IMPORTANCE OF TIMELY APPOINTMENT SCHEDULING FOR OBSTETRIC VISITS

CenCal Health is required to publish evidence-based prenatal and postpartum care guidelines. In a recent survey of CenCal Health's network, 88% of providers scheduled prenatal and postpartum visits within the recommended guidelines. According to the American College of Obstetricians and Gynecologists (ACOG) the initial office visit should occur within the first 8-10 weeks of pregnancy and a postpartum visit is between 4-6 weeks after an uncomplicated delivery. Postpartum care is equally important for new mothers to return to optimal maternal health and recover post pregnancy.

Appropriate prenatal care can assist with social risk factors that may lead to poor pregnancy outcomes, low birth weight and infant mortality. Below are best practice tips to assist your practice with these guidelines:

- Appointment access for pregnant patients: Prioritize newly pregnant members in the schedule and ensure prompt appointment for members calling for an initial pregnancy visit.
- Pregnancy testing access: Assist in making pregnancy testing easy to access with prompt scheduling of an appointment for positive tests.
- Outreach to no show appointments: Contact members who ‘no showed’ for their missed prenatal visits
- Offer health education resources
- Remind and schedule pregnant members to receive postpartum care 3-8 weeks after delivery.

For questions, please contact the Health Services Department at 805.562.1082

ASSISTANCE WITH MEMBER NO-SHOWS

CenCal Health recognizes that members missing their appointments can create scheduling issues for providers. The Member Services Department offers support and assistance with “No-Shows” through member coaching and education. Staff helps members understand the importance of keeping scheduled appointments and the consequences should they miss them. Providers can request the following assistance by contacting the Member Services Department:

1. Member Services can contact the member to provide “direct one-on-one” education regarding missed appointments. This should occur as soon as the provider identifies that the member has missed an appointment without cancelling, thereby addressing the issue before it becomes a problem. Member Services will strive to identify and address any other issues that contribute to the member missing appointments.

2. If transportation has been identified as a barrier to keeping appointments, Member Services can provide members with information regarding alternate transportation and offer referrals to community resources.

Additionally, articles regarding the importance of keeping scheduled appointments regularly appear in the CenCal Health Member Newsletter.

Provider can call the Member Services Department for assistance Monday through Friday, 8a.m.-5p.m. at 877.814.1861.
SPEECH THERAPY SERVICES FOR CHILDREN

As of September 1, 2015 members may be referred by their PCP to a contracted speech therapist for an initial evaluation without authorization from CenCal Health. Subsequent follow up visits do require the submission of a Treatment Authorization Request (TAR).

As a reminder...

A. Speech therapy is covered by the CCS program for children under the age of 21 when determined to be medically necessary to treat a CCS eligible medical condition.

These conditions can include, but are not limited to:

- **Speech disorders** affecting pronunciation and understandability that are related to an identified congenital anatomic defect or medical condition, i.e., cleft lip and palate, dysarthria related to an acute neurological insult, traumatic facial injury.

- **Cognitive deficits** affecting attention/memory, problem-solving judgment, and executive functions resulting from an acute insult and limited to the rehabilitation period. (This could include, but is not limited to, traumatic brain injury, surgery, CVA, or treatment of a brain tumor. This does NOT include services to address chronic, long-term developmentally or educationally related deficits. See B & C below.)

- **Hearing loss** (even if cochlear implant is present).

- **Language disorders** affecting comprehension and expression. (This could include, but not be limited to, difficulties in understanding due to hearing loss, CVA, brain surgery, traumatic brain injury; or problems expressing oneself in words, sentences or narrative due to aphasia, traumatic brain injury, stroke, hearing impairment.)

- **Voice disorders** affecting quality and use of the voice. (This could include laryngeal impairments, presence of a tracheostomy.)

- **Dysphagia**/feeding and swallowing disorders.

For detailed information: www.dhcs.ca.gov/services/ccs/Documents/ccsnl150605.pdf

B. Speech therapy for the treatment of **delays in development**, unless resulting from acute illness or injury, or congenital anatomic defects amenable to surgical repair (such as cleft lip/palate), are not covered. **Therapy for developmentally delayed may be covered by the Tri-Counties Regional Center (TCRC) or Local Educational Agency (LEA).**

C. Speech therapy that is **primarily educational in nature** (such as in treatment of pervasive developmental disorders and mental retardation) is excluded from coverage. **Therapy for educational purposes may be covered by:**

- Local Educational Agency (LEA) for children over 3 years of age
- Early Start for children under 3 years of age

**Maintenance programs to preserve the member’s present level of function are not covered by CenCal Health.**

If you have any questions, please contact Health Services at 805.562.1082.

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ICD-10 TRANSITION

There is no flexibility in the deadline of October 1, 2015 for transitioning to ICD-10 coding for billing and payment purposes. All claims with dates of services on October 1, 2015 or later must be submitted with a valid ICD-10 code(s). Accurate coding is essential. This is particularly true for providers participating in one of the incentives programs.

Claims submitted with dates of service of October 1st or later without ICD-10 codes or claims for services prior to October 1st with ICD-10 codes will be denied.

Also claims cannot be submitted with a mixture of ICD-9 and ICD-10 codes. If the dates of service bridge October 1, 2015, then two claims must be sent. One with ICD-9 codes for the prior period; and one with ICD-10 codes for the services on October 1st or later.

If you have any questions, please contact the Provider Services Department at 805.562.1676.

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CLAIMS CORNER

GARDASIL® 9 IS A CENCAL HEALTH BENEFIT

The HPV vaccination is recommended for both girls and boys, preteens and teens who have not yet been fully vaccinated. CPT code 90651 was introduced in 2015 for reporting Human Papilloma Virus. This includes vaccine types 6, 11, 16, 18, 31, 33, 45, 52 and 58 nonavalent (HPV), 3 doses are given for intramuscular use (Gardasil® 9).

CenCal Health is recognizing CPT 90651 for female and male members ages 9 up to the age 26. This vaccine is available through Vaccines for children (VFC) for Medi-Cal members under the age of 19.

For questions regarding Gardasil, please contact the Claims Department at 805.562.1083.
CenCal Health has made several changes to our Formulary based on clinical review, provider interest, cost and utilization analysis. All of the changes represent development and growth of our current Formulary thus giving more choices to the prescribing physician. The changes are represented in summary on the chart below.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Class</th>
<th>Formulary Status</th>
<th>Restrictions / Limits</th>
<th>Implementation Date</th>
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<td><strong>Formulary Additions</strong></td>
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<td>Diabetes</td>
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<td>Restriction: 1 tab per day, 30 day supply</td>
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<td>Pain Management</td>
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<tr>
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<td>Behavior Health</td>
<td>Formulary: Age Restriction</td>
<td>Restriction: Age of 20 or less</td>
<td>8/1/2015</td>
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<td><strong>Formulary Changes</strong></td>
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