



**Cedar**  
HEALTH NETWORK

# Provider Manual

Effective: January 1, 2025



## Introduction

Thank you for your interest and participation in Western Growers Health (WG Health) and Pinnacle Health Solutions (Pinnacle) under the Cedar Health EPO Network Plan. WG Health and Pinnacle make available a supplemental network of providers that offer quality health care at a reasonable cost. As Participating Providers, you have agreed to provide services at rates that are usually lower than your normal charges. This can help reduce the cost of medical care for both the member and health plan.

## Who We Are: We Grow The Best Medicine In The World®

Founded in 1926, [Western Growers](#) represents local and regional family farmers growing fresh produce in Arizona, California, Colorado and New Mexico. Our members and their workers provide over half the nation's fresh fruits, vegetables and tree nuts, including nearly half of America's fresh organic produce. Some members also farm throughout the U.S. and in other countries, so people have year-round access to nutritious food. For generations, we have provided variety and healthy choices to consumers. Connect and learn more about Western Growers on [Twitter](#) and [Facebook](#).



We've served the unique health benefit needs of the Agricultural industry since 1957. WG Health was founded to provide a solution to a need in the agricultural community — a need for employer-sponsored health benefit plans, which were not previously available from commercial health insurance carriers. WG Health is now the largest provider of health benefits for the agriculture industry. Western Growers is the sponsor of the WG Health plan.

The WG Health plan offers benefits to keep our participants and their covered dependents healthy and well. For example, participants have 24/7 access to telemedicine, which connects them by phone or computer with a board-certified provider at a low cost. In addition, for WG Health participants who live or work in the local area, they can visit one of four Cedar Health Centers located throughout California. Our Cedar Health Centers are part of the Cedar Health Network and offer exceptional care with extended hours, same day appointments and low copays.

Clients can also upgrade their WG Health plan and offer wellness benefits through our affiliated company, Pinnacle Health Solutions. These benefits include biometric screenings, wellness challenges, a care management program to help employees diagnosed with chronic health conditions, and weight loss and smoking cessation programs.



Founded in 1996, Pinnacle Health Solutions began as a third-party administrator and has grown to include a suite of health benefit services to assist self-insured employers. In addition to health benefits administration, Pinnacle and its affiliated family of companies provide Pharmacy Benefits Management, Health Management and Wellness, Stop Loss and Risk Management Services, Print and Distribution, Electronic Payment Capabilities and Agency Support.

Headquartered in Irvine, Calif., Pinnacle Health Solutions has field locations throughout California and Arizona. The company mission is to take a personalized approach to meeting the employee benefits needs of their valued clients to ensure the health and wellness of both their company and people. The company's client list is diverse and includes organizations such as the State of California, hospitals and medical groups, school districts, cities and counties, credit unions and manufacturing firms. Pinnacle Health Solutions is a subsidiary of Western Growers Association.



### **Cedar Plan Health Delivery System**

Western Growers contracts with Third Party Clients for their medical needs through the Cedar Health and Wellness Plans. **This network is an Exclusive Provider Organization (EPO) product, whereas, we have a LIMITED network of providers.**

We choose our providers by their proximity to the members and the employer groups in select areas.

Cedar Health Centers are dedicated to providing personalized care exclusively for WG Health and Pinnacle members. From primary and preventative care to specialized services, we have four convenient locations to serve our members right where they work and live.

**Cedar Health Center – Salinas**

951 Blanco Circle, Suite F  
Salinas, CA 93901  
Tel: (831) 422-0230  
Fax: (831) 422-0234

**Cedar Health Center – Santa Maria**

525 E Plaza Dr., Suite 302  
Santa Maria, CA 93454  
Tel: (805) 621-7529  
Fax: (805) 200-3767

**Cedar Health Center – Watsonville / Freedom**

150 Carnation Dr., Suite 5  
Freedom, CA 95019  
Tel: (831) 740-8741  
Fax: (855) 505-8065

**Cedar Health Center – Oxnard**

370 W. Esplanade Dr.  
Oxnard, CA 93036  
Tel: (805) 240-2213  
Fax: (805) 240-2218

### Preventive Medicine

- Immunizations
- Physical exams and/or check-ups
- Preventative exams and education

