

PROVIDER BULLETIN

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FOR PROVIDERS

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PROVIDER NEWS

Medi-Cal Redetermination will begin April 2023

The Consolidated Appropriations Act of 2023, passed on December 23 2022, provided a fixed end date for Medicaid continuous coverage as of March 31, 2023, uncoupling the continuous coverage requirements from the COVID-19 Public Health Emergency.

States are required to restart their Medicaid eligibility redetermination process in California, Medi-Cal beneficiaries will begin April 1, 2023. Medi-Cal beneficiaries will begin receiving Renewal Packets towards the end of April 2023, with the first discontinuances beginning as early as July 2023 for those that do not provide the requested information to verify eligibility requirements.

Important Information for Providers to Share with Medi-Cal Members

- Department of Health Care Services (DHCS) created a new, Medi-Cal Renewal Website: www.KeepMediCalCoverage.org for members to verify their contact information is correct in order to receive their Renewal Packet. Please share this website as much as possible with your Medi-Cal members.
- Some beneficiaries will be auto-renewed and will receive a Letter of Approval, and the majority will receive a Renewal Packet by mail to complete and return to their local DSS office or on-line following the instructions at their client portals at: www.mybenefitscalwin.org/ or <https://benefitscal.com/>. If address and phone number information is not up to date, this very important information cannot be delivered and members risk discontinuance for lack of returned information.
- DHCS also created a Renewal Toolkit for health plans to share with our providers and community partners. DHCS wants these to be used in their current formats so that common messaging is out to beneficiaries across California. You can access these posters, text scripts, flyers, call scripts and social media/website content for use in your offices and correspondence with Medi-Cal members. The DHCS Renewal Toolkit can be found here: www.dhcs.ca.gov/toolkits/Pages/Medi-Cal-Continuous-Coverage-Unwinding.aspx

Outreach Strategies from DHCS & CenCal Health

DHCS is providing a significant outreach campaign for this renewal process from February 2023 – June 2024 through traditional and digital media channels, including radio, Facebook, and display advertising, as well as through out-of-home advertising, such as billboards and public transit signage. Direct mail, text messaging, and email will be utilized to reach members individually.

CenCal Health's outreach campaign will augment this outreach and consists of social media, website, call center readiness and training on call scripts, a text and robocall campaign, and press releases for awareness.



New Cognitive Health Assessment Requirements

CenCal Health members aged 65 years and older should receive an annual cognitive health assessment to screen for signs of Alzheimer's disease or related dementias. In order for CenCal Health providers to receive reimbursement for the screening of members, the DHCS Dementia Care Aware cognitive health assessment training must be completed prior to providing the screening. More information regarding the training is available at www.dementiacareaware.org.

The following cognitive assessment tools have been approved by DHCS for screening CenCal Health members:

- **Patient Assessment Tools**
 - General Practitioner assessment of Cognition (GPCOG) <https://www.alz.org/media/documents/gpcog-screening-test-english.pdf>
 - Quick Screening for Early Dementia Detection (Mini-Cog) <https://mini-cog.com/download-the-mini-cog-instrument/>
- **Informant tools (family members and close friends)**
 - AD8 Dementia Screening Interview <https://www.alz.org/media/Documents/ad8-dementia-screening.pdf>
 - GPCOG <https://www.alz.org/media/documents/gpcog-screening-test-english.pdf>
 - Short Form of the Informant Questionnaire on Cognitive Decline in the Elderly <https://www.alz.org/media/documents/short-form-informant-questionnaire-decline.pdf>

Following completion of at least one of the above assessment tools, Providers will be able to determine whether a full dementia evaluation is needed and coordinate appropriate care for members.

Providers that have questions regarding the training or screening requirements may reach out to their Provider Services Representative at (805) 562-1676.

Discontinuation of COVID-19 Emergency Medi-Cal Provider Enrollment

In March 2020, due to the COVID-19 public health emergency (PHE), the Department of Health Care Services (DHCS) implemented an amended enrollment process to allow providers to temporarily and provisionally enroll in the Medi-Cal Program.

New Facility Site Review, Medical Record Review Standards finalized

The Department of Health Care Services (DHCS) finalized revisions to the Facility Site Review (FSR) and Medical Record Review (MRR) process.

The updates DHCS made to the FSR and MRR standards and criteria reflect the current guidelines of professional organizations with an emphasis on preventive care, particularly for pediatric practices

CenCal Health's Site Review staff proactively planned the timing of periodic FSR/MRR surveys for existing primary care sites to allow for the finalization of training videos and provider toolkits, and we are excited to share those online at cencalhealth.org/providers/facility-site-review-and-medical-record-review/

Also located on our website is a Provider Toolkit that contains sample logs, policies and procedures you may adapt for your practice, and the complete standards and criteria. Our goal is to ensure that our providers have the support needed to complete a successful FSR/MRR, and we are here to help your practice succeed.

