

Provider Bulletin

Vol. 19 No. 7 • July 2010



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STATE OF CALIFORNIA BUDGET NOTICE

It may not be news to you that the State of California has not yet adopted a budget for fiscal year 2010/11. As a matter of timing, CenCal Health has no control over when the California Legislature will conclude budget discussion and when the Department of Health Care Services will establish revenue for managed care plans. Per usual, the Legislature did not meet their June 15th, 2010 constitutional deadline for enacting a budget in anticipation of July 1. Absent monies from the State of California, it may become impossible to make uninterrupted payments to healthcare providers indefinitely. CenCal Health will make regular payments through July 30th, 2010 - even *absent* monies from the State. However, if budget adoption is delayed until August, CenCal Health will be forced to postpone most Explanation of Benefit (EOB) payments. Times like these have come and gone in the past. We ask you to continue providing healthcare access to the underserved in our community, urging all providers to continue rendering services and submitting claims for processing. If necessary, payments *will be made* on a retroactive basis. You will be kept informed through the provider bulletin and Breaking News at www.cencalhealth.org. Thank you for your continued commitment to what has been a successfully administered health plan for the past twenty-six years. Please contact the Provider Services Department for questions or concerns relating to this notice at 805.562.1676.

WELCOME TO THE PROVIDER SERVICES DEPARTMENT

We would like to introduce Tess Limjoco, our newest Provider Services Representative. Tess joined the Provider Services Department in June and brings with her six years of experience in CenCal Health's Claims Department. She has extensive knowledge of CenCal Health programs and is ready to assist the provider community in her new capacity. Tess will be assisting specialists and allied providers in North Santa Barbara County as well as DME providers in both Santa Barbara and San Luis Obispo Counties. Please welcome her as she visits your office and participates in workshops and training sessions.



CHILDREN'S MEDICAL SERVICES MOVING

The Santa Barbara County Public Health Department's Child Health and Disability Prevention (CHDP) and California Children Services (CCS) Programs are moving July 1, 2010. The new location and mailing address is 345 Camino del Remedio, 3rd Floor, Santa Barbara, CA 93110. This will be the new address for CCS authorization requests for Santa Barbara County residents that are members of CenCal Health's Santa Barbara Health Initiative (SBHI) program. All phone and fax numbers will remain the same. For more information please contact CCS at 805.681.5360 or CHDP at 805.681.5130.

SANTA BARBARA COUNTY HEAD START PROGRAM

Early Head Start and Head Start national child development programs provide educational and health services for children ages 0 to 5 and their families. Each year roughly 1,200 children in Santa Barbara County enroll in these programs. Over 90% of Head Start children are CenCal Health members. Locally, these programs are administered by the Community Action Commission (CAC) of Santa Barbara County.

Head Start staff assist parents in keeping their children up-to-date on physician visits and immunizations, and case manage those families whose children require medical or dental treatment. They also conduct vision, hearing, height & weight, developmental and mental health screenings. When Head Start staff identifies concerns, the family is referred to their Primary Care Physician (PCP) or the appropriate provider for clinical assessment and diagnosis.

Once a provider makes a diagnosis and treatment plan, Head Start helps parents understand the care plan and assists with any other barriers to ensure each child is able to access and complete treatment. Please be aware, Head Start staff may contact PCP offices to request copies of CHDP reports or other service forms. Working together, PCPs and the Head Start program have identified the top “chronic medical conditions” among the local head start child population as dental carries, obesity and asthma. On behalf of the Head Start Program, thank you for your service in identifying and treating these children.

Head Start Requires Lead Testing

Head Start works with parents and their doctors to ensure that every enrolled child receives a Blood Lead Test. According to CHDP and Medi-Cal requirements, children should have testing for lead at 12 months (1 year old) and 24 months (2 years old) of age. If the 24 month test was missed and no subsequent test has been done, children should have testing for lead between the ages of 24 and 72 month (6 years old).

Head Start must have documentation of Blood Lead testing for children entering the program. This is usually documented on the CHDP PM-160 or the Head Start “Blood Lead Test Results Form.” *Head Start can no longer accept a note on the PM-160 that the test is contra-indicated or unnecessary.* Parents should receive a free copy of the PM-160 in order to have documentation of their blood lead testing.

If a parent cannot provide written documentation of the required lead testing, CAC Head Start will assist the parent to schedule testing. CAC Head Start may contact your office to obtain blood lead test results. CenCal Health, Head Start, and CHDP staff all value your efforts in meeting these requirements for Blood Lead testing.

