San Luis Obispo County

# PROVIDER *Bulletin*

Santa Barbara Regional Health Authority www.sbrha.org

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## Welcome

The Santa Barbara Regional Health Authority (SBRHA) is pleased to announce the commencement of our new health programs, Healthy Families (HF) and Healthy Kids (HK) in San Luis Obispo County. Your participation as a provider has enabled us to keep our commitment to provide quality health care, provider choice and access to the children in this county.

The **Provider Services Department** is committed to our partnership with you and is here to support providers as you endeavor to give members the best care possible. We will soon have a Provider Services Representative located in San Luis Obispo County who will be dedicated to assisting the county's providers. For those of you who attended our first provider training, we were excited to see you there and hope that you found the information beneficial. We already have another workshop planned in October that will target Infection Control. This workshop will satisfy the CalOSHA requirement that requires all healthcare workers at risk for exposure to bloodborne pathogens to be trained in Infection Control practices annually.

Our **Member Services Department** is busy supporting you as well. They assist your patients with their physician selection, finding referral providers, resolving billing issues, and translating written materials into Spanish. They are here to assist you in verifying eligibility, providing health education materials in languages and reading levels appropriate for your patients, and providing resources for the medical staff who interpret.

Our **Health Services Department** administers health programs to manage chronic disease, assists providers in meeting regulatory requirements, reviews prior authorization requests, and performs formulary and quality management. Their chronic disease management programs have won statewide acclaim. They are here to support you in the delivery of quality medical care and service.

Our **Claims Department** performs many important tasks related to claims processing and reimbursement issues. They can assist you in completing your claims, billing electronically, and correcting denied claims.

We are excited to have you as part of our network and look forward to working with you. We recognize what a valuable service you are providing to our members and the community. If you have any questions or need assistance, please feel free to contact us. We are here to help!

## Accessing the Website

SBRHA has created a secure section for providers only on our website, www.sbrha.org. This section employs Secure Socket Layer (SSL) technology to ensure that all information transmitted is encrypted and secure. Providers can submit claims electronically, check members' eligibility, submit referrals and authorizations, and run standard reports that can assist in monitoring members and the status of payments, as well as other useful features. To access this section of our website, providers must have a valid username and password. The username and password should only be shared with staff who must access the website to perform their jobs. Sensitive patient information should be protected by changing the password whenever a privileged employee leaves the organization.

To obtain a username and password:

- Log onto www.sbrha.org
- From the Home Page go to "For Providers"
  - Providers Only (restricted)
- Click on Webmaster
- Supply the information requested and click Send

## Case Management Report

A monthly Case Management Report is mailed to all Primary Case Physicians (PCPs) at the beginning of each month. This report lists all members assigned to that practice. It contains vital information and is an effective tool for PCPs to use to manage the care of their members. PCPs may use the report to verify a member's eligibility and primary language, and identify new members assigned to their case management list and whether such members need an Initial Health Assessment. For questions regarding the members on the Case Management Report, please contact the Member Services Department at extension 301.

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## Eligibility Verification

All providers must verify a member's eligibility prior to making an appointment, rendering services or filling a prescription. PCPs should verify that the member is eligible and assigned to their practice for the date the service is rendered. Other providers should verify the member's eligibility for the month of service and ensure that the referral or prescription is from the member's current PCP. Providers may check eligibility through SBRHA's website or by calling SBRHA's Member Services Staff at (800) 421-2560, extension 301 and choosing option 1.

## Claims Submittal

All *first time original paper claims* must be mailed to:
**Santa Barbara Regional Health Authority**
**P.O. Box 37649, Phoenix, AZ 85069-7649**

*Pharmacy paper claims* must be submitted to **MedImpact, our Pharmacy Benefits Manager:**
**MedImpact Healthcare Systems, Inc.**
**Operations Department Attn: Claims**
**10680 Treena Street, 5th Floor**
**San Diego, CA 92131**

All *non-claim mail* (including corrections to denials and pends), claims inquiries, tracers, appeals and RAFs must be mailed to:
**Santa Barbara Regional Health Authority**
**ATTN: Adjudication**
**110 Castilian Drive, Goleta, CA 93117**

For questions, please contact Angel Vargas, Claims Reimbursement Supervisor, at extension 130, or Lulu Ortiz, Director of Claims Operations, at extension 128.

