DHCS Survey: Are You Meeting the Wait Time Standards?

The California Department of Health Care Services (DHCS) requires that its Medi-Cal managed care health plans (MCPs) ensure that their participating providers offer appointments that meet the wait time standards. DHCS has elected to conduct a focused study to evaluate the extent to which MCPs are meeting the wait time standards.

Please be aware, in the 4th quarter of 2019, DHCS will be surveying a random sample of providers: general surgeons, hematologists, HIV/AIDS specialists/infectious disease specialists, nephrologists, oncologists, ophthalmologists, orthopedic surgeons, otolaryngologists/ENT specialists, and physical medicine/rehabilitation specialists. The providers who are contacted can expect survey questions that pertain to the provider or group’s contract status with CenCal Health, confirmation of specialty, languages spoken by the individual provider, and the group the provider is affiliated with.

CenCal Health appreciates your support in participating in the DHCS survey if contacted.

Wait Time from Date of Request for Appointment

Health plan members have the right to appointments within the following time frames:

<table>
<thead>
<tr>
<th>Urgent Appointments</th>
<th>Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>For services that do not need prior approval</td>
<td>48 hours</td>
</tr>
<tr>
<td>For services that do need prior approval</td>
<td>96 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Urgent Appointments</th>
<th>Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care appointment</td>
<td>10 business days</td>
</tr>
<tr>
<td>Specialist appointment</td>
<td>15 business days</td>
</tr>
<tr>
<td>Appointment with a mental health care provider (who is not a physician)</td>
<td>10 business days</td>
</tr>
<tr>
<td>Appointment for other services to diagnose or treat a health condition</td>
<td>15 business days</td>
</tr>
</tbody>
</table>
November is National Diabetes Awareness Month. This is a great time to remind your CenCal Health patients with diabetes to schedule their annual diabetes screening.

CenCal Health’s Diabetes SMART program is a disease management program that provides PCPs with case management lists for their diabetic population. These lists are provided to aid in identifying members with diabetes and the clinical services they need.

CenCal Health’s Quality Improvement (QI) team is available to answer your questions regarding the Diabetes SMART program and diabetes health promotion. Please contact the QI team at qualityimprovement@cencalhealth.org or (805) 617-1997.

For more information about the Diabetes SMART program please reference: cencalhealth.org/providers/disease-management-programs in the Diabetes SMART section.

Health education materials for your patients can be located on the CenCal Health website. cencalhealth.org/providers/patient-education-materials

### Look for New CenCal Health ID Cards

Effective October 2019, all new members going forward will receive updated CenCal Health ID cards. The change is a result of CenCal Health’s updated branding; existing members will still be using the previous version. Providers will find all pertinent, variable information in the same locations as before.

### National Diabetes Awareness Month: Schedule Screenings Now

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CLINICAL CORNER

CenCal Health Members with Proven Risk Factors are Now Eligible for Prenatal and Post-Pregnancy Counseling

Perinatal mood and anxiety disorders, during pregnancy and after childbirth, are the most common complications affecting women and their partners. Left untreated, these conditions can lead to negative health outcomes for the mother and her partner, and can negatively affect the child’s long-term physical, emotional, and developmental health.

Effective July 1, 2019, CenCal Health members who have a negative depression screening, but present with one or more proven risk factors to developing a perinatal mood or anxiety disorder, are eligible for up to 20 individual and/or group counseling sessions. These services are available to CenCal Health members any time during the prenatal period and 12 months following the delivery.

Providers of prenatal and postpartum care must screen members at least once during their pregnancy and postpartum period, using either the PHQ9 or Edinburgh Postnatal Depression Scale. Providers of well-child care are also encouraged to screen mothers. Members with a positive screening must be treated by the screening provider or referred to a suitable treatment provider within 30 days. Members who present with psychosis related to perinatal mood or anxiety disorders must be referred immediately for an urgent psychiatric evaluation. Providers must submit claims for these screenings per previous guidelines provided by CenCal Health.

Providers that require support related to prescribing psychiatric medications to members who are pregnant or breast-feeding can consult with the following resources:

- Dignity Perinatal Psychiatry Consultation Services: 1-833-205-7141, Monday – Friday, 1 p.m. to 5 p.m.
- Postpartum Support International: 1-800-944-4773 x4, 24/7 and a HelpLine volunteer will return your call as soon as possible.

