Whole Child Model (WCM) & California Children's Services (CCS) Provider Resource Packet

CenCal HEALTH *Improving the health and well-being of people on the Central Coast*

4050 Calle Real, Santa Barbara CA 93110 | 1288 Morro St, Suite 101, San Luis Obispo, CA 93401 | (800) 421-2560 | *www.cencalhealth.org*

Whole Child Model (WCM) & California Children Service (CCS) Program Quick Reference Guide

CCS Information	
Program Implementation Effective Date	• July 1, 2018-CenCal Health will begin administering authorizations, claims payment and case management for CenCal Health CCS eligible children

What is California Children Services (CCS)	• A statewide program providing coverage for children under age 21 with a CCS eligible medical condition for the following services:
	   o Medical Treatment
	   o Diagnostic Services
	   o Case Management
	   o Physical and Occupational Therapy Services

What is Whole Child Model (WCM)	• Authorized under Senate Bill 586 in September 2016. WCM is to designate CenCal Health to incorporate the CCS Program for CenCal Health eligible children:
	   o Addresses a full scope of health care needs
	   o Single point of care coordination
	   o Primary Care and Preventive Services
	   o Specialty Health
	   o Mental Health
	   o Provide continued access to care and improved health outcomes

Who determines Eligibility	• CCS eligibility is determined by the County in which the CCS child resides. • Eligibility determination will remain the responsibility of the County after implementation of the WCM
How can I panel my Provider	• Provider paneling instructions can be found at: o http://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx
Authorizations	• CenCal Health will review (Referral Authorization Forms (RAF) and Treatment Authorization Forms (TAR) to determine authorization for CCS eligible members after July 1, 2018 • SARs will no longer be issued for CenCal Health CCS eligible members for dates of service after July 1, 2018 • Authorization assistance, please call CenCal Health's UM Department at *(805) 562-1082*
Pharmacy Services	• Medical Request Forms (MRF) will be required for Medications not on the approved Formulary • CenCal Health Formulary https://www.cencalhealth.org/providers/pharmacy/formulary/ • Members exceeding their pharmacy allowable can be approved by contacting CenCal Health's Pharmacy Department at *(805) 562-1080*
Case Management Services	• CenCal Health's Pediatric Team can help assist with complex case management, provide coordination of care, and develop individualized Care Plans and Case Consultations. • Case Management assistance, please call *(805) 681-8260*
Transportation Services	• Transportation services are provided through CenCal Health's Transportation Vendor, Ventura Transit System (VTS) • Contact VTS at *(805) 681-9900* to schedule a transportation
Billing and Payment	• CenCal Health will receive and process claims for all CenCal Health CCS Eligible members (Santa Barbara Health Initiative (SBHI) & San Luis Obispo Health Initiative (SLOHI) • Contact CenCal Health's Claims Department at *(805) 562-1083*

Free Nurse Advice Service
for CenCal Health Members
1-800-524-5222

Available 24 Hours a Day, 7 Days a Week.
Disponible 24 horas al día,7 días a la semana.

Reliable health information is a phone call away.Just call the toll-free number if you:

- Wonder whether you need to make an appointment or go to the Emergency Room.

- Need information about medications, medical tests, or procedures.

- Want to learn how to take care of a new or chronic condition.

- Have questions about how you or your family can stay healthy.

Informacíon de salud segura y confiable con una llamada—solo necesita marcar el número libre de cobro:

- Se pregunta si es necesario hacer una cita o ir a la sala de emergencias.

- Necesita informacíon sobre los medicamentos, pruebas médicas o procedimientos.

- Quiere aprender cómo cuidar de una enfermedad nueva o crónica.

- Tiene preguntas sobre cómo usted o su famila puede mantenerse saludable.

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Language Access Program Services

Telephonic Interpreting Service

CenCal Health offers language line assistance and interpreter services for qualifying visits to assist with communication during medical services. Telephonic language line services are simple, available 24 hours a day, and free of cost to providers and members. These services can assist with communication between providers and patients who do not speak the same language also known as Limited English Proficient (LEP).

Face-To-Face Interpreting Service

Face-To-Face interpreter services may be approved by CenCal Health for members requiring the following CenCal Health-covered services:

- Services for members who are deaf and hard of hearing (American Sign Language (ASL)
- Abuse or sexual assault issues
- End of life issues/ Hospice
- Complex procedures or courses of therapy
- First Physical Therapy appointment and re-check appointment
- First Oncology Appointment
- First Orthopedic Appointment

Face-To-Face Interpreters may requested via the Member Services Line at **1 (877) 814-1861**. Cultural and Language Access Coordinator will review requests and approve services for those Spanish speaking members who meet the criteria noted above. CenCal Health advise providers to coordinate face-to-face interpreter services 5 business days prior to appointment. Upon approval of service, the Cultural and Language Access Coordinator will schedule a qualified interpreter for date of service.

Video Remote Interpreting Service

CenCal Health offers language line assistance and interpreter services for qualifying visits to assist with communication during medical services. Video Remote services are simple, available 24 hours a day, and free of cost to providers and members. These services can assist with communication between providers and patients who do not speak the same language also known as Limited English Proficient (LEP).

- Login to cencalhp.cli-video.com
- Access Code: 48cencalhp

Prior to accessing the Video Remote Interpreting service, please check your internet bandwidth at speedtest.att.com. If you are still experiencing issues, contact Bluestream Tech Support at (929) 373-7005.

For more information regarding Language Assistance, please visit CenCal Health's website at
https://www.cencalhealth.org/providers/cultural-linguistic-resources/.

CLI INSTRUCTION CARD:
OVER-THE-PHONE INTERPRETING SERVICES

NEED AN INTERPRETER?

1. **DIAL 1-800-CALL-CLI (1-800-225-5254)**
2. When the operator answers, tell them:
   a. Your customer code is **48CEN**
   b. You are calling from **CenCal Health - Providers**
   c. The language you need
   d. Your **phone #, doctor's last name, NPI #, CenCal health member ID #** and **patient name**
   e. If you need a third-party dial-out
3. The operator will connect you promptly

CLI CERTIFIED LANGUAGES INTERNATIONAL

200+ Languages
24/7/365 Service
Direct Dial: 503-484-2425

Recommendations for Using an Over-the-Phone Interpreter

For Outbound Calls:
• If you need to reach a Limited English Proficient (LEP) at home or need a third-party dial-out, please first inform the CLI rep before the interpreter is connected.
• Once the interpreter is connected, you can tell the interpreter who to ask for (the LEP's name).
• At this time, you can also tell the interpreter how to proceed if the call goes to voicemail and what message to leave, if desired.

