CA 90262	Adam Ruacho (310) 900-8676 (562) 583-8800 Cell Aruacho@primehealthcare.com	Aaron Strumwasser (310) 866-0418 Cell Astrumwasser@desertsurgeons.org	Clay Farell *Chief Executive Officer* (310) 900-7308 cfarell@primehealthcare.com	Joann Rodriquez (956) 220-9313 Jrodriquez@primehealthcare.com
SMM Level II 4th District	DIGNITY HEALTH ST. MARY MEDICAL CENTER 1050 LINDEN AVE. LONG BEACH, CA 90813	William (Bill) Paige (562) 491-4832 (562) 425-0542 Cell Bill.Paige@commonspirit.org	Bryan Love (760) 323-6316 (909) 222-2018 Cell Bryan.Love@desertsurgeons.org	Carolyn Caldwell *Chief Executive Officer* (562) 491-9801 Carolyn.Caldwell@commonspirit.org	Mary Figueroa (562) 491-9039 Mary.Figueroa@commonspirit.org
UCL Level I PTC 3rd District	RONALD REAGAN UCLA MEDICAL CENTER 757 WESTWOOD PLAZA LOS ANGELES, CA 90095	Kate Hurley (310) 267-7853 (310) 562-9896 Cell Khurley@mednet.ucla.edu	Areti Tillou (310) 855-4497 Cell ATillou@mednet.ucla.edu	Johnese Spisso *Chief Executive Officer* (310) 267-9315 Jspisso@mednet.ucla.edu	Asmik Tantoushian (310) 267-7851 ATantoushian@mednet.ucla.edu

7/2/2025