### Acute/Episodic Care

- Abrasions
- Acne
- Allergies
- Anemia
- Animal bites
- Arthritis
- Change of bandages
- Cold / Flu / Pneumonia
- Depression/Anxiety
- Digestive system (ulcers, reflux, A37 constipation, diarrhea)
- Dizziness
- Earache
- Extraction of warts
- Fever
- Fungal infections
- Gout
- Headaches and migraines
- Ingrown toenails
- Insect bites
- Muscle aches/ strains / sprains
- Nausea and vomiting
- Pink eye
- Sinusitis
- Skin infections / Skin problems
- Treatment of minor burns
- Upper respiratory infections (Bronchi-tis, laryngitis)
- Urinary tract infections
- Viral infections
- Wounds / Minor lacerations
- Wound Care

### Prenatal and Reproductive Care

- Pregnancy tests
- Reproductive health

### Diagnostic Aids

- Cholesterol test
- COVID/Flu test

### High Risk Situations and Chronic Conditions

- Weight Management
- Treatment of Asthma
- Allergy Treatment
- COPD
- Diabetes
- Exercise
- High cholesterol and lipids
- High blood pressure
- Thyroid disease
- Depression
- Diagnostic aids
- Blood tests
- Urine tests
- Test for diabetes
- Hearing tests
- X-Rays (Watsonville Clinic Site Only)

### Formulary

- Acyclovir 200
- Amlodipine 10mg, 5mg
- Amoxicillin 500mg
- Aspirin 81mg
- Atorvastatin 10mg, 20mg
- Cephalexin 500mg
- Ciprofloxin 500mg
- Citalopram 10mg, 20mg
- Cyclobenzaprine 10mg
- Erythromycin Ophthalmic
- Estradiol 1mg
- Fluticasone .05
- Fluconazole 150
- Gemfibrozil 600mg
- HCTZ
- Ibuprofen 600mg
- Levothyroxine .05, .07, .10, .125
- Lisinopril 10, 25, 40mg
- Metformin 1000, 500 mg
- Metoprolol 100, 50 mg
- Naproxen 500 mg
- Oxybutynin ER (generic) 5mg
- Pioglitazone 30mg
- Rosuvastatin 5mg, 10mg, 20mg, 40mg
- Sertraline 50mg, 100mg
- Sulfa/Trimeth DS
- Terbinafine 250mg

Cedar Health and Wellness Plan-contracted providers must comply with timely access to care. This means that there are limits on how long a patient has to wait to get health care appointments and telephone advice.

**Access to Emergency / Urgent Medical Care:**

| Type of Care         | Standard                                   |
|----------------------|--------------------------------------------|
| Emergency Services   | Immediately, 24 hours a day, 7 days a week |
| Urgent Care Services | Within 24 hours of request                 |

**Access to Primary Care:**

| Type of Care                                                   | Standard                           |
|----------------------------------------------------------------|------------------------------------|
| Urgent Appointments that<br>DO NOT Require Prior Authorization | Within 48 hours of request         |
| Non-Urgent Primary Care                                        | Within 10 business days of request |
| Routine Physical Exams and Health Assessments                  | Within 30 calendar days of request |

**Access to Specialty and Ancillary Care:**

| Type of Care                                                   | Standard                           |
|----------------------------------------------------------------|------------------------------------|
| Urgent Appointments that<br>DO NOT Require Prior Authorization | Within 96 hours of request         |
| Non-Urgent Specialty Care                                      | Within 15 business days of request |
| First Prenatal Visit                                           | Within 2 weeks of request          |
| Non-Urgent Ancillary Services                                  | Within 15 business days of request |

**Access to Behavioral Health Care:**

| Type of Care                                                                          | Standard                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Urgent Appointments and Routine Care with<br>Non-Physician Behavioral Health Provider | Within 10 business days of request                                                                                                                                                                       |
| Follow-up Routine Care with a<br>Non-Physician Behavioral Health Provider             | Available to the member within clinically reasonable time frames. Behavioral health providers will assess the clinically appropriate treatment and provide follow-up within the scope of their practice. |

