

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
CRAMENTO, CA 95814

September 20, 1983



To: All County Welfare Directors

Letter No. 83- 61

SANTA BARBARA COUNTY HEALTH INITIATIVE

Effective September 1, 1983 a significant change in the Medi-Cal health care delivery system was implemented in Santa Barbara County. The Santa Barbara Health Initiative (SBHI) is a Medi-Cal pilot project under contract to the State. It is designed to develop a more economical organization of health care resources on a case management basis and to improve continuity of care. The enclosed SBHI Bulletin explains SBHI in detail.

Since SBHI covers all Medi-Cal beneficiaries in Santa Barbara County the major impact on other counties will occur on intercounty transfers to or from Santa Barbara County. The implementation of SBHI does not alter Title 22, California Administrative Code, Section 50137, "Intercounty Transfer - Effective Date of Discontinuance/Eligibility". Please note that Sections 50137(a) and 50137(b) provide guidelines for establishing the effective date of discontinuance/eligibility for an intercounty transfer. However, Section 50137(c) allows counties to establish different effective dates of discontinuance if the counties mutually agree and if the initiating county department can suppress the card issuance for the following month. Section 50137(c) applies to SBHI beneficiaries as well as fee-for-service Medi-Cal beneficiaries.

Should you have any questions regarding the information presented in this letter or the attached Bulletin, please contact Rick Castro, Project Manager, Department of Health Services, CO/HMO Development Section 714 P Street, Sacramento, CA 95814, (916) 324-5810.

Sincerely,

ORIGINAL SIGNED BY

Caroline Cabias, Chief
Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants



MEDI-CAL UPDATE

P.O. BOX 15000, SACRAMENTO, CALIF. 95815

August 1983

Medical Services Bulletin No. 72

Long Term Care Bulletin No. 48

Inpatient/Outpatient Bulletin No. 67

Vision Care Bulletin No. 47

Allied Health Services Bulletin No. 57

Pharmacy Bulletin No. 87

Santa Barbara Health Initiative

Claims for health services rendered on or after September 1, 1983, to Santa Barbara County Medi-Cal beneficiaries will be submitted to and paid by the Santa Barbara County Special Health Care Authority, operating as the Santa Barbara Health Initiative (SBHI). After September 1, 1983, all services rendered to these beneficiaries must have prior approval of the beneficiary's Primary Care Provider or the Santa Barbara Health Initiative Medical Director to receive payment. Claims for these beneficiaries will no longer be submitted to Computer Sciences Corporation (CSC).

The SBHI is a Medi-Cal pilot project under contract to the State designed to develop a more economical organization of health care resources on a case management basis and to improve continuity of care.

The following major policy changes should be noted:

o Eligibility

All beneficiaries with an identification number beginning with county code 42 (Santa Barbara County) who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers will be served through the Santa Barbara Health Initiative.

o Health Initiative Card

A Santa Barbara Health Initiative Card will be issued. It will be blue in color, of cardboard stock and the size of a normal credit card. The name and the telephone number of the beneficiary's Primary Care Provider will be listed on the card. (See a sample Santa Barbara Health Initiative card on the following page.)

Health Initiative
 SANTA BARBARA COUNTY SPECIAL HEALTH CARE AUTHORITY
 135E. ORTEGA STREET, SANTA BARBARA, CA. 93101

Name
 Medi-Cal ID No.
 Date of Birth Sex
 Other Coverage
 Restricted Services (If applicable)
 Primary Care Provider
 Telephone No.

Retain this card; carry with you at all times. This card is for identification only and is not proof of eligibility

EMERGENCY CARE - In a true emergency, all non-contracting providers must notify the Health Initiative within 24 hours of treatment.

NON-EMERGENCY CARE - Providers must call the primary care provider for authorization to treat. If this is not possible, call the Health Initiative at the number below.

FOR SERVICE AUTHORIZATION OR ELIGIBILITY VERIFICATION Call 805/963-9261. TOLL FREE 800/421-2560

Sample Santa Barbara Health Initiative Card

Santa Barbara Medi-Cal beneficiaries will continue to receive a Medi-Cal card restricted to dental services. It will be red in color and labeled "SANTA BARBARA HEALTH INITIATIVE FOR DENTAL SERVICES ONLY." This restricted card should be used to confirm eligibility for all Medi-Cal services (medical services through the SBHI and dental services through California Dental Service). SBHI Medi-Cal beneficiaries can be identified by the county code 42 (the first two digits of the beneficiary ID number) as shown on the following sample card.

