

# LAS PALMAS MEDICAL GROUP

August 10, 2020

To: Jason Papagayo, Grievance Coordinator

From: Carlos Mena, Adm

Re: Erika R. Perez    05/09/1978    ID #10013917

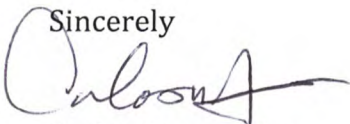
## GRIEVANCE RESPONSE

1. Disagree
2. A. progress notes: see attached.  
B. Communication logs: none  
C. Referrals: see attached.  
D. Rx: see progress notes.  
E. Office policy regarding referral submission: we follow IEHP guidelines.
3. A. On the DOS: 6/22/2020, an urgent referral was requested by the provider for shoe heel pad for left foot pain which was submitted on 6/22/2020, and approved was 6/23/2020 which was filled on 6/26/2020 by: A Family Pharmacy Apple Valley (Please see progress notes).  
B. Referral in question: Member called 7/21/2020 requesting a referral for podiatry which was submitted as urgently by a new employee. This referral was not approved by the provider and was later cancelled as unnecessary.  
C. Employee felt pressured by member and did not follow protocol.

Corrective plan of action: employee has been retrained that all referral needs an approval from the providers before it can be submitted.

If you have any questions, please feel free to call me at 951-489-8978.

Sincerely



Carlos Mena, Adm

951-489-8978

Cc: Irma Lopez, MD

74186 old  
5481



**A. Member Information**

Case # G20212467471

Member Name Erika R Perez

ID# 20130700623500

Grievance Date 07/30/2020

DOB 05/09/1978

**B. Grievance Regarding**

Provider's full name Irma Lopez  
IPA

Provider # 10013917  
Hospital

**C. Summary of Grievance**

The following is the Member's/Representative's perception of events that have occurred. Please respond to each issue noted below.

Member believes there is a Quality of Care issue with Irma Lopez.

IEHP is in receipt of a grievance filed by or on behalf of the above Member. The allegations detailed below are the Member's perception of the events that occurred. Per regulatory guidelines (CMS, DMHC, DHCS and Knox-Keene), the Plan is required to complete a thorough investigation. Please review the allegations below and respond to all questions listed no later than August 10, 2020.

Member states she saw her PCP a month ago for heel pain. Member states the office staff has been giving her the run around regarding an urgent referral that still pending. Member states when she calls she's transferred from person to person. Member states she just wants to get her referral as its been a month and still hasn't seen an orthopedic.

1. Please indicate if you are in agreement with the above statement from the Member by circling one of the three choices below:

Agree    Disagree    Partially Disagree

2. Government regulations require you provide the following information listed in the bullets below with the response to this grievance. Additionally, include all relevant information in your possession regarding this case.

Date Range: On, or about, 7/1/2020 to current, or the last encounter date(s) relevant to the allegation(s) stated above.

- Progress Notes
- Communication Log/ Call Notes
- Referral
- Rx History
- Office Policy Regarding Submission of Referrals and time frames
- Please substantiate or unsubstantiate the Member's allegation and address Member's concerns

3. Regarding the allegation(s) stated above, please provide any additional information you would like the Plan to consider during review of the case. In accordance with HIPAA regulations, please note that any documentation provided in the response should be redacted to not include any other patient/Member information that is not related to the particular grievance.

Please feel free to contact the Grievance Team, if you have any questions and/or concerns.



**Encounter**

<b>Patient</b>	PEREZ ERIKA	<b>Number</b>	40454
<b>DOB</b>	05/09/1978	<b>Signed at</b>	06/22/2020 10:31 AM
<b>Patient id</b>	5481	<b>Date service</b>	06/22/2020

**Chief complaint**

Patient is a Female of 42 Years c/o left heel pain x 2 weeks, pt stated it hurts while she walks

no fever, no cough, no sob, no recent travels, no contact with anyone with virus, no loss of taste or smell

spo2

**Current medication**

none

**Incident relation**

<b>Employment</b>	No
<b>Autoaccident</b>	No
<b>Other accident</b>	No

**Heart Vitals**

<b>Pulse</b>	78
<b>Respiratory</b>	16
<b>Temperature</b>	97.00
<b>LMP</b>	06/01/2020

**Physical Vitals**

<b>Weight</b>	174.00
<b>Height</b>	63.00
<b>BMI</b>	30.82
<b>BP Sys</b>	102.00
<b>BP Dia</b>	62.00

**Present illness history**

Pt with heel pain worsening for past 2 weeks. Pain improved with naproxen. Pain aggravated with walking. Pain is 10 of 10.

