

Provider Bulletin

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IN THIS ISSUE

- Message from the CEO
- Optional Benefit Change
- CME Opportunity for Antibiotic Resistance Reduction
- New CHDP Guidelines for Developmental Screening
- Childhood Obesity Summit
- Care Management Referrals
- Claims Corner
- Holiday Closures
- Formulary Update for October - December 2009

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:

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MESSAGE FROM THE CEO

We are facing some of the most interesting times in our industry's history. Federal Healthcare Reform tops the newsworthy events. While too early to predict any legislative outcome, it is safe to say that any legislation passed will likely have some impact on healthcare providers, insurers, employers, and the population, in general.

While keeping an eye on Federal Reform, the State of California is also a hotbed of fiscal concern with a reported deficit projection of \$21 Billion over the next eighteen months. Safety net programs such as Medi-Cal will no doubt be a topic of funding and benefit considerations. CenCal Health and other safety net programs and providers will have their challenges to simply hold ground on status quo as we watch the California 2010/2011 budget unfold.

CenCal Health has fiscal challenges in these days of economic challenge in California. Faced with an \$11 Million deficit on this past year's operation, we struggle to position ourselves to break even status as we approach the midpoint of our current fiscal year. CenCal Health is committed to an operating performance that assures financial viability and at the same time meets the needs of our provider partners. Together, we will continue to maintain and enhance the high level healthcare satisfaction and value to our membership.

On a more positive note, it is exciting to watch our Ventura County neighbors embark on their Medi-Cal managed care journey as they develop a County Organized Health System (COHS) model, based on the same delivery model as originally established by Santa Barbara County in 1982. CenCal Health has extended a partnership hand to Ventura County officials to offer any advice or support their county may desire in rolling out this most ambitious endeavor. A tentative date for Ventura County's managed care conversion from fee-for-service (FFS) is the last quarter of calendar year 2010.

I want to thank our healthcare provider partners for the high service level delivered to the CenCal Health membership on a daily basis. This high service level is clearly demonstrated in the Healthcare Effectiveness Data and Information Set (HEDIS). Among the five County Organized Health System (COHS) plans in California, CenCal Health ranked best for eleven distinct measures of quality for various aspects of care including childhood immunizations, antibiotic use for adults with acute bronchitis, asthma medication management, diabetes care, and postpartum care.

On a national basis, CenCal Health ranked in the top tenth percentile of Medicaid plans for indicators in pediatric immunization, diabetes management, and asthma management. These top marks directly reflect the high level of commitment and service by our provider network with the membership we serve. Congratulations to our healthcare provider partners and thank you for your dedication and support of the CenCal Health programs.

As we all know, federal health care reform has been dominating the news over the past few months. Putting aside the rhetorical hyperbole centered on particular components of the health care reform proposals, in both the Senate and the House of Representatives they serve to reinforce and expand the role of the Medicaid (Medi-Cal) program in providing health care coverage to low income Americans.



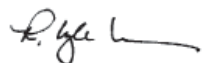
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MESSAGE FROM THE CEO

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Without getting too much into the expansive detail of the legislation (the House version is over 1,100 pages) it's safe to say that both proposals would significantly expand Medicaid eligibility (predominantly to childless adults at certain income levels). Further, some Medicaid eligibles would eventually have the option of participating in what would be called "Health Exchanges," – a state-wide program where several health plans would offer coverage to individuals, small employers and others that don't currently benefit from obtaining health coverage from their (larger) employer. However, to participate in a health exchange a Medicaid eligible would have to pay a subsidized portion of the established premium. While this provision is intended to offer some Medicaid eligibles the choice of several health plans, it also attaches a concomitant cost (paying a portion of the premium) to associate an obligation with the benefit of health coverage.

The House version of health care reform legislation also proposes to raise Medicaid primary care reimbursement to Medicare levels by 2011 – however this provision is not mentioned in the Senate proposal documents to date (the Senate has yet to release its proposal in a detailed form). These examples are intended to provide a glimpse of what's currently being discussed (if not already agreed to) in relation to Medicaid and federal health care reform. These aren't the provisions that are making headlines, but these are the types of provisions that could very well have a positive impact to the long term viability and success of Medicaid.



Regards,
R. Lyle Luman, C.E.O.

OPTIONAL BENEFIT CHANGE

As you are likely aware, the Department of Health Care Services excluded several "optional" benefits from the Medi-Cal Program effective July 1, 2009 as a result of State revenue shortfalls. In July, CenCal Health elected not to follow suit by eliminating these services to our members. Instead, benefit reductions were delayed even though revenue to CenCal Health for the coverage of these services was eliminated.

