



CenCalHEALTH[®]
Local. Quality. Healthcare.

California Children's Services (CCS) Provider Webinar

July 2020

CenCal Health Panel

- Ana Stenersen, Pediatric Clinical Manager
- Rea Goumas, M.D., Whole Child Medical Director
- Arianna Castellanos, Provider Relations Manager
- Dona Lopez, Senior Provider Services Representative
- Maria Hernandez, Cultural & Language Coordinator
- Lizette Forney, Member Services Supervisor
- Robyn Campitelli, Claims Services Supervisor
- Lucy Renteria, Claims Provider Data Configuration Analyst
- Stephanie Lem, PharmD, Pharmacy Service Clinical Manager
- Amanda Pyper, MA MPA LMFT, Behavioral Health Program Manager

Santa Barbara & San Luis Obispo County Panel

Santa Barbara County

- Dorothy Blasing, Supervising Public Health Nurse
- Tanesha Castaneda, Children's Medical Services Manager

San Luis Obispo County

- Bridgette Hernandez, PHN, MSN, Supervising Public Health Nurse
- Francesca Peterson, Director, Children's Medical Services

Agenda

- CCS Overview & Eligibility
- Referrals & Authorizations
- Pharmacy Services
- Claims Processing
- Case Management & Additional Services
 - Behavioral Health Benefit
 - Transportation Benefit
 - Language Interpreter Services
- Q&A Panel



The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.

CCS-eligible conditions include, but are not limited to:

- Chronic medical conditions (such as cystic fibrosis)
- Hemophilia
- Cerebral palsy
- Heart disease
- Cancer
- Traumatic Injuries
- Infectious diseases producing major sequelae.



The County's Role

- **The County...**
 - Determines eligibility for the CCS Program
 - Medical, financial & residential
 - Administers the CCS Medical Therapy Program
 - Occupational Therapy, Physical Therapy and DME
 - Conducts Annual Eligibility Review
 - Medical, financial & residential

The County's Role

- **Referrals are made to CCS via the CenCal Provider Portal for Full Scope Medi-Cal clients...**
- **... or submitting a Service Authorization Request (SAR) form to County CCS for non-Full Scope Medi-Cal clients**
 - CCS referrals should be made as early as possible
 - If the applicant does not have full scope Medi-Cal:
 - Timeliness of new referrals is critical for authorization of services
 - Referral must be received within 24 hours (or next business day if service spans a weekend or holiday).
 - If authorization is requested for a new condition of an existing client, submission must also be timely.

The County's Role

- There are two types of SAR forms for non-Full Scope Medi-Cal CCS referrals:
 - **CCS/GHPP New Referral SAR**
 - <https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf>
 - Refer a potential CCS client to the CCS program
 - Request authorization of an initial service
 - **CCS/GHPP Established Client SAR**
 - <https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf>
 - Request authorization of services related to the CCS-eligible medical condition for an established CCS client.
 - **Information to include with SAR Request:**
 - Complete client info – Name, DOB, address, phone
 - ICD-10 Code(s)
 - Available medical reports documenting suspicion or confirmation of a CCS eligible medical condition
 - Copy of insurance card if private insurance/other healthcare coverage (OHC)

The County's Role

- **MTU Referral Process**
 - RX from a CCS-paneled provider
 - CCS application
 - Medical reports from a CCS-paneled provider that supports the MTU eligible diagnosis
 - Residential eligibility
 - **Note: Financial eligibility is not required for the CCS MTU program**
- **For Non-Full Scope-Medi-Cal clients**, once a SAR Request has been received and processed by the SB/SLO County CCS program, the provider will receive written notification from SB/SLO County CCS, typically within 5 business days regarding the status of the submitted SAR.
 - New referrals may be held in “pending” status while undergoing client's eligibility process (medical, financial & residential), which can extend beyond 5 days
 - Non-Full Scope Medi-Cal clients must submit an **Application to Determine CCS Program Eligibility**
 - <https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4480.pdf>

CenCal Health's Role

- CenCal Health is responsible for the care coordination of CenCal Health eligible CCS members
- Responsible for reviewing and determination of authorizations and for durable medical equipment (DME)
- Processing all eligible CCS claims for both counties
- Managing a provider network for CCS-Paneled Providers