For Inbound Calls:
• Explain to the LEP that all info is confidential and encourage questions.
• Speak clearly.
• Smile and be kind; this helps the LEP feel more comfortable.
• If face-to-face and multiple people are in the room, speak one at a time.
• Speak freely; all CLI interpreters are sworn to confidentiality, neutrality, and the Interpreter Code of Professional Ethics.
• Encourage the interpreter to clarify terms with you if necessary.

User Guide: Video Remote Interpreting Services

CERTIFIED LANGUAGES INTERNATIONAL

Thank you for using CLI's video remote interpreting (VRI) solution.

Here are a few simple steps to connect with a video interpreter.

STEP 1

Make sure you are connected to the internet. Navigate to your VRI web address.
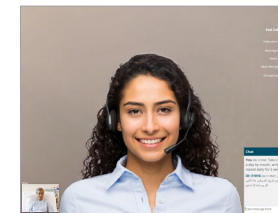
STEP 2
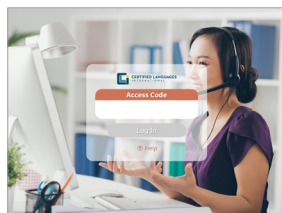
Enter your access code to sign in.

STEP 3
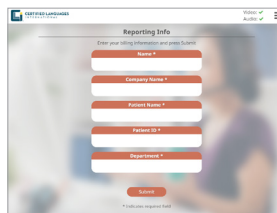
Enter the required information and press the "Submit" button.

STEP 4
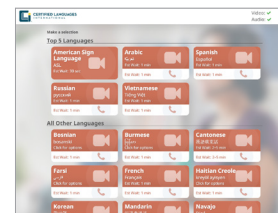
Select the language you need to connect to an interpreter via video or audio.

STEP 5

Upon connection, an interpreter will appear on the video screen or connect via audio. Your session will now begin.

Tips for a Successful VRI Session

• Remember: Interpreters must interpret any and all words they hear.

• Patients and staff should not hold the video device.

• Speak directly to the patient — not to the interpreter.

• Use the chat box for written instructions.

• Focus the camera on the patient only. Position the camera angle in a way that maintains privacy for the patient at all times.

• When extra privacy is needed, select "Camera Off" under the video camera icon.

• In order to ensure a quality visual connection, make sure the patient is not backlit by a window or any other light source.

• Use the self-view screen in the lower left corner to ensure the interpreter can see the patient clearly; ask the interpreter to confirm that their visual connection is clear.

• After the interpreting session ends, rate your call to submit feedback on quality.

Troubleshooting Assistance

Internal IT Support:
24/7 Bluestream Tech Support:
929-373-7005

Tips: The VRI web platform is optimized for Chrome and Firefox (on PC devices) and for Safari (on Apple/iOS devices).

Please refer to CLI's VRI FAQs for more troubleshooting assistance.

Language List: Video Remote Interpreting (VRI)

CERTIFIED LANGUAGES INTERNATIONAL

Speak any language in seconds

	Availability (Pacific Standard Time)
American Sign Language (ASL)	24/7/365
Spanish	24/7/365
Arabic	Monday – Friday, 5 a.m. – 7 p.m.
Bosnian	Monday – Friday, 5 a.m. – 7 p.m.
Burmese	Monday – Friday, 5 a.m. – 7 p.m.
Cantonese	Monday – Friday, 5 a.m. – 7 p.m.
Farsi	Monday – Friday, 5 a.m. – 7 p.m.
French	Monday – Friday, 5 a.m. – 7 p.m.
Haitian Creole	Monday – Friday, 5 a.m. – 7 p.m.
Hmong	Monday – Friday, 5 a.m. – 7 p.m.
Karen	Monday – Friday, 5 a.m. – 7 p.m.
Korean	Monday – Friday, 5 a.m. – 7 p.m.
Mandarin	Monday – Friday, 5 a.m. – 7 p.m.
Nepali	Monday – Friday, 5 a.m. – 7 p.m.
Polish	Monday – Friday, 5 a.m. – 7 p.m.
Portuguese (Brazil)	Monday – Friday, 5 a.m. – 7 p.m.
Punjabi	Monday – Friday, 5 a.m. – 7 p.m.
Romanian	Monday – Friday, 5 a.m. – 7 p.m.
Russian	Monday – Friday, 5 a.m. – 7 p.m.
Somali	Monday – Friday, 5 a.m. – 7 p.m.
Swahili	Monday – Friday, 5 a.m. – 7 p.m.
Vietnamese	Monday – Friday, 5 a.m. – 7 p.m.

Interpretation Service Available
Member Point Chart

English Translation:
Point to your language. An interpreter will be called.
The interpreter is provided at no cost to you.

Arabic عربي أشر إلى لغتك. وسوف يتم جلب مترجم فوري لك. سيتم تأمين المترجم المذؤور مجانا.	**Korean** 한국어 귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.
Armenian Հայերէն Ցոյց տուէք ո՞ր մէկ լեզուն կը խօսիք՝ Թարգմանիչ մը կանչել կը տանք. Թարգմանիչը կը տրամադրուի անվճար.	**Laotian** ພາສາລາວ ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້. ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.
Cantonese 廣東話 請指認您的語言， 以便為您提供免費的傳譯服務。	**Mandarin** 國語 請指認您的語言， 以便為您提供免費的口譯服務。
French Français Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.	**Polish** Polski Proszę wskazać swój język i wezwiemy tłumacza. Tłumacza zapewnimy bezpłatnie.
German Deutsch Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Der Dolmetscher ist für Sie kostenlos.	**Portuguese** Português Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.
Hindi हिंदी अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।	**Russian** Русский Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.
Hmong Hmoob Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.	**Spanish** Español Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.
Italian Italiano Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.	**Tagalog** Tagalog Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.
Japanese 日本語 あなたの話す言語を指して下さい。 無料で通訳を提供します。	**Thai** ไทย ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน การใช้ล่ามไม่ต้องเสียค่าใช้จ่าย
Khmer (Cambodian) ខ្មែរ (កម្ពុជា) សូមចង្អុលភាសាអ្នក ។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន ។ អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ ។	**Vietnamese** Tiếng Việt Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

Provider Grievance Process
Process, submission guidelines & resolution timeline

We understand the need for our provider partners to voice their concerns in a formal manner.

Located below are many difference grievance types, which includes the filing process, documentation requirements, how to submit and who to contact.

