ACCESS TO CARE STANDARDS

As CenCal Health’s membership continues to grow, appointment availability may be impacted. It is important to remember the standards in place for appropriate clinical triage and timely appointments. Access to care standards are based on the Department of Managed Health Care (DMHC) regulations regarding timely access to care (Title 28 §1300.67.2.2), Department of Health Care Services (DHCS) contractual requirements, and health care industry standards. Please see the table below for a summary of these standards.

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Standard Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care Appointment</td>
<td>Within 30 calendar days</td>
</tr>
<tr>
<td>Non-urgent Specialist Appointment</td>
<td>Within 15 business days</td>
</tr>
<tr>
<td>Non-urgent Primary Care Appointment</td>
<td>Within 10 business days</td>
</tr>
<tr>
<td>Non-urgent (non-physician) Mental Health Care Appointment</td>
<td>Within 10 business days</td>
</tr>
<tr>
<td>Non-urgent Ancillary Services Appointment (for diagnosis or treatment)</td>
<td>Within 15 business days</td>
</tr>
<tr>
<td>Initial Prenatal Care Appointment</td>
<td>Within 14 calendar days, (within 1st trimester per ACOG)</td>
</tr>
<tr>
<td>Urgent Care Appointment</td>
<td>Within 48 hours</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Immediately</td>
</tr>
<tr>
<td>Primary Care Triage and Screening</td>
<td>Within 30 minutes</td>
</tr>
<tr>
<td>Mental Health Care Triage and Screening</td>
<td>Within 30 minutes</td>
</tr>
<tr>
<td>Wait Time in Office</td>
<td>Within 30 minutes</td>
</tr>
<tr>
<td>After Hours Care</td>
<td>24 hours a day</td>
</tr>
<tr>
<td>Telephone Access</td>
<td>24 hours a day</td>
</tr>
</tbody>
</table>

We periodically contact our providers for the purpose of conducting appointment availability and after-hours access surveys. We appreciate the ongoing collaboration with our providers as we all strive toward the common goal of providing excellent care to the members we serve.

For questions, please contact Sheila Thompson, Provider Services Manager at 805.562.1677.

MEASLES CASES IN CALIFORNIA-LOOK FOR SIGNS OF THIS HIGHLY CONTAGIOUS DISEASE

Measles has been confirmed in 92 California residents (2/2/15) since late December 2014.

The recent cases in California highlight the need for healthcare professionals to be vigilant about measles. Your expert eye, diagnostic skills, and prompt reporting of suspect measles patients to public health can make a difference in stopping the spread of this highly contagious disease in our community:

- Consider measles in patients of any age who have a fever AND a rash regardless of their travel history. Fevers can spike as high as 105°F. Measles rashes are red, blotchy and maculopapular and typically start on the hairline and face and then spread downwards to the rest of the body.

(Continued on page 2)
MEASLES CASES IN CALIFORNIA—LOOK FOR SIGNS OF THIS HIGHLY CONTAGIOUS DISEASE
(Continued from page 1)

- If you suspect your patient may have measles, isolate the patient immediately and alert your local health department as soon as possible.

Santa Barbara County Public Health Department:
24/7 Disease Control: 805.681.5280
http://cosb.countyofsfb.org/uploadedFiles/phd/dc/Measles%20DL%20Jan%202015.pdf

San Luis Obispo County: Call: 805.781.5500 or after hours/weekends: 805.781.4553

For more information on measles and measles testing, please see: http://www.cdph.ca.gov/HealthInfo/discond/Pages/Measles.aspx

For additional infection control information, please see the Centers for Disease Control (CDC) “Guideline for Isolation Precautions” at: http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html

For questions, please contact Paula Curran RN, Quality Manager, at 805.562.1637. Provider Services Representative at 805.562.1676.

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

(Continued)

The clinical components of SBIRT include:
- **Screening**: Brief screening that identifies substance related problems using an approved screening tool
- **Brief Intervention**: Raises awareness of risks and motivates client toward acknowledgement of problem
- **Brief Treatment**: Cognitive behavioral work with clients who acknowledge risks and are seeking help
- **Referral**: Referral of those with more serious addictions to County Drug and Alcohol

The SBIRT services can be billed with the following codes:
- HCPCS code **H0049** (Screening); $24.00 limited to one unit per recipient per year, by any provider working under an SBIRT-trained supervisor
- HCPCS code **H0050** (Brief Intervention); $48.00 limited to three sessions per patient per year, provided by any SBIRT-trained provider, in combinations of 1 or 2 visits, or be administered at 3 separate visits

For more information, including an SBIRT presentation as well as screening tool examples, please follow the link provided below: https://www.cencalhealth.org/for_providers/sbirt.html

For questions, please contact the provider services department at 805.562.1676.

ADVANCE CARE DIRECTIVE WORKSHOPS

Advance care directives are written legal instructions regarding your preferences for medical care if you are unable to make decisions for yourself. The Alliance for Living and Dying Well’s mission is to educate the community and raise awareness about end-of-life planning. The Alliance offers eight free “Five Wishes” workshops around the Santa Barbara community each month. The workshops focus on the value of informed conversations about end-of-life wishes with the resulting decisions being incorporated into an advanced care directive. The Alliance will also be hosting a free community-wide workshop on April 16th called “Get it Done Today!”. The event will host professional facilitators, notaries and trained volunteers both English and Spanish speaking, to assist with completing your advance care directive.

For more information on these events please contact The Alliance at 805.845.5314.
**New Claim Correction Process**
In an effort to streamline the claim correction process, providers can now simply submit a new corrected claim instead of submitting the Claim Correction Form, Patient Profile or marked-up EOB. Please ensure as of May 1, 2015 you are utilizing this new process. These types of corrections may include coding, modifier, or diagnosis corrections or when submitting required documentation. Please note that claims can also still be corrected via the website prior to appearing on an EOB. Please continue to use the Claim Correction Form for any changes that need to be made to Dates of Service. This form is available on CenCal Health’s website at [https://www.cencalhealth.org/for_providers/index.html](https://www.cencalhealth.org/for_providers/index.html).

**Frequently Asked Questions (FAQ) on New Correction Process:**

**When is the new process effective?**
- Please ensure by May 1, 2015 all correct claims are rebilled

**Where do we send the corrected paper claims?**
- PO Box 1818, Bellflower, CA 90707-1818

**Can you mail the CenCal Health EOB that you currently have?**
- Yes, any corrections already made on EOB’s can be submitted

**Has the timeframe to rebill a claim changed?**
- If re-billed within the six months of date of service, full payment will be made
- If re-billed after the six months of date of service, the claims payment will be reduced

**Can medical documentation be faxed?**
- Yes, to 805-681-8261

**Do we need to write “corrected claim” on the rebilled claim form?**
- This is not a requirement, and if present on the claim it will be processed as usual

**What if I bill the wrong DOS on the original claim?**
- Please use the Claim Correction Form for these types of corrections. This will prevent double payment

**What are the methods to sending a new claim?**
- Electronically
- Website
- Paper (Mail claims to PO Box 1818, Bellflower, CA 90707-1818)

**Will the corrected claims deny 34?**
- Claims will only deny 34, if a corrected claim is submitted when the original claim has not yet been finalized or appeared on an EOB

For questions, please contact our Claims Customer Service central line at 805.562.1083