

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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INCREASING THE SCREENING RATES FOR CHILDHOOD & ADOLESCENT OBESITY

Childhood obesity is quickly becoming an epidemic in the United States. The U.S. Surgeon General has identified being overweight and obese as one of the fastest growing causes of death and disease in this country. Childhood obesity is associated with various health related consequences. Risk factors for heart disease such as high cholesterol and high blood pressure occur with increased frequency in overweight children and adolescents compared to children with a healthy weight. Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents. Overweight and obesity are closely linked to Type 2 diabetes. Furthermore, obesity is associated with significant health problems in the pediatric age group and is an important early risk factor for adult morbidity and mortality. It is estimated that the probability of childhood obesity persisting into adulthood increases from approximately 20% at four years of age to approximately 80% by adolescence (American Academy of Pediatrics, 2003).

The Pediatric Nutrition Surveillance System (PedNSS), a public health surveillance system that monitors the nutritional status of low-income children in federally funded maternal and child health programs, provides insight on the significance of this problem for children in Santa Barbara and San Luis Obispo counties. 2007 results indicate the rates for overweight and obese children ages 2 to 5 years of age to be 36% for Santa Barbara and 32% for San Luis Obispo counties. Rates for children 5 to 20 years of age are 45% for Santa Barbara and 41% for San Luis Obispo counties.

Routine screening of weight status and counseling on physical activity and nutrition by physicians or allied health care providers is recommended for all children ages 2 to 18 years at all well care visits. Guidelines are available at: http://www.nichq.org/childhood_obesity/index.html.

Many challenges exist in improving the diagnosis and prevention of childhood and adolescent obesity. Steps your office can take to increase the rates of screening include:

- Incorporate assessment and counseling into visits for other acute or chronic problems as well as well child exams
- Implement an office policy to record BMI percentile for patients ages 24 months and older at every well child exam as recommended by the AAP (American Association of Pediatrics).
- Replace old growth charts with BMI-for-age charts available at: <http://www.cdc.gov/growthcharts/>.
- Revise exam forms used in office to incorporate documentation of counseling or referral for nutrition education or physical activity
- Utilize the Child Health and Disability Prevention (CHDP) Program's online training module at: <http://www.dhcs.ca.gov/services/chdp/Pages/Training.aspx>.

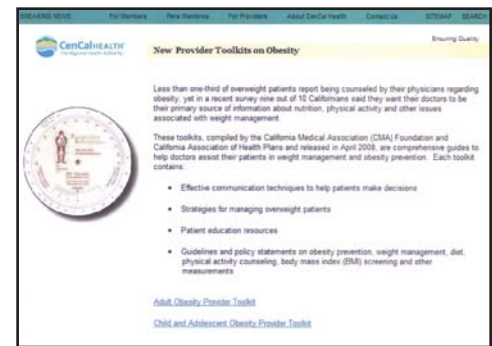
The California Medical Association (CMA) Foundation and California Association of Health Plans (CAHP) developed a toolkit to address the prevention and effective management of overweight children and adolescents. The toolkit and additional resources are available at: <http://www.calmedfoundation.org/projects/obesityProject.aspx>.

CENCAL HEALTH WEBSITE UPDATES: COMBATING OBESITY

In an effort to better serve our providers, CenCal has added additional resources to the “For Providers” section of our website. In response to the obesity epidemic there is a new “Combating Obesity” section under “Ensuring Quality.” This section has links to provider toolkits to help providers address child, adolescent and adult obesity, CHDP’s (Child Health and Disability Prevention Program) training module, and CDC growth charts. There is also a link to The National Initiative for Children’s Healthcare Quality (NICHQ), which contains valuable resources to address prevention and management of childhood obesity.

The “Care Management” section is a new section that includes information about CenCal’s Care Management Program and how to refer members to the program. The mission of the Care Management Program is to: “Empower our members to take control of their health care needs across the care continuum by coordinating quality health care services through an appropriate, cost-effective, and timely care management plan. The value of care management will be evidenced by best practices and quality outcomes that contribute to the optimal health, function, safety, and satisfaction of our members.” Please visit this section of our website to learn more about how you can partner with CenCal to better meet your patients’ needs.

Access CenCal’s website at: www.cencalhealth.org. For questions, please contact Kim Osajda, RN, CenCal Health’s Quality Improvement Supervisor at 805.685.9525 x 1649.



