AUTISM SPECTRUM THERAPY UPDATE

The statewide transition of children diagnosed with Autism Spectrum Disorder (ASD) receiving Applied Behavioral Analysis (ABA) treatment from the Tri-Counties Regional Centers to the Medi-Cal Managed Care Plans begins on February 1, 2016. The transition for these children will take place over a six (6) month time frame based on their birth month.

CenCal Health and its Behavioral Health Benefit Manager, The Holman Group, established contracts with the TCRC ABA providers to ensure this transition is seamless for the members.

There is no change in the referral process for children under 21 years of age to the Tri-Counties Regional Center or to the Special Education Local Plan Area (SELPA) for evaluations for ASD. To begin the process, providers must complete a comprehensive health and developmental history screening pursuant to Early and Periodic Screening, Diagnostic and Treatment (EPSTD) guidelines. This screening is necessary to “prevent disease, disability, and other health conditions or their progression” and to correct or ameliorate any physical or behavioral conditions. Infants and children under 36 months of age are eligible for the Early Start Program upon completion of this evaluation.

Children that are receiving 24 hour medical/nursing monitoring within a facility or those who have intellectual disabilities will remain with the Tri-Counties Regional Centers. Children needing speech, physical or occupational therapy in relationship to Behavioral Health Therapy (BHT) services must have a diagnosis of ASD and receive authorizations and referrals through the Holman Group. Speech, physical or occupational therapy services outside of BHT and not related to a California Children Services (CCS) condition must be medically necessary and will need a Treatment Authorization Request (TAR) for additional services beyond the initial consultation and one (1) follow up visit.

For questions regarding BHT services, please contact the Holman Group at 800.321.2843.

NEW STAFF - PROVIDER SERVICES DEPARTMENT

Please welcome Nubia Siordia!

Nubia is joining CenCal Health as the Provider Service Data Specialist.

A native to Santa Barbara, Nubia comes to us from Curvature which has given her the data experience desired. Nubia also has medical experience from working at the County. Nubia brings fresh energy to the team and we are excited to have her.
REMINDER - PHARMACY AUTHORIZATIONS

The **Medical Request Form (MRF)** is used by the prescribing physician for any pharmaceutical or medical supply requests that require a Prior Authorization or is not on CenCal Health’s formulary. MRFs must be completed by the prescriber and faxed to (805) 685-7781.

MRFs are reviewed by MedImpact under the direction of a clinical pharmacist who will approve, deny or defer the request for more information. Ensuring the patient is eligible prior to the date of service is the responsibility of the provider. Authorizations are not a guarantee of payment.

The **Pharmacy Authorization Form (PAF)** is used by the prescribing physician for any member who has exceeded their 7 prescriptions per month limit. This form is to be completed by the prescribing physician and will be reviewed by the plan. Please fax this form to (805) 964-0367. CenCal Health has exempted the following disease states from this restriction:

- Medications for Cancer
- Medications for Diabetes
- Medications for Transplants
- Antibiotic Medications
- Family Planning
- Newborns using the Mother’s ID number
- Skilled Nursing Facility Patients

*All drugs exempt from the monthly prescription limit are still subject to all other CenCal Health guidelines.

Both the MRF and PAF forms may be obtained on our website at: [http://www.cencalhealth.org/providers/pharmacy/forms-downloads-fax/](http://www.cencalhealth.org/providers/pharmacy/forms-downloads-fax/)

For questions regarding the submission or completion of each of these forms please contact the Pharmacy Services department at (805) 562-1080.

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**CLAIMS CORNER**

**WEBSITE ASSISTANCE**

CenCal Health recently launched a new website. If you need assistance in navigating the claims portion of the website or would like to learn how to enter claims, check claims status, run claims reports or enter claims corrections, please contact your Claims Customer Service Representative.

**EXPEDITING CLAIMS PROCESSING AND PAYMENT**

As a reminder, in order to expedite claims processing and payment, please include either the approved Referral (RAF) and/or Treatment Authorization (TAR) numbers in box #23 of the CMS1500 or box #63 of the UB04 claims forms.

For assistance with claims website questions, please contact your Claims Customer Service Representative at 805.562.1083.

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