



CHOC HEALTH ALLIANCE PROVIDER NEWSLETTER

Healthy Families Program Member Transition

JANUARY. 2013

The Health Families Transition takes effect on January 1, 2013. Remember to verify eligibility for every Member prior to the appointment date and time. Vaccinations will be covered under CHDP services. The Vaccines for Children (VFC) Program will supply providers with vaccines free of charge if provider is enrolled in the VFC Program.

Mental health services will no longer be a covered benefit. Members should be directed to Orange County Children and Youth Service Out-patient Clinics. There are several locations throughout the county.

- ◆ Anaheim, Brea, Buena Park, Fullerton, La Habra, La Palma, Placentia, Yorba Linda : CYS – Northern Region Clinic 377 E. Chapman Avenue, Suite 110 Placentia, CA 92870 , 714-577-5400
- ◆ Costa Mesa, Irvine, Newport Beach or Corona Del Mar : CYS – Costa Mesa Region Clinic 3115 Redhill Avenue, Costa Mesa, CA 92626 , 714-850-8408
- ◆ Aliso Viejo, Laguna Beach, Laguna Niguel, San Clemente, San Juan Capistrano, Dana Point, Mission Viejo, Lake Forest, Rancho Santa Margarita, Laguna Hills, Silverado Canyon, Trabuco Canyon, Foothill Ranch, Coto de Coza or Ladera Ranch : CYS – South Region Clinic 21632 Wesley Dr. Laguna Beach, CA 92651, 949-499-5346
- ◆ El Modena, Orange, Santa Ana, Tustin, or Villa Park : CYS – East Region Clinic 1200 N. Main St., Suite 500 Santa Ana, CA 92701, 714-480-6600
- ◆ Cypress, Fountain Valley, Garden Grove, Huntington Beach, Las Alamitos, Midway City, Seal Beach, Sunset Beach, Stanton or Westminster : CYS – West Region Clinic 14140 Beach Blvd., Suite 155 Westminster, CA 92683, 714-896-7556

Outside of Orange County, Members can call Orange County Mental Health Plan at 800-723-8641

Drug and alcohol services, patients can call Orange County Alcohol and Drug Abuse Service at 714-834-3840

CalOptima will provide a tool-kit for providers soon. CHOC Health Alliance will provide new information as it is received. You can also reference the following link: <http://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx>

Welcome New Providers!!

Kabafusion-Infusion Therapy

Coastline Orthopedic Group

Daniel Stein, MD, Brett. Batchelor, MD,, Zafar Khan MD, and Payam Farjoodi, MD

Specialize in general orthopedics, foot and ankle issues, sports medicine, fractures, pediatric orthopedics, joint replacement surgery, hand surgery and spinal disorders.,

CHA's Quarterly Office Manager Meeting

CHA's next quarterly office manager meeting is Wednesday, February 6, 2013 at the Hacienda Restaurant in Santa Ana. The presentation will include an abovehealth website demonstration and information regarding the Healthy Families Program transition. If you did not receive an invitation, please call the Provider Relations Department at 800-387-1103, option #3. Please RSVP by February 1, 2013.

Prior Authorization Department Updates

Martin Luther King Day

Please be advised that CalOptima and CHOC Health Alliance will be observing Martin Luther King Day on Monday, January 21, 2013. The Prior Authorization Department will have limited staff available to take your calls on this day. Please utilize our toll free fax number: (855) 867-0868 for all prior authorization requests, and limit your phone calls to Healthy Families members only. Thank you for your support.

Submitting Clinical Notes

CHOC Health Alliance has a dedicated fax number to submit clinical notes associated with your prior authorization requests. To ensure that your prior authorization request is reviewed timely, please **fax clinical information only to (855)210-0413**. Please **do not** use the Prior Authorization fax number to submit clinical notes, as it may take up to 5 days before the clinical information can be accessed.

Enteral Nutrition and Diapers

- When requesting an authorization for enteral nutrition, you must include the member's growth chart. These services cannot be authorized without this clinical information.
- When requesting an authorization for diapers, please fill out the Incontinence Form. Located on the CHA website
- Please note the criteria for diapers is:

The incontinence is due to a chronic physical or mental condition, including cerebral palsy and developmental delay, and at an age when the child would normally be expected to achieve continence.