**Telephone Access Standards:**

| Type of Care                                                | Standard                                                                                                                                                                         |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Telephone Triage                                            | Telephone triage shall be available 24 hours a day, 7 days a week. Telephone triage or screening waiting time shall not exceed 30 minutes.                                       |
| Telephone Wait Time During Business Hours                   | A non-recorded voice within 30 seconds                                                                                                                                           |
| Urgent Message During Business Hours                        | Practitioner returns the call within 30 minutes after the time of message                                                                                                        |
| Non-emergency and Non-urgent Messages During Business Hours | Practitioner returns the call 24 hours after the time of message                                                                                                                 |
| Telephone Access After Business Hours for Emergencies       | The phone message and/or live person must instruct members to call 911 or go to the nearest emergency room                                                                       |
| After-hours Access                                          | Primary care provider (PCP) or designee shall be available 24 hours a day, seven days a week to respond to after-hours member calls or to a hospital emergency room practitioner |

**Other Access Standards:**

| Description                          | Standard                                                                                                                                                                     |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Physical Accessibility               | Members with disabilities shall have access that includes, but is not limited to: ramps, elevators, restrooms, designated parking spaces and drinking water provision        |
| In-office wait time for appointments | Less than 45-minutes before being seen by a provider                                                                                                                         |
| Rescheduling appointments            | Appointments will be rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice |
| Sensitive Services                   | A member may self-refer to an out of network provider to receive sensitive services without prior authorization                                                              |
| Minor Consent Services               | Available to a member under the age of 18 in a confidential manner without parental consent                                                                                  |
| Family Planning Services             | A member shall have direct access to OB/GYN and family planning services                                                                                                     |

**Telephone Access Standards:**

| Provider Type                | Urgent                                                                                                                     | Routine                                                                                                                                                                                                                                                                |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Care Provider (PCP)  | No later than 2 business days of request*                                                                                  | Within 21 calendar days of request                                                                                                                                                                                                                                     |
| Specialty Provider Referrals | No later than 3 business days of request*                                                                                  | Within 45 days of referral                                                                                                                                                                                                                                             |
| Dental                       | No later than 3 business days of request                                                                                   | Within 45 days of request                                                                                                                                                                                                                                              |
| Maternity                    | High risk pregnancies – no later than 3 business days of identification of high risk or immediately if an emergency exists | 1st trimester – within 14 calendar days of request<br><br>2nd trimester – within 7 calendar days of request<br><br>3rd trimester – within 3 business days of request                                                                                                   |
| Behavioral Health            | No later than 24 hours from identification of need*                                                                        | Initial assessment within 7 calendar days of referral or request for service;<br><br>1st service following assessment no later than 23 calendar days after initial assessment<br><br>All following services no later than 45 calendar days from identification of need |
| Psychotropic Medications     | Urgency will be assessed immediately                                                                                       | No later than 30 calendar days from request. Appointments will be provided, if necessary, to ensure that:<br>(a) The member does not run out of medications; or<br>(b) The member does not decline in behavioral health.                                               |

\*As quickly as the health condition requires, but no later than the timeframe noted above.

| Provider Type                                         | Time and Distance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Care<br>(adult and pediatric)                 | 10 miles or 30 minutes from the beneficiary's residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Specialty Care<br>(adult and pediatric)               | Based on county population size as follows:<br>Rural Counties: 60 miles or 90 minutes from the beneficiary's residence<br>Small Counties: 45 miles or 75 minutes from the beneficiary's residence<br>Medium Counties: 30 miles or 60 minutes from the beneficiary's residence<br>Large Counties: 15 miles or 30 minutes from the beneficiary's residence                                                                                                                                                                                                                                  |
| Obstetrics and Gynecology<br>(OB/GYN)                 | Primary Care or Specialty Care standards as determined by beneficiary access to OB/GYN provider as primary care or specialist services<br>Primary Care: 10 miles or 30 minutes from the beneficiary's residence<br>Specialty Care is based on County population size as follows:<br>Rural Counties: 60 miles or 90 minutes from the beneficiary's residence<br>Small Counties: 45 miles or 75 minutes from beneficiary's residence<br>Medium Counties: 30 miles or 60 minutes from the beneficiary's residence<br>Large Counties: 15 miles or 30 minutes from the beneficiary's residence |
| Hospitals                                             | 30 miles or 60 minutes from beneficiary's residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Mental Health (non-psychiatry)<br>Outpatient Services | Based on county population size as follows:<br>Rural Counties: 60 miles or 90 minutes from the beneficiary's residence<br>Small Counties: 45 miles or 75 minutes from beneficiary's residence<br>Medium Counties: 30 miles or 60 minutes from the beneficiary's residence<br>Large Counties: 15 miles or 30 minutes from the beneficiary's residence                                                                                                                                                                                                                                      |
| Substance Use Disorder<br>Outpatient Services         | Based on county population size as follows:<br>Rural Counties: 60 miles or 90 minutes from the beneficiary's residence<br>Small Counties: 45 miles or 75 minutes from beneficiary's residence<br>Medium Counties: 30 miles or 60 minutes from the beneficiary's residence<br>Large Counties: 15 miles or 30 minutes from the beneficiary's residence                                                                                                                                                                                                                                      |
| Pharmacy                                              | 10 miles or 30 minutes from beneficiary's residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Pediatric Dental                                      | 10 miles or 30 minutes from beneficiary's residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