We encourage you to participate in a mock FSR/MRR audit which CenCal Health's Site Review Nurse can offer to your office. If you are interested in a mock audit to assist with preparedness, or have any questions or concerns, please contact myoung@cencalhealth.org

Effective March 29, 2023, DHCS discontinued this expedited enrollment process. Any provider enrolled under the PHE temporary enrollment requirements who wishes to remain enrolled in Medi-Cal must submit a complete enrollment application via the Provider Application and Validation for Enrollment (PAVE) portal.

Providers will have 90 days from the end of the waiver period to submit the enrollment application via PAVE, and those who have not submitted an updated application by June 27 will have their temporary enrollment deactivated on June 28, 2023.

If you have any questions or if CenCal Health may assist you with next steps in the enrollment process, please reach out to your Provider Services Representative at (805) 562-1676.

Pediatric preventive health exams essential

Regular checkups for your pediatric patients are an essential way to keep track of their health and development and ensure children are up-to-date on critical vaccinations. Well child visits are also a time for parents to discuss their child's development or challenges in daily routines.

The American Academy of Pediatrics (AAP) Bright Futures periodicity schedule identifies screenings and assessments recommended at each well-child visit from infancy through adolescence. To learn more about Bright Futures please go to <http://brightfutures.aap.org/>

Below are a few of the recommended health screenings that can be completed. The comprehensive list of recommendations can be found online at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Recommended Screenings during a Well Care Visit	CPT Codes
Developmental Screening	96110
Depression Screening	96127 – Positive with f/u plan: G8431 Negative Screen: G8510
Lead Screening	83655
Tuberculosis Testing	86580, 86480 (blood test)
Adverse Childhood Experiences Screening (ACEs)	G9919: Positive test (Score = 4+) G9920: Negative test (Score = 0 to 3)
Tobacco Use	99406, 99407, 4004F, 1036F

Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits.

Every visit should also be an opportunity to update and complete immunizations. These recommendations can be found online at <https://publications.aap.org/redbook/pages/immunization-schedules?autologincheck=redirected>

Schedule your patient's well-child visit today!



QUICK TIP:

You can also access the Provider Portal under the Quality Care Incentive Program (QCIP) tool to find members due for various aspects of care or go to cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/ for more resources!

Help CenCal Health identify health disparities

Social Determinants of Health (SDOH) are the conditions that impact a person's health outcomes, including the place where a person is born, lives, learns, works, plays, worships, and age. We need your help to identify the health disparities and their root causes that negatively impact our 'members' health.

Any person's care team member can collect this data during any encounter. Consistent collection and claims reporting of SDOH will support our efforts to find solutions to help our members thrive and achieve optimal health.

For more information on Coding for SDOH, please visit:
cencalhealth.org/providers/social-determinants-of-health/



Initial Health Appointment Update

On January 1, 2023, the Initial Health Appointment (formerly known as the Initial Health Assessment), which occurs during a members encounter with a Primary Care Physician will no longer require the components of Individual Health Education Behavioral Assessment (IHEBA) or a Staying Healthy Assessment (SBA).

An Initial Health Appointment is required for all members periodically and re-administered according to the requirements in the Population Health Management Policy Guide and Contract requirements.

As a reminder, the Initial Health Appointment must include the following components:

- A history of the Member's physical and mental health;
- An identification of risks;
- An assessment of need for preventive screens or services;
- Health education; and
- The diagnosis and plan for treatment of any diseases

Additional information on the Population Health Management Policy Guide can be found here: www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf For any additional questions you can reach out to the Provider Services department at (805) 562-1676 or providerservices@cencalhealth.org

Health Promotion update: Tobacco cessation program helps patients quit

Kick It California provides free tobacco cessation education, training, and technical assistance. They also offer options for you to refer your patients and clients to their Quit Services securely. Visit <https://kickitca.org/health-professionals> to learn more.

Ask every patient/client if they use tobacco (smoke, vape, or chew).

Advise tobacco users to quit, even if they've tried before and failed. Every attempt is important.

Refer tobacco users to Kick It California for a free, personalized quit plan from trained Quit Coaches.

Enhanced Care Management- Children/Youth Populations of Focus coming soon

CenCal Health is preparing to offer the Enhanced Care Management (ECM) benefit for Children and Youth Population of Focus going Live 7/1/2023.

The Populations of Focus are Children and Youth (20 and under) who are:

- Experiencing homelessness
- At Risk for Avoidable Hospital or E.D. Utilization
- With Serious Mental Health and/or SUD Needs
- Enrolled in CCS or CCS WCM with additional needs beyond the CCS condition
- Are involved in Child Welfare Services
- With an Intellectual/Development Disability
- Pregnant or Postpartum

ECM Services are designed to recognize the unique needs of children/youth and their families (e.g. caregiver, auth rep, foster parent) and provide systematic coordination of services across other children/youth care management programs, specialty mental health services, Child Welfare Services, foster care systems— and will include services that are community-based and high-touch through a whole person approach.

