

# Provider Bulletin

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## Administrative Offices

110 Castilian Dr.  
Goleta, CA 93117  
805.685.9525

1288 Morro St., Suite 100  
San Luis Obispo, CA 93401  
805.543.4099

Toll Free 1.800.421.2560

[CenCalHealth.org](http://CenCalHealth.org)

## IN THIS ISSUE

- Federal Health Care Reform
- Healthy Families Will Re-Open to Children of California
- October is Health Literacy Month
- Novel Influenza A (H1N1)
- Correct Use of TAR forms
- Fall 2009 Member Newsletter
- Claims Corner
- Pharmacy Updates (Growth Hormone Agents & Synagis)
- Formulary Update – July – September 2009

## FEDERAL HEALTH CARE REFORM

As we all know, federal health care reform has been dominating the news over the past few months. Putting aside the rhetorical hyperbole centered on particular components of the health care reform proposals, in both the Senate and the House of Representatives they serve to reinforce and expand the role of the Medicaid (Medi-Cal) program in providing health care coverage to low income Americans.

Without getting too much into the expansive detail of the legislation (the House version is over 1,100 pages) it's safe to say that both proposals would significantly expand Medicaid eligibility (predominantly to childless adults at certain income levels). Further, some Medicaid eligibles would eventually have the option of participating in what would be called "Health Exchanges," – a state-wide program where several health plans would offer coverage to individuals, small employers and others that don't currently benefit from obtaining health coverage from their (larger) employer. However, to participate in a health exchange a Medicaid eligible would have to pay a subsidized portion of the established premium. While this provision is intended to offer some Medicaid eligibles the choice of several health plans, it also attaches a concomitant cost (paying a portion of the premium) to associate an obligation with the benefit of health coverage.

The House version of health care reform legislation also proposes to raise Medicaid primary care reimbursement to Medicare levels by 2011 – however this provision is not mentioned in the Senate proposal documents to date (the Senate has yet to release its proposal in a detailed form). These examples are intended to provide a glimpse of what's currently being discussed (if not already agreed to) in relation to Medicaid and federal health care reform. These aren't the provisions that are making headlines, but these are the types of provisions that could very well have a positive impact to the long term viability and success of Medicaid.

A handwritten signature in black ink, appearing to read "Robert S. Freeman".

Bob Freeman  
Deputy CEO

## HEALTHY FAMILIES WILL RE-OPEN TO CHILDREN OF CALIFORNIA



Good news for the Healthy Families Program! The Managed Risk Medical Insurance Board (MRMIB) announced that the Healthy Families Program will continue providing health care coverage to the hundreds of thousands of children throughout the state who are currently enrolled in the program, allow children from the waiting list to enroll, and re-open the program to new children.

Effective September 17, 2009 the state began to enroll the 88,775 children who were previously on a waiting list for the Healthy Families Program. The state estimates it will take approximately 30 days to process all applications in addition to notifying families as to whether their children are eligible and enrolled in the program. The re-opening of

*(continued on top of page 2)*

## HEALTHY FAMILIES (continued from front page)

the Program was made possible by the following three key actions: the passage of AB 1422 (Bass), the commitment from the state's First Five Commission as well as an increase to the subscriber's premiums and co-payments for health care services. Please reference the below changes to member's co-payments.

**Effective November 1, 2009** the Managed Risk Medical Insurance Board (MRMIB) has implemented the following changes in member benefits:

- Increase Program (health/dental/vision) copays from \$5 to \$10 for non-preventative services
- Increase copays from \$5 to \$10 for ER visits that do not result in hospitalization
- Increase copays for brand name drugs from \$5 to \$15; increase copay for generics from \$5 to \$10 and \$10 copay if no generic is available of the brand name drug and it is medically necessary

You may refer to the following websites for more information: [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov) or [www.mrmib.ca.gov](http://www.mrmib.ca.gov). Should you have further questions or inquires regarding the Healthy Families Program, please contact the Provider Services Department at (805) 562-1676

The Provider Bulletin is produced as a timely supplemental information service for provider office staff and is published monthly by the Provider Services Department. Questions and/or suggestions for articles may be made to:

Suzzi Tyler ([styler@cencalhealth.org](mailto:styler@cencalhealth.org)),

Faith Reeves ([freeves@cencalhealth.org](mailto:freeves@cencalhealth.org)),

Jennifer Fraser ([jfraser@cencalhealth.org](mailto:jfraser@cencalhealth.org)),

Theresa Merkle ([tmerkle@cencalhealth.org](mailto:tmerkle@cencalhealth.org)), or

Amy Abbott ([aabbott@cencalhealth.org](mailto:aabbott@cencalhealth.org))

at 110 Castilian Drive, Goleta, CA 93117-3028, or by calling (805) 685-9525 or (800) 421-2560, ext. 1676.