The Western Growers Health and Pinnacle Health Solutions Provider Contracting and Relations department is dedicated to making each participating provider's experience with Cedar Health Plan a positive one. Provider Relations is responsible for oversight, coordination or initiation of the services listed below for all providers:

- Physician and office staff initial and ongoing education and training on an as-needed basis
- Hospital, facility and ancillary provider initial and ongoing education and training
- Distribution of Provider Manuals and similar provider reference materials – we distribute the Provider Manual no later than thirty (30) calendar days after the provider joins our network

Another key responsibility of the PCR is to monitor network adequacy on a continual basis so that our members have sufficient access to care. Therefore, to report the following, please email [providercontracts@wga.com](mailto:providercontracts@wga.com).

- Report any change to your practice (i.e. practice TIN, name, phone numbers, fax numbers, address, language capabilities, and addition or termination of providers, or patient acceptance status)
- Quarterly updates of changes in your language capabilities, or that of your office staff, are required
- Initiate credentialing of providers who are new to the practice
- Schedule an in-service training for new staff
- Conduct ongoing education for existing staff
- Request fee schedule information

## Purpose

The Credentialing Program of Cedar Health shall be comprehensive to ensure that its practitioners and organizational providers meet the standards of professional licensure and certification. The process enables Cedar to recruit and retain a quality network of practitioners and ensure ongoing access to care. It consistently and periodically assesses and evaluates a practitioner's or organizational provider's ability to deliver quality care between credentialing and recredentialing cycles. The Credentialing Program enables Cedar to ensure that all practitioners and organizational providers are in compliance with Cedar policies and procedures, and any other applicable regulatory and/or accreditation entity's requirements and/or standards.

To help ensure a quality health care delivery system, Cedar requires new providers (including physicians and non-physicians) to be credentialed as part of the contracting process with Cedar. Cedar also requires its providers to be recredentialed every three years.

## Becoming A Credentialed Provider

All providers must complete the initial California Participating Practitioner Application (CPPA). He or she must return this form to [providercontracts@wga.com](mailto:providercontracts@wga.com) along with all appropriate copies of the following:

- Attestation signed and dated (must not be older than 60 days)
- Addendum A, completed, signed and dated (must not be older than 60 days)
- Addendum B, completed, signed and dated (must not be older than 60 days)
- Addendum D, completed, signed and dated (must not be older than 60 days)
- Current Curriculum Vitae (**Please make sure education and work history read month and year and explain any gaps more than 3 months**)
- Current copy of California Medical License
- Current copy of DEA certificate (if applicable)
- Current copy of Malpractice Insurance Face Sheet
- Board Certificate(s) (if applicable)
- Current W-9 signed and dated

If any items are missing or expired from the list above, the entire application packet will be sent back for completion.

## Claims and Eligibility

The Claims Department performs core functions for both Western Growers Health and Pinnacle Health Solutions. In claims, we perform several functions including claims processing, claims audit, customer service, plan coding, installation and reporting. We have a diverse, talented and experienced team located in Irvine and Fresno.

### Western Growers Health

To receive assistance with claims status, eligibility and benefits, please call Customer Service at **800.777.7898, option 1, 1** or register for online access through Web OPIS at [webopis.wga.com](http://webopis.wga.com)

### Pinnacle Health Solutions

To receive assistance with claims status, eligibility and benefits, please call Customer Service at **800.649.9121** or register for online access through Web OPIS at [webopis.pinnacle-health.com](http://webopis.pinnacle-health.com)

If you need assistance with logging on to the OPIS website, please contact [providerrelations@wga.com](mailto:providerrelations@wga.com)