How to verify CenCal Health CCS Eligibility

Member Eligibility

Member ID or Last 4 of SSN: Date of Birth: First Name: Last Name: Date of Service (DOS):

* Member ID, DOS and either DOB or First/Last Name are required

Member Info: As Of 07/24/2020 Inquiry Date: 7/24/2020 3:32:25 PM - Confirmation:

Member ID	Name	Sex	Special Case
Medicare Parts -	HIC#	F	CCS Member
	DOB		Other Carriers

Eligibility History: Last 12 Months As Of 07/24/2020

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
Lompoc Health - North H Center 8057378700	SBHI	07/01/2020 - 07/31/2020	Y		Full	N - None
Lompoc Health - North H Center 8057378700	SBHI	07/01/2020 - 07/31/2020	Y		Full	N - None
Lompoc Health - North H Center 8057378700	SBHI	06/01/2020 - 06/30/2020	Y		Full	N - None
Lompoc Health - North H Center 8057378700	SBHI	06/01/2020 - 06/30/2020	Y		Full	N - None
Lompoc Health - North H Center 8057378700	SBHI	12/01/2019 - 05/31/2020	Y		Full	N - None
Lompoc Health - North H Center 8057378700	SBHI	12/01/2019 - 05/31/2020	Y		Full	N - None
Lompoc Health - North H Center 8057378700	SBHI	11/01/2019 - 11/30/2019	Y		Full	N - None
Lompoc Health - North H Center 8057378700	SBHI	11/01/2019 - 11/30/2019	Y		Full	N - None
Cindy Blifeld 8057364970	SBHI	09/01/2019 - 10/31/2019	Y		Full	N - None
Cindy Blifeld 8057364970	SBHI	09/01/2019 - 10/31/2019	Y		Full	N - None
Cindy Blifeld 8057364970	SBHI	08/01/2019 - 08/31/2019	Y		Full	N - None
Cindy Blifeld 8057364970	SBHI	08/01/2019 - 08/31/2019	Y		Full	N - None
Cindy Blifeld 8057364970	SBHI	07/01/2019 - 07/31/2019	Y		Full	N - None
Cindy Blifeld 8057364970	SBHI	07/01/2019 - 07/31/2019	Y		Full	N - None

Services: As Of 07/24/2020

	Allowed	Used	Remaining
Medi-Services (MTD)	2	0	2
PT Visits (YTD)	18	0	18

Case Management: Last 12 Months As Of 07/24/2020

Program	Reason	Case Manager	Date Range
CM	(PEDIHIGH) Psychosocial	Amanda G	07/01/2020 - 07/31/2020

Specialized Programs:
 CM = CenCal Health Case Management
 PHD-CM = Public Health Department Case Management
 TCRC = Tri Counties Regional Center

* Restricted Services - Noted by Eligible Aid Code:
 Restricted to LTC and Related Services (53)
 Restricted to Breast and Cervical Cancer Treatments (OR, OU, OT)

Eligibility

Batch Eligibility

Check Eligibility

Data Requirements:

1. Member ID# or Last 4 of Member's SSN
2. Members Date of Birth or First/Last Name
3. Date of Service (DOS)



Referrals & Authorizations



Ana Stenersen
Clinical Manager - Pediatrics

Authorizations

	PAST PROCESS PRE-WCM	CURRENT PROCESS
SAR(Service Auth Request)	Issued by CCS for all referrals to CCS SB and SLO	<p>CCS/GHPP New Referral SAR</p> <ul style="list-style-type: none"> ○ https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf <ul style="list-style-type: none"> ● Refer a potential CCS client to the CCS program ● Request authorization of an initial service <p>CCS/GHPP Established Client SAR</p> <ul style="list-style-type: none"> ○ https://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4509.pdf
RAF (Referrals)	RAF not required	<p>RAF required by CenCal</p> <p>* For additional services please reference our 'RAF Exceptions' list online</p> <p>www.cencalhealth.org/providers/authorizations/referrals/</p>
TAR (Treatment Auth Request)	TAR required by CenCal for non-CCS related services	TAR required by CenCal Health for all CCS related and non-CCS related services

Referring New CCS Cases

- Refer to CCS County for eligibility determination
- Refer to CenCal Health for NICU and HRIF (high risk infant follow-up)
- Refer to CCS Paneled Providers within the CenCal Health Provider Network
- Documentation needed:
Prescription, recent medical reports, recent clinic visit notes, Inpatient notes, any other relevant reports

Please remember, refer, refer, refer!

