

California & Medi-Cal Provider Program Review (12/06/2018)

Attention Network Provider,

Below & attached please find summary reviews for these important California and Medi-Cal programs and services. These summaries are providing just an overview of these services and requirements that you must be aware of. To review and learn more regarding any and all of these program requirements, please go onto www.regalmed.com (see Provider tab), or call our Provider Assistance Line at 866-654-3471 and ask for Network Management To reach the on-call staff member after hours, call 818-654-3400 **Option 9.**

SPECIAL BENEFITS AND COMPLIANCE WHAT YOU NEED TO KNOW

PREVENTIVE SERVICES

Initial Health Assessment/Individual Health Education Behavior Assessment/ Staying Healthy Assessment

Initial Health Assessments (IHA) are a requirement for all new Medi-Cal patients. To make it easy for you, we send out a letter to all your new patients who need their IHA completed. Please note: **Patients who are 18 months or older must receive an IHA within 120 days and patients less than 18 months old must receive an IHA within 60 days.** Here are the assessments broken down by age group:

For Children:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits provide early detection and preventive care for eligible children under the age of 21. As a provider, you are required to provide this screening service as part of the patients initial health assessment screening or when medically necessary. **For more information, visit: <http://www.dhcs.ca.gov/services/Pages/EPSDT.aspx>**
- Child Health Disability Prevention (CHDP) program provides complete health assessments for the early detection and prevention of disease and disabilities for low-income children and youth. A health assessment consists of a physical examination, developmental assessment, nutritional assessment, dental assessment, vision, and hearing tests, and tuberculin test, laboratory tests, immunizations, health education and referrals for any needed diagnosis and treatment. **For more information, please visit: <http://www.dhcs.ca.gov/services/chdp/Pages/ProgramOverview.aspx>**

For Adults:

- Screening and Brief Intervention, Referral to Treatment (SBIRT): As a provider you are required to provide screening as part of the patient's initial health assessment or when medically necessary. Your patient needs to be screened based on the SHA (Staying Healthy Assessment). **For more information, visit: <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx>**

Medi-Cal Provider Education Notice (Cont'd) 07/08/2017

SPECIAL BENEFITS AND COMPLIANCE WHAT YOU NEED TO KNOW

What You Need to Know: Audit Requirements

You must document attempts that demonstrate unsuccessful efforts to contact a patient to schedule an IHA appointment in the patient's health record. Documentation will be considered evidence in meeting this requirement.

Requirements for missed or broken appointments are as follows:

- **First Attempt** – Phone call to patient (or written letter if no telephone). If patient does not respond, then;
- **Second Attempt** – Phone call to patient (or written letter if no telephone). If patient does not respond then;
- **Third Attempt** – Written letter.

For details, refer to the F AQ for IHA on www.regalmed.com under Provider Resources or within REA under Medi-Cal & News links.

COORDINATED SERVICES

Durable Medical Equipment

Medi-Cal patients are provided durable medical equipment if medically necessary. Medi-Cal covers medically necessary equipment when it **“is appropriate for use in or out of the patient's home”** (Title 22, CCR, and Section 51160). **For manual wheelchair prescriptions, an evaluation is required by a licensed provider before a manual wheelchair can be ordered.**

What You Need to Do:

Visit www.regalmed.com under Provider Resources or within REA under Medi-Cal & News links for sample evaluation form and complete the authorization/claims process for durable medical equipment.

Transportation Services

Regal may authorize transportation for Medi-Cal patients if the services will allow smooth continuity of care for the patient at Regal's discretion. Please note that transportation services are coordinated differently by health plan.

What You Need to Do:

Submit an authorization request, which must be accompanied by transportation prescription at www.regalmed.com under the Provider Section and our internal case management team will coordinate all transportation requests.

Continuity of Care (COC) Services

For all Medi-Cal patients transitioning to Medi-Cal Managed Care from Medi-Cal Fee For Service (FFS), patients are allowed the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider. These eligible beneficiaries may require continuity of care for services they had been receiving through Medi-Cal FFS.

What You Need to Know:

1. Regal must be able to determine that the beneficiary has an ongoing relationship with the provider (self-attestation is not sufficient to provide proof of a relationship with a provider);
2. The provider must be willing to accept Medi-Cal FFS rates;
3. The provider must meet Regal's applicable professional standards and has no disqualifying quality of care issues.

For more information, call the provider assistance line at 888.787.1712.

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SPECIAL BENEFITS AND COMPLIANCE WHAT YOU NEED TO KNOW

Managed Long Term and Support Services

Long Term Services and Support (LTSS) help elderly individuals and/or individuals with disabilities with their daily needs for assistance/improvement of their quality of life. Examples include assistance with bathing, dressing and other basic activities of daily living and self-care, as well as support for everyday tasks such as laundry, shopping and transportation. LTSS is provided over an extended period, predominantly in the patient's home and in the community, but also in facility-based settings such as nursing facilities.

These services are categorized into four groups:

- Multipurpose Senior Services Program (MSSP)
- In Home Support Services (IHSS)
- Community-Based Adult Services (CBAS)
- Long Term Care

How to Coordinate Services:

Please visit www.regalmed.com for the details of the coordination of LTSS services. For assistance in coordinating care for Medi-Cal patients, provider may send an authorization request. Our case management department will help with the coordination of services.

