



Message from the Chief Executive Officer

As we enter a new year, I want to take the opportunity to report on the successes of the previous year and goals for 2007 and beyond:

PLAN GROWTH AND COMMUNITY FOCUS

Our mission is to improve the health and well being of the people of the Central Coast by providing access to high quality medical services. In line with this mission, the Santa Barbara Regional Health Authority (Authority) is expanding the administration of the Medi-Cal program into San Luis Obispo County effective January 1, 2008. Establishing relationships with the provider community will be essential to improving access to health care services in the area and assisting members with their healthcare needs. We are working with San Luis Obispo County, including the Health Services, Mental Health Services, and Social Services departments, as well as Community Health Centers of the Central Coast (CHCCC), to turn this vision into a reality.

FISCAL SOUNDNESS

This past year, we continued efforts to convince the California Department of Health Services to recognize the Authority as a sound and viable investment that must be adequately funded to ensure the future success of managed care Medi-Cal in the area. These efforts paid off this past year with the successful negotiation of additional revenue. Even under continued economic strain, the State of California recognizes that our health plan ensures quality care for low-income county residents at a cost less than the traditional fee-for-service Medi-Cal program.

We continue to look for ways to better manage medical costs and increase quality through exploring a Radiology Benefit Manager Program and a Specialty Pharmacy Initiative among many other means. We also strive to keep our administrative costs down and balance our resources to provide the most equitable outcomes we can in regards to provider reimbursement.

ORGANIZATIONAL EFFECTIVENESS AND IMPROVEMENT

We embrace opportunities to improve operations and service to you, our community partners. The Authority has been very busy incorporating our new Strategic Plan. This effort will continue. Our objectives include growth, organizational effectiveness, fiscal soundness, improvement and community focus.

In discussion of organizational effectiveness, the Authority has engaged in laying the groundwork for the Baldrige National Quality Program. This program provides a means to evaluate business performance using "Criteria for Performance Excellence" with regards to healthcare criteria. By using this program, we gain an outside perspective on our organization's strengths and opportunities for improvement. We hope to accelerate our improvement efforts, increase team motivation, and allow the opportunity for an outside perspective of our business performance, all while learning from feedback. This will allow us to focus on healthcare outcomes and improve service to our partners.

In closing, I wish to extend my appreciation and gratitude to our health care providers who make our programs successful on behalf of our community members and the public we serve. Thank you for your continued support and contribution to the health of our community.

A handwritten signature in black ink, appearing to read "Lyle Luman".

Lyle Luman
Chief Executive Officer

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PROVIDER *Bulletin*

FEBRUARY 2007

We Need Your NPI!

Every healthcare provider is required to obtain a **NPI (National Provider Identifier)** and will be required to begin using this number for all healthcare transactions submitted on or after **May 23, 2007**. This effective date is not based upon date of service (DOS).

- If you have already provided your NPI, we would like to thank you. The Authority will be contacting your office to confirm that the NPI on record is accurate.
- If you have already received your NPI number but **HAVE NOT** submitted it to the Authority, please email or fax the notice confirming your NPI number to the attention of Jennifer Fraser, Provider Services Representative: email to jennifer@sbrha.org or fax to (805) 685-9828.
- If you **HAVE NOT** applied for your NPI through the National Plan and Provider Enumeration System (NPPES) through the Centers for Medicare & Medicaid Services (CMS) website at www.cms.hhs.gov/NationalProvIdentStand, we recommend you do so as soon as possible! Please follow the instructions below:

Following are ways to **APPLY** for the NPI:

- Submit an online application – visit www.nppes.cms.hhs.gov
- Request a paper application through the above website
- Call (800) 465-3203 (TTY 800-692-2326)

In addition, all Medi-Cal and Child Health & Disability Prevention (CHDP) Program providers can register their NPI with the Department of Health Services (DHS). Using the Medi-Cal website under NPI Overview (<http://files.medi-cal.ca.gov/pubsdoco/npi/npi.asp>), select the “Register/Update/Inquire NPI” button at the bottom of the page. Instructions are available for first time registrants as well as additional information is available through the registration process. Early registration with DHS will also ensure uninterrupted payment to providers after the May 23, 2007 effective date.

Failure to provide your NPI to the Authority prior to May 23, 2007, will result in denied claims after the effective date and cause an interruption in your payments!