STATE MEDI-CAL FISCAL INTERMEDIARY CHANGES

There have been several recent changes regarding state Medi-Cal’s fiscal intermediary. In August of 2008 HP (Hewitt-Packard) acquired EDS, Electronic Data Systems, Medi-Cal’s current fiscal intermediary. From a provider perspective, this acquisition should have been relatively invisible. One of the final stages in the acquisition transition that will be visible involves “retiring” the EDS (Electronic Data Systems) name and logo, and replacing them with the new corporate division name, “HP Enterprise Services,” and the HP logo. This transition to the HP Enterprise Services name has begun and will continue in the coming weeks. Providers will notice a number of “EDS” references, including addresses, in various documents and manual pages changed to “HP Enterprise Services.”

An upcoming far more visible change is that the Department of Healthcare Services (DHCS) has decided to change fiscal intermediaries from EDS to Affiliated Computer Services (ACS). In December of 2009 DHCS announced that they intend to award a 10-year contract to ACS. ACS was selected after an extensive, two-year bidding and evaluation process, the most comprehensive process in DHCS’ history. The contract includes payment processing for health

care providers of the Medi-Cal fee-for-service program, including physicians, pharmacies, hospitals and other providers.

While this award introduces a new contractor to manage claims processing for Medi-Cal, DHCS states that EDS will remain committed to supporting the provider and member communities until transition is completed. DHCS also states that the business processes, services and systems used by the Medi-Cal program in its operations and interactions with providers will continue without interruption during transition. For more information about the transition please visit Medi-Cal’s website at: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_11128.asp.

These changes will only affect Medi-Cal members who are State Medi-Cal members, not members served by CenCal Health. For questions or concerns, contact the Provider Services Department at 805.685.9525 x 1676.

HOLIDAY CLOSURE

CenCal Health will be closed on Monday, February 15th, 2010 in observance of President’s Day.



ACCESS TO CARE STANDARDS

CenCal Health's access and availability standards conform to the standards of a majority of health care delivery systems in California. This information has previously been made available to our providers in various formats.

CenCal Health informs the provider network of these standards and monitors access at least annually. Part of that monitoring may include periodically contacting a random sample of primary care providers (PCPs) to inquire about appointment availability. Here are the standards against which we measure:

| Appointment Type | Standard Time Frame |
|---|--|
| Preventive Care Appointment | Within 30 calendar days |
| Non-urgent Referral Appointment | Within 21 calendar days |
| Routine Primary Care/ Well Baby Care Appointment | Within 14 calendar days |
| Initial Prenatal Care Appointment | Within 14 calendar days (within 1st trimester per ACOG) |
| Urgent Care Appointment | Within 24 hours |
| Emergency Care | immediately |
| After Hours Care | 24 hours a day |
| Telephone Access | 24 hours a day |

If you have questions or would like to know more, contact Sheila Thompson, RN, CPHQ, CenCal Health's Provider Services Quality Improvement Manager, at 805.685.9525 x 1677.

FREE WEBINAR: TREATING TOBACCO USE AND DEPENDENCE

Friday, February 12, 2010 - 7:30 am - 8:30 a.m. PST

Despite dramatic reductions in smoking prevalence in California over the last 20 years, 13% of California adults and 15% of teens still smoke. Each year 43,000 Californians die prematurely from tobacco-related diseases.

As a health care provider you can play an important role in helping your patients quit using tobacco. By providing cessation advice and resources, a clinician doubles the chances that a patient will attempt to quit. Additionally, patient satisfaction surveys show that tobacco users are more satisfied with clinicians who counsel them to quit than those who do not.

The Center for Tobacco Cessation is partnering with the University of California, San Diego School of Medicine to offer a free webinar on *Treating Tobacco Use and Dependence*. The purpose of the webinar is to empower health care providers to deliver effective and efficient clinical tobacco interventions to patients using systemic, proven steps.

Registration and more information are available at: www.centerforcessation.org/training.html.

NEW BARIATRIC SURGERY PROTOCOL

CenCal Health is dedicated to ensuring the appropriateness of care for members, while addressing medical necessity and health care trends. In line with this, CenCal Health completed an in-depth review of our bariatric surgery protocols with the goal of reducing surgical risk and increasing member compliance. On November 11, 2009, the updated protocols were approved by our Medical Advisory Committee.

