FULL SCOPE MEDI-CAL FOR ALL CHILDREN

The growth of CenCal Health continues into 2016 as we prepare for the implementation of Senate Bill 75 (SB75). This bill will provide individuals under age 19 with full scope Medi-Cal benefits regardless of satisfactory immigration status but meet all other Medi-Cal eligibility requirements. The new beneficiary guidelines will begin no sooner than May 16, 2016. During this time, individuals currently enrolled in the Healthy Kids Program (HK) will transition into CenCal Health’s Medi-Cal plan, Santa Barbara Health Initiative (SBHI), on or after May 16, 2016. All agencies involved are working closely to ensure a smooth transition for both Providers and Members. CenCal Health will continue to provide regular updates and an upcoming training regarding the SB75 transition as it becomes available to us.

CenCal Health will continue to update our provider network via the Provider Bulletin and our website, www.cencalhealth.org. Please contact your Provider Services Representative at 805.562.1676 or psrgroup@cencalhealth.org with any questions you may have.

ACCESS TO CARE STANDARDS

With CenCal Health’s continued membership growth, 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.

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.
REPORT FRAUD, WASTE, AND ABUSE

To report suspected fraud, waste or abuse being committed by providers, members or employees, please call CenCal Health’s Toll-Free 24 Hour Compliance Hotline at 1.866.775.3944.

Please provide the following information when reporting a suspected event:

- The name of the person(s), facility, vendor, etc., suspected of fraud, waste or abuse.
- Identifying information, such as the Member/Provider involved, facility name, address or telephone number.
- A description and details of the suspected fraud, waste or abuse: who, what, where, and the date and time of the incident(s).
- Any documentation that is related to the report.
- Person filing the report: name and telephone number if you do not wish to remain anonymous.

To file a written complaint by mail, please follow the instructions as provided on our website at: http://www.cencalhealth.org/providers/suspect-fraud/

Please, only use the telephone hotline number for suspected reports. All other issues, questions or concerns can be directed to your Provider Services Representative at 805.562.1676 or psrgroup@cencalhealth.org.

PROVIDER MANUAL UPDATE:
CPAP AND BI-PAP

The Department of Health Care Services periodically releases updates for Health Plans and their providers on program policy changes. On December 15, 2015, guidance was released regarding the ordering of CPAP and Bi-PAP machines.

The pertinent details of this OIL are summarized as follows: Effective for dates of service on or after January 1, 2016, Durable Medical Equipment (DME) providers who provide bi-level positive airway pressure (Bi-PAP), bi-level positive airway pressure ST (Bi-PAP ST) or continuous positive airway pressure (CPAP) units cannot be the same provider that performs or interprets the polysomnogram (sleep study.) These two providers must be financially separate from one another.

To obtain further detail on the CPAP and Bi-PAP Manual update or to access the Department of Health Care Services, Medi-Cal Program, Provider Manual on Durable Medical Equipment (DME), please visit: http://files.medi-cal.ca.gov/pubsdoco/Bulletins_menu.asp

For any additional questions, please contact CenCal Health’s Health Services department at 805.562.1082.

USE OF EXTERNAL CAUSE DIAGNOSIS CODES

To remain in compliance with the Health Insurance Portability and Accountability Act (HIPAA), external cause diagnosis codes are not to be reported as the principle or first-listed/primary diagnosis on a claim.

External cause diagnosis codes in the ICD-9 code set begin with the letter “E” and since implementing ICD-10 code set, the codes now begin with letters “V”, “W”, “X” or “Y.”

Effective April 1, 2016, CenCal Health will deny all claims with any external cause diagnosis codes listed in the principal or first-listed/primary diagnosis field on the claim submitted.

For any questions or inquiries regarding the use of external cause diagnosis codes, please contact a Claims Customer Service Representative at 805.562.1083.

Our Claims Customer Service Representatives are always happy to assist you with any questions you may have.

(805) 562-1083
Mon-Fri, 8am-4:30pm

The Provider Bulletin is produced as a timely supplemental information service for provider office staff and is published monthly by the Provider Services Department. Questions and/or suggestions for articles may be made to psrgroup@cencalhealth.org or by calling 805.562.1676. Sign up for the electronic Provider Bulletin at http://www.cencalhealth.org/for_providers/bulletins/index.html.