If you have any questions regarding the conversion to NPI, please contact Jennifer Fraser, Provider Services Representative, at (805) 685-9525 ext 281.

Tertiary Care Centers

Santa Barbara and San Luis Obispo Counties do not have tertiary care centers (such as UCLA, Stanford, Cedars-Sinai, etc.) within our borders. Because of this, the Authority allows referrals to centers outside the counties’ borders. As long as the facility is Medi-Cal certified and all other utilization management criteria are met, the Authority will not deny in-patient hospital stays because the center is outside of the service area. All centers accept emergency admissions; however, there may be a time when a non-emergency admit may be turned down. Should this event occur, refer to another Medi-Cal certified facility with these specific services available, and the Authority will honor these referrals.

CCS Members: No RAF Required

As you are aware, effective January 1, 2007, SBRHA transitioned SBHI California Children’s Services (CCS) eligible members to an assigned Primary Care Provider (PCP). A PCP usually issues a **Referral Authorization Form (RAF)** to refer an assigned member for specialty services. Most assigned members require a RAF when accessing non-PCP related services.

CCS members are case managed by the local CCS program. To authorize services for CCS eligible conditions, the CCS program issues a Service Authorization Requests (SAR). To eliminate duplication of the authorization process, a **RAF is NOT required for CCS Members** regardless of the member being assigned to a SBHI PCP. Providers should take care in checking eligibility to take note of BOTH the assigned PCP and potential CCS eligibility.

A referral provider or specialist will **NOT** need a RAF from the member’s PCP if the Member is CCS eligible. If the service is related to the CCS condition, remember to contact the CCS program for authorization. For questions, please contact your Provider Services Representative at (805) 685-9525.

Lipitor® Pharmacy Benefit Change

Effective February 1, 2007, a pharmacy benefit change will occur for members utilizing the drug Lipitor.® All refill and new prescriptions will require mandatory pill splitting for Lipitor.® The maximum number of pills per member per month for Lipitor will be fifteen (15). The only exception is for those members utilizing an 80mg dose. These members will continue to receive a quantity of 30. A pill splitter is a covered benefit by the Authority when a prescription has been written. For your convenience, the Authority has drafted the enclosed form that can be utilized as a prescription for an easier transition. For questions regarding the pharmacy benefit change, please contact the Pharmacy Department at (805) 685-9525.



Authorization for Non-Emergency Transportation for SBHI Members

Case Management includes the responsibility for organizing a pattern of supportive medical resources. Primary Care Providers (PCPs) organize this medical care for Authority members, including the approval of referred services. Santa Barbara Regional Health Authority (Authority) has requested this supervision to include the approval and management of non-emergency medical transportation services.

Beginning February 1, 2007, Santa Barbara Health Initiative (SBHI) members must be referred for non-emergency medical transportation by their assigned PCP, unless specifically exempted and discussed below. To assist PCPs in carrying out this function, the Authority has designed a Transportation Authorization Form (TAF) for the approval of non-emergency transportation.

Providers **DO NOT** need to complete a TAF for SBHI Members:

- Residing in a Skilled Nursing (SNF) or Intermediate Care Facility (IFC)
- Active with California Children's Services (CCS)
- Transported to OR from a Dialysis Center
- Transported home after discharge from a Hospital

Although the Authority did not require authorization for these services, Medi-Cal guidelines impose such requirements. PCPs received notification via mail in January that included a supply of TAFs and detailed instructions.

Medicare/Medi-Cal and Special Class Members:

Specialists may authorize non-emergency transportation for Special Class Members or for those that have Medicare as their primary insurance. To obtain a TAF and complete this authorization process, a specialist must contact **American Medical Response (AMR) at (800) 688-6550**. Specialists must certify that the transport is for a medically necessary benefit covered under the SBHI program and that a member's medical condition precludes them from using any other form of transportation.

Please feel free to contact Faith Reeves, Provider Services Representative, at (805) 685-9525, ext 233 with questions regarding Transportation Authorization Forms and the authorization process.

Central Coast Immunization Registry (CCIR)

The Central Coast Immunization Registry (CCIR), serving Santa Barbara, San Luis Obispo and Ventura counties, is fully operational. A major goal of CCIR is to improve immunization rates for children and to track adult and adolescent immunizations throughout the tri-county region. As a healthcare professional, you play an integral role in protecting children and families from vaccine-preventable diseases by maintaining high immunization rates for children in your care.