## OCTOBER IS HEALTH LITERACY MONTH - COMMUNICATING WITH PATIENTS

Low health literacy is the inability to read, understand or act on health information. It is not just a problem for adults with limited reading ability. Well-educated adults struggle in new situations with a new diagnosis. Many people have low health literacy as a side effect of medicines or illness, from anxiety and fear, or from having to understand unfamiliar words and terms. Those who cannot read may not disclose this to you, or may be embarrassed about their reading problems. Don't be afraid to ask, "Did you have trouble reading this?"



To communicate more effectively with patients:

- Use simple, direct language and give information in small chunks.
- Use common, everyday terms, e.g., high blood pressure instead of hypertension.
- Listen to the way patients describe their problems, and then use their vocabulary when teaching new terms.
- Cover only two to three concepts in a visit, and only the information the patient needs in order to carry out the desired action.
- When giving instructions, use the "teach back" method. Ask the patient to repeat the instructions, as though they had to explain it to another family member. This will help you know whether they really understood what you told them.

When using a written handout:

- Read key points in the material out loud to the patient.
- Take a moment to circle or highlight key points, or put a check mark or asterisk (\*) to highlight important information.
- Use materials that have language and a layout that make it easy to read. (The reading level should be at 6<sup>th</sup> grade or lower.)

Ensuring that your patient understands what you tell them will save time and costs later.

Our Health Promotion Educator can help you find good health education materials at an appropriate reading level. Contact Suzanne Michaud, MPH at 1-800-421-2560 extension 1662 or email [healthed@cencalhealth.org](mailto:healthed@cencalhealth.org).

## NOVEL INFLUENZA A (H1N1)

This update is to alert clinicians that all public health entities remain focused on prevention of Influenza A (H1N1) as we approach the traditional seasonal influenza season. Novel H1N1 continues to circulate widely in California. We expect new information regarding availability of H1N1 vaccine in October/November. Additionally, to free resources for the H1N1 vaccination effort at that time, state and federal officials urge providers to vaccinate patients against seasonal influenza as early as possible. The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine but intended to be used alongside seasonal flu vaccine to protect people. Seasonal flu and novel H1N1 vaccines may be administered on the same day.

The information below is an update for providers on what is currently known regarding H1N1 vaccination plans. As our local public health departments receive guidance from the Centers for Disease Control (CDC) and as local planning efforts proceed, additional updates will be provided by these organizations. CenCal Health will continue to direct providers to the appropriate sources for additional information.

H1N1 Vaccine Priority Groups –The CDC has identified 5 key populations for H1N1 vaccination efforts because they are considered at higher risk of disease or complications, are considered likely to come in contact with novel H1N1, or could infect young infants. When the vaccine is first available, CDC recommends that providers try to vaccinate:

- Pregnant women
- People who live with or care for children under 6 months of age
- Health care and emergency services personnel
- Persons between the ages of 6 months through 24 years of age
- People aged 25-64 who have chronic medical conditions or compromised immune systems

All providers interested in providing this vaccine should register and order the vaccine at [www.CalPanFlu.org](http://www.CalPanFlu.org). The vaccine is in production and is currently expected to first be available by mid-October. Vaccine and basic supplies will be delivered at **no cost to you**. Remember that you can also order for your Health Care Workers. The CDC has indicated the H1N1 vaccine is being purchased by the US Government and will be made available to providers at no cost. Syringes, needles, sharps containers and alcohol swabs will also be provided.

### Reimbursement

Providers may bill CenCal Health for vaccine administration fees. Please be aware reimbursement may vary depending on your contract and provider specialty. Below are the standard reimbursement rates for administration of the vaccine.

- For Medi-Cal programs use procedure code 90663 with modifier SK, **CenCal Health will reimburse \$11.00 for the administration of the vaccine.**
- For non Medi-Cal programs use procedure code G9141, **CenCal Health will reimburse \$29.87 for the administration of the vaccine.**

Use this opportunity when vaccinating children and adolescents to do a full preventive medical exam. If you have additional questions regarding reimbursement for vaccine administration, contact the Provider Services Department at (805) 562-1676.

