

# Provider Bulletin

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## MAY PROVIDER WORKSHOPS FOLLOW UP

During the month of May, CenCal Health hosted ten Basic Training, Advanced Billing, and Durable Medical Equipment workshops for providers. The workshops were hosted in Goleta, Santa Maria, and San Luis Obispo. 396 representatives from across both counties participated in the workshops. This quarterly workshop educated providers and office staff on managed care, eligibility determination, the referral process, medical and pharmacy authorizations, and billing requirements.

Staff surveyed attendees on their satisfaction at each workshop's conclusion. Our survey response rate in total included 90% of participants. The percentage of attendees highly satisfied by the trainings was 91% overall, with individual training sessions varying from 89% to 94%. We would like to thank all of our providers and their representatives for their participation at our workshops. Your participation is what made it such a success. Below we have listed some common questions that were asked at the workshops.

### Common Questions on California Childrens Services (CCS):

- Q.** Does a CCS member need a RAF?  
**A.** Never, even when the referral is not related to the CCS condition.
- Q.** Does a CCS member need a Health Help authorization?  
**A.** Never, even when the current diagnosis for which the authorization is being obtained is not related to the CCS condition. When services are related to the member's CCS condition, the provider needs to obtain authorization from CCS.

### Common Questions on Medi/Medi members:

- Q.** Does a Medi-Medi member need a RAF?  
**A.** Never, members with other healthcare coverage do not require RAF's.
- Q.** Does a Medi-Medi member need a TAR?  
**A.** Possibly, if the service is a non covered service by Medicare.

### Common Questions on Ambulatory Surgical Center (ASC's):

- Q.** Does an ASC need a RAF?  
**A.** Never. The physician needs the RAF.
- Q.** Does an ASC need a TAR?  
**A.** Possibly, depending on whether the procedure is TAR required. Remember to place the TAR from the Surgeon's office on your claim. You may check if a TAR is required on CenCal Health's website.

### Common Questions on Share of Cost (SOC):

- Q.** Can you obligate to pay a SOC?  
**A.** Yes, have the member sign a form stipulating that they are obligating to pay you their SOC and then make sure you clear their SOC online via CenCal Health's website.

If you have any questions, please contact your assigned Provider Services Representative at (805) 685-9525, extension 1676.

## REMINDER: REASSIGNMENT OF CASE MANAGED MEMBERS

On occasion, a Primary Care Provider (PCP) may encounter a situation that warrants a request to have a member currently assigned to them reassigned to another PCP. For a request to be approved it must be for an appropriate reason and sufficient supporting documentation must be presented. Examples of appropriate reasons include, but are not limited to: habitually missing appointments without calling to cancel, non-compliance with treatment and circumventing case management. We encourage PCPs to address the issue with the member first and attempt to correct it through member education, as reassignment requests should be considered the last resort.

To reassign members, PCPs must use the PCP Reassignment form found on our website, [www.cencalhealth.org](http://www.cencalhealth.org), in the “For Providers” section under “Providers Only”. A drop-down list of reassignment reasons meeting CenCal Health criteria will be available to choose from. The supporting documentation must be entered in the “Provider Remarks” section.

Reassignment requests submitted prior to the 10<sup>th</sup> of the month will be approved effective the first of the following month. If the request is pending requiring additional information, PCPs have the ability to query the original request online, and edit the request to provide updated information. These pending requests will then be considered for approval for the following month. Directions and a list of appropriate reasons to request reassignment can be found in the CenCal Health Provider Manual on the website under “PCP Request for Reassignment via the CenCal Health Website”. For questions on accessing the online re-assignment capabilities, please contact your assigned Provider Services Representative at (805) 685-9525, extension 1676.

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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at 110 Castilian Drive, Goleta, CA 93117-3028, or by calling (805) 685-9525 or (800) 421-2560, ext. 1676.

## VISIT WITH CONGRESSWOMAN LOIS CAPPS

CenCal Health representatives were present during Congresswoman Lois Capps’ visit to the Community Health Centers of the Central Coast (CHCCC) in San Luis Obispo on Tuesday, May 26<sup>th</sup>, 2009. Congresswoman Capps discussed the \$960,000 in federal funding recently provided by the American Recovery and Reinvestment Act to Federal Qualified Health Centers (FQHCs).

At a time when the underinsured are hardest hit by the economic downturn, funding to FQHCs directly benefits those that would otherwise only have access to services in our emergency rooms. This funding allows greater access to healthcare services. As a result of recent funding from this Act, CHCCC developed the *Helping Hand Clinics*. These clinics provide no-cost medical care to individuals and families who have recently lost their medical coverage due to a job loss or because of an employer healthcare termination.

We are fortunate to have Congresswoman Capps take a leadership role in shaping health care reform at the national level, as she truly understands both the need for reform and the value of our community resources. This is another example of her support of the health care safety net programs in Santa Barbara and San Luis Obispo counties.



## SUMMER 2009 MEMBER NEWSLETTER

Health plan households will be mailed our Summer issue of **Your Health** this month containing the updated Preventive Health Guidelines for Adults and Children and the following articles:

- “Help Your Child with Asthma Stay Active This Summer”
- “What are Interpreter Services?”
- “Benefits Available for Low-Income, Disabled Members”
- “MSSP – A Program for Seniors – MSSP”

## INTERPRETER SERVICES

### **Good health care requires good communication**

CenCal Health provides a number of resources to help providers serving increasingly diverse patients and are committed to ensuring that our members receive culturally and linguistically appropriate health care services.