CenCal Health will identify Children and Youth eligible for ECM utilizing the Department of Health Care Services ECM eligibility criteria and through ECM referrals that can be submitted by various referral sources such as Network providers, Members and Community-based organizations.

To learn more about the specific eligibility criteria for the various Population of Focus please visit DHCS Enhanced Care Management and Community Supports (ILOS) resources online: www.dhcs.ca.gov/Pages/ECMandILOS.aspx or visit cencalhealth.org/providers/calaim/

If you are interested in becoming an ECM provider for Children and Youth population, please contact the Provider Services Department at (805) 562-1676 or email ecmandcs@cencalhealth.org

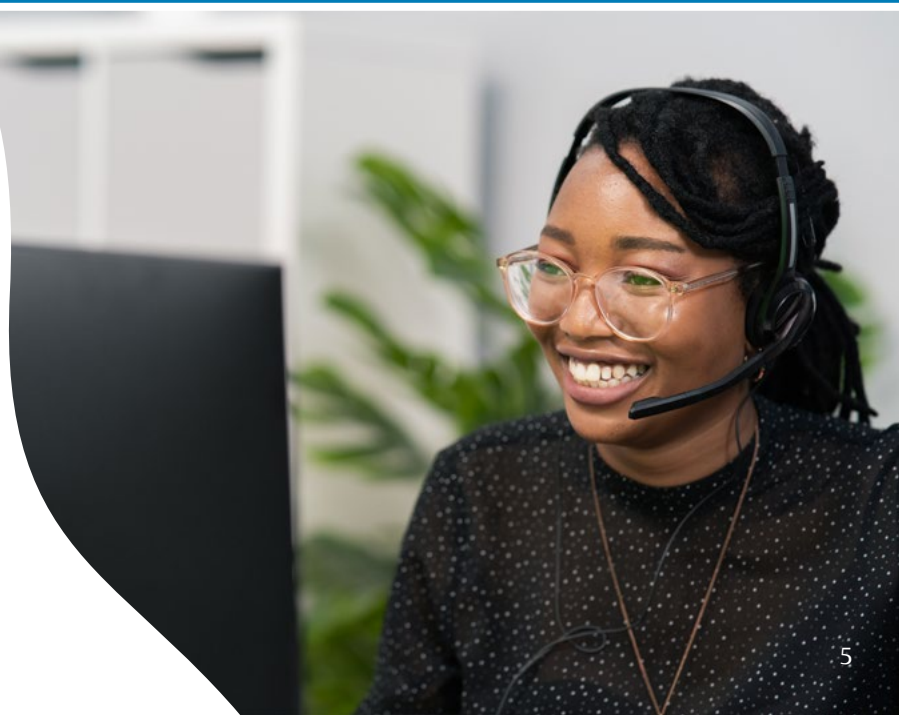


CLAIMS CORNER

New office hours for Claims Department to better serve you

To better assist our provider community, the claims customer service team is now available for claim-related questions from 8 a.m. – 5 p.m.

Please feel free to reach out during these times by calling (805) 562-1083 or via email at cencalclaims@cencalhealth.org



Improved access to ABA services for CenCal Health members

CenCal Health provides coverage of all medically necessary ABA (Applied Behavioral Analysis) services for eligible beneficiaries under 21 years of age for which a licensed physician, surgeon, or psychologist deems that ABA services are medically necessary.

In order to remove barriers to care, CenCal Health now allows any qualifying provider to make a referral for ABA services. Qualifying providers include Psychologists, Physicians, Psychiatrists, and Surgeons, both contracted and non-contracted with CenCal Health.

When a qualified provider determines the need for ABA services, they may fill out a Behavioral Health 50-1 Treatment Authorization Request Form for submission to CenCal Health. These forms can be found online at cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/ under the 'Behavioral Health Treatment (ABA) Provider' 'Content' drop down tab.

CenCal Health also supports the member's choice to choose their provider. Our provider partners and members can find a list of our ABA providers within the Provider Director at providir.cencalhealth.org/.

Ensuring that members are referred to providers who speak their primary language, are geographically accessible for the members, and are open to accept new referrals is important. CenCal Health is able to assist with referrals to appropriate ABA providers, if needed.

BEST PRACTICE TIP:

Some ABA providers prefer a friendly call prior to referrals to inform you of their availability to serve school-age children who primarily need afternoon appointments for ABA treatment due to attending school during the morning/afternoon.



Psychologists: A simple formula for successful authorization submission

Psychologists who receive referrals to complete a Psychological Evaluations are encouraged to utilize our new template. It provides direction on coordinating care for members based on findings and recommendations of the Psychological Evaluation.

