

CASE MANAGEMENT CONCEPT FOR ALLIED HEALTH PROVIDERS

CenCal Health was established in September 1983 to oversee the care provided to eligible Medi-Cal members who reside in Santa Barbara County, and adopted the “Primary Care Physician (PCP) case manager” model of care. This model is still in place today, and now includes additional plan members, for a total monthly membership of almost 57,000 as of November 2007. CenCal Health’s service area has now expanded to include San Luis Obispo County for Healthy Families, Healthy Kids, and Medi-Cal recipients. For services outside the PCP’s office, authorization is normally granted through a Referral Authorization Form (RAF), or a Treatment Authorization Request (TAR), or through submission of both forms to CenCal Health.

Both authorization forms may be handled as hard copy forms or may be submitted through CenCal Health’s website: www.cencalhealth.org, check under “For Providers” for further information. If electronic submission of the forms is used please follow instructions for submission set forth in the Website guide in this Provider Manual rather than as indicated below for hardcopy submission and follow up.

The CenCal Health definition of Case Management is: providing or approving Covered Services including health assessments, identification of risks, initiation of intervention and health education deemed Medically Necessary, consultation, referral for consultation and additional health care services, coordination of Medically Necessary Covered Services; maintenance of a medical record with documentation of referral services, and follow-up as medically indicated; ordering of therapy, admission to hospitals, coordinated hospital discharge planning that includes necessary post-discharge care, and approval of referred services. Case Management includes the responsibility for organizing a pattern of supportive medical resources, so that Members may be appropriately served by medical advice and supervision seven (7) Days each week and twenty-four (24) hours per day. May also be expressed as “Case Manager” or “case managed”, i.e. PCP’s case managed Members.

In order to assist the Allied Health Provider in his or her treatment of the member, if the member’s PCP has physical findings or radiographic or laboratory results that might be helpful, the PCP shall send such information obtained from the medical record to the Allied Health Provider. If such information is not made available, but radiographic, laboratory or other diagnostic studies are required in order to evaluate the member’s condition or to make a diagnosis, the Allied Health Provider is automatically authorized to perform or to arrange for such studies, unless so restricted on the RAF. The Allied Health Provider may bill for these services when

they are performed in his or her office, or should provide a copy of the RAF to the provider of service.

In order to assist in the case management of eligible members, Allied Health Providers are required to report to the member's PCP all services they rendered. In this manner, the Allied Health Provider serves as a consultant to the member's PCP. The information may be included on the RAF (when a RAF is required) or prepared and sent as a separate document. The report shall be submitted immediately following authorized services and at subsequent periodic intervals during the care of the member, consistent with the need of the PCP to maintain an adequate medical record with respect to that member.

Additional Consultation

If after the initial consultation, the member's condition suggests the need for a course of treatment or for further observation or study, the Allied Health Provider shall make such recommendation to the PCP. The PCP may then, at his or her discretion, authorize the Allied Health Provider to institute and/or manage such treatment or may choose some other course of action as may seem most beneficial to the member and mutually satisfactory to the Allied Health Provider and PCP. If the Allied Health Provider is requested by the PCP to continue with treatment or observation beyond the timeframe or level of care indicated in a currently issued RAF, the PCP shall send another RAF to the Allied Health Provider authorizing additional treatment or observation. **Throughout the consultation the Allied Health Provider is expected to keep the PCP advised of the course, likely duration, and prognosis for the condition.**