If you have any questions, or need additional information, please contact the CHDP local office at 805.681.5122 or CAC at 805.964.8857 extension 151. You may also email Nathalie Confiac, CHDP Public Health Nurse at nathalie.confiac@sbcphd.org or Walker Dearth, Program Support Specialist, CAC Children’s Services at walker@cacsb.com.

WHEN A NEW PROVIDER JOINS A PRACTICE

CenCal Health ensures that participating providers meet basic qualifications before providing services to members through a provider credentialing. This program oversees the credentialing of providers who are Medical Doctors (MDs), Doctors of Osteopathy (DOs), Doctors of Podiatric Medicine (DPMs), and Doctors of Chiropractic (DCs) who desire to participate with CenCal Health as Primary Care Providers (PCPs) or Referral Specialists as individuals, members of a group or community clinic, or County employees. Providers who see CenCal Health members only as a result of the member being directed to a hospital, freestanding facility, or other inpatient setting do not require credentialing. Instead the facility is responsible for gathering and verifying the credentials of these providers.

Once CenCal Health is notified of a new provider, the practice will receive a copy of the California Participating Physician Application (CPPA) which can be found on CenCal Health’s website under “Contracting with CenCal Health.” Once the completed application and required attachments are received, the CenCal Health Credentialing Specialist will verify the DEA, license, board certification, peer references, any sanctioning activity and malpractice case history. Our Credentials Committee will review the completed application, and the provider will then be notified of the outcome in writing.

Until written approval is received, new providers must refrain from seeing CenCal Health members. Any services provided would not be authorized or payable.

(continued on page 3)

WHEN A NEW PROVIDER JOINS A PRACTICE (continued from page 2)

Even though a provider may not require approval by CenCal Health’s Provider Credentialing Committee, please be reminded that it is still important to notify CenCal Health of new providers that join your practice. If you have any questions on the credentialing process or to report the addition of a provider to your practice, please contact our Provider Services Department at 805.562.1676.

COUNSELING STRATEGIES FOR OVERWEIGHT AND OBESE PATIENTS

Counseling overweight and obese patients can be challenging. Effective communication is especially important with these patients who may have experienced negative interactions with other providers.

Medical providers play a key role in discussing appropriate body weight with families, counseling families to make lifestyle changes, and providing clinical follow-up of overweight children, adolescents and adults. One effective communication strategy is motivational interviewing.

Motivational Interviewing is a practical, evidence-based communication and counseling method for evoking intrinsic motivation for positive health behavior change in brief clinical encounters. Originally developed in the drug and alcohol field, Motivational Interviewing is now being widely applied in a variety of settings including health promotion & wellness, criminal justice, social work, and mental health. This patient centered counseling approach uses an interactive empathetic listening style to increase motivation and confidence by specifically emphasizing the discrepancy between personal goals and current health behaviors.

Motivational Interviewing uses open-ended, nonjudgmental questions such as:

- Are you interested in discussing ways to stay healthy?
- What might need to be different for you to consider a change in the future?
- How ready do you feel to change your eating patterns and/or lifestyle behaviors?
- How is your current weight affecting your life right now?
- What kinds of things have you done in the past to change your eating?
- What has worked for you in the past?
- On a scale from 0-10, how ready are you to make changes?

Using these types of questions can assist you in understanding your patient’s beliefs, concerns and expectations. In turn, this will help your patients feel understood and facilitate their involvement in decisions that affect their health.

If you would like more information on Motivational Interviewing or have any questions, please call Kim Osajda, RN at 805.562.1649.

CLAIMS

NO CHANGE TO OUR POLICY FOR MRIS, MRAS AND PET SCANS

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Effective August 1, 2010 the State Medi-Cal program will no longer reimburse MRI, MRA, and PET scan services (CPT codes below) with the local modifier “ZS.” Providers are being required by the State Medi-Cal Program to submit claims for reimbursement of MRI, MRA, and PET scan services with national modifiers 26 (Professional Component) and TC (Technical Component). Since most of these services require authorization, Treatment Authorization Requests (TAR) to the State Medi-Cal Program must also be submitted using only the national modifiers 26 and TC. You may refer to your June 2010 State Medi-Cal Bulletin for details.

CenCal Health IS NOT following this requirement and this policy change DOES NOT affect CenCal Health Medi-Cal members. Please do not follow the State’s change by submitting TARs for the specific CPT codes listed below. Instead, please continue to use HealthHelp for prior authorization as these codes will continue to require a HealthHelp Tracking Number. The use of modifier ZS is not required for providers billing CenCal Health for both the technical and professional component of these services.

