

March 26, 2021

Subject: **Notification of June 2021 Updates to the *Blue Shield Promise Health Plan Medi-Cal Provider Manual***

Dear Provider:

We have revised our *Blue Shield Promise Health Plan Medi-Cal Provider Manual*. The changes listed in the following provider manual sections are effective June 1, 2021.

On that date, you can search and download the revised manual on the Blue Shield Promise Provider website at www.blueshieldca.com/promise/providers. Click on *Provider manuals* under the *policies & guidelines* heading in the middle of the page.

You may also request a CD version of the revised *Blue Shield Promise Health Plan Medi-Cal Provider Manual* be mailed to you, once it is published, by emailing providermanuals@blueshieldca.com.

The *Blue Shield Promise Health Plan Medi-Cal Provider Manual* is referenced in the agreement between Blue Shield of California Promise Health Plan (Blue Shield Promise) and those Medi-Cal providers contracted with Blue Shield Promise. If a conflict arises between the *Blue Shield Promise Health Plan Medi-Cal Provider Manual* and the agreement held by the provider and Blue Shield Promise, the agreement prevails.

If you have any questions regarding this notice about the revisions that will be published in the June 2021 version of this manual, please contact Blue Shield Promise Provider Services at (800) 468-9935.

Sincerely,



Hugo Florez
Vice President, Provider Network Management
Promise Health Plan and PPO Specialty Networks

TBSP11820 (3/21)

UPDATES TO THE JUNE 2021
BLUE SHIELD PROMISE HEALTH PLAN MEDI-CAL MANUAL

Section 7: Utilization Management

7.8.1: California Children's Services (CCS)

*This section has been **deleted and replaced** with the following language:*

California Children's Services (CCS) are carved out of the Blue Shield Promise Health Plan benefit agreement. The CCS Program provides physical habilitation and rehabilitation for children with specified handicapping conditions through CCS certified providers. The program goal is to obtain the medical and allied services necessary to achieve maximum physical and social function for handicapped children. Children identified with CCS-eligible conditions are referred to CCS immediately upon identification.

When a Member is identified as meeting the criteria for inclusion in the CCS Program, the Member, Member's family or designee is notified in writing and is informed that they will be contacted by a Blue Shield Promise employee to discuss the CCS Program. For newly enrolled Members or existing Medi-Cal beneficiaries transitioning to Blue Shield Promise, Blue Shield Promise maintains a process by which a CCS-eligible child or youth may maintain access to CCS providers and receive assistance in coordination with the new PCP. For children or youth that have an existing relationship with an out-of-network provider and are requesting continuity of care, Blue Shield Promise will follow the health plan responsibilities identified in the DHCS regulatory requirements.

7.8.1.1 CCS Provider Training

The CCS Program maintains mechanisms to ensure that all contracted providers are informed of the following: CCS program eligibility requirements, the need to identify potentially eligible children and how to refer to the CCS program. Trainings will occur for all new providers or IPAs in the New Provider Training Material as well as upon request of a provider or IPA. Training opportunities can also be identified during the annual delegation oversight audits. At a minimum, training will occur at least annually in the form of provider updates emails, newsletters or e-broadcasts via the Blue Shield Provider Connection website.

7.8.1.2 CCS Care Management

The CCS Program will be responsible for case management of all identified CCS-eligible members and authorizes medically necessary care.

The Blue Shield Promise UM Department can serve as a link between Blue Shield Promise PCPs and the CCS Program. This will be done by appropriately identifying and channeling all potential/applicable referrals to CCS in accordance with the specified program standards.

7.8.2: Child Health and Disability Prevention Program (CHDP)

Added language expanding on lead screening requirements to comply with APL 20-16 Blood Lead Screening of Young Children, as follows:

Comprehensive Health History and Physical Examination

CHDP standards include screening and immunization schedules for specific age groups. Tests are to include the following:

- Tuberculin tests
- Cholesterol screening
- STD screening
- Lab testing for anemia, diabetes, and/or urinary tract infection
- Testing for Sickle Cell Trait
- **Lead screening** (Lead level checks at ages 12 months, 24 months, or 72 months. A lead level range above 15 is required to be referred to the County Lead Program. A follow up lead re-check should be done after 3 months on lead levels between 10-14 and/or confirmatory re-check done within 1-2 months on levels between 15-19.)

California Statutes and Regulations for Lead Screening for Providers Caring for Children 6 Months to 6 Years of Age

California state statutes and regulations impose specific responsibilities on doctors, nurse practitioners, and physician's assistants doing periodic health care assessments on children between the ages of 6 months and 6 years. In the State of California, "lead screening" means testing an asymptomatic child for lead poisoning by analyzing the child's blood for concentration of lead. California regulations require a blood lead test at 12, 24 and 72 months of age. These provider responsibilities apply to all physicians, nurse practitioners, and physician's assistants, not just Medi-Cal or Child Health and Disability Prevention (CHDP) providers and are only a summary of the provider responsibilities.