Referring to CCS Paneled Providers

Here is a list of CCS program providers located within CenCal Health's service area of Santa Barbara and San Luis Obispo County.

All providers that give services to our CenCal Health CCS eligible members are required to be CCS-paneled.

These providers are trained health care staff who know how to care for our CCS members with special health care needs.



CENCAL HEALTH PANELED PROVIDERS | IMPORTANT TELEPHONE NUMBERS | PROVIDER RESOURCES

Below is a list of CCS program providers located within CenCal Health's service area of Santa Barbara and San Luis Obispo County. All providers that give services to our CenCal Health CCS eligible members are required to be CCS-paneled. These providers are trained health care staff who know how to care for our CCS members with special health care needs.

- CCS Paneled Primary Care Providers (PCP)
- CCS Paneled Specialist
- CCS Paneled Allied Provider
- CCS Paneled DME Suppliers
- CCS Paneled Hospitals

DHCS Resources:

- Becoming a California Children's Services (CCS) Provider
- California Children's Services (CCS) Provider Lists

For additional assistance, please contact CenCal Health's Provider Services Department at (805) 562-1676. Our list's above are subject to changes based on the provider paneling and CenCal Health contract status.

<https://www.cencalhealth.org/providers/ccs-whole-child-model/>

<https://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx>

Additional Documentation

Pending Authorizations need supporting documentation for medical justification:

- Fax Pediatric (0-20yrs) documentation
(805) 692-5140
- Secure File Drop
<https://transfer.cencalhealth.org/filedrop/hs>

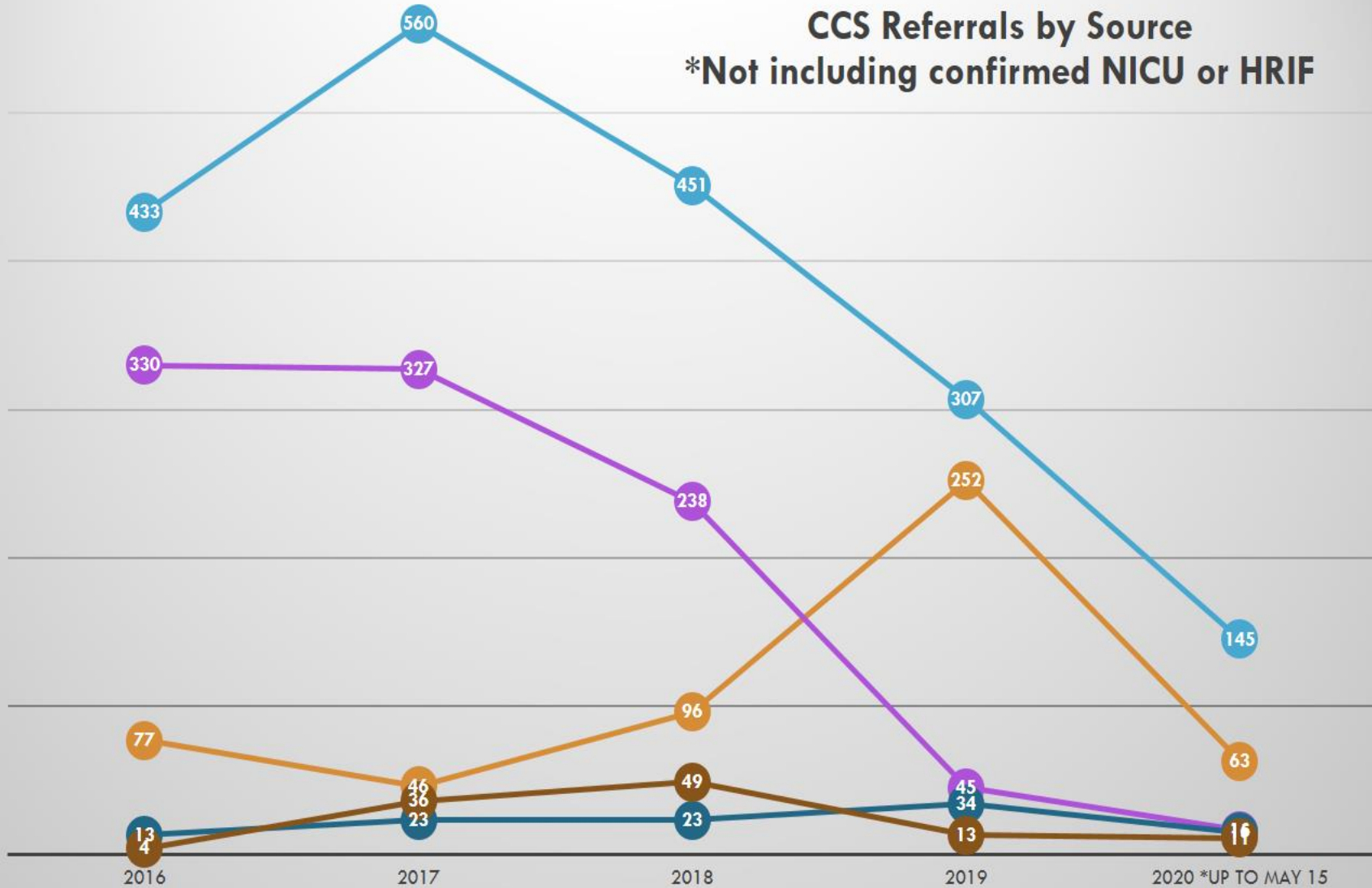
Additional Requirements:

