

Provider Bulletin

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NEW QUALITY MEASURE FOR WEIGHT ASSESSMENT OF CHILDREN

Did you know that between 1980 and 2000, the number of overweight children has doubled in the 6 to 11 year old range and tripled among adolescents? These statistics are even higher for the Latino population. In response to these startling numbers, CenCal Health has adopted a new HEDIS measure to address childhood obesity. HEDIS stands for Healthcare Effectiveness Data and Information Set and is a standardized set of performance measures used to report quality of care provided by managed care organizations (MCOs) such as CenCal Health. The new weight assessment measure emphasizes the importance of calculating the Body Mass Index (BMI) percentile for children and providing counseling on nutrition and physical activity. This new measure is a quality measure, not an incentive one for CenCal Health.

For our individual and clinic providers specializing in Pediatrics or Family Practice, please remember to complete the following:

- **Calculate the BMI and BMI percentile for children ages 3-17.** The percentile is determined by plotting the BMI on the growth-age chart. Document the date and BMI percentile in the chart or on the PM160 (for CHDP exam).
- **Provide counseling on nutrition and physical activity.** This counseling can be brief and take as little as 1 to 3 minutes. Any one of the following will count, but it is important to document the date and action in the chart or use the V-code below:
 - **Discuss** and document current eating and exercise behaviors of the child
 - Use a **checklist** to indicate discussion about nutrition and physical activity
 - Document that a **referral** was made for nutrition education and physical activity
 - Give **educational materials** and document with specific mention of nutrition education and physical activity.
 - Document **anticipatory guidance** on these topics, with specific mention of nutrition education and physical activity.

The *Staying Healthy Assessment* form can be used to document counseling, educational materials and referrals with a brief notation. The *Make a Change Tool* is also available to our providers, which lists various recommendations for parents and children in a simple one page handout. To request copies of the *Make a Change Tool*, please contact our Health Promotion Educator at healthed@cencalhealth.org or call (800) 421-2560, extension 1662.

V Codes for BMI and Counseling

The following codes can be used on the PM 160 for CHDP years and for CenCal Health claims outside of the CHDP periodicity schedule to indicate that BMI percentile and counseling were performed on children ages 3 to 17.

BMI Measurement: V85.51 = BMI < 5th percentile
V85.52 = BMI 5th to less than 85th percentile
V85.53 = BMI 85th to less than 95th percentile
V85.54 = BMI 95th percentile or greater

Nutrition Counseling:..... V65.3

Physical Activity Counseling: V65.41



*Live Better
Make a Change*

PROGRAM HELPS EDUCATE FAMILIES

The goal of the *Live Better, Make a Change* program is to encourage families to make healthy changes and assist them in receiving services with a registered dietitian (RD) when necessary. Each child with a diagnosis code of obesity (278) or a V-code of V85.54 (BMI in the 95th percentile or greater) receives a Live Better packet of information mailed to the home. In our first year, 2,400 packets were mailed to families, and over 200 families joined the program by committing to making positive changes. These families receive a free recipe book for joining, and a phone call from a CenCal Health Care Manager to help them achieve their goal and access appropriate resources. Mailings to members will continue in 2009.

ATTENTION REFERRAL PROVIDERS - RAFS

The referral authorization process allows Primary Care Providers (PCPs) to refer their assigned members to specialists and allied providers for medically necessary services. Referral Providers receive an email notifying you that a Referral Authorization Form (RAF) has been submitted to your practice along with the status of the RAF. Referral providers must verify that the RAF has been approved and that the dates of service fall within the designated date span prior to rendering services. As eligibility can change monthly under some CenCal Health programs (SBHI & SLOHI), the Referral Provider must verify that the member is eligible for the date of service. An approved RAF is not a guarantee of member eligibility.