Grievance Type	Time Limit for Filing	Documentation to Submit	How to Submit / Who to Contact
Pre-service Appeals (All Auths) Member Billing Issues Member/Member Representative or Provider on behalf of Member	Same as below for each grievance type	Same as below for each grievance type	CenCal Health Member Services Department 4050 Calle Real Santa Barbara, CA 93110 1-877-814-1861
Treatment Authorization Request (TAR) High Tech Imaging Requests	Within 90 calendar days from the date of the original decision	• Copy of original TAR and denial notification • Letter stating why denial or modification should be overturned • Documentation to support overturning the original denial or modification	CenCal Health Health Services Department 4050 Calle Real Santa Barbara, CA 93110 (805) 562-1820 (805) 562-1019 (Medical Director)
Medical Request Form (MRF)	Within 60 calendar days from the date of the original decision	• Copy of original or modified MRF • Letter stating why denial or modification should be overturned	CenCal Health Pharmacy Services Department 4050 Calle Real Santa Barbara, CA 93110 (805) 562-1639
Claims Dispute	Within 365 days of the date of the EOB on which the claim first appeared (non Medi-Cal programs) Within 6 months of the date of the EOB on which the claim first appeared (Medi-Cal programs)	• Provider name & billing number • Member name & ID# • Date of Service (DOS) • Claim Control Number (CCN) • Clear identification of disputed item • Clear explanation of the basis for disputing payment amount, request for additional information, denial or adjustment	Submit the Claims Dispute/Appeal Form CenCal Health Adjudication Department 4050 Calle Real Santa Barbara, CA 93110 (805) 562-1083

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The Holman Group
Managed Behavioral Health Care

30 ANNIVERSARY 1979 - 2009

Quick Reference Guide

New Benefits

Referral to Mental Health Services for <u>CenCal Health</u> Medi-Cal Members

No Change

THE HOLMAN GROUP	COUNTY MENTAL HEALTH

Eligible Patients: CenCal Health children and adults who need mental health services not covered by County Mental Health

Eligible Patients: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services

Services for <u>Mild/Moderate</u> Conditions

➢ Individual,family & group psychotherapy

➢ Medication Management

➢ Psychological testing when clinically indicated to evaluate a mental health condition
➢ Psychiatric consultation for medication management

Services for <u>Severe</u> Conditions

➢ Individual, family & group psychotherapy
➢ Medication Support

➢ Day Treatment Services and Day Rehabilitation
➢ Targeted Case Management and Therapeutic Behavior Services

➢ Adult Residential Treatment
➢ Acute Psychiatric Inpatient Hospital and Health Facility Services
➢ Crisis Services

Referral Process
Member or Provider can call Holman Group (24 hours a day 365 days a year)

The Holman Group
Toll Free Number
(800) 321-2843

If The Holman Group suspects a severe condition, will refer to County Mental Health

Referral Process
If anyone is in immediate danger, call 911

Member or Provider can call Access Line for County Mental Health
(24 hours a day 365 days a year)

Santa Barbara County: (888) 868-1649
San Luis Obispo County: (800) 838-1381

If County Mental Health suspects a mild to moderate condition, will refer to Holman Group

State Assigned Responsibilities

CenCal Health	County Mental Health Plan (MHP)	County Alcohol and Other Drug Programs (AOD)
Target Population: Medi-Cal **primary insurance only** beneficiaries enrolled in Managed Care Plans.	**Target Population**: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services	**Target Population**: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

CenCal Health

- ✓ Individual/Family/Group mental health evaluation and treatment (psychotherapy)
- ✓ Psychological testing when clinically indicated to evaluate a mental health condition
- ✓ Psychiatric consultation for medication management
- ✓ Outpatient laboratory, supplies and supplements
- ✓ Screening and Brief Intervention (SBI)
- ✓ Drugs, excluding anti-psychotic drugs (which are covered by Medi-Cal FFS)

County Mental Health Plan (MHP)

Outpatient Services
- ✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
- ✓ Medication Support
- ✓ Day Treatment Services and Day Rehabilitation
- ✓ Crises Intervention and Crises Stabilization
- ✓ Targeted Case Management
- ✓ Therapeutic Behavior Services

Residential Services
- ✓ Adult Residential Treatment Services
- ✓ Crises Residential Treatment Services

Inpatient Services
- ✓ Acute Psychiatric Inpatient Hospital Services
- ✓ Psychiatric Inpatient Hospital Professional Services
- ✓ Psychiatric Health Facility services

County Alcohol and Other Drug Programs (AOD)

Outpatient Services
- ✓ Outpatient Drug Free
- ✓ Intensive Outpatient (newly expanded to additional populations)
- ✓ Residential Services (newly expanded to additional populations)
- ✓ Narcotic Treatment Program
- ✓ Naltrexone

New Services

- ✓ Inpatient Detoxification Services
- ✓ (Administrative linkage to County AOD still being discussed)

Medical Transportation Services Reference Guide

CenCal Health covers transportation to and from medically necessary services, such as doctor appointments, specialty mental health, substance use disorder, dental, pharmacy pick up, medical supply pick up and more. CenCal Health partners with Ventura Transit System (VTS) to schedule and manage transportation services for our member. Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) are covered services for CenCal Health members.

Non-Medical Transportation (NMT)

- Members can receive transportation to medically necessary services, including but not limited to, specialty mental health, substance use disorder, dental, pharmacy pick up, medical supply pick up.

- Scheduled transportation of members to medical services **by bus, passenger car, taxicabs**, or **other forms of public or private conveyances.**

Non-Emergency Medical Transportation (NEMT)

- Members can receive transportation services when the **member's medical and physical condition is such that transport by ordinary means of public or private conveyance could cause harm to the patient and transportation is require for medical services.**
- Scheduled transportation is covered when a **Physician Certification form is signed by a physician, or as appropriate, by a dentist, podiatrist, or mental health or substance use disorder provider and approved by CenCal Health.**

Authorization Requirements:

- NMT services to **NOT** require a Physician Certification form.
- All **NEMT services** require a Physician Certification form.
- The Physician Certification form required for NEMT services is located on our website; **cencalhealth.org/providers/authorizations** and must be initiated by the member's Referring Physician and faxed to CenCal Health's Health Services Department at **(805) 681-3071** prior to issuing authorization approval.

Transportation Eligibility:

- Members must be eligible at the time of service.
- Transportation must be requested **5-7 business days** in advance of the trip to ensure time to process the authorization and coordinate transportation.
- The transportation provided must be the least costly method that meets the member's needs.
- VTS and CenCal will coordinate along with the member's physician to determine the type of transportation required. A screening will be completed by all parties upon request to ensure the level of transportation need for the member.

Members and/or Providers may contact Ventura Transit System (VTS) directly at (855) 659-4600 for transportation services or CenCal Health's Member Services Department at 1-877-814-1861 for assistance.