SERVICES REQUIRING NO PRIOR AUTHORIZATION

Medi-Cal Sensitive Services

Medi-Cal Sensitive Services are a covered benefit and **do not require prior authorization for both in and out of network provider services**. The list of Medi-Cal sensitive services are as follows:

- Sexually transmitted diseases
- Family planning services for network or out of plan providers
- Abortion services (physician provided services)
- Sterilization and Informed consent
- Human Immunodeficiency virus (HIV) Testing and Counseling
- Minor Consent Services
- Hospice Services

What You Need to Know:

By law, sterilization requests do not require authorization, but require an informed consent form to be obtained from patient. Therefore, all sterilization claims must be accompanied by the sterilization consent form dated and signed by both the provider and the patient 30 days prior to the date the sterilization service was rendered.

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SPECIAL BENEFITS AND COMPLIANCE WHAT YOU NEED TO KNOW

CARVE OUT SERVICES

California Children's Services Program (CCS)

California Children's Services (CCS) is a state funded Medi-Cal program for children who are under 21 years of age and meet established criteria. Once a Medi-Cal patient's condition is accepted as a CCS eligible diagnosis, services are carved out to the CCS program by Regal's Medi-Cal CCS department.

Criteria to qualify for CCS services:

1. Patient must have a health problem that is covered by CCS
2. Patient must be a resident of California and has one of the following:
 - Family income of \$40,000 or less
 - Out-of-pocket medical expenses expected to be more than 20 percent of family's adjusted gross income
 - A need for an evaluation to find out if there is a health problem covered by CCS
 - Was adopted with a known health problem that is covered by CCS
 - A need for the Medical Therapy Program
 - Medi-Cal, with full benefits

What to Know and How to Access More Information:

- **All CCS procedures must be administered by a CCS Panel provider.**
- **All CCS referrals should be accompanied by detailed progress/visit notes and also Lab results if applicable to ensure the successful approval of the CCS request.**
- **A list of qualifying CCS diagnoses is available at www.regalmed.com under Provider Resources or within REA under Medi-Cal & News links.**

Transplant Procedures

Transplant procedures are a covered benefit for Medi-Cal patients. Transplant requests are categorized in two ways based on the payer of the services:

- Kidney and cornea transplants
- All other major organ transplants

Regal evaluates all potential transplant authorization from the provider once the authorization is approved:

For kidney and cornea transplants, the patient's medical group will pay for the services and for all other major organ transplants, **the Medi-Cal program pays for the services.** This means that all patients who are approved for a major organ transplant except kidney and cornea get reassigned (dis-enrolled) back to the Medi-Cal fee for service program after evaluation and approval of transplant services.

Please note: The transplant center physician must submit a Treatment Authorization Request (TAR) to the San Francisco Medi-Cal Field Office (For adults 21 years and older) to initiate the reassignment of the potential transplant patient back to the Medi-Cal program. Once the Medi-Cal program approves the request, the transplant center physician can perform transplant services.

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SPECIAL BENEFITS AND COMPLIANCE WHAT YOU NEED TO KNOW

Transplant Procedures (Cont'd)

San Francisco Medi-Cal Field Office
185 Berry Street, Suite 290
San Francisco, CA 94107
(415) 904-9600

For children under 21 years of age, Regal will coordinate the approval of the TAR with California Children's Services Program.

What You Need to Know:

All transplant procedures and Workup needs to be completed at a DHCS approved transplant center. Regal will coordinate all referrals and authorization to ensure this.

See the Medi-Cal Transplant FAQ for complete details of the coordination of transplant services at www.regalmed.com under Provider Resources or within REA under Medi-Cal & News links.

Dental Services

Dental Benefits are carved out to Denti-Cal with the state. **Refer patients to the Denti-Cal program by calling: 1-800-322-6384 for more information.**

Vision Services

Vision services are provided by the patient's Health Plan. **We recommend that the patient contact his/her health plan for coordination of services. Health plan name is located on the patient's Medi-Cal ID card.**

Mental/Behavioral Health Services

Medi-Cal beneficiaries with serious mental health needs that cannot be met within a primary care physician's scope of practice receive specialty mental health services and support that are administered by the County Health Office or sometimes carved out vendors through the health plan.

How to Refer Patients:

It is best to refer all cases to our Behavioral Health Team by submitting an authorization at www.regalmed.com, using your provider access express account.

For All California Providers (including Commercial, Managed Care, Medicare or Medi-Cal patients or Members

NEW: California Law – AB2760- Requirement to prescribe anti-overdose drugs (Naloxone) and educate regarding Substance Abuse when prescribing Opioids. It becomes the law and effective on January 1, 2019.

AB 2760 requires requires high-risk patients be prescribed the overdose reversal drug naloxone when receiving prescriptions for opioids. The bill has an educational element that mandates a discussion of substance abuse with those receiving the prescriptions.

The bill is prescriptive in its requirements for prescribers; failure to provide the education and information required shall be referred to the licensing board imposing administrative sanctions.

Section 742A prescriber who fails to offer a prescription, as required under the new law, or fails to provide the education and use information required by this law will be subject to actions, including administrative fines, by the Medical Licensing Board. To view the entire bill, visit:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB2760

Key Contact Information

Regal Medical Group Provider Portal: www.regalmed.com

After hours contact Information: 818-357-5000, option 9