As part of our commitment, free access to interpreter services is available for our health plan's Limited English Proficient (LEP) members. We are grateful that our provider network has so many capable and committed bilingual health care workers who provide language interpretation. However, if a provider or their office staff **does not** speak a member's language, the health plan or provider **cannot require or suggest** that the member provide their own interpreter. A friend or family member may only be used as an interpreter if specifically requested by the member after being informed of their right to interpreter services and declining these services. The use of a family member or friend as an interpreter is generally discouraged and children should not be used as interpreters. If the member chooses to use a family member or friend in lieu of using one of the interpreters provided by CenCal Health, it must be noted in the member's medical record.

### **The following services are provided at no charge for CenCal Health members:**

- **Over-the-phone Interpreting**

Certified Language International provides interpreter services via telephone 24 hours a day, 7 days a week in over 150 languages. To access, providers should call (800) 225-5254. Providers will need to provide the Customer Code 48CEN and their PIN or National Provider Identifier (NPI). Please also have available the last name of the member and the Client Identification Number (CIN#) or Member ID Number prior to making the call to Certified Language International.

- **On-Site Interpreting**

Providers may request a Spanish speaking or American Sign Language interpreter by calling the Member Services Resource Coordinator at (800) 421-2560, extension 1666. Members may obtain assistance or ask questions regarding this service by calling the Member Services Department at (877) 814-1861 to speak with a bilingual representative.

CenCal Health provides a number of resources to assist providers and members better communicate. We encourage you to view our "Provider Tools & Resources" under "Cultural & Linguistic Resources" in the "For Providers" section of our website at [www.cencalhealth.org](http://www.cencalhealth.org).

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## FOSTER PARENT APPRECIATION EVENT

As part of our continued efforts to increase outreach to our members and the underserved community, for the 2<sup>nd</sup> year CenCal Health participated in the annual Foster Parent Appreciation event held on May 30<sup>th</sup> at Lion's Park in Carpinteria. The event was an opportunity for foster families from all regions of Santa Barbara County and the children they care for to enjoy an afternoon of fun, food and activities. CenCal Health employees offered a booth with games that highlighted good nutrition and the need for exercise. "It was a great way to interact with the children and parents, and test their knowledge about things like how many fruits and vegetables to eat each day and how much exercise they should get," said Suzanne Michaud, our Health Promotion Educator. "It was also a good opportunity to talk with foster parents who are using our Health Initiative programs and answer some of their questions about our services and benefits." Providers who would like to get involved may contact Annie Rodriguez with Santa Barbara County's Social Services at [A.Rodriguez@SBCSocialServ.org](mailto:A.Rodriguez@SBCSocialServ.org).



## APPEAL PROCESS FOR TREATMENT AUTHORIZATION REQUESTS (TARS)

Providers may appeal an adverse TAR decision that resulted in a denied or modification. To appeal, providers must submit the following documentation:

- A copy of the original TAR and denial notification
- A letter stating why the denial or modification should be overturned
- Documentation to support overturning the original denial or modification.

All appeals must be initiated within the recently expanded timeframe of 180 days. Providers will be notified of the receipt of their appeal and the appeal process within five (5) business days. For questions on the appeal process and the applicable guidelines, please contact the Health Services Department at (805) 562-1646.

## ARE YOUR PATIENTS SMOKING DURING PREGNANCY?

Do you know that 1,000 infants die each year and many more suffer low birth weight or negative health effects because their mothers smoke during pregnancy? Fewer women today are smoking while pregnant, but many still find it too hard to quit on their own.



The **California Smokers' Helpline** provides free, pregnancy-tailored counseling to help expectant women quit smoking. Their protocol for pregnant smokers has been proven to double the success rate. Follow-up counseling is also provided postpartum to increase the woman's chance quitting and reducing second hand smoke exposure to the baby.

Help your patients quit smoking!

- Ask all of your patients about tobacco use
- Advise your patients who smoke to quit
- Refer those who smoke to the California Smokers' Hotline for free, effective assistance. English speakers should be directed to call (800) NO-BUTTS. Spanish speakers should be directed to call (800) 456-6386.

To order free materials, providers can call (858) 300-1010 or visit the California Smokers' Hotline's website, [www.nobutts.org](http://www.nobutts.org).

## CLAIMS CORNER

### Patient Relationship Code

To avoid unnecessary payment delays and claim denials, please check the appropriate relationship code in Box 6 of the CMS-1500 form. If the "Insured's Id number" in Box 1a is for the member listed in Box 2, the patient relationship should be marked as "Self." CenCal Health is receiving many claims where the relationship code in Box 6 is marked "Child" because of the member's age, but should be marked "Self" because the member has their own Medi-Cal Identification number.

### 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 Benefit Identification Card (BIC) 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 with eligibility verification, please contact our Member Services Department at (805) 685-9525, or (877) 814-1861 extension 1001.

### Claims with OHC denials:

If you receive a denial for all billed charges on a claim from a member's Other Health Coverage (OHC), please be sure to include the accompanying denial reason/explanation of benefits when submitting your claim to CenCal Health. In most cases, CenCal Health can reimburse for these services denied by the OHC if the appropriate information is provided. Submitting the denial reason/explanation can prevent delays in processing the claim and avoid denials.