PHYSICIAN CERTIFICATION FORM

NON EMERGENCY MEDICAL TRANSPORTATION (NEMT) REQUIRED JUSTIFICATION

NEMT services require *Prior Authorization,* except when the NEMT service is medically necessary for a discharge to home or a SNF, or for a transfer to another facility. CenCal Health must review and approve NEMT services BEFORE the member schedules a pick-up with VTS. Incomplete or inaccurate forms may cause delays and/or denials. CenCal Health may take up to fourteen (14) calendar days to review and process NEMT requests. This PCS Form is <u>not</u> required for Non-Medical Transportation (NMT) services. Completed and signed forms must be promptly submitted to CenCal Health, Utilization Management (UM) Department via fax or uploaded securely through our Secure File Drop:

- CenCal Health UM Fax: **805-681-3071**
- CenCal Health's Secure File Drop Link: **https://transfer.cencalhealth.org/filedrop/hs**

Patient Information:

First Name:	Last Name:	Date of Birth:
CenCal Member ID #:		Phone Number:
Address:		Caregiver Name:
City:	State:	Zip:	Caregiver Phone Number:

Patient currently mobilizes via:

☐ Wheelchair ☐ Walker ☐ Cane ☐ Other (describe):

NEMT – PROVIDER CERTIFICATION, JUSTIFICATION & SIGNATURE <u>REQUIRED</u>

Disclaimer: CenCal Health is required to authorize the lowest cost type of NEMT services that is adequate for the member's medical needs.

NEMT Vehicle Type (please check one):

Ambulance: ☐ Basic Life Support (BLS) ☐ Advanced Life Support (ALS)	☐ Litter/Gurney Van	☐ Wheelchair Van	☐ Air Ambulance

NEMT Anticipated Duration:

Start Date:	End Date:	☐ 30 Days	☐ Six (6) Months	☐ 12 Months

ICD-10 Code(s):

Diagnosis:

_____

_____

Justification: Provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles. Include medical, behavioral health, or the physical condition that prevents ordinary means of public transportation:

_____

_____

_____

Provider Information:

Provider's Full Name (Print):

Title:	Provider NPI:

Phone Number:	Fax Number:	Email:
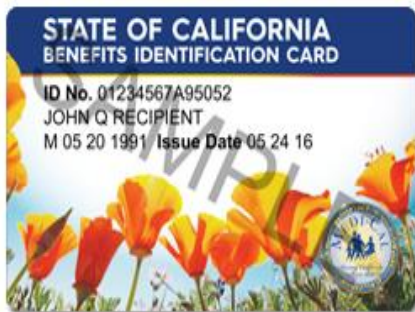
Certification Statement: This form **must be signed** by the physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentist, podiatrist, mental health or substance use disorder provider responsible for providing care to the member and responsible for determining medical necessity of transportation consistent with the scope of their practice. By my signature, I certify that medical necessity was used to determine the type of transport being requested.

Signature (Required): **X**	**Date:**

Reference Guides

CenCal HEALTH *Improving the health and well-being of people on the Central Coast*

4050 Calle Real, Santa Barbara CA 93110 | 1288 Morro St, Suite 101, San Luis Obispo, CA 93401 | (800) 421-2560 | www.cencalhealth.org

Frequently asked questions & background	How to
WHO IS CENCAL HEALTH AND HOW DO THEY RELATE TO MEDI-CAL: CenCal Health is a State contracted Medi-Cal Managed Care plan which Provides payment for its members in San Luis Obispo and Santa Barbara counties. If a member resides in a different county they may be eligible with another County Managed Care plan. Please check with the Managed Care plan in the county the member resides in for eligibility and guidelines.	• The Department of Social Services (DSS) determines eligibility for CenCal Health members. AIM Members eligibility is determined by the designated AIM Program vendor. • SBHI and SLOHI are our two Medi-Cal Plans. Another smaller program administered by CenCal Health is AIM, serving Mothers and Infants during pregnancy up to 60 days after the birth.
WHY IS IMPORTANT TO VERIFY ELIGIBILITY:	• Reinforces case management • Avoid possible referral/authorization/claim denials • Identifies instances of member misrepresentation • Eligibility can change from month to month
OBTAIN A COPY OF THE MEDI-CAL BIC & CENCAL HEALTH CARDS: The identification number printed on the members Medi-Cal BIC Card up to the alfa character is identical to the number printed on the members CenCal membership card. This membership card should be used to determine a member's eligibility and we recommend making a copy for your patient records. *TIP:* *Please remember, to verify eligibility as the presentation of the CenCal Health membership card does not guarantee eligibility.* *Eligibility is determined on a month to month basis by DSS. For this reason we recommend that you check the member's eligibility on every visit.*	

WHERE DO I VERIFY ELIGIBILITY:

Online Provider Portal
CenCal Health Website:
www.cencalhealth.org

Select Provider Login and sign in with your individual Username and Password

Select 'Check Eligibility'

1. Member ID# or Last Member's last four (4) digits of their SSN
2. Date of Birth (MMDDYYYY format) or Members First/Last Name
3. Date of Service (DOS)
4. Click [icon] icon to submit

Eligible Member = '**Y**' Eligible
Non Eligible Member = '**N**' Not Eligible

If the member appears to be ineligible with CenCal Health, you can determine their State Medi-Cal eligibility through the CenCal website by selecting 'DHS Check'

1. Confirm the provider # box is populated with the correct NPI number
2. Enter your state provided PIN number
3. Enter the Date of service in (DDMMYYYY format) in the date of service box

What are Medi-Cal (SBHI & SLOHI) Special Case Members?

Members who are Special Case can be seen by any SBHI/SLOHI provider without a Referral authorization form (RAF). These members should be considered as fee-for-service and are considered to be more medically fragile (i.e. organ transplant, or Renal Dialysis members).

Special Case Members will be assigned to CenCal Health and it will appear under the Primary Care Section of the member's eligibility if they are a special class member.

As stated above, if this is the case, this member does not need to obtain a RAF to see a specialist, and allows members open access to the network.

TIP:
It is important to check this each month as the member can be moved out of this class.

Categories for Special Class include:

- The First month of eligibility with CenCal Health
- Resident in a long-term care facility (skilled nursing or institutions for the developmentally disabled)
- Have met their share-of-cost
- Hospice
- Resides out of county
- Are qualified under the Genetically Handicapped Persons Program (GHPP)

BY PHONE
By Phone call CenCal Health's Member Services Department at (877) 814-1861 Option 3

Call State Medi-Cal EDS at 1 (800) 541-5555

Frequently asked questions & background	How to
WHAT IS A SHARE OF COST:	- Share of Cost (SOC) is a monthly dollar amount which a member is required to pay before they become eligible with Medi-Cal and SBHI/SLOHI. - The SOC amount is based on criteria supplied by the member to their Eligibility Worker at the Department of Social Services (DSS). The member can get more information on how this determination was made by contacting their eligibility worker at Department of Social Services (DSS).
MEANING OF SOC:	**What does "meeting share of cost" mean?** - This means a member's total SOC amount is paid. **What does "spending down a SOC" mean?** - This means the provider has applied or cleared SOC with the State. **How do I apply or clear a SOC?** - Providers collect payments from the member or accept the member's payment plan to pay for services that rendered up to this SOC amount. Provider should immediately submit a SOC clearance transaction to the State using either of the methods below.
TYPES OF SOC: LTC SOC - This type of SOC is associated with a Long Term Care (LTC) Facility. The SOC is paid to the nursing facility. **TIP**: The LTC SOC is only collected by the LTC facility. If you do not operate as a LTC, the member is not obligated to pay the SOC to you.	

