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CenCal Health Quality and Credentialing Manager Sheila Thompson Receives NAHQ Award



The National Association for Healthcare Quality (NAHQ) has named CenCal Health's Sheila Thompson, RN, CPHQ as the recipient of the Luc R. Pelletier Healthcare Quality Award. This award recognizes an NAHQ member who develops a performance improvement program or initiative that directly impacts the quality of healthcare for a defined group of patients and improves organizational performance. Since 2008, this award has been presented annually to a single healthcare

quality management professional during the yearly NAHQ conference. NAHQ is the leading organization for healthcare quality management professionals, comprising more than 7,500 active members worldwide. At the recent conference in Minneapolis, the award was presented to Thompson, an 18-year employee of CenCal Health.

Comprehensive diabetes care is a priority for CenCal Health, considering the prevalence of diabetes in adult Californians in conjunction with known social determinants such as ethnicity, education and family income levels. Sheila Thompson and her team initiated a Performance Improvement Project by collaborating with providers at a local federally qualified health center to increase the rate of diabetic retinal eye exams for patients enrolled in Medicaid. Diabetic retinopathy is the leading cause of blindness among adults aged 20-74 years in the United States. Early detection and treatment can decrease the risk of severe vision loss. By implementing systemic efficiencies and developing a member outreach process to support retinopathy screening, the center experienced an improvement of 30 percentage points over the previous year. Additionally, CenCal Health's overall rate for diabetic retinopathy screening in San Luis Obispo county increased by 11 percentage points, ranking in the top 10% of Medicaid plans nationally.

Urgent Reminder: Provider Enrollment

Are you enrolled in the Medi-Cal Program? **As of December 31, 2018, all providers are required to be enrolled with Medi-Cal, otherwise risk the ability to receive payment from CenCal Health.**

Providers can enroll in one of two ways:

- 1. Providers are able to enroll through CenCal Health, free of charge, if you only see CenCal Health members and DO NOT provide services to fee-for-service Medi-Cal patients.
- 2. Providers must enroll through the California Department of Health Care Services' (DHCS) PAVE system at <u>pave.dhcs.ca.gov</u> if you provide services to BOTH CenCal Health AND fee-for-service Medi-Cal patients.

If you have enrolled through DHCS, provider enrollment can be verified by visiting the Department of California Health and Human Services Open Data Portal at <u>data.chhs.ca.gov</u>.

If you are not enrolled, **you must do so immediately.** Please contact a Provider Services Representative (PSR) at (805) 562-1676 and the PSR team will assist you with the enrollment process.

Digital Community Report

Check out CenCal Health's new 2018 Community Report online, cencal2018.org

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 psrgroup@cencalhealth.org or by calling (805) 562-1676. Sign up for the electronic Provider Bulletin at http://www.cencalhealth.org/providers/provider-bulletin/.

New Case Management Referral Form

CenCal Health's case management (CM) services are provided by registered nurses, social workers, and transitional care coordinators. CM services assist members with complex medical or behavioral health conditions, high psychosocial risk factors, and/or support navigating through the health care system and continuum of care.

To refer a member to any of our Care Management Programs, providers can complete and submit a CM referral form located on the CenCal Health website, <u>www.cencalhealth.org/providers</u>. The completed CM referral form may be faxed to (805) 681-8260 or the provider can call the Health Services Central Line at (805) 562-1082, option 3 to obtain assistance with referring a member.

Healthwise - New Educational Resources Available

CenCal Health has partnered with Healthwise, Inc. to provide a comprehensive and interactive health education library and tool set to members, providers, and the community directly on the CenCal Health website. This library has decision-making tools, videos, and thousands of health education articles about medical conditions, symptoms, tests, and treatments. The Healthwise educational content is user-tested, evidence-based, and clinically accurate. It's also patient-friendly: written in plain language and available in both English and Spanish. Check out the library on the CenCal Health website, <u>Health & Wellness</u> page.

Fluoride Varnish Benefit

February is National Children's Dental Health Month. As a reminder, Fluoride Varnish is a covered benefit for pediatric members. By applying fluoride varnish, medical providers have an opportunity to help prevent tooth decay, which remains one of the most common chronic diseases of childhood. Tooth decay can lead to oral surgery that would otherwise be preventable and can often be traumatic for children. The application does not require special equipment and is more practical to use with young children.



Billing for Fluoride Varnish

- Use HCPCS code D1206 or CPT code 99188 topical application of fluoride
- Reimbursement includes all materials and supplies needed for the application
- Applications must be documented in the member's medical record
- Treatment is covered up to 3 times in a 12-month period for children age 0 to 5
- Preauthorization is not required

For staff training or questions, please contact CenCal Health's Quality Improvement Department at (805) 617-1997. For questions related to billing, please contact the Claims Department at (805) 562-1083.