- Add a cover page
- Phone/Email Contact Information
- Direct phone line
- Department
- Number of pages you are faxing over
- Reference the TAR# on the top of every document



Authorization Assistance
call (805) 562-1082

CCS Referrals by Source *Not including confirmed NICU or HRIF



Referring NICU (Neonatal Intensive Care Unit)

- Refer NICU members to CenCal Health and we will determine medical acuity for NICU
- NICU Acuity Criteria – CCS Numbered Letter 05-0502
<https://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx>
- CenCal Health will process claims for all NICU services for CenCal Health CCS eligible members



HRIF (High risk infant follow-up program)

Identifies infants who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. The baby must be CCS eligible during the NICU stay to be considered for HRIF follow-up.



HRIF provides the following reimbursable diagnostic services:

- Comprehensive history and physical examination with neurologic assessment
- Developmental assessment (bayley scales of infant development [BSID] or an equivalent test)
- Family psychosocial assessment
- Hearing assessment
- Ophthalmologic assessment
- Coordinator services (including assisting families in accessing identified, needed interventions and facilitating linkages to other agencies and services)

SCC (Special Care Centers)

- The Special Care Center (SCC) provides comprehensive, coordinated health care to CCS and Genetically Handicapped Persons Program (GHPP) for clients with specific medical conditions. SCCs are located in tertiary hospitals.
- Organized around a specific condition or system and are comprised of multi-disciplinary, multi-specialty providers who evaluate the member's medical condition and develop a family-centered health care plan to facilitate the provision of timely, coordinated treatment.

Examples: Communication disorder center, HEM-ONC SCC, Endocrine SCC, pulmo and respiratory SCC, etc.

Extension of Authorizations for Follow-Up Care

- County CCS will review a member's continued eligibility (Annual case reviews) for CCS
- Documentation needed: recent medical reports, recent clinic visit notes, Inpatient notes, any other relevant reports
- CenCal Health will extend authorizations for follow-up care with CCS paneled providers and SCCs for the annual CCS eligibility period
- Continuity of care requests will be reviewed on an as needed basis

Authorization Reminders

- Providers can access the CenCal Health Provider Portal to submit Referrals and Authorizations at cencalhealth.org/providers/provider-portal/
- All request for authorizations for children with a CCS eligible condition will be reviewed by CenCal Health
- If the authorized services are related to the CCS condition, CenCal Health will require the child to be seen by a CCS Paneled provider



Pharmacy Services



Stephanie Lem, PharmD
Clinical Manager of Pharmacy Services

Pharmacy Services

Formulary Medications:

- No prior authorization required
- Requests exceeding quantity limits and most specialty medications will require prior authorization
- Formulary can be accessed on CenCal Health's website <https://www.cencalhealth.org/providers/pharmacy/formulary/>

Non-Formulary Medications:

- Medical Request Form (MRF) required for approval <https://www.cencalhealth.org/providers/pharmacy/forms-downloads-fax/>

Specialty Medications:

- Diplomat Pharmacy- comprehensive specialty pharmacy services



Pharmacy Services Contact Information

- CenCal Health's pharmacy benefit manager (PBM) is MedImpact.
 - For questions regarding pharmacy authorizations or claims, you may contact MedImpact directly at (800) 788-2949.
- CenCal Health's Specialty Pharmacy vendor is Diplomat Specialty Pharmacy.
 - For specialty medications processing contact Diplomat: Diplomat Specialty directly at (877) 319-6337
- Our Pharmacy Team is committed to providing consistent, compassionate, local support.



Contact Us

(805) 562-1080
Mon-Fri, 8am-5pm

Pharmacy Services Changes in 2021

Effective **January 1, 2021**, Medi-Cal Pharmacy benefits will be transitioned from CenCal Health to Medi-Cal fee-for-service under the name Medi-Cal Rx

- What's changing?
 - All pharmacy benefits billed by a pharmacy on a pharmacy claim will be carved out of CenCal Health and be the responsibility of the state and their pharmacy benefit administrator, Magellan
- What's remaining the same?
 - All pharmacy benefits billed on a medical or institutional claim by a pharmacy or any provider (i.e. Physician-Administered-Drugs) will be the responsibility of CenCal Health

Medi-Cal RX in 2021

- Medi-Cal Rx website:
<https://medi-calrx.dhcs.ca.gov/home/>
- Additional information and guidance will be released from the state and CenCal Health in the coming months
- CenCal Health Pharmacy Team is available to answer any questions to assist our providers during this transition



Contact Us

(805) 562-1080
Mon-Fri, 8am-5pm



 **DHCS** | **Medi-Cal Rx**

Claims Processing



Robyn Campitelli
Claims Services Supervisor

Claims for CCS Newborns



Services rendered to an infant in the month of birth and the month following birth are defined as mom/baby claims

Billing during mom/baby timeframe:

- Use the mother's CenCal Health ID number
- Follow Medi-Cal's mom/baby guidelines

Billing after the mom/baby timeframe:

- Use infant CenCal Health ID number
- Authorized Referral required

Tips for billing Newborn Claims

Claims received for baby under mom's ID for the month of birth and the month after only (for the first 60 days).

- Use mother's ID number
- Place babies name and DOB in remarks field
- CMS 1500 (box 19 babies name and DOB)
- UB04-Field 8B-enter infants name
Field 10-enter infant's DOB
Field 11-enter Infants gender (sex)
Field 58-if the mother' name is entered here, then:
Field 59-"19" (child), and
Field 60-Mother's CenCal Health ID number



Claims Processing

CCS claims should be billed to CenCal Health not the County for all CenCal Health eligible members.

- Our Provider Web portal www.cencalhealth.org is available for:
 - Claim Submission
 - Claim Corrections
 - Checking status of your claim
 - Timely filing guidelines and follow-up periods
- Hard copy claims should be mailed to:
 - PO Box 948
 - Goleta, CA 93116



<https://www.cencalhealth.org/providers/claims/>

Case Management & Additional Service



Ana Stenersen
Clinical Manager - Pediatrics

Behavioral Health Services

CenCal covers the following outpatient services for members under the age of 21:

- Counseling (individual and family) and psychiatry services for members presenting with mild mental health symptoms (i.e. ADHD, depression, anxiety).
- Counseling, psychiatry and ABA services for members with developmental delays and behaviors due to a neurological or cognitive condition i.e. Autism, Intellectual Disability
- Psychological or neuropsychological testing for diagnostic purposes.

These services are managed by The Holman Group

Mental Health Inpatient & Intensive out-patient services for severe mental health conditions are covered and provided by Santa Barbara and San Luis Obispo County Mental Health Services.