TYPES OF SOC CONTINUED:

SOC members are NOT assigned to a PCP therefore, a RAF is not required for members to be seen by a specialist even after their SOC has been met.

WHO COLLECTS A SOC:

The provider of service is responsible for collecting a member's share of cost.

Share of Cost members are considered "cash pay" members until their SOC is met each month.

TIP: SOC is determined on a monthly basis. Please check to be sure the members SOC has not changed prior to charging them.

- The member must pay their SOC each month before they are eligible for CenCal benefits.

- The current SOC amount that the member owes will appear when verifying eligibility on the CenCal Health website.

- If a SOC is paid, the amount should be cleared immediately.

- After meeting their SOC, the newly eligible CenCal member will not select a PCP, but will be made Special Class for the month.

CAN A MEMBER MAKE PAYMENTS?

Yes, A member can pay or make a payment plan for their SOC with any Medical provider. The payment arrangements that are made will be entirely between the member and the provider.

If the member does not fulfill their obligation, your office can follow your policy for "nonpayment". CenCal Health cannot be billed until the SOC is met.

EXAMPLE: A member owes a $75.00 SOC but cannot pay the full amount then the provider and member agree to have the member pay $10.00 monthly payments. The provider must clear the full $75.00 on the day they make the payment arrangement.

- To clear a SOC go to our website at www.cencalhealth.org or through State Medi-Cal's website at www.medical.ca.gov/Eligibility/login.asp .

- You must have a Medi-Cal provider number, PIN number. If you do not have Medi-Cal PIN #, or unable to clear a member Share of Cost, please call DHS Telephone Service Center at 1-800-541-5555

HOW DO I SPEND DOWN A SOC THROUGH CENCAL HEALTH'S WEBSITE:
www.cencalhealth.org

1. Select Eligibility on the left hand column, and then choose the 'Check Eligibility' option.

2. If a member is not eligible due to a SOC, you will have the option to then click on 'SOC Trans' icon

Data Requirements:
1. Provider NPI#
2. Provider PIN#
3. Issue Date
4. Type (Clearance/Reversal)
5. Procedure Code
6. Billed Amount (Customary charge for service)
7. SOC Applied (Amount collected from the Member)

Submit icon

TIPS: Providers can also access the Medi-Cal website at **www.medi-cal.ca.gov/Eligibility/login.asp** to spend down a SOC.

SOC SPEND DOWN RECEIPT:

This receipt confirms the dollar amount paid. The members remaining SOC and the amount that was spent down.

TIP: Retain a copy in your records and provide a copy to the member. Providing the receipt to the patient is important as it can take up to 48 hours to update on the Medi-Cal Website.

ELIGIBLE WITH SPECIAL CLASS:
After a member pays their SOC they will default to Special Class Eligible.

TIPS: Special Class Members will be assigned to CenCal Health. "CenCal Health" will appear under the Primary Care Section of the member's eligibility if they are a special class member.

Authorizations

Quick Reference Guide

Referral Authorization Form (RAF)

Primary Care Physicians (PCPs) act as case managers by providing all basic medical services and coordinating other medically necessary care for their assigned members. If the services of a Referral Provider are required, the PCP will initiate the referral by utilizing a Referral Authorization Form (RAF). A Referral Provider must have an approved RAF within the date range for that specific member prior to the office visit. Referral Providers can find a list of services that are exempt from the referral requirement listed on www.cencalhealth.org > Authorizations page titled "When RAFs are not required".

*PCPs and Referral Providers are advised to obtain an approval prior to rendering services. Payment may be delayed or denied if the Referral Provider renders services without an approved RAF.

Who needs a RAF?
All case managed CenCal Health Members require a RAF with the exception of the following:
- Medi/Medi Members
- Members with Other Health Care Coverage (OHC)
- Special Class Members

Are there services that do not require a RAF?
Services that members may access directly:
- Family planning, sexually transmitted diseases, abortion and HIV testing
- Acupuncture, chiropractic, audiology, physical therapy (Rx may be required)
- Emergency Services
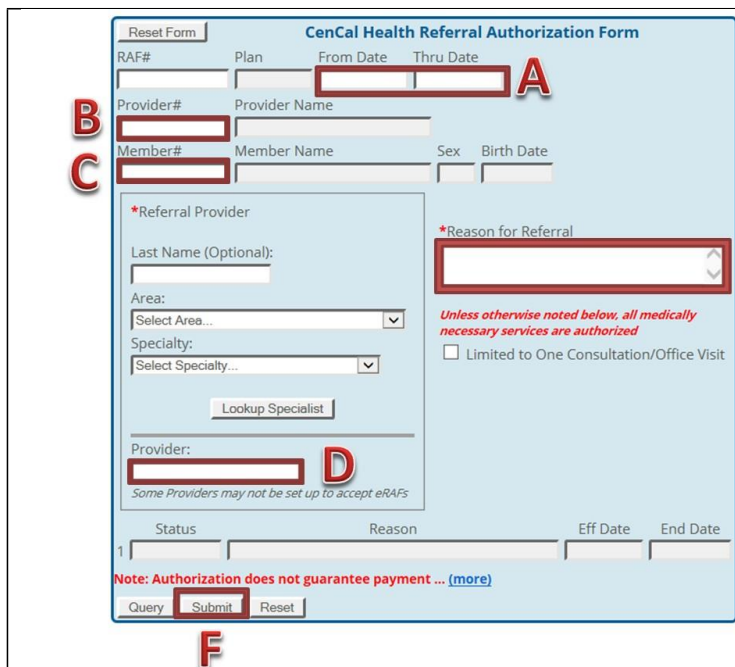
Referral Providers can find a list of services that are exempt from the referral requirement listed on www.cencalhealth.org > Authorizations page titled "When RAFs are not required".

How do I submit an electronic RAF?