NUTRITION EDUCATION BENEFIT

Nutrition education with a Registered Dietitian (RD) is a covered benefit for all CenCal Health members for all administered programs. Members can access a nutrition education provider for a first visit without a referral from their Primary Care Physician (PCP); however, additional visits do require a Referral Authorization Request (RAF) from the PCP. Below is a chart of the benefit structure and requirements for the initial, reassessment and group nutrition counseling services. If nutrition counseling exceeds the benefit limitations, a Treatment Authorization Request (TAR) is required. Please note that services through some clinics, i.e., County Health Clinics, may require a RAF for all visits including the initial assessment.

To locate a contracted RD, please consult the Contracted Provider Listing (CPL) located on our website, www.cencalhealth.org, under For Providers or contact our Health Promotion Educator at healthed@cencalhealth.org or call (800) 421-2560, extension 1662.



Code	Description	Type	Unit	Frequency (maximum)	Referral Auth. Form
97802	Nutrition Therapy – initial assessment	Individual	15 minutes	2 hours per year	Waived
97803	Nutrition Therapy – re-assessment and intervention	Individual	15 minutes	2 hours per month	Required
97804	Nutrition Therapy	Group (2 or more)	30 minutes	10 sessions per 12 month period	Waived

HEALTH CARE FRAUD - WHY IT IS IMPORTANT TO EVERYONE!

It is estimated that losses due to fraud add \$100 billion to the annual cost of health care in the United States thus raising the cost of health care benefits for everyone. Most consumers and health care providers are honest and ethical, but a small percentage of providers and consumers deliberately engages in acts of fraud. Health care fraud is committed when someone intentionally submits or causes someone else to submit false or misleading information that could result in an unauthorized benefit to himself/herself or another person. Health care fraud is a crime and can be committed by dishonest members and health care providers.

We urge you to contact our office if at any time you suspect fraud. Please use the new CenCal Health Confidential Fraud Hotline at (805) 685-9525, extension 3012. Individuals wishing to report a suspicious incident may remain anonymous. If you wish to speak to a live person, please be sure to leave your name and telephone number so that someone can return your call. You may also contact your Provider Services Representative at (805) 685-9525, extension 1676, who can relay the message to the CenCal Health Fraud Investigations Unit on your behalf. Together we can fight healthcare fraud which ultimately affects all of us!

PRESCRIPTION MAIL ORDER PROGRAM - UPDATE

In January 2009, CenCal Health proposed a Mail Order Program to improve services to our members by offering them the convenience of receiving medications they take regularly by mail. The program included maintenance medications for Diabetes, Hypertension, Heart Conditions and Asthma as well as other conditions. During the first quarter of 2009, approximately 300 members opted to enroll in the program to receive 90 day supplies of maintenance medications from CVS Mail Order Service. At the January 2009 meeting of CenCal Health's Board of Directors, there was a great deal of public comment on the proposed mail order pharmacy program. Since this time, CenCal Health continues to examine the program for refinements and safeguards to mitigate any potential concerns. CenCal Health will continue offering this service to those satisfied members that opted to receive these medications in the mail earlier this year. You will receive an update if CenCal Health decides to pursue a mail order pharmacy program on a more widespread basis. For general questions, please contact CenCal Health's Provider Services Department at (805) 685-9525 extension 1676. For pharmacy related questions, please contact CenCal Health's Pharmacy Department at extension 1639.

HEALTH CARE INTERPRETER TRAINING

Do you speak Spanish & English? Do you work or want to work in health care? An introductory course to learn effective, confidential and culturally sensitive health care interpreting through Santa Barbara City College (SBCC) non-credit Adult/Continuing Education is available for you!

When: July 13-17, 2009

Monday-Friday 8:30 a.m. - 5:00 p.m.
Five consecutive 8-hour days

Where: Santa Barbara City College (SBCC)

Wake Center, Room 26
300 N. Turnpike Rd., Santa Barbara

Cost: No Enrollment fee
Cost of materials \$15.00

Earn: 36 Continuing Education Units (CEU) available for CNA, LVN, RNs, MFTs and LCSWs
There will be no CEU charge for CNAs

You may enroll on-line at www.sbccc.edu/AdultEd. For more information, please contact Jayne Brechwald at jebrechwald@sbccc.edu or call (805) 683-8286.