**Diagnostics**

° Heel Pain Left, (Crhonic)

**Procedures**

<b>Pt. Education</b>	MEDICATIONS,EXCERCISE
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**Medications**

<b>Naproxen 500 bid</b>	( Amount: 60 ) Directions: 1 tab po bid
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**Results**

<b>Left Heel Xray</b>	(X-Ray), Heel pain
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**Referrals**

<b>DME</b>	Urgent (Service: Heel pad) Comments: Heel pain Left
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**Next Appointment**

1-2 week

**Addendums**

<b>06/22/2020 10:40 AM</b>	(Noemi G. lopez) rx and xray slip given upon discharge nl
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**Signed by** Rafael Romero PA

Printing date 08/11/2020 10:28 AM

Page 1/1

**Authorization request has been submitted.**

**If additional documents need to be submitted. Please print this confirmation as cover page and fax to 626-521-6140.**

**Auth Number:** ALPHA - 20200622799998400749  
**Request Date:** 06/22/2020 ✓  
**Referral Type:** URGENT REFERRAL

**Status:** Pending ✓  
**Expiration Date:** 02/17/2021

**Patient Name:** PEREZ, ERIKA  
1350 W FAWN ST  
ONTARIO, CA 91762-2416  
**Health Plan:** IEHP MEDI-CAL  
**Member ID:** 20130700623500

**Date of Birth:** 05/09/1978  
**Gender:** F  
**Phone Number:** (626) 393-8209  
**Member PCP:** LOPEZ, IRMA

**Request Provider:** LOPEZ, IRMA

**Referral To:** A FAMILY PHARMACY APPLE VALLEY  
**Specialty:** (DME) DURABLE MEDICAL EQUIPMENT  
**POS:** (12) HOME

**Address:** 15863 KASOTA RD # C  
APPLE VALLEY, CA 92307-4507  
**Phone Number:** (760) 503-4141  
**Fax Number:** (760) 381-2030

REFERENCE	DIAG CODE	DESCRIPTION
1	M79.672	PAIN IN LEFT FOOT

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
L3480	SHOE HEEL PAD & DEPRESS		M79.672	1

**Attachment:**  
Perez Erika Notes JL.pdf

**Provider's Responsibilities:** Eligibility must be verified 24 hours before the actual date of service. Provider MUST confirm with Health Plan/IPA that the member's health plan coverage is still in effect. ALPHA reserves the right to revoke this authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

REF#: ALPHA-20200622799998400749:20130700623500

06/22/2020 at 2:25PM





## Authorization Detail

**Auth Number:** ALPHA - 20200622799998400749  
**Health Plan Auth No:**  
**Request Date:** 06/22/2020  
**Referral Type:** URGENT/EMERGENT REFERRAL  
**Cert Type:** REVISED

**Status:** **Approved** ✓  
**Action Date:** 06/23/2020  
**Expiration Date:** 02/17/2021  
**Retro Date:**

**Patient Name:** PEREZ, ERIKA  
1350 W FAWN ST  
ONTARIO, CA 91762-2416  
**Phone:** (626) 393-8209  
**Health Plan:** IEHP MEDI-CAL

