

Provider Bulletin

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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:

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

HEALTHY FAMILIES AND HEALTHY KIDS PROGRAMS - CO-PAYMENT UPDATE

Subsequent to the mailing of the October 2009 Provider Bulletin, the Managed Risk Medical Insurance Board (MRMIB) notified health plans of a change to the co-payment increase for the Healthy Families (HF) and Healthy Kids (HK) programs.

As notified previously, the following co-payments shall apply for HF and HK subscribers effective November 1, 2009:

- Co-payments for non-preventive health, dental, and vision services will increase from \$5 to \$10.
- Co-payments for generic prescription drugs will increase from \$5 to \$10.
- Co-payments for brand name prescription drugs will increase from \$5 to \$15, unless a generic is unavailable or a brand name drug is medically necessary.
- Co-payments for emergency room visit services will increase from \$5 to \$15, unless the child is admitted to the hospital.

Providers shall collect the above co-payments for benefits provided to Healthy Families and Healthy Kids subscribers, except:

- As provided under federal law to subscribers who are American Indians or Alaska Natives receiving services at an Indian Health Service Facility.
- Subscribers with household income at or below 150% of the Federal Poverty Level. They shall continue to pay a \$5 co-payment when a co-payment is required.

To ensure you are collecting the correct copayment, please verify by checking eligibility on CenCal Health's website, www.cencalhealth.org.

If you have any questions regarding the amount you should collect, please call the CenCal Health eligibility line at (877) 814-1861.

CenCal Health will deduct the appropriate co-payment from a provider's payment, and the amount will be indicated in the *patient responsibility* section of your Explanation of Benefits (EOB). If you have any questions regarding these changes or their impact to your practice, please call the Provider Services Department at (800) 421-2560, extension 1676.

OPEN POSITION: CenCal Health's Board of Directors

On January 1, 2010, there will be two (2) vacancies on the Board of Directors of CenCal Health that the public may directly apply for consideration. The positions to be filled are as follows:

- i) Consumer Classification Community Business and
- ii) Consumer Classification Medi-Cal or Medi-Care Recipient.

The term length will be for two (2) years beginning January 2010 through December 31, 2011. If you meet the qualifications and are interested in serving, please call or email Lyle Luman, Chief Executive Officer of CenCal Health at (805) 685-9525, extension 1010 or lluman@cencalhealth.org. Mr. Luman will be happy to discuss your interest, to answer any questions you may have, and to send you an application form. All appointments to the Board are made by the County Board of Supervisors. Since these appointments must be made prior to January 1st please contact us as soon as possible.

HOLIDAY CLOSURE

CenCal Health will be closed on Thursday, November 26th and Friday, November 27th in observance of the Thanksgiving Holiday.

Attention: Primary Care Providers

EXPANDED BENEFIT AVAILABILITY: PEAK FLOW METERS

While peak flow meters have long been available as a Medi-Cal benefit through retail pharmacies, CenCal Health has expanded its benefits to include reimbursement for peak flow meters supplied directly by practitioners. Peak flow meters are an important component of asthma self-management and assessment. Their use is recommended by the National Heart, Lung, and Blood Institute (NHLBI).

To expand the disease management options available to practitioners that case manage members with asthma, peak flow meters supplied by practitioners will soon be reimbursed by CenCal Health. This option is to support CenCal Health's goal to support practitioners' desires to provide same-day self-management education to their members with asthma, with the convenience of being able to supply a peak flow meter during the same office visit. **In line with this goal, effective October 1, 2009, CenCal Health has added peak flow meters to the medical benefit package for the Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) programs.** Alternatively, by prescription, practitioners may still choose to direct members to retail pharmacies to obtain peak flow meters and instruction in their use.

Physicians should bill for peak flow meters that they directly supply by using procedure code A4614. All physicians will be reimbursed fee for service. Members are eligible for one per year under the medical benefit. Members who require a replacement within the year may obtain one by filling a prescription at a pharmacy. Providers who have questions about the new benefit or the Asthma SMART Program may call Lauren Holt, MBA, Quality Measurement Specialist, at (805) 562-1623.

Attention: DME and Vision Providers

MODIFIER UPDATE

Effective September 1, 2009, the Department of Health Care Services (DHCS) implemented changes to modifiers for durable medical equipment (DME) and vision providers. This change distinguishes between the replacement of an item and the repair of an item. The modifier RP (replacement or repair) has been removed and replaced with modifiers RA and RB. The RB modifier should be used to indicate replacement parts during repair of a DME item or other repair, including parts of eyeglass frames. The RA modifier should be used to indicate a replacement of an eye appliance. Please be sure to use the new modifiers on your claim form for dates of service on or after September 1, 2009 when billing for repairs or replacement of DME and eye appliance items.

For questions regarding modifier requirements, please contact the Claims Department at (805) 562-1823.

REFERRAL TIP SHEET

To ensure Referral Authorization Forms (RAFs) are processed quickly and not rejected, we have listed a few frequently asked questions below:

Q. How do PCPs refer to providers outside of CenCal Health's service area?

A. A member's PCP must submit a RAF to CenCal Health for approval prior to referring to a provider who renders services outside of Santa Barbara or San Luis Obispo County ("Service Area"). All relevant medical information, including treatment orders, symptoms, and diagnosis codes must be included. Additionally, Section 2 of the updated RAF must be completed. Include the reason it is necessary to refer the member outside of the Service Area as well as any relatable treatment the member has already received should also be included. Members may continue to access limited, sensitive, and emergency services without a RAF.

Q. Do CCS members require RAFs?

A. Although CCS members are assigned to Primary Care Providers (PCPs), they do not require RAFs. If a service is related to the member's CCS condition, a provider must obtain authorization from CCS called a Service Authorization Request (SAR). If a service is not related to the member's CCS condition, a RAF is not required. CenCal Health, however, retains the right to redirect a service to a contracted provider within our Service Area if the service is not related to the member's CCS condition.

Q. Do members with other health care coverage require RAFs?

A. No. Members with dual health care coverage do not require RAFs even if the service is not covered by their primary health insurance plan. This includes members with Medicare.

Q. Have there been any recent changes?

A. On September 1, 2009, CenCal Health completed an internal conversion of our Authorization system. The conversion should have been seamless to providers, except for a few small changes to our online authorization screens. Included in the changes was the limitation to 50 characters in the 'Reason for Referral' box. If the entry is larger than the 50 characters, upon submittal the text will be truncated, and a notice of the limitation will appear.

Directions and guidelines on obtaining and submitting RAFs can be found in the Provider Manual located on CenCal Health's website, www.cencalhealth.org. Please contact your Provider Services Representative at (805) 685-9525, ext. 1676 for questions or training on the referral process.