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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DIABETIC SUPPLIES - UPDATE

CenCal Health provides all diabetic members with diabetic supplies, i.e., meters, test strips and lancets, from our diabetic supplier, Home Diagnostics, through the True Track Smart System. All diabetic members can receive a new diabetic meter to assist in making their testing easier and more accurate at no cost or co-pay to the member. Advantages of the True Track Smart System include: only a small blood sample is required, the date and time is displayed with a test memory and the ability to average test scores, and fast results (just 10 seconds). For our member's convenience, there are now three free meters to choose from: TRUEtrack, TRUEresult and TRUE2go.

In order to provide your patient with one of these meters, please use a prescription on file or issue a new prescription to the member to be filled at any participating contracted pharmacy. Diabetic Members with Medicare or other health care coverage as their primary insurance may continue to use their existing provider to obtain their diabetic supplies.

Support is available for the True Track Smart System to any member that has issues with their meter and home glucose testing. If you have any questions regarding this program, please call (800) 421-2560 extension 1647.

ADVANCE HEALTH CARE DIRECTIVES (AHCDs)

Advance Health Care Directives (AHCDs) permit individuals to make their wishes known, or to designate a health care agent to speak for them, should they become unable to communicate due to illness or injury. In some cases, a personal physician may be the only person someone can speak to about issues such as these. AHCDs are part of the documentation guidelines for primary care providers (PCPs) as part of the medical record audit required by the Department of Health Care Services (DHCS). The medical record of an adult patient or emancipated minor must indicate whether the patient was offered information on or has executed an AHCD.

Offering AHCDs to your patients is an important part of your overall medical record score. To receive copies of the AHCD for your office, please call (800) 421-2560, extension 3126. If your patients would like further information on AHCDs, please refer them to the California Coalition for Compassionate Care at www.finalchoices.calhealth.org.

CLAIMS CORNER

• **Authorization Numbers**

When submitting Authorization numbers in Box 23 on the CMS-1500 form for TARs, RAFs, SARs and Health Help authorizations (start with an "R"), please only submit the actual authorization number that is needed for the claim. It is not necessary to include anything else, such as "N/A REQ", "NOT REQ", or "NOT ON FILE", or symbols such as #. It is very important that all authorization numbers be included on claims submitted to CenCal Health even though these numbers may not be required for billing submitted to the State Medi-Cal program (EDS). Including the authorization numbers in the proper box on the claim form will ensure that most claims submitted with authorizations to be reimbursed without review and thus expedite your payment.

• **ALL PROVIDERS:**

Please address all questions regarding claims to your Claims Representative, i.e., questions regarding denials, procedure codes, modifiers, or payments. Please use the following link located in the "Contact Us" section of our website, www.cencalhealth.org, to locate the toll free number with the correct extensions for your claim type: http://www.cencalhealth.org/contact_us/PSContacting.pdf. If leaving a message, please include your name, a return phone number, the Claim Control Number (CCN), and a brief description regarding the issue or concern. Please allow twenty-four (24) hours for your Claim Representative to return your call.

• **Member Identification Numbers:**

CenCal Health recognizes the importance of protecting the identity and health information of our members, and we strongly encourage all providers to avoid using a member's Social Security Number (SSN) whenever possible. To ensure that your claim is processed under the appropriate program, please submit claims using the 9-digit Client Index Number (CIN) for our Medi-Cal (SBHI & SLOHI) and Healthy Families (SBHFP & SLOHFP) programs. These numbers can be found on the member's Benefits Identification Card (BIC) card or CenCal Health's Member ID card. For our Healthy Kids, PP2 & IHSS programs, please use the member's identification number as shown on the member's ID card. For further assistance, please contact our Member Services Department at (805) 685-9525 or (877) 814-1861, extension 1001.