SB County: 1-888-868-1649



SLO County 1-800-838-1381



(800) 321-2843

Behavioral Health Treatment (BHT)

- Services are usually provided in the member's home
- Members may be receiving services from Regional Center and/or CCS, but these services are not a pre-requisite for BHT services
- BHT requires a pre-service authorization to The Holman Group from a members PCP



REFERRAL FORM

Member's Name: _____ Date: _____
Member's Phone Number: _____
Member's CenCal ID Number: _____ DOB: _____
Referring Provider Name: _____
Office Telephone Number: _____ Fax Number: _____
If patient is 18 or younger, write name of legal guardian: _____
Language Preferred: _____
Service(s) Requested: _____
 Medication Management Psychological Testing/ Assessment Counseling Services
 Behavioral Health Treatment (ABA) – Children > 21 Other
Presenting Symptoms/ Behaviors Resulting in Request for Referral:

Member Preferences: _____
Recent (last 6-months) suicide attempts or psychiatric hospitalizations: Yes No
Recent (last 6-months) incidents of violence towards family or in the community: Yes No
Description: _____
Substance Use: Yes No
Currently Using: _____
History of Use: _____
Pertinent Medical Information: _____

Please fax any of the following information, if available, to (818)704-4252:

- Psychosocial Assessments or Results of Well-Child Assessment & Screenings
- Medication list of current medication
- Information regarding psychotropic medication prescribed and failed in the last 12-months
- Psychiatric Assessment or last two (2) progress notes
- Last treatment notes that provide supporting information for this referral request
- Signed Release of Information Form

Case Management Services



CenCal Health's Case Management (CM) Program is a comprehensive, member-centric program, which consists of complex case management, care coordination, and care transition.

It is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost effective outcomes.

CM services are provided by social workers, nurses and clerical support

For referrals <https://www.cencalhealth.org/providers/case-management/>
or call (805) 681-8260

Case Management Referrals



- Frequent ED/Hospital admissions or readmissions
 - Finding a PCP and/or Urgent Care use
- Untreated behavioral health needs
 - Those that need linkage to Holman or County Mental Health
- Recent hospitalizations due to Substance use disorder
 - Need linkage to SUD services
- Identification of family struggling with new diagnosis
 - Need on-going health education or support
- Disease management
 - Struggling with new diagnosis or documented poor/uncontrolled medication management history

Case Management Referrals (Continued)



- Support with establishing ADL assistance
 - i.e. IHSS, Home Health
- Coordination of Care for support within health plan
 - Coordinating appointments, transplants, out of network to in-network
- Coordination of care for members to receive medically necessary services outside the health plan's
 - Local Education Agency, Regional centers
- Care Transition Need
 - Hospital to Community, Facility to Facility, Community to Facility, Hospital to Facility
- Social Determinants of Health
 - Language barrier support, homelessness/housing support, nutrition/food support, financial support resources

Medical Transportation Services

Provided by CenCal Health's benefit manager, Ventura Transit Systems (VTS)

- NON-Medical Transportation (NMT)
- Non- Emergency Medical Transportation (NEMT)

Members and/or Providers may contact VTS at (855) 659-4600

CenCal Health has Maintenance and Transportation benefits for CCS members

- Mileage
- Lodging
- Meals
- Parking fees



Contact CenCal health for CCS M&T services at (805) 364-9304



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 *not* 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: <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other (describe):			
NEMT PROVIDER CERTIFICATION, JUSTIFICATION & SIGNATURE REQUIRED			
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: <input type="checkbox"/> Basic Life Support (BLS) <input type="checkbox"/> Advanced Life Support (ALS)		<input type="checkbox"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Air Ambulance
NEMT Anticipated Duration:			
Start Date:	End Date:	<input type="checkbox"/> 30 Days	<input type="checkbox"/> Six (6) Months <input type="checkbox"/> 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			

<https://www.cencalhealth.org/providers/authorizations/>

Interpreting Services

CenCal Health ensures interpreting services to all eligible CenCal Health members:

- Interpreting is available in over 200 languages free of charge
- Phone/Video interpreting is not required. Face-to-Face is available for ASL members
- Phone Interpreters are available 24 hours a day, 7 days a week
- CenCal Health recognizes that face-to-face interpreting is an important option for interaction and understanding complex situations