Members can be referred to a mental health provider at a FQHC or to the Holman Group at (800) 321-2843 for mental health services.

Support lines for members or partners experiencing perinatal mood or anxiety disorders during or after pregnancy:

- PEP Warm-Line (Santa Barbara County): (805) 564-3888 or (805) 852-1595
- PMADSLO (San Luis Obispo County): (805) 994-0873
- Postpartum Support International: 1-800-944-4773 x4

If you have any additional questions regarding this benefit, please call Provider Services at (805) 562-1676.
Reminder: Human Leukocyte Antigen Typing Diagnosis Restrictions

The CenCal Health Claims department would like to remind providers performing human leukocyte antigen typing (CPT codes 81370-81380, 81382, and 81383) that there are diagnosis restrictions; typing is only reimbursable with an ICD-10-CM diagnosis in the range of Z94.0-Z94.9. Additionally, CPT code 81381 (which includes HLA Class 1 typing, high resolution, and one allele or allele group) is only reimbursable with an ICD-10-CM diagnosis of B20, F31.0-F31.9, G40.001-G40.919, G50.0, R75, Z01.812, Z21, and Z94.0-Z94.9.

For questions, please contact the Claims department at (805) 562-1083.

Taking Action: CenCal Health Develops Tools to Help Members Manage Chronic Diseases

CenCal Health has developed tools to help patients with chronic diseases manage their illnesses. These tools, called Action Plans, are based on the latest accepted clinical recommendations, and they target asthma, diabetes, and congestive heart failure. They are available in both English and Spanish.

Want samples? Contact healthed@cencalhealth.org

Do you have heart failure? CenCal Health can help you manage your illness.

HEALTH PROMOTION UPDATE

PHARMACY UPDATE

How to Order Synagis® for the Upcoming RSV Season

CenCal Health would like to assist our members and providers in preparation for the upcoming RSV season. In conjunction with the Department of Health Care Services’ Children’s Medical Services Network, the Synagis® prophylaxis season will begin November 1, 2019, and run through March 31, 2020. Medical Request Forms (MRFs) will be accepted beginning October 1st, with initial administration beginning November 1st to ensure that the infant/child’s weight is current.

Synagis® is required to be ordered through our specialty pharmacy vendor Diplomat Specialty Pharmacy. Order forms can be obtained through the CenCal Health website at cencalhealth.org/providers/pharmacy/forms-downloads-fax or by contacting Diplomat Specialty Pharmacy directly at (877) 319-6337. Please contact CenCal Health Pharmacy Services department at (805) 562-1080 if you have any questions or need any assistance.

PHARMACY UPDATE

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Proposition 56 Supplemental Payment

The California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56) increased the excise tax on cigarettes and tobacco products for purposes of funding specified expenditures, including programs administered by the Department of Health Care Services (DHCS).

DHCS has proposed supplemental payments for physician services, in both the Medi-Cal fee-for-service (FFS) and Medi-Cal managed care delivery systems, be applied to qualifying services provided from July 1, 2019 through June 30, 2020. CenCal Health’s requirement is to reimburse applicable providers, which now include Federally Qualified Health Care Centers (FQHCs). The procedure codes listed below are inclusive of the supplemental payment to CenCal Health eligible members, including members with other health care coverage and excluding members with Medicare primary.

What to expect to see in future CenCal Health claims payments:

- Explain code G9 (payment has been increased due to Prop 56 Supplemental Payment Methodology) will be applied to current claims due for supplemental payment.

- Explain code H3 (additional payment made due to Prop 56 Supplement Payment Methodology) will be applied effective October 25th, 2019, and payment will appear on the November 1st, 2019, EOP payment for all retroactive dates of service claims due for supplemental payment.

- Late filing reductions and share of cost (SOC) will not apply to these supplemental payments; full supplemental amount will be paid for dates of service July 1, 2019, through June 30, 2020, to CenCal Health eligible members, including members with other health care coverage and excluding members with Medicare primary.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Supplemental Payment</th>
<th>CPT Code</th>
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<tr>
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<tr>
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<td>99395*</td>
<td>$27.00</td>
</tr>
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*Indicates New Prop 56 reimbursable service.

To learn more about these payment updates, please visit the DHCS Medi-Cal website or cencalhealth.org/providers/claims/claims-corner

More Questions?
Contact the Provider Services department at psrgroup@cencalhealth.org or call (805) 562-1676.