If approved, the authorization will be good for six months, and the number of diapers approved will be reflected *in the number of diapers*. Diapers will not be approved without the above information documented on the Incontinence Form.

Therapy Services Preferred Provider

Providence is CHA's preferred therapy provider for Audiology, Occupational, Speech, and Swallow therapy. Members will be re-directed to Providence when a new request to another therapy provider is received and/or when an evaluation by another therapy provider was completed within the last 6 months, but therapy has not been started. Please note, for continuity of care, Members who are currently receiving therapy at another facility, will continue to be approved at that facility until their episode of care is complete.

Requesting Prior Authorization for Therapy Services

All Therapy requests for more than 20 visits per therapy type, will require a medical necessity review through Milliman or Aetna policies and also reviewed by the CHA Medical Director for approval (even if it meets criteria). In addition, CHA will be approving all therapy PA requests for a 3 month period, instead of 6 months. When submitting authorizations on abovehealth, please remember to change the end date to reflect a 3 month authorization period. Any additional therapies requested after the initial authorization, must also be reviewed for medical necessity and then sent to the CHA Medical Director if the request is for more than 20 visits for the final approval.

Please remember to ask for the clinical notes to support the initial request. For any additional requests for therapy, you must have the progress notes, indicating how many sessions have been used.

Case Management Department Update

The CHA case management department is available to help you meet the member's healthcare needs. We work with the client and their families to assist them in becoming more independent, attain and maintain the highest level of physical, mental and psychosocial well-being. Members that will benefit from Case Management are:

- Members that have frequent ER visits or acute case admission for the same diagnosis
- Chronically ill children or newly diagnosed with chronic condition
- Two or more active chronic diseases with multiple providers
- High-risk children with: California Children's Services eligible diagnosis, NICU babies with multiple outpatient referrals, severe asthma, chronic lung disease or congenital heart disease
- Patients requiring complex coordination of services
- Oncology/Major Surgical procedures for treatment of Cancer
- RCOC eligible members – receiving private duty nursing in the home, outpatient therapies, short term home health care
- Behavioral Health Services in need of coordination
- OB patients
- Patients with psychological or functional needs which impact ADL's (or ability to comply with medical regimen)
- Patients those are not compliant with treatment regimen (missing appointments, not refilling medications, etc.)

Members may be referred to Case Management by using the PA authorization form and faxing it to (855)288-6313. For the Services Requested section of the form, please specify "case management referral" and the reason for referral.

HEDIS® HELP!

If you participate in the California Immunization Registry (CAIR), your immunization information will now be included in the HEDIS® rates. If you do not participate in CAIR, the Quality Management department encourages you to sign up for this important service. Go to www.cairweb.org for more information.

We are currently accepting copies of immunization records to be included in the HEDIS® rates. Send the copies to the Quality Management Department:

Fax to 860-262-9583

e-mail to CHOC_HEDIS@aetna.com

Mail to CHOC Health Alliance Quality Management Department at:

1120 W. La Veta Ave., Suite 450, Orange, CA 92868

Quality Management

CHOC Health Alliance's Quality Management (QM) program is a continuous quality improvement process that includes comprehensive quality assessment and performance improvement activities. These activities continuously and proactively review our clinical and operational programs and processes to identify opportunities for continued improvement. Our continuous quality improvement process enables us to:

- Assess current practices in both clinical and non-clinical areas
- Identify opportunities for improvement
- Select the most effective interventions
- Evaluate and measure on an ongoing basis the success of implemented interventions, refining the interventions as necessary

CHA work with our network providers to continuously improve network performance on Medicaid HEDIS® scores. CHOC Health Alliance follows the most current version of Medicaid HEDIS® and discontinues measures when retired. Providers are expected to provide relevant portions of the Member's medical record, as requested, for the purpose of HEDIS® data collection and other quality studies. If you have questions or ideas that you would like to share regarding quality improvement initiatives, please contact the quality management department at (714) 565-5100.

Anesthesia Billing

The November Medi-Cal Bulletin included instructions to providers to change their billing methodology for electronic anesthesia claims. This change is NOT applicable when billing CHOC Health Alliance for anesthesia services. Providers must continue to bill in timed units (15 minute increments) and include the start and stop times on all claims, electronic and paper. Claims not billed in this manner will be denied.

Visit us on the Web! www.chochealthalliance.com