After a comprehensive review, CenCal Health projected that the cost of indefinitely providing these uncompensated optional benefits totaled over \$1M annually. The unfortunate news is that we **cannot continue to cover all of these optional benefits**. After much deliberation at its meeting on October 21, 2009, CenCal Health's Board of Directors determined it necessary to eliminate the following optional benefits for the Santa Barbara and San Luis Obispo Health Initiative programs **effective January 1, 2010**.

- **Acupuncture services**
- **Chiropractic services**
- **Optometric and optician services** (except for eye examinations and refractions for diabetic members for the determination of diabetic retinopathy)

Over the last five months, the State continued to define a complex list of exceptions for which services can still be provided (i.e. reimbursed). Services to members in the following categories are not impacted. A shortened list and abbreviated descriptions are given below:

Exempted Services

- Medical and surgical services provided by physicians
- Hospital inpatient and outpatient services
- California Children's Services (CCS) authorized services

Exempted Members

- Members under the age of 21
- Members in skilled nursing facilities
- Members who are developmentally disabled
- Crossover claims for members with Medicare and Medi-Cal

If you have any further inquiries please refer to our website at www.cencalhealth.org or contact the Provider Services Department at 805.685.9525, extension 1676.

CONTINUING MEDICAL EDUCATION (CME) OPPORTUNITY FOR ANTIBIOTIC RESISTANCE REDUCTION

Michigan Antibiotic Resistance Reduction (MARR) Coalition and Wayne State University School of Medicine are jointly sponsoring a new CME-accredited web-cast entitled "Promoting Appropriate Management of Upper Respiratory Tract Infections (URIs): Antibiotic Resistance, Treatment Guidelines and Patient Satisfaction." This web-cast is available now through October 5, 2010 and can be accessed at the following websites:

www.reducemisuse.org
www.med.wayne.edu/cme

Specifically designed for primary care practitioners, including physicians, nurse practitioners and physician assistants, the web-cast includes information about antibiotic resistance, treatment guidelines for upper respiratory tract infections (URIs), and strategies to improve patient satisfaction when antibiotics are requested. It also provides useful strategies to improve patient outcomes by setting reasonable expectations for URI treatment and management.

NEW CHILD HEALTH DISABILITY PROGRAM (CHDP) GUIDELINES Q&A ON DEVELOPMENTAL SCREENING

In an effort to better assist our providers we have provided you with a Q & A regarding CHDP guidelines on developmental screening:

Q. The use of developmental screening tools is reimbursable through fee-for-service Medi-Cal for eligible children using Current Procedural Terminology (CPT-4) code 96110. The current rate for this code is \$54.90 and reimbursement is limited to one unit per day for each child. Is CenCal Health using this code at this time?

A. Yes, this code is currently a CenCal Health benefit and the current base rate for this code is \$54.90. CenCal Health may reimburse at a higher rate depending upon a provider's contracted rate, the age of the member, and if the place of service is the Emergency Room.

Q. Providers must submit a copy of the screening report, which includes the summary, with the appropriate Medi-Cal claim form in order to be reimbursed. The tests are not reimbursable for children who are only eligible for state-funded CHDP health assessments. How will this code be reviewed by CenCal Health?

A. Currently, there is a manual review placed on this code by CenCal Health. Our policy is to verify that the report is attached to the claim and a result of the assessment is noted. The claim is then priced and paid accordingly.

Q. Does CenCal Health reimbursement for the purchase of developmental screening tools (CPT 96111)?

A. Yes, this is currently a CenCal Health benefit and the current base rate for this code is \$62.30. CenCal Health may reimburse at a higher rate depending upon a provider's contracted rate, the age of the member and if the place of service is the Emergency Room. Currently, there is a manual review placed on this code by CenCal Health. If CPT 96111 is used for the screening tools reimbursement, this code requires the same as 96110 (above).

For additional Questions regarding claim requirements, you can contact the Claims Department at 805.685.9525, extension 1823.

REGISTER NOW FOR CHILDHOOD OBESITY SUMMIT!

CenCal Health's 3rd annual Childhood Obesity Summit will be held on February 2, 2010 from 4:00pm to 7:00pm at the Radisson



Hotel in Santa Maria. Pediatric providers and staff are encouraged to attend. The cost is \$28.00 which includes dinner and materials. CME units will be offered. The Registration Form and program information are available on our website under Breaking News, or you can contact Paula Michal at (805) 562-1020.

This year our keynote speaker is Ann Yelmokas McDermott, PhD, Director of STRIDE at Cal Poly University. She will speak on "Clinic and Community: Collaborating for Success" and will discuss exciting new research in the field of childhood obesity both nationally and locally.

Barbara Ramirez, MSN, CPNP, who will share the results of her Teen Obesity Project for overweight teens in Santa Maria. In addition, a panel of Registered Dietitians will share their expertise with "Strategies for Counseling Children and Families."