Reminder: Radiology Benefit Manager - Care to Care

Did you know that as a CenCal Health Provider, you can access the below Care to Care services?

- Clinical Criteria is available to providers on the CarePortal at cencal.careportal.com or by calling Care to Care at (888) 318-0276
- Peer to Peer Consultations to discuss member cases with a Physician Reviewer

To learn more, please contact our Health Services department at (805) 562-1082.

• Complete the **Provider Satisfaction Survey** on the CarePortal or at the end of your call to provide feedback that will help improve Care to Care services

Holiday Closure CenCal Health will be closed on Monday, February 18, 2018 in observance of Presidents' Day.

Please visit <u>cencal.careportal.com</u> to register for the CarePortal to access services online

Advantages of using the CarePortal:

- Rapid approval of a vast majority of authorization requests
- Direct access to our Clinical Criteria

- Eligibility look-upsProvider Satisfaction Survey
 - ps Authorization inquiries





Proposition 56 Supplemental Payment

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (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 indicated that supplemental payments for physician services in both the Medi-Cal fee-for-service (FFS) and Medi-Cal managed care delivery systems for the 2018-2019 fiscal year will be made available to the managed care plans in April of 2019. CenCal Health's requirement is to reimburse applicable providers (FQHC, RHC and non-contracted providers are excluded from the eligible providers list), the procedure codes listed below inclusive of the supplemental payment rate for dates of service **July 1, 2018 through June 30, 2019** to CenCal Health eligible members, excluding members with Other Health Care coverage or Medicare primary.

CPT Code	Supplemental Payment Amount	CPT Code	Supplemental Payment Amount	
90863	\$5.00	99214	\$62.00	
99211	\$10.00	99393, 99394	\$72.00	
99201	\$18.00	99391	\$75.00	
99212	\$23.00	99215	\$76.00	
99395	\$27.00	99381, 99383	\$77.00	
99385	\$30.00	99392	\$79.00	
99202	\$35.00	99382	\$80.00	
99203	\$43.00	99204, 99384	\$83.00	
99213	\$44.00	99205	\$107.00	

What can you expect to see on your claims paid in March of 2019 and on?

- CenCal Health will begin making supplemental payments on applicable claims beginning March 1, 2018
- 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 starting in March, 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, 2018 through June 30, 2019 to CenCal Health eligible members, *excluding members with Other Health Care coverage or Medicare primary*

Please visit the DHCS Medi-cal website to learn more about this payment or contact the Provider Services Department with any questions at (805) 562-1676 or email psrgroup@cencalhealth.org.



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Opioid Naïve – Acute Pain Day Supply Limit

With the approval of CenCal Health's Pharmacy and Therapeutics Committee and in coordination with its Pharmacy Benefits manager (MedImpact), CenCal Health continues to implement a multiphase plan to deter overutilization of opioids, and update utilization management measures.

Effective **4/1/19**, CenCal Health will implement an opioid naïve edit that will limit initial opioid prescriptions to a 7-day supply. Patients will be identified as opioid naïve by looking back into the member's claim history for an opioid prescription fill in the past 60 days. Further details on the opioid naïve edit will be available in the March provider bulletin, and through the CenCal Health Pharmacy webpage at <u>cencalhealth.org/providers/pharmacy</u>.

Pharmacy Update: May-June 2018

CenCal Health has made several changes to our Formulary based on clinical review, provider interest, cost and utilization analysis. All of the changes represent development and growth of our current Formulary thus giving more choices to the prescribing physician. The changes are represented in summary on the chart below.

Drug	Class	Formulary Status	Restrictions / Limits	Implementation Date		
Formulary Additions						
Retacrit	Hematological Disorders	Formulary		1/1/2019		
Epinephrine Auto Injector	Miscellaneous Agents	Formulary	Epinephrine 0.3mg/0.3ml Auto Injector Coding by NDC 49502-0500-01 Epinephrine 0.15mg/0.3ml Auto Injector Coding by NDC 49502-0501-01	1/1/2019		
Lumoxiti 1mg vial	Neoplastic Disease	Formulary		1/1/2019		
Udenyca 6mg/0.6ml syringe	Hematological Disorders	Formulary		2/1/2019		
Dutasteride 0.5mg capsule	Benign Prostatic Hypertrophy	Formulary		2/1/2019		
Formulary Changes						
Alfuzosin ER 10mg	Benign Prostatic Hypertrophy	Formulary	Removed Step Therapy	2/1/2019		



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