MEDI-CAL IDENTIFICATION CARD

VALID: SEPT 83 07/20/84 E
 SSA# 123456789

SANTA BARBARA HEALTH INITIATIVE FOR DENTAL SERVICES ONLY
 42-06-9-999999999 ***9**

FIRSTNAME LASTNAME
 1ST ADDRESS LINE
 2ND ADDRESS LINE
 CITY STATE CAL 95660

MEDI ID: 123456789
 O/C: N
 N15

LASTNAME FIR9
 42069999999999
 0983P44FNP3

LASTNAME FIR9
 42069999999999
 0983P44FNP3

LASTNAME FIR9
 42069999999999
 0983P44FNP3

LASTNAME FIR9
 42069999999999
 0983P44FNP3

LASTNAME FIR9
 42069999999999
 0983P44FNP3

LASTNAME FIR9
 42069999999999
 0983P44FNP3

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDICAL CARE PROGRAMS REQUIRING THAT PROVIDERS BILL MEDICARE, CHAMPUS, KASER, AND ROSS-LOOS BEFORE MEDICAL CARE IS BILLED. PROVIDERS ARE ENCOURAGED TO BILL ALL OTHER HEALTH COVERAGE CARRIERS DIRECTLY.

MC300 R(3-82)

PILOT PROJECT NAME
 BENEFICIARY ID NUMBER INDICATING COUNTY CODE

BENEFICIARY ID NUMBER INDICATING COUNTY CODE

LASTNAME	FIR9
42069999999999	0983P44FNP3

PILOT PROJECT CODE

Sample Santa Barbara County Medi-Cal Card

o Authorization for Treatment

The Primary Care Provider has accepted responsibility for monitoring the beneficiary's medical care and shares accountability for the quality and cost of care rendered. If it is deemed necessary, the Primary Care Provider will authorize a specialist to see the beneficiary. The beneficiary must present his/her red card as proof of eligibility. If no card is presented by the beneficiary, eligibility must be verified by calling the SBHI at (805)963-9261 or from Southern California counties (800)421-2560 (toll free). Upon establishment of the provider's identity, the Santa Barbara Health Initiative will verify eligibility and furnish the name and telephone number of the physician case manager.

o Emergency Services

An emergency condition is one in which the patient has severe pain or symptoms which, if not treated immediately, would lead to significant disability or death. In such circumstances, any provider may immediately accept full responsibility for the patient and use whatever means necessary to eliminate the emergency nature of the patient's condition. As soon as the emergency condition has been controlled or eliminated, the Primary Care Provider or the Santa Barbara Health Initiative Medical Director must be notified. Failure to report continuing care within 24 hours of the initial emergency encounter shall, in the absence of mitigating circumstances, invalidate the entire claim.

o Covered Services

All services authorized for Medi-Cal reimbursement will be provided through the Santa Barbara Health Initiative with the following exceptions: dental services, Child Health Disability Prevention (CHDP), Short-Doyle/Medi-Cal services, and services provided under California Children Services (CCS) that are not reimbursable under Title 19. Claims for dental services must be submitted to California Dental Services. CHDP claims must be submitted to the CHDP branch of the Department of Health Services. California Children Services claims must be submitted to CCS. Short-Doyle/Medi-Cal providers should continue to bill as usual.

o Billing and Payment for Services

Claims for authorized services rendered on or after September 1, 1983, must be submitted to the Santa Barbara

Health Initiative. Standard Medi-Cal claim forms are acceptable. In the event the beneficiary has other insurance or third-party liability coverage, the SBHI shall be considered the payor of last resort. Claims should be sent to:

Santa Barbara Health Initiative
Claims/Encounters
P. O. Box 21108
Santa Barbara, CA 93121

Providers serving Santa Barbara County Medi-Cal beneficiaries will no longer be reimbursed for services rendered on or after September 1, 1983, through CSC even if a Treatment Authorization Request (TAR) was approved for services to be rendered on or after that date. CSC must be billed in the usual manner for services provided on or before August 31, 1983. Bills for authorized services rendered to beneficiaries on or after September 1, 1983, must be separately billed to the SBHI. Out-of-county inpatient providers now caring for SBHI beneficiaries admitted prior to September 1, 1983, and who require continued care, must contact the SBHI to receive authorization.

o Provider Appeal Rights

Provider appeals will be addressed by the SBHI. Disputed claims for emergency services may be submitted to the Director of the State Department of Health Services for resolution under the provisions of Section 14454 of the Welfare and Institutions Code.

If you are a provider wishing to serve Medi-Cal beneficiaries in Santa Barbara County and would like to be contracting as a provider, please contact the SBHI at (805)963-9261.

Questions regarding this notice should be addressed to the Santa Barbara Health Initiative at (805)963-9261, or from Southern California counties (800)421-2560 (toll free).