## Treatment Authorizations

Authorization Request forms (ARs) are needed when requesting authorization from SBRHA for medical services that fall outside the typical scope of care. ARs must be submitted to and approved by the Utilization Management (UM) Department prior to a provider rendering services and must include medical justification. ARs can be submitted online by using the Electronic Treatment Authorization Request form (eTAR) located on SBRHA's website under Providers Only>>Authorizations or a hardcopy can be faxed to the UM Department at (805) 685-6030.

**Note to Referral Providers: A RAF from the PCP is required to be submitted with an AR. Authorization Dates must cover the requested treatment dates of service. Durable Medical Equipment (DME) providers may submit a prescription with their AR in place of the RAF, if the prescription is specific to the recommendations of the AR.**

Definitions of the services that require an AR and completion requirements can be found in the Provider Manual, along with a supply of ARs. Each AR has a unique number and should only be used once. Additional ARs can be obtained by contacting the Provider Services Department at extension 237. For questions regarding ARs for Medical Services, contact Elizabeth Smoot, RN at extension 209 or Judy Delp, RN at extension 257. For questions regarding ARs for DME services, contact Jim St. Ours at extension 216.

## Referrals

Referral Authorization Forms (RAFs) allow PCPs to refer members to other provider types when it is medically necessary for a member to be seen by a specialist or allied provider for a service that is not a Self Referral Benefit. RAFs are not reviewed by our UM Department for approval but should be sent directly from the PCP to the Referral Provider. PCPs can submit referrals online by using the Electronic Referral Authorization Form (eRAF) located on SBRHA's website under Providers Only>>Authorizations. When this feature is used, the Referral Provider is immediately notified by email of the referral and may access it by visiting our website. Referrals submitted online are not only instantaneous, but also help eliminate errors and incorrect information that can cause the denial or delayed payment of claims.

Besides using the eRAF feature, PCPs can also submit a paper RAF. PCPs are then responsible for completing Section 1 of the RAF and sending it to the Referral Provider. The Referral Provider is responsible for completing Section 2 of the RAF and submitting it to SBRHA. We encourage Referral Providers to complete and submit the RAF as soon as they receive one from the PCP to help ensure the claim does not deny or pend because the RAF has not yet been processed at the time of claim submittal. Completion instructions can be found in the Provider Manual. A supply of RAFs have been included for our PCPs. Each RAF has a unique number and should only be used once. Additional RAFs can be obtained by contacting the Provider Services Department at extension 237.

## Medication and Supply Authorizations

A Medical Request Form (MRF) is required for all non-formulary medications and supplies; brand name medications when an equivalent generic is available; medications that do not meet the Code 1 restriction criteria; and any prescription that exceeds the member age, dosing limit, quantity or duration of treatment dispensing limits. A MRF is completed by the prescriber and submitted by fax to SBRHA at (805) 685-7781. A MRF should be completed for each medication and must include the medical justification for the intended use of the prescription. MedImpact, SBRHA's Pharmacy Benefit Manager, is responsible for reviewing and processing all MRFs. The formulary is located on SBRHA's website under For Providers>>Formulary. Full completion instructions, requirements, and a master copy of a MRF can be found in the Provider Manual. Additional copies can be obtained by calling extension 229.

***The Provider Bulletin is produced as a timely supplemental information service for provider office staff. Questions and/or suggestions for articles may be made to Suzzi Tyler (suzzi@sbrha.org), Marina Gordon (marina@sbrha.org), Faith Reeves (faith@sbrha.org), or Jennifer Fraser (jennifer@sbrha.org) at 110 Castilian Drive, Goleta, CA 93117-3028, or by calling 805/685-9525 or 800/421-2560, extension 237.***