Effective for dates of services **on and after March 1, 2010**, referrals for bariatric surgery will be deferred for review by CenCal Health's Health Services Department. Prior to approval, CenCal Health will require that members have at least six consecutive months of visits to their Primary Care Provider (PCP) that are dedicated to weight loss management. Each visit must be documented and demonstrate the PCP's active role in ensuring that the member has received counseling in regards to diet and exercise to improve the outcome of the member's surgery. The complete updated protocol is available in the Provider Manual, found online at: http://www.cencalhealth.org/providers/provider_manual/index.html.

To refer members for bariatric surgery, PCPs should continue to use the Referral Authorization Form (RAF) found on our website, www.cencalhealth.org. Referral Providers should take extra precaution and ensure they have an approved RAF prior to consultation. Please note that prior authorization requirements for surgery and other medical services remain unchanged and still apply.

We greatly appreciate the services you provide on behalf of CenCal Health members. For general questions, including questions on the updated protocols, how to submit RAFs, or how to check the status of a RAF, please contact Provider Services at 805.685.9525, extension 1676. For clinical questions or to reach Utilization Management (UM) staff, please contact the UM Department at 805.685.9525, extension 1820.

The Claims Corner is designed to alert providers to any changes in billing procedures, and to help providers avoid common billing mistakes.

PROCEDURE CODE 96379: NO TAR REQUIRED

For dates of service beginning 12/1/09, EDS/State Medi-Cal updated their policy to require prior authorization for CPT code 96379 (*Unlisted Therapeutic, Prophylactic, or Diagnostic Intravenous or Intra-arterial Injection or Infusion*) Please note: 96379 replaced CPT code 90779 for dates of service on or after 9/1/09. After careful consideration, CenCal Health has opted NOT to implement the TAR requirement for this code at this time. However, to avoid unnecessary denials or recoupments, providers are reminded that this code must be billed according to the Medi-Cal guidelines, which includes a complete description of the injection. Medi-Cal guidelines are available at: http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp.

CONSULT CODE DELETION NOTICE

The following notice applies only to CenCal Health's *Non-Medi-Cal* Programs: Healthy Families (HF), Healthy Kids (HK), Prenatal Plus 2 (PP2) and In-Home Supportive Services (IHSS).

The Centers for Medicare & Medicaid Services (CMS) has removed consultation codes 99241-99245 and 99251-99255 from the *Medicare Claims Processing Manual*. CenCal Health utilizes the Medicare Part B fee schedule for our non-Medi-Cal programs (IHSS, PP2, Healthy Families and Healthy Kids), and therefore will **also** be deleting these CPT codes for dates of service beginning **July 1, 2010**. CenCal Health will continue to utilize the 2009 Medicare Area 99 rates for these consultation codes through date of service June 30, 2010. Claims received for dates of service on and after July 1, 2010 will be denied.

We strongly recommend that Providers begin using the appropriate alternate Evaluation & Management (E/M) codes beginning January 1, 2010 to ease into this transition. For evaluation services performed in the office or other outpatient settings with dates of service on or after July 1, 2010, physicians and qualified non-physician practitioners should use CPT code range 99201 – 99215 according to current E/M documentation guidelines. The appropriate Hospital Inpatient Services E/M code should be used for inpatient hospital setting visits.

Providers can continue to bill the consultation codes 99241-99245 and 99251-99255 for the Medi-Cal program until further notice.

Any questions regarding these changes should be directed to your Claim Representative at either 805.685.9525 extension 1823.

AUTHORIZATION NUMBERS

When submitting Authorization numbers, RAF's (Referral Authorization Form), TAR's (Treatment Authorization Form) or SAR's (Service Authorization Request), in Box 23 on the CMS-1500 or Box 63 on the UB-04 claim forms, please only submit the actual authorization number that is needed for the claim. It is not necessary to include anything else, such as "N/A REQ", "NOT REQ", or "NOT ON FILE", "REVIEW", "SEE REMARKS", "ATTACHED", or symbols such as #. Please also verify that the authorization submitted is for the date of service on the submitted claim. CenCal Health Claim Dept. has seen a recent increase in denials due to submitted RAF's and TAR's not covering the date of service on the claim.

MEET 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. Claims Representatives are available to do claims training and to discuss your specific claims issues. Please contact your Representative at 805.685.9525 extension 1823 to schedule a meeting today.