**Date of Birth:** 05/09/1978  
**Gender:** F  
**Member ID:** 20130700623500  
**Member PCP:** LOPEZ, IRMA

**Referral By:** LOPEZ, IRMA  
**Phone number:** (909) 391 3423  
**Fax number:** (909) 391 3424

**Referral To:** A FAMILY PHARMACY APPLE VALLEY  
**Specialty:** (DME) DURABLE MEDICAL EQUIPMENT  
**POS:** (12) HOME

**Address:** 15863 KASOTA RD # C  
APPLE VALLEY, 92307-4507  
**Phone Number:** (760) 503-4141  
**Fax Number:** (760) 381-2030  
**Address:**  
**Phone Number:**

**Facility:**

REFERENCE	DIAG CODE	DESCRIPTION
1	M79.672	PAIN IN LEFT FOOT

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
L3480	SHOE HEEL PAD & DEPRESS		M79.672	1

**Notes**

**Attachment:** [Perez Erika Notes JL.pdf](#) ()  
**Notifications:** 06/23/2020 12:23 PM [Approval Letter.pdf](#) ()

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REF#: ALPHA-20200622799998400749:20130700623500

08/10/2020 at 9:51AM



## Authorization Detail

Auth Number: ALPHA - 20200730799998400548  
Health Plan Auth No:  
Request Date: 07/30/2020  
Referral Type: URGENT REFERRAL  
Cert Type: REVISED

Status: **Approved**  
Action Date: 07/30/2020  
Expiration Date: 03/27/2021  
Retro Date:

Patient Name: PEREZ, ERIKA  
1350 W FAWN ST  
ONTARIO, CA 91762-2416  
Phone: (626) 393-8209  
Health Plan: IEHP MEDI-CAL

Date of Birth: 05/09/1978  
Gender: F  
Member ID: 20130700623500  
Member PCP: LOPEZ, IRMA

Referral By: LOPEZ, IRMA  
Phone number: (909) 391 3423  
Fax number: (909) 391 3424

Referral To: FAMILY FOOT CENTER PODIATRY  
GROUP,  
Specialty: (POD) PODIATRY  
POS: (11) OFFICE  
Facility:

Address: 728 N EUCLID AVE  
ONTARIO, 91762-2712  
Phone Number: (909) 984-5614  
Fax Number: (909) 984-4759  
Address:  
Phone Number:

REFERENCE	DIAG CODE	DESCRIPTION
1	M77.30	CALCANEAL SPUR UNSPECIFIED FOOT

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
20550	INJ TENDON SHEATH/LIGAME		M77.30	1
J0702	BETAMETHASONE ACET&SOD P		M77.30	1
Download Vaccine TRF				

## Notes

Attachment: Perez Erika Notes JL.pdf ()  
Notifications: 07/30/2020 02:32 PM Approval Letter.pdf ()

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REF#: ALPHA-20200730799998400548:20130700623500

08/10/2020 at 9:48AM



**Authorization request has been submitted.**

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**Auth Number:** ALPHA - 20200730799998400548  
**Request Date:** 07/30/2020  
**Referral Type:** URGENT REFERRAL

**Status:** Pending  
**Expiration Date:** 03/27/2021

**Patient Name:** PEREZ, ERIKA  
1350 W FAWN ST  
ONTARIO, CA 91762-2416  
**Health Plan:** IEHP MEDI-CAL  
**Member ID:** 20130700623500

**Date of Birth:** 05/09/1978  
**Gender:** F  
**Phone Number:** (626) 393-8209  
**Member PCP:** LOPEZ, IRMA

**Request Provider:** LOPEZ, IRMA

**Referral To:** FAMILY FOOT CENTER PODIATRY GROUP,  
**Specialty:** (POD) PODIATRY  
**POS:** (11) OFFICE

**Address:** 728 N EUCLID AVE  
ONTARIO, CA 91762-2712  
**Phone Number:** (909) 984-5614  
**Fax Number:** (909) 984-4759

REFERENCE	DIAG CODE	DESCRIPTION
1	M77.30	CALCANEAL SPUR UNSPECIFIED FOOT

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
20550	INJ TENDON SHEATH/LIGAME		M77.30	1
J0702	BETAMETHASONE ACET&SOD P		M77.30	1
Download Vaccine TRF				

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REF#: ALPHA-20200730799998400548:20130700623500

07/30/2020 at 12:30PM