- Log in to the Provider Portal on CenCal Health website: www.cencalhealth.org and

  click on the 'Provider Login' icon **Provider Login**
- Listed on the lift banner under Authorizations, select RAF
- Complete the following fields:

A. From Date: date the RAF is to become active **Thru Date**: date the RAF will expire *(example: 20160101 – 20160301) (RAFs date span allows for a max of one year)*

B. Provider #: PCP NPI *(Group NPI to be used for group PCP)*

C. Member #: Medi-Cal ID# *(9XXXXXXA)*

D. Provider: Referral Provider NPI *(Group NPI to be used for Groups)*

E. Reason for Referral: Provide a short summary of the reason for referral

F. Submit: Click submit for RAF # to generate

Copy of RAF will be emailed to the email address on file with CenCal Health, if you are not sure which email address is listed for your office, please contact your Provider Services Representative at (805) 562-1676

How do I check status of a RAF?

Once you submit a RAF, one the following statuses will be assigned with an additional reason (if applicable):

- Approved
- Pending/Sent for Review
- Deferred

Option 1: Authorization Form

A. RAF#: Enter RAF number generated when submitted *(W1233456)*

B. Query: Select Query to view status of RAF

Once you select Query the information on your submitted authorization will appear

A. Referral Provider: Provider member has been referred to

B. Status: Referral status including effective dates of RAF

Option 2: Authorization Report

A. Plan: Select plan of report
B. Provider#: PCP NPI *(Group NPI to be used for group PCP)*
C. Member# (Optional): Medi-Cal ID# *(9XXXXXXXA)*
-Only use this field when searching for a specific member-
D. From Date: date the RAF is to become active
Thru Date: date the RAF will expire

-Click on the Authorization W# hyperlink to view RAF detail-

Option 3: Verify email receipt sent to the email address on file
If you are not receiving emails or do not know who is signed up to receive them, contact Provider Services main line at (805) 562-1676.

Option 4: Contact CenCal Health
If the above options are not successful viewing status of a RAF or if further assistance is needed regarding an existing RAF, please contact your Provider Services Representative directly or contact the Provider Services main line at (805) 562-1676

Once RAF is approved:
- Verify eligibility: a RAF is not a guarantee of a Members eligibility
- Check Effective Dates: RAF effective dates must cover dates of service
- Contact member to schedule appointment
- If treatment is required beyond the timeframe or scope of care authorized by the RAF, the Referral Provider mist contact the PCP to arrange for another RAF

Treatment Authorization Requests (TAR)

A Treatment Authorization Request (TAR) is a prior authorization submitted by providers to help CenCal Health ensure that requested benefits are medically necessary and do not exceed allowed benefits. Treatment Authorization Requests (TARs) are submitted by providers rendering the requested service or dispensing the durable medical equipment (DME)/medical supplies.

*PCPs and Referral Providers are advised to obtain an approval prior to rendering services. Payment may be delayed or denied if the Referral Provider renders services without an approved RAF and TAR.

TAR Types
- TAR (18-1) Inpatient Treatment Authorization Requests
- TAR (20-1) Long-term Care Authorization Requests
- TAR (50-1) Medical Treatment Authorization Requests

Do all procedures require a TAR?
No. There are some procedures that are exempt from requiring a TAR. CenCal Health provides our contracted providers access to look up procedure codes for need of a TAR.

How do I check if a procedure requires a TAR?

- Visit CenCal Health website: www.cencalhealth.org
- Click on Providers > Click on Authorizations from "In This Section" menu > Click on Treatment Authorization accordion on middle of page.

Treatment Authorization Request (TAR)	>
Treatment Authorization Request (TAR)	v

- Click on the hyperlink "Procedures Requiring a TAR"

Treatment Authorization Request (TAR)	v

Certain medical procedures require prior authorization to ensure medical necessity and appropriateness of care. CenCal Health makes a list of Procedures Requiring a TAR available to providers.

CenCal Health Procedures Requiring a TAR

Certain procedures require prior authorization before the procedure is rendered and reimbursement can be made. An authorization is needed to ensure that requested benefits are medically necessary, do not exceed benefits received by the general public for similar services, and are the lowest cost item or service covered by the program which meets the member's medical needs.

Important Notes:

- A RAF does not eliminate the need for a prior authorization. Procedures that require prior authorization require it regardless of whether a RAF has or has not been issued.
- Prior authorizations for all pharmaceuticals are processed by MedImpact, CenCal Health's Pharmacy Benefit Manager. Please review Cencal's formulary for a detailed listing of pharmaceuticals requiring prior authorization and contact MedImpact at 1-800-788-2949 for any pharmaceutical prior authorization questions.
- To check if a cpt code is a covered benefit, enter the cpt code in the State MediCal website search box.

To determine whether a procedure requires a prior authorization, enter the applicable CPT/HCPC in the "Procedure Code" field. Use the "%" as a wildcard character, so entering "Z%" will return all procedures requiring a TAR that begin with the letter Z. To search by the procedure's description, enter a key word in the "Procedure Description" field, e.g. "hysterectomy" and a list of all of the descriptions that match will be displayed.

Plan	SBHI ▾ **A**
Code	**B**
Key Word	
Date of Service	20160916 **C**
	Submit

A. Plan: Select member plan
B. Code: Enter CPT code
C. Date of Service: YYYYMMDD
(Example: 20160912)

❌ Procedure does not require a TAR

CenCal Health Procedures Requiring a TAR
Plan - **SBHI**
Date of Service - **2016-09-16**

❌ NO TAR requirement
⚠️ Not a Benefit
✅ TAR requirement

TAR Req	Procedure Code	Description
❌	99251	INPATIENT CONSULTATION - LEVEL 1 (SEE REMARKS)

1 procedures found.

Continue

✅ Procedure requires a TAR

CenCal Health Procedures Requiring a TAR
Plan - **SBHI**
Date of Service - **2016-09-16**

❌ NO TAR requirement
⚠️ Not a Benefit
✅ TAR requirement

TAR Req	Procedure Code	Description
✅	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MO

1 procedures found.

Continue

Other verifications needed prior to rendering service/ requesting TAR

- Verify that a RAF or a prescription in on file for the member
- Verify eligibility
  - Post TAR approval: Eligibility needs to be checked prior to rendering services. TAR's with approved future dates, does not guarantee payment as eligibility can change monthly.

How do I submit an electronic TAR?
- Log in to the Provider Portal on CenCal Health website: www.cencalhealth.org

Provider Login

- Select TAR from the Authorization menu option
- Complete the following fields:

A. From Date: date the TAR is to become active **Thru Date**: date the TAR will expire

B. Provider #: PCP NPI (Group NPI to be used for group PCP)

C. Member #: Medi-Cal ID# (9XXXXXXXA)

D. Diagnosis: Enter primary diagnosis code

E. Patient Status: Select patient status in dropdown:

Acute Hospital
Board and Care
Home
SNF/ICF

F. Medical Justification: Complete medical justification. *Include RAF #* and describe the need for service

G. Enter the procedure code in "**Service Code**"
-If a modifier is required, enter in "**Mod**" section
-If modifier is unknown, leave blank
-If a quantity is requested, enter amount in "**Quan**" section

H. Submit: Click submit for RAF # to generate

How do I check status of a TAR?