For additional resources and information on Novel Influenza A (H1N1) you can visit: <http://www.cdc.gov/H1N1FLU/>  
<http://www.flu.gov/>  
<http://www.sbcfluinfo.org>  
<http://www.slocounty.ca.gov/health/publichealth/swineflu.htm>  
<http://www.cdph.ca.gov/HealthInfo/discond/pages/swineinfluenza.aspx>

## CORRECT USE OF TREATMENT AUTHORIZATION FORMS (TAR)

Please note there are currently three TAR forms available on our website:

- (50-1) Medical use only
- (18-1) Request for Extension of Stay in Hospital
- (20-1) LTC Authorization Form.

When submitting a TAR for inpatient stays and acute rehabilitation admissions please remember to use the (18-1) TAR form. The (50-1) TAR form is reserved for Medical use only. Please feel free to utilize the website guide at the following link [https://www.cencalhealth.org/for\\_providers/WebsiteGuide.pdf](https://www.cencalhealth.org/for_providers/WebsiteGuide.pdf).



## FALL 2009 MEMBER NEWSLETTER

Here are the articles in the October issue being mailed to our members this month:

- Breast Cancer and Mammograms
- New Foods for WIC Program
- Colds and Flu – What to Do
- Health Care Fraud

# CLAIMS

# ORNER

## Would you like a “Personal Meeting with your Claims Representative?”

The Claims Department at CenCal Health would like to extend an invitation to set up a personal meeting with your Claims Representative. Please contact Lucy Renteria at 562-1034 and she can work with you to set up a meeting time for some “one-on-one” assistance.

### 2010 Diagnosis Code Updates

Effective for dates of service on or after October 1, 2009, CenCal Health will adopt the new 2010 ICD-9 codes for our Medi-Cal, PP2, Healthy Families, Healthy Kids and IHSS Programs. The list of new, deleted and revised ICD-9 codes can be accessed in your September 2009 Provider Bulletin at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). To avoid unnecessary denials and delay in payment, please be sure to use the correct ICD-9 code for the date of service on your claim.

### 2009 CPT-4/HCPCS Updates: Implementation September 1, 2009

The 2009 updates to the CPT-4 and HCPCS National Level II codes were effective for Medi-Cal for dates of service on or after September 1, 2009. At this time CenCal Health’s Medi-Cal program also implemented the 2009 updates. The affected codes are currently listed within the June 2009 EDS Medical Services Provider Manual Bulletin which can be found online at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Only those codes representing current or future Medi-Cal benefits are included. Please refer to the 2009 CPT-4 and HCPCS Level II code books for complete descriptions of these codes.

### Baby using Mother’s Identification number

When a baby is using the mother’s Identification number on a submitted claim, the baby’s date of birth is required to process the claim. A recent trend has seen providers submitting the “mother’s” date of birth instead of the infant’s date of birth. When billing SBHI or SLOHI Medi-Cal programs, this information can be entered in Box 19 of the CMS-1500, or Box 80 on the UB-04 claim form. If billing an electronic/web claim, there is a remarks box where the required information can be entered. Also, please make sure the correct “relationship” code is submitted in Box 6 of CMS-1500. A baby can use their mother’s identification number for the month of birth and the following month only.

## PHARMACY UPDATES

### Growth Hormone Agents - Formulary Change

At the August 2009 meeting of CenCal Health’s Pharmacy and Therapeutics (P&T) Committee, the therapeutic class of growth hormone agents was reviewed with specific consideration of the entrants of biosimilar products. Based on the Committee’s review and in light of the fact that none of the treatment guidelines prefer one growth hormone agent over another, the P & T Committee elected to offer only the two (2) biosimilar growth hormone products, Omnitrope® and Tev-Tropin® on the CenCal Health Formulary effective November 1, 2009. The two (2) Formulary approved growth hormone agents will still require prior authorization in the form of a Medical Request Form (MRF) due to:

1. The 2007 FDA alert stating, “growth hormone use other than FDA approved uses is illegal and carries the risk of imprisonment and fines”
2. The various approved indications and their associated dosing guidelines.

All other non-formulary growth hormones products may be considered via prior authorization and based on medical necessity.

### Synagis® Season 2009/10

November 1, 2009 will mark the beginning of our Synagis® season. Synagis® for CenCal Health members is available via prior authorization in the form of Medical Request Form (MRF) through the pharmacy benefit only and through our preferred Specialty Pharmacy vendor, Walgreen’s Specialty Pharmacy. Order forms can be obtained from the restricted area of our website at [www.CenCalHealth.org](http://www.CenCalHealth.org) under the Specialty Pharmacy Order Forms tab or by calling Walgreen’s Specialty at 877-RSV-9010 (877-778-9010). Consistent with the updated recommendations from the American Academy of Pediatrics (AAP) and our local CCS offices, CenCal Health will authorize up to five (5) doses of Synagis® this season.