A healthy buffet dinner will be served and there will be displays and information provided by the childhood obesity coalitions in Santa Barbara and San Luis Obispo Counties. We hope you will plan to attend!

CARE MANAGEMENT REFERRALS

CenCal Health's Care Management Program is available to our network physicians to assist in coaching members who have little experience using the medical system. Because Primary Care Providers have time constraints, our nurses are available to assist you in coordinating the care of your members with chronic illnesses/injuries/disabilities. By educating the members on positive lifestyle changes, the importance of medication adherence and ensuring that members keep their medical appointments, health improvements can result and healthcare costs can be reduced by decreasing/preventing hospital admissions, readmissions and Emergency Room recidivism.

Care Managers assist in assessing, coordinating, monitoring, and evaluating the options and services available to meet each member's individual needs. Care Managers also assist with care plans, short term and long term goals agreed upon between nurse and member. Progress reports are shared with physicians. CenCal Health Care Managers can assist you with high risk patients with medical conditions such as COPD, CHF, Diabetes and any medically-complex case, including high risk pregnant members.

If you feel that you may have a member who could benefit from potential care management, please use the Care Management Referral form that is available on our website at www.cencalhealth.org, or you can make telephone referrals by calling 805.685.9525, extension 1637.

CLAIMS

CORNER

START THE NEW YEAR OFF RIGHT! THE CLAIMS DEPARTMENT HAS PROVIDED THE FOLLOWING TIPS FOR CENCAL HEALTH PROVIDERS

We would like to remind you the CPT-4/HCPCS code updates have not yet been adopted by CenCal Health for our Santa Barbara and San Luis Obispo Health Initiative (SBHI & SLOHI) programs, or by the Department of Healthcare Services (DHCS). When billing for SBHI and SLOHI services please do not yet use the 2010 codes. The claims department will notify you in a future provider bulletin as to when you can start billing with the new codes.

For our **NON** Medi-cal programs which include; Healthy Families (HF), Healthy Kids (HF), Prenatal Plus 2 (PP2), and In Home Supportive Services (IHSS) the 2010 codes are effective for dates of service on or after January 1, 2010 and can be billed accordingly. Please note, not all codes are a benefit for all programs.

Are you confused with when to submit a “Claim Correction”, “Provider Grievance” or an “Appeal”? Below are the definitions for all and the guidelines to follow. If in doubt, please contact your Claims Representative who can help guide you at 805.685.9525, extension 1823.

Definition	Guideline	Timeframe
“Claim Correction” / “Non Claim Mail”	When your claim has been denied requesting additional information, you can submit a claim with the corrected information for reconsideration. You MUST state “Corrected Claim” on the claim and submit it to CenCal Health’s Goleta Address.	These corrections MUST be received within 6 months from the date of your EOB for SBHI and SLOHI programs. All <u>non Medi-Cal</u> programs have 365 days from the date of service on the claim.
“Provider Grievance” or “Dispute”	If your corrected claim was not accepted and denied again, you may submit either a Provider Grievance Form or a Dispute requesting reconsideration. Supply as much information as possible to support your request for reconsideration. A Dispute can also be submitted when you feel your claim has been underpaid or overpaid.	These corrections MUST be received within 6 months from the date of your EOB for SBHI and SLOHI programs. All <u>non Medi-Cal</u> programs have 365 days from the date of service on the claim.
“Appeal”	If you’re Provider Grievance or Dispute has also been denied, you may submit an Appeal to Sheila Thompson at our Goleta address for consideration. Supply as much supporting documentation related to the denial as possible for reconsideration.	An Appeal must be received in writing within 90 days of the action/inaction which caused the complaint.

Please note for dates of service on and after January 1, 2010 CenCal Health will be adhering to the service limit for the following procedure codes:

- **80100** (drug, screen; qualitative; multiple drug classes chromatographic method, each procedure) is used to screen for chromatography (stationary and mobile), when one procedure is used to detect multiple drug classes at one time. **Only one procedure is allowed per member, per date of service.**
- **80101** (drug, screen; qualitative; single drug class method, each drug class) is used to screen for chromatography (stationary and mobile) if there are multiple, individual, distinct drug class phases (for example, only “opiates” or only “barbiturates”). **Only one procedure is allowed per member, per date of service.**

These service limits are published in the General Medicine section, chapter “path drug”, (page 1) of the State of California’s Medi-Cal Billing Manual. If you have any questions, please feel free to call your Claims Representative at 805.685.9525, extension 1823.

Claims Department

HOLIDAY CLOSURE

CenCal Health will be closed on New Years Day Friday, January 1, 2010 and Monday, January 18, 2010 in observance of Martin Luther King Day.