Once you submit a TAR, one of the following statuses will be assigned with an additional reason of status (if applicable):

- Approved
- Pending/Sent for Review
- Denied

Option 1: Authorization Form

A. TAR#: Enter TAR number generated when submitted *(example: W1233456)*

B. Query: Select Query to view status of RAF

A. Requesting Provider: Provider who requested the service

B. Status: Referral status including effective dates of TAR

* If TAR is Pended, explanation for reason is provided in the "comments/explanation" section.

Option 2: Authorization Report

A. Plan: Select plan of report
B. Provider#: PCP NPI *(Group NPI to be used for group PCP)*
C. Member# (Optional): Medi-Cal ID# *(9XXXXXXXA)*
-Only use this field when searching for a specific member-
D. From Date: date the TAR is to become active
Thru Date: date the TAR will expire

CenCal Health Authorization Report
Plan - **SBHI**
Provider - **1932396421 Associated Eye Specialists**
Authorizations for DOS **09/16/2015** Through **09/16/2016**

Auth #	Referring Prov	Referral Prov	Member	Eff Date	End Date	Auth Status
		Medical				
W9		Associated Eye Specialists		20160912	20170112	Approved
W9		Associated Eye Specialists		20160830	20161002	Approved
W8		Associated Eye Specialists		20160624	20160924	Approved
W8		Associated Eye Specialists		20160617	20160917	Cancel
W8		Associated Eye Specialists		20160614	20161214	Approved
W8		Associated Eye Specialists		20160524	20161002	Approved
W8		Associated Eye Specialists		20160425	20160825	Approved
W8		Associated Eye Specialists		20160328	20160728	Approved
W8		Associated Eye Specialists		20160225	20160625	Approved
W8		Associated Eye Specialists		20160223	20160523	No Auth Required
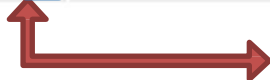
-Click on the Auth# hyperlink to view TAR detail-

Option 3: Verify email receipt sent to the email address on file
If you are not receiving emails or do not know who is signed up to receive them, contact Provider Services main line at (805) 562-1676.

Option 4: Contact CenCal Health
If the above options are not successful in viewing status of a TAR or if further assistance is needed regarding an existing TAR, please contact your Provider Services Representative directly or contact the Provider Services main line at (805) 562-1676.

Radiology Benefit Manager (RBM)

The Radiology Benefit Manager (RBM) process enhances the quality of services delivered to patients and reduces unnecessary radiation associated with advanced diagnostic imaging.

CenCal Health has been focusing on provider consultations and patient safety as a means to control for appropriate utilization of high-tech imaging. CenCal Health selected Care to Care, a URAC accredited as our new partner effective June 1, 2015. The goal is to improving our Radiology Benefit Management (RBM) program for high-tech imaging to enhance the quality of services delivered to patients and reduce unnecessary radiation associated with advanced diagnostic imaging.

Applicable Services

This program applies to the following outpatient services:

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Computed Tomography (CT)
- Computed Tomography Angiography (CTA)
- Nuclear cardiology studies

The ordering physician's office must contact Care to Care to request an authorization prior to ordering a high-tech imaging service. Based on clinical information from the physician's office, Care to Care will then make consultative determinations using the clinical guidelines published on their website.

Requests can be submitted via phone, fax or through Care to Care's Care Portal **www.cencal.careportal.com**

(Authorizations are valid for 90 days from the date of the consultation)

Expectations

Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, urgent care centers, or intra-operative procedures are excluded from the high-tech imaging consultation requirement. Imaging studies for members who have other health care coverage are excluded from the consultation process requirement.

Required Information

What information is required when requesting prior authorization?	➢ Member (Patient) **Name**, Member **DOB**, Member **ID** number and ordering **Physician Name** and **Address** ➢ Name of **Facility** where services will be performed ➢ Radiological or Imaging **Procedure** to be performed ➢ **Medical Indication(s)** for requested procedure and ICD-9 code as available. Be sure to include: • Member's major complaint • What the referring physician is looking to rule out • Results of any lab findings, prior tests or imaging procedures • Outcome any prior treatment, including type and duration, for the same medical indication

Consultation requests can be made to Care to Care via phone, fax or web:

Phone: 1 (888) 318-0276
Fax: 1 (888) 717-9660
Web: www.cencal.careportal.com

Care to Care's call center is open: M-F 5am – 5pm PST.

Radiology Benefits Management

Programs - Quick Reference Guide

CenCal HEALTH®
Local. Quality. Healthcare.

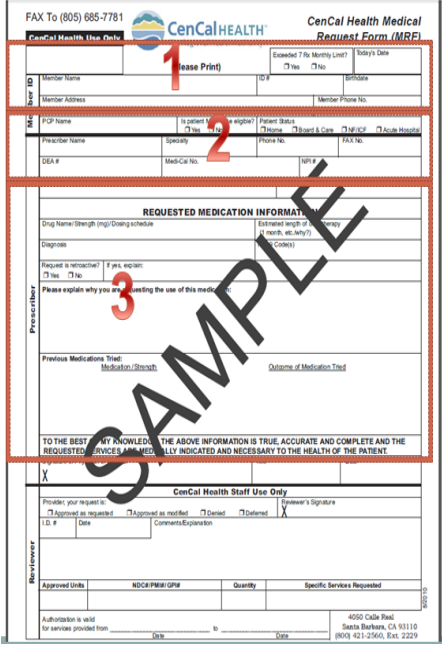| Information for Ordering Physicians:	
Program commencement date:	June 1st, 2015
Who is administering this program for CenCal Health?	Care to Care
What imaging procedures require prior authorization?	MRI, MRA, CT, CTA, PET, PET/CT & Nuclear Cardiology Note: The above services require prior authorization if rendered in a freestanding diagnostic imaging facility, physician office, or hospital outpatient diagnostic facility.
Who should submit the authorization request?	The Ordering (Referring) Physician
Prior authorization requests can be submitted by:	• **Phone:** (888) 318-0276 • **Fax**: (888) 717-9660 • **Web:** www.cencal.careportal.com NOTE: There will be a first-time user registration process to complete when first submitting an online request to establish your username and password.
Hours of Operation for Prior Authorization of Imaging Services:	Care to Care's call center is open M-F 5:00 AM – 5:00 PM PST

