

Santa Barbara California Children's Services CenCal Health Protocols

Overview

In the County of Santa Barbara, the Santa Barbara County Public Health Department and dedicated staff oversee the California Children Services (CCS) program. CCS is a part of the State Department of Health Care Services (DHCS) and is a program dedicated to the medical care of children with special needs. In general, CCS covers medical conditions that are physically disabling or diseases requiring medical, surgical, or rehabilitative services. Examples of CCS-eligible medical conditions include, but are not limited to, cystic fibrosis, sickle cell disease, hemophilia, cerebral palsy, heart disease, cancer, and traumatic injuries.

At the County level, CCS is responsible for contracting with providers who render care to children in Santa Barbara County with eligible CCS conditions and who meet CCS income guidelines. CCS staff work closely with CenCal Health to assure members who meet certain criteria receive care. Approximately 80 percent of CCS members in the State of California are Medi-Cal eligible. For these clients, the Medi-Cal program reimburses services authorized by CCS.

Program and Eligibility

The CCS program delivers specialized services to financially and medically eligible children under the age of twenty-one (21) years who have CCS eligible conditions, as defined in Title 22, California Code of Regulations. The CCS program provides this medical case management and financial assistance to eligible children. Services offered include diagnostic exams, medical treatment, and physical and occupational therapies. Services unrelated to the CCS condition are covered and available to members of Santa Barbara Health Initiative (SBHI) or Healthy Families (HF) through CenCal Health.

If a provider suspects that a child has a CCS eligible condition, he/she should contact the member's PCP and inform them of such suspicion. The member's PCP will then contact the local CCS program and arrange for an evaluation to determine if the child does qualify for coverage by CCS. Members who are eligible with CCS are assigned a CCS Case Manager. This Case Manager may also be the member's SBHI assigned Primary Care Provider (PCP) providing case management services. Typically, the member is assigned to the same PCP by both organizations as long as he/she is contracted / paneled by both organizations.

Authorization Process

The local CCS program issues providers a unique **Service Authorization Request (SAR)** number beginning with a prefix "91" or "97" for services authorized by CCS. CenCal Health receives a SAR database from CCS for claim verification purposes. The SAR number must be included on the claim form in

the appropriate prior authorization field or be attached to the claim. A claim for a CCS eligible member may receive a reimbursement premium above the CenCal Health contractual rate if the procedure code is identified by DHCS as one that receives the noted increase.

CenCal Health Utilization Management

CCS eligibility is routinely checked as part of the CenCal Health Utilization Management process. As indicated above, CenCal Health SBHI or Healthy Families members with known or suspected CCS conditions are required to be referred to the local CCS program. Due to this requirement, providers may receive notations on authorization requests returned by CenCal Health Utilization Management (UM) staff stating, "Refer to CCS". This notation may appear on requests for SBHI or Healthy Families members with active CCS cases or those with a known or suspected CCS condition in need of referral.

To facilitate this referral process, CenCal Health UM staff can intervene and assist providers in the provision of needed information to the local CCS program. UM staff is also able to assist providers with case coordination in the event of a CCS case denial. A **Treatment Authorization Request (TAR)** is required for a non-CCS condition if the procedure is one that routinely requires a TAR. Please refer to the CenCal Health website www.cencalhealth.org or the State Medi-Cal website www.medi-cal.ca.gov for a list of TAR required procedures.

CenCal Health Referral Process

A PCP issues a **Referral Authorization Form (RAF)** in order to refer an assigned member for medically necessary services not generally provided by a PCP. Most assigned members require a RAF when accessing specialty services. CCS case manages CCS eligible members. Because a SAR is issued for CCS eligible conditions, **RAFs are not required for CCS Members** although the Members are assigned to a SBHI PCP. Providers should take care in checking eligibility to take note of both the assigned PCP and potential CCS eligibility. In general, reference the 'When RAFs are Not Required' list within this Provider Manual or on the CenCal Health website for information on when a RAF is not necessary.

A referral provider or specialist will **not** need a RAF from the member's PCP for a CCS eligible Member. If the service is related to the CCS condition, CCS may potentially require a SAR from CCS. As always, an approved SAR by CCS replaces the need for any treatment authorization (TAR) from CenCal Health and the provider will be reimbursed the CCS premium, if warranted, for the service, provided that the claim meets all of CenCal Health's rules for claim submission and benefit coverage.

Payment Requirements

1. If a TAR is required for a specific service the provider must have either an approved TAR or SAR on file prior to claims payment.
2. A claim may receive the CCS premium payment if the member is CCS eligible, the procedure code receives the noted increase, and the claim pertains to the member's CCS condition.
3. A provider should request a SAR from CCS if the provider is not paid the additional CCS premium. The provider must also follow CenCal Health's standard claims protocol for adjusting a claim.
4. If a member is granted retro CCS /SBHI eligibility at the same time, the member will be Special Class for the retroactive period of time.
5. In the case of retroactive CCS eligibility, CenCal Health is unable to make changes to capitation payments retroactively. However, a provider may request a SAR from CCS and then follow CenCal Health's standard claims protocol for adjusting a claim as mentioned above.

Claims

Provider must address the following items on the claim or prior to submittal:

SBHI Eligibility. If the member is eligible with CCS and SBHI, the claim must be submitted to CenCal Health. If the member is eligible with CCS and not SBHI, the claim must be forwarded to CCS.

HFP Eligibility. If the member is eligible with the Healthy Families Program (HFP) and CCS, claims pertaining to the CCS condition must be forwarded to CCS. Likewise, if the member is eligible with HFP and CCS, claims not pertaining to the CCS condition must be sent to CenCal Health.

Identification Number. Use the child's Client Index Number (CIN) as the insured's I.D. number on the claim and do NOT use the CCS case number.

CCS Condition. As indicated above, call CCS and not CenCal Health to obtain authorization for services related to the CCS condition.

Authorization. Attach CCS authorization to the claim OR indicate the number on the claim form. If the procedure is a "by report" item, please include the medical report. If it is not, send reports directly to CCS and **not** CenCal Health.