As a reminder, Psychological Evaluations do not require a referral or pre-authorization from CenCal Health if you bill one (1) Unit with procedure code 90791. If a provider requires more

than one (1) Unit of Service, please complete a psychological evaluation and pre-approval by submitting a Treatment Authorization Request (TAR) and upload your clinical justification for approval of additional Units of Service.

Please reference the new Psychological Evaluation template for guidance online at cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/ Located under the 'Mental Health Provider Content' tab.

Medi-Cal Rx Reimplementation Plan: Phase III began March 24

Phase III of the Medi-Cal Rx Reinstatement Plan started March 24, 2023. Medi-Cal Rx will initiate a series of transition policy lifts for beneficiaries 22 years of age and older. For beneficiaries 22 years of age and older who were receiving a medication through the Transition Policy (due to historical paid claims data or grandfathered P.A.s that are expiring), the prescription will now be subject to Medi-Cal Rx PA requirements if the medication is identified for transition lift.

For more information, visit the Medi-Cal Rx Education & Outreach page website resource at medi-calrx.dhcs.ca.gov/home/education/ or the Medi-Cal Rx Web Portal at medi-calrx.dhcs.ca.gov/home/ and select **Medi-Cal Rx Reinstatement**. Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

CenCal Health Pharmacy Services is also available to answer any pharmacy inquiry. Please visit cencalhealth.org/providers/pharmacy/ for information regarding: Medi-Cal Rx, Medical-Pharmacy Benefit (Physician-Administered Drugs), Drug Utilization Review, and COVID-19 Treatment Resources.

Providers can also speak with the CenCal Health Pharmacy Department at (805) 562-1080.

COMMUNICATIONS UPDATE

Our 2022/2023 Community Report is now available!

Our 2022/2023 Community Report is now available! This year's theme is "Forward Leading, Looking Back." The 15-month overview emphasizes the ongoing collaboration with our provider and community partners and highlights our early collective accomplishments to implement CalAIM locally, the State's ambitious, long-term commitment to transform and strengthen Medi-Cal. The report guides viewers through CenCal Health's Strategic Plan priorities (referred to as "goals" in the report) that will serve as the key framework going forward to carry out local CalAIM efforts. **This year's report also celebrates our providers and colleagues for 40 years of service in Santa Barbara County and acknowledges our community partners for 40 years of support.**

The 2022/2023 Community Report also features content highlighting:

Please visit cencal2023.org

- The Incentive Payment Program for CalAIM providers.
- The Quality Care Incentive Program for primary care physicians.
- Industry audits that substantiate high-quality pediatric care delivered by our providers.
- Initiatives implemented by CEO Marina Owen to maximize the organization's preparedness by adding Chief positions, reorganizing, and starting a CEO Advisory Committee, as examples.
- Award-winning collaborations.
- Member testimonials.
- And more!

Scan the QR code below



Provider Bulletin update

CenCal Health is now publishing quarterly Provider Bulletins in March, June, September, and December, in addition to monthly digital Bulletins!

CenCal Health will continue providing time-sensitive information to our provider network through other means of communication, including emails, the CenCal Health website, and in person during provider visits.

To ensure that you receive important updates, sign up today by scanning the QR code or with your email address online at cencalhealth.org/providers/provider-bulletin-newsletter/



CenCal Health Holiday Closures

- Monday, May 29, 2023 (Memorial Day observed)
- Monday, June 19, 2023 (JuneTeenth National Independence Day observed)

Provider Services (805) 562-1676

Claims Services (805) 562-1083

Pharmacy Services (805) 562-1080

Health Services (805) 562-1082

Member Services (877) 814-1861

Behavioral Health (805) 562-1600



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CLAIMS CORNER

Prop 56 add-on payment process update

In November 2016, California voters passed Proposition 56, also known as the California Healthcare Research and Prevention Tobacco Tax Act. The proposition allocated a large portion of funds to support Medi-Cal providers. The program provides supplemental payments for certain eligible medical and screening services provided to Medi-Cal beneficiaries. More information on the program can be found here: www.dhcs.ca.gov/provgovpart/Prop-56/Pages/default.aspx

What Is Changing?

- Beginning in April 2023, claims received and paid where Prop 56 add on payments are due will no longer be reflected on the individual claims, but instead will be paid monthly via a separate check from CenCal Health.
- Providers will now see an Explain Code **'HT- PROP 56 SUPPLEMENTAL PAYMENT PAID SEPARATELY'** which will be applied to these service lines explaining that a separate payment will be made. This code will be used through June 2023 to remind providers of the transition.
- These payments will be made by the 15th of the following month after the Prop 56 service was paid.
- A new Itemized report will be available in our secure Provider Portal soon!

Please contact the Claims Department at (805) 562-1083 if you have additional questions.