MRI services:

- 70543-70540-70542
- 70553-70551-70552
- 71552-71550-71551
- 72156-72141-72142
- 72157-72146-72147
- 72158-72148-72149
- 72197-72195-72196
- 73220-73218-73219
- 73223-73221-73222
- 73720-73718-73719
- 73723-73721-73722
- 74183-74181-74182

MRA services:

- 70546-70544-70545
- 70549-70547-70548
- 71555-72159-72198
- 73225-73725-74185

PET scans:

- 78811-78812-78813
- 78814-78815-78816

For a complete listing of procedure codes that require HealthHelp Authorization, please visit our website www.cencalhealth.org.

SUBMITTING CORRECTED CLAIMS

When submitting a corrected claim providers must include the original Claim Control Number (CCN) as well as a statement indicating “Corrected Claim” or “Tracer.” All corrected claims must be sent to our Goleta address, 110 Castilian Drive, Goleta, CA 93117. Claims submitted to Bellflower will be treated as a first time submission. Corrected claims sent to the Bellflower address will be processed and denied reason code 34, duplicate claim. Corrections sent to Goleta without the CCN and/or statement may also be misinterpreted as new claims and denied. Clearly identify the requested changes that you would like to see considered.

FREQUENTLY ASKED QUESTIONS

- Q.** Does a CCS member need a CenCal Health Referral Authorization Form (RAF)?
A. Never, even when the referral is not related to the CCS condition.
- Q.** Does a CCS member need a Health Help authorization?
A. Never, even if the diagnosis for which the authorization is being requested is not related to the CCS condition. When services are related to the member’s CCS condition, the provider needs to obtain authorization from CCS.
- Q.** Does a member with Medicare primary insurance (Medi/Medi) need a RAF?
A. No, Medi/Medi members do not require RAFs.

PATIENT RELATIONSHIP CODE

To avoid unnecessary payment delays and claim denials, please check the appropriate relationship code in Box 6 of the CMS-1500 form. If the “INSURED’S I.D. NUMBER” in Box 1a is for the member listed in Box 2, the patient relationship should be marked as “Self.”

CenCal Health has received claims with the relationship code in Box 6 marked as “Child” because of the member’s age. If the member has their own Medi-Cal identification number, the claim should be marked “Self.”

SOCIAL SECURITY NUMBERS (SSN)

CenCal Health recognizes the importance of protecting the identity and health information of members and strongly encourages all providers to use a program identification number in place of a member’s SSN. To ensure that your claim is processed under the appropriate program, please submit claims using the identification number found on the member’s identification card. For further assistance please contact our Member Services Department at 805.685.9525 extension 1001.

For questions on any information provided in the Claims Corner, please contact the Claims Department at 805.562.1083.



HOLIDAY

CenCal Health will be closed on Monday, July 5th in observance of Independence 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:

Suzzi Tyler (styler@cencalhealth.org), Theresa Merkle (tmerkle@cencalhealth.org),

Ashley Erickson (aerickson@cencalhealth.org), or Molly D’Ambrosio (mdambrosio@cencalhealth.org)

at 110 Castilian Drive, Goleta, CA 93117- 3028, or by calling 805.562.1676.



CenCal Health has added several new drugs to our Formulary based on clinical review, provider interest, cost and utilization analysis. All of the changes represent expansions of our current Formulary thus giving more choices to the prescribing physician. The changes are represented in summary on the chart below. All of the drugs listed below are now formulary.

April - June 2010

Drug	Class	Formulary Status	Restrictions/Limits	Implementation Date
Additions				
Cerave (Ceramides) Lotion OTC Cerave (Ceramides) Cream OTC	Dermatology-Psoriasis Eczema	Formulary	Lotion: Qty limit of 355 per 30 days Cream: Qty limit of 453 per 30 days	4/1/2010
Kionex (Sodium Polystyrene Sulfonate)	Electrolyte Regulation	Formulary		4/1/2010
Albuterol Sulfate 0.63mg/3ml solution	Asthma	Formulary		5/1/2010
Opana ER (Oxymorphone HCL) 7.5mg	Pain Management- Analgesics	Formulary	Step Therapy: Generic MS Contin or Methadone, QTY: 60 tabs per 30 days	6/1/2010
Toviaz (Fesoterodine Fumarate) 4mg	Urinary Tract-Functional Disorders	Formulary		6/1/2010

CHANGES				
Advair Diskus, Advair HFA (Fluticasone/Salmeterol)	Asthma	Formulary	Step Therapy: Oral Inhaled Corticosteroid OR Atrovent, Spiriva, Combivent, Ipratropium Solution, Serevent, Symbicort	4/1/2010
Flomax (Tamsulosin HCL)	Urinary Tract-Functional Disorders	Formulary	Generic added & Step Therapy Removed	5/1/2010