What information is required when requesting prior authorization?	➢ Member (Patient) **Name**, Member **DOB**, Member **ID** number and ordering **Physician Name** and **Address**
	➢ Name of **Facility** where services will be performed
	➢ Radiological or Imaging **Procedure** to be performed
	➢ **Medical Indication(s)** for requested procedure and ICD-9 code as available. Be sure to include:
	  • Member's major complaint
	  • What the referring physician is looking to rule out
	  • Results of any lab findings, prior tests or imaging procedures
	  • Outcome any prior treatment, including type and duration, for the same medical indication

How long is an authorization valid for?	90 days from the date of approval
Requests for URGENT reviews:	**URGENT** requests will be considered based on each clinical situation. Make urgent requests by PHONE. Tell the Intake Specialist of your urgent need and provide rationale.
Is prior authorization required if the member has OHC?	No. Members with other health coverage or Medicare primary do not require prior authorization through Care to Care
Must I notify you if I need to modify my request from CONTRAST to NO CONTRAST?	No. Care to Care approves ranges of codes that usually are valid for tests with and without contrast
How do I modify my authorization once submitted?	Contact Care to Care to modify the authorization
Where can I get a prior authorization fax form?	You may download the form at: http://www.caretocare.com/resources_provider.html

CenCal Health Drug Formulary, Medical Request Form (MRF), & Pharmacy Authorization Form (PAF)

Quick Reference Guide

CenCal Health is contracted with MedImpact Healthcare Systems, a Pharmacy Benefit Manager (PBM), to assist in the administration of our pharmacy benefit. MedImpact provides pharmacy claim adjudication, pharmacy network management, customer service, and prior authorization services.

Below are FAQs and the corresponding answer regarding CenCal Health's Pharmacy Benefit.

Frequently asked questions	Answer
What is CenCal Health's Formulary and where can I find it?	CenCal Health's Formulary is a list of covered outpatient drugs for our CenCal Health members. The brand names shown in the formulary print/web searchable are non-formulary when an equivalent generic is approved by the FDA. Selected OTC (Over The Counter) items are covered under CenCal Health and require a valid written prescription. CenCal Health's Formulary (PDF and web searchable format) is available on CenCal Health's website. **https://www.cencalhealth.org/providers/pharmacy/formulary/**
What is a Medical Request Form (MRF) & where can I obtain a form to complete?	A MRF is CenCal Health's prior authorization form for **outpatient** prescription drugs fulfilled at <u>a retail pharmacy, specialty pharmacy, or CenCal Health's contracted Home Infusion Network</u>. Prescriptions for the following require a MRF: • Formulary, PA-Required medications • Non-Formulary medications • Brand name drugs, when an equivalent generic is available except for those drugs listed as exemptions • Drugs not meeting the Code 1 restriction or Step Therapy criteria • Drugs exceeding the member age, dosing limits, quantity or duration of treatment dispensing limits All CenCal Health Pharmacy Forms, including a MRF form can be found at CenCal Health's Pharmacy Webpage or on the CenCal Health Provider Portal under Pharmacy Forms. **https://www.cencalhealth.org/providers/pharmacy/forms-downloads-fax/**

Who completes a MRF and what should be including in the MRF submission?	A MRF is completed by the prescribing provider/provider's office. To ensure timely review of the MRF request, the MR submission should include all supporting documentation including, but not limited to: chart notes documenting medical necessity and tried/failed formulary alternatives.
What is the MRF Completion and Submission Process: 1. **Member Information** 2. **Prescribing Provider Information** 3. **Requested Medication Information:** Include the drug name/strength, dosing schedule, diagnosis, and estimated length of drug therapy 4. **In the submission include the MRF form and any supporting documentation** 5. **Once complete, the MRF is faxed to the number on the form.**	 The MRF form is a PDF fillable form, once this form is completed may be printed and faxed to MedImpact. Complete MRF's can be faxed to (805) 685-7781.
How do I check status on a MRF request that was submitted?	Please allow 24-hours for initial review of the submitted MRF. If you have not received notification requesting additional information, an approval, or denial letter, a status update can be requested from MedImpact at: 800-788-2949
In addition to the MRF form, are there any other pharmacy/drug prior authorization forms?	There are currently 2 drug/disease state specific MRF forms that must be completed for prior authorization consideration? 1. **Hepatitis C MRF** – this specific form is required for any Hepatitis C request 2. **Synagis MRF** – Throughout RSV season, this specific form is required for any Synagis request The completion and submission of these specific forms are the same as the MRF form above. These forms can also be found on the Provider Portal or CenCal Health's website Pharmacy Page. **https://www.cencalhealth.org/providers/pharmacy/forms-downloads-fax/**

Who is CenCal Health's Specialty Pharmacy Provider?	CenCal Health provides comprehensive specialty pharmacy services through our exclusive relationship with **Diplomat Specialty Pharmacy**. This exclusive relationship allows CenCal Health members to receive patient education and management of patient adherence to therapy by Diplomat. All Specialty medications require a MRF. Diplomat Pharmacy's contact information and a complete list of Specialty medications that must be fulfilled thru Diplomat Specialty Pharmacy is available on the CenCal Health website. https://www.cencalhealth.org/providers/pharmacy/specialty-pharmacy/
What if I am a provider/facility that prefers to "buy and bill" Specialty medications instead of utilizing CenCal Health's Outpatient Pharmacy Benefit (Diplomat Pharmacy)?	CenCal Health's MRF form is only for prescriptions that fulfilled thru an outpatient retail pharmacy, Diplomat Specialty Pharmacy, or a contracted Home Infusion provider. Any request for a medication via CPT-Code (ie J-Code) to be administered at a provider's office or infusion/hospital facility must be submitted as a medical authorization request (treatment authorization request –TAR) through the Provider Portal. To identify if the CPT-Code requires a TAR please visit: http://web.cencalhealth.org/Public/ProceduresReqTAR
What is a Pharmacy Authorization Form (PAF) & where can I obtain a form to complete?	CenCal Health's continued efforts to improve patient safety and quality of care is through a Polypharmacy management quality initiative. The scope of pharmacy benefits includes a maximum benefit of seven (7) prescriptions per calendar month. There are certain medications for specific indications that are preemptively exempt from the 7-prescription-limit (ie Diabetes and asthma medications). Pharmacy Authorization Form (PAF) is a form that exempts a member from the monthly prescription limit of 7-prescriptions per month. The provider/provider's office may request a PAF by completing the PAF form and submitting the form to the fax number on the form, 805-964-0367. All CenCal Health Pharmacy Forms, including a PAF form can be found at CenCal Health's Pharmacy Webpage or on the CenCal Health Provider Portal under Pharmacy Forms. **https://www.cencalhealth.org/providers/pharmacy/forms-downloads-fax/**

For additional questions, the Pharmacy Department can be reached at: 805-562-1080