Participating CCIR providers have many advantages, including quick access to tracking immunizations due and over-due, printing blue cards and yellow cards instantly, and the ability to send reminder postcards to parents. Helping to avoid missed opportunities to vaccinate or duplicate vaccinations and their associated costs, due to the unavailability of an immunization record, are just a few of the many benefits to those who participate in the CCIR. Data available can also be used to generate coverage reports for managed care (e.g. HEDIS) and other organizations.

Privacy, confidentiality, and security are priorities for the CCIR. The registry software has been designed to protect patients' rights to privacy, to provide data security and to allow providers to meet their obligations to protect patient confidentiality. There is no cost to the parent or guardian to have their child included in the registry. It is cost effective for providers; saving time and money by streamlining documentation of vaccines given, and providing for efficient monitoring of vaccine inventory.

The Immunization Program staff welcome your inquiries and will provide free initial and ongoing training to participating providers and their staff. Please visit www.immunize4life.org for more information or contact the Immunization Program staff at 346-8420.

Preventing Medi-Cal Fraud

To attempt to control fraud, effective January 1, 2007, certain healthcare providers must instruct employees and contractors on how to detect and report Medicaid (Medi-Cal) fraud. Federal law, as part of the Deficit Reduction Act, requires hospitals, nursing homes, physicians, home health agencies, and other providers doing at least \$5 million per year in Medicaid (Medi-Cal) business to assure potential employee whistleblowers of their protection from retaliation and educate employees that they may receive a portion of the damages assessed in a Medicaid (Medi-Cal) fraud case.

The law does *not* require healthcare organizations to provide training but have written policies that detail procedures for detecting fraud and abuse, and that outline the penalties for making false claims and the protections accorded employees as whistleblowers.

CLAIMS *Claims Submission Reminder*

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Enter the **TAR** or **RAF** number in the appropriate authorization field (box) when submitting paper claims. If you have BOTH a TAR and a RAF, the TAR number should be entered in the prior authorization box and the RAF should be entered in the remarks box.

- EFFECTIVE FEBRUARY 1, 2007, paper claims without the RAF and/or TAR number in the appropriate field will be denied.
- When placing the authorization number in the "prior authorization" box please omit any words or letters (i.e. **RAF #** 123456). Enter only the number.
- If the RAF has not yet been entered, DO NOT attach the RAF to the claim.
- Non Claim Mail (corrections) and RAFs should NOT be faxed to the Claims Department.
- Please mail initial RAF submissions and corrections to: 110 Castilian Drive, Goleta, CA 93117.

New CMS-1500 Claim Form

Effective April 1, 2007, the current (12/90) version of the CMS-1500 claim form will be discontinued; only the new (08/05) CMS-1500 claim form will be used. The new CMS-1500 claim form includes additional and modified fields to incorporate, including but not limited to, the NPI number. Providers submitting claims after April 1, 2007, using the old version of the CMS-1500 will be rejected/denied back to the provider. Further information about the new CMS-1500 claim form can be found at www.nucc.org.

NCCI Edits

As you are aware, beginning January 1, 2006, the Authority implemented NCCI (National Correct Coding Initiative) edits in the claims processing system. These edits apply to all programs (SBHI, PP2, Healthy Families, Healthy Kids and IHSS). For physicians, information on NCCI edits can be accessed at: <http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp#TopOfPage>.

Providers must submit appropriate national modifiers to indicate a separately identifiable service or Evaluation & Management visit to avoid possible denials. The NCCI tables indicate if a modifier is allowed for each CPT or HCPCS code listed in the table. Below are the definitions of explain codes indicating a claim service line has been denied due to an NCCI edit.

- **MY** - Payment for service already included in another service
- **MZ** - OFFICE VISIT W/I SURGICAL FOLLOW-UP DAYS. Payment for visit included w/ surgical code
- **MW** - Mutually exclusive procedure performed during same session

If your claim is denied with one of the above denial codes, resubmit with a modifier, IF APPROPRIATE, for the service performed. Please do not submit written medical justification, medical records, or any other comments when sending your claim for reconsideration as they will be returned requesting the appropriate modifier.

If your claim *remains* denied once an appropriate modifier has been submitted, you may then appeal using medical records or other written documentation. For questions regarding these edits, contact the Claims Department at (805) 685-9525.



Holiday Closure

The Authority will be closed on **Monday, February 19, 2007** in observance of President's Day.

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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