Federal Refugee Guidelines for Lead Screening

Refugee health guidelines for lead screening are as follows. Refer to www.cdc.gov/immigrantrefugeehealth/ for more information.

- Blood lead test all refugee children 6 months to 16 years old at entry to the U.S.
- Within 3 - 6 months post-resettlement, follow-up blood lead tests should be conducted on all refugee children aged 6 months to 6 years, regardless of initial screening blood lead level.
- Evaluate the child's iron status including a hemoglobin/hematocrit and red blood cell indices.
- Children under the age of six should be given a daily multivitamin with iron.

Sections 7.8.3 and 7.8.22 **have been renumbered** to the next number to account for a heading that was previously missing from this section.

Section 11: Health Education

11.2.2: Mandated Health Education Topics

Added the following footnote expanding on lead exposure risks to comply with APL 20-16 Blood Lead Screening of Young Children:

The following health related topics are mandated by the DHCS:

- Age Specific Anticipatory Guidance, including information that children can be harmed by exposure to lead*

* Includes information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning from the time the child begins to crawl until 72 months of age.

Section 14: Claims

14.1: Claims Submission

Section A. has been **deleted and replaced** with the following language:

- A. Blue Shield Promise requires that providers submit all encounters electronically and encourage providers to submit all claims and receive payments electronically as well, for faster processing and payment, using electronic data interchange (EDI). To enroll in electronic claim submission, providers can use Office Ally or Change Healthcare. To enroll in electronic encounter submission, providers can use TransUnion or Office Ally.

Paper claims must be submitted using the current versions of CMS-1450 (UB) and CMS 1500 forms. Paper claims and additional information such as medical records, daily summary charges and invoices must be submitted at the following address to avoid processing and payment delay:

Blue Shield Promise Health Plan
Exela - BSCPHP
P.O. Box 272660
Chico, CA 95926

Added the following new section describing the ERA/EFT process:

- G. Electronic Remittance Advice (ERA) and Electronic Funds Transfer (EFT)
1. ERA is an electronic version of an explanation of medical payment in HIPAA-compliant files. The ERA files are transmitted to vendors or providers in the ASC X12 835 5010 format.
 2. Providers that are identified as a participant in the Blue Shield Promise provider network must receive the remittance advices and payments electronically for services provided to Blue Shield Promise members.
 3. Blue Shield Promise will automatically enroll Blue Shield Promise providers with the clearinghouse Office Ally for their ERA/835 transactions.

Section 14: Claims (cont'd.)

14.1: Claims Submission (cont'd.)

4. If a Blue Shield Promise provider would like to enroll their ERA/835 transactions through a different clearinghouse, please see below for approved clearinghouses (not an inclusive list). Providers will need to send a completed ERA form indicating the clearinghouse selection. If a clearinghouse is not selected, providers will automatically be assigned to Office Ally.

Approved Clearinghouse	Website	Phone Number
Office Ally	https://cms.officeally.com	(360) 975-7000
Change Healthcare	https://www.changehealthcare.com	(866) 817-3813
Allscripts	https://www.allscripts.com	(800) 334-8534
Trizetto Provider Solutions	http://www.trizettoprovider.com	(888) 550-5637
Navicare	https://www.navicare.com	(770) 342-0800

5. To enroll in ERA/EFT, providers must download the enrollment form from Blue Shield Promise's website at blueshieldca.com/promise and follow these steps:
 - i. On the home page, click on *Providers* then *Working with us*.
 - ii. Scroll to the bottom of the page to the box labeled *Manage electronic claims and encounters* then click on the link *learn more about electronic claims*.
 - iii. Scroll down to *Sign up for electronic remittance advice and electronic payments* and click on *Read enrollment instructions*.
 - iv. Click on *Sign up for ERA* in the box labeled *Electronic Remittance Advice*.
 - v. Click on the link *ePayments Provider Authorization Form*. This form also includes the enrollment for electronic funds transfer (EFT).

Enrollment forms must be faxed to the number listed on the form at (866) 276-8456. For questions regarding the ERA enrollment process, please email EDI_PHP@blueshieldca.com.

14.5: Claims Status Inquiry

*This section has been **deleted and replaced** with the following language:*

Providers may verify receipt of claims within 15 days of submission to Blue Shield Promise by calling (800) 468-9935 ext. 3, by checking the Blue Shield Promise Health Plan website at www.blueshieldca.com/promise or by submitting an EDI 276 claim inquiry request. Please allow for the appropriate processing timeframes when obtaining claim status. To enroll and setup EDI 276/277 claim inquiries, please contact your clearinghouse or software vendor. If available, claim status transactions may be integrated into your practice management system.

Appendices

Appendix 9: Health Education Referral Request Form

Updated form.

Appendix 10: Health Education State Requirements for Providers

Updated form to include updated requirements. This form is also located on the Promise provider website. Go to www.blueshieldca.com/promise and click on Providers, then Our programs. Scroll down to the bottom of the page and click on Find health education materials in the box labeled Health education for providers and members. Next, click on the link in the box labeled State requirements for Medi-Cal providers' health education.