General guidelines for CenCal Health's Interpreting Services:

- It's the responsibility of the provider to request interpreter services, **not the Member** and appointments should remain scheduled
- Providers should continue to use "Voice-only" Interpreting (telephone service) whenever possible
- PCPs should continue to staff their own Spanish Interpreters (except if they do not offer it for urgent care services)
- Video and phone interpreting is available in a variety of languages



- Video for American Sign Language (ASL) is available anytime for all provider types
- All providers will need to supply their own device (laptop, tablet, phone etc.) for these services. CenCal Health will not provide these devices
- Do not use a member's phone for video or phone interpreting services
- Do not give members your provider login or password for this service
- Do not pre-schedule video interpreting services in advance as appointments may change

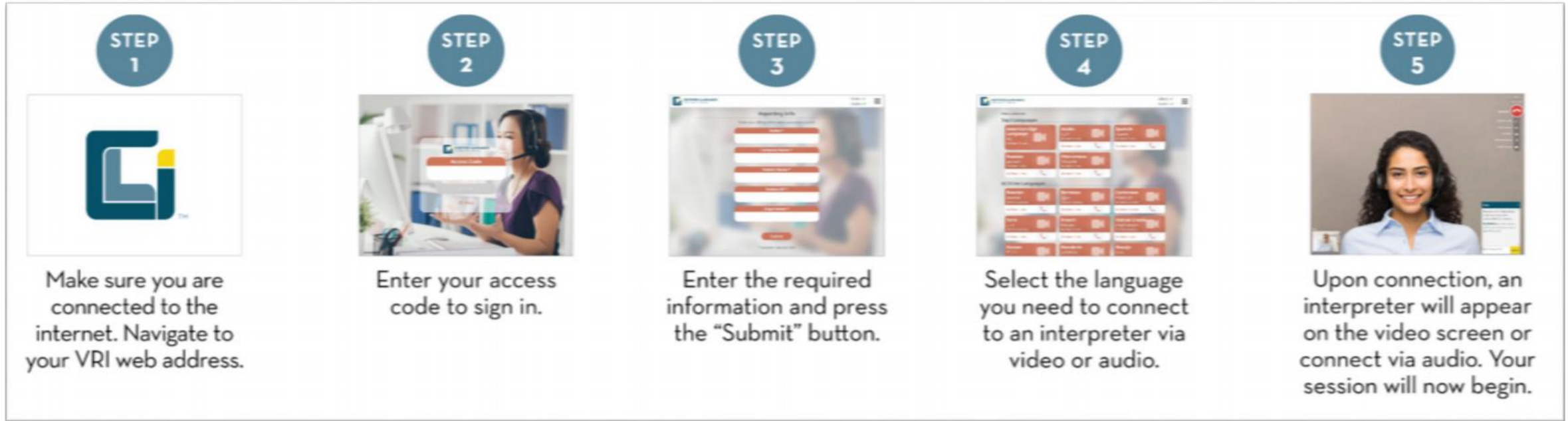
Phone Interpreting Services

From the moment you place a request with Certified Language Interpreter (CLI) operator, you are immediately connected to a professional interpreter.

Follow these easy steps to connect to a telephonic interpreter in more than 200 languages:



Video Remote Interpreting (VRI)



VRI Web Address: cencalhp.cli-video.com

VRI Access Code: 48cencalhp

Or call Member Services 1 (877) 814-1861

Questions for our Panel?



ADDITIONAL RESOURCES

- CenCal Health Website www.cencalhealth.org
 - Provider Portal
 - Provider Manual
 - Quick Reference Guide
- Contract your Provider Services Representative for additional training or resources

Still have questions about CCS and the Whole Child Model?

<https://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>



PROVIDER SERVICES
Contact Us
(805) 562-1676
Mon-Fri, 8am-5pm



Claims Assistance
Contact Us
(805) 562-1083
Mon-Fri, 8am-4:30pm



PHARMACY DEPARTMENT
Contact Us
(805) 562-1080
Mon-Fri, 8am-5pm



HEALTH SERVICES
Contact Us
(805) 562- 1082
Mon-Fri, 8am-5pm



Member Services
Contact Us
(877) 814-1861
Mon-Fri, 8am-5pm

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