



CenCalHEALTH[®]
Local. Quality. Healthcare.

New Behavioral Health Treatment (ABA) & Mental Health Provider Orientation

2022

Agenda

- Medi-Cal Coverage
- CenCal Health New Member Integration
- Member Benefits
- CenCal Health Eligibility
- Authorizations
- Claims & Billing
- Cultural Competency, Health Literacy
- Seniors or Persons with Disabilities (SPD)
- Provider Resources
- Q&A



What is Covered California and Medi-Cal?



Covered California is the state's health insurance marketplace where Californians can shop for health plans and access financial assistance.

www.coveredca.com/apply/



Medi-Cal offers low-cost or free health coverage to eligible Californian residents with limited income.

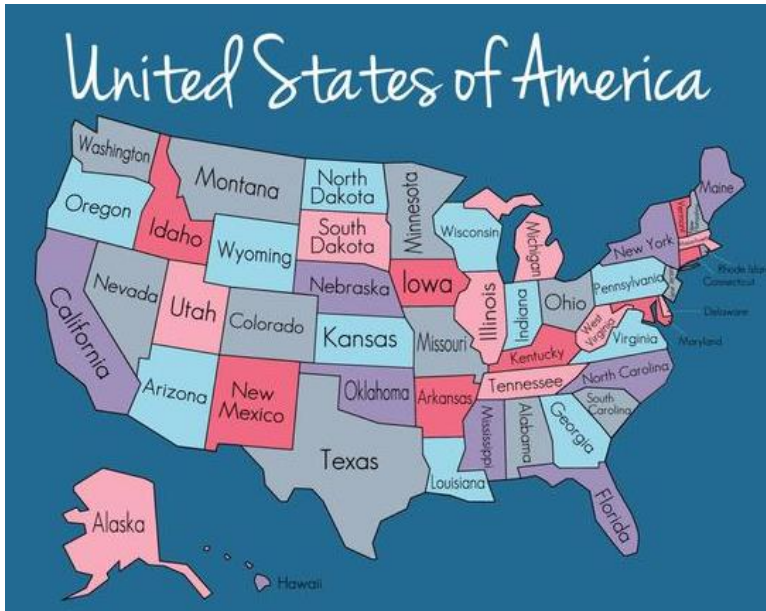
Health plans available through Medi-Cal and Covered California both offer a similar set of important benefits, called [essential health benefits](#).

Medi-Cal Eligibility Criteria



<https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>

Where does CenCal Health fit in?



USA known
Program:
Medicaid

California
known
Program:
Medi-Cal



CenCal Health is the
Managed Care Plan
administering Medi-Cal
benefits in Santa Barbara
& San Luis Obispo
County residents

New Medi-Cal Eligible Person



Member Benefits



New CenCal Health Members

New Members receive:

- Welcome Packet
- CenCal Health ID card
- Member Handbook & Benefits
- A welcome call from our Health Navigators

<https://www.cencalhealth.org/members/member-handbook/>



Nurse Advice Line & After Hours Care

Our 24 Hour Nurse Line

Service is available
24 hours a day, 7 days a week



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.

cencalhealth.org/providers/patient-education-materials/nurse-advice-line/

cencalhealth.org/after-hours/

Health Education Resources

Members and Providers have access to Patient Education Materials & Health and Wellness Resources

Topics	Videos	Tools
Allergies	Diabetes	Immune System
Asthma	Digestion	Lungs and Airways
Back and Neck Pain	Ear, Nose, and Throat	Mental and Behavioral Health
Blood and Lymph System	Eyes and Vision	Mouth and Dental
Bones, Joints, and Muscles	Genetic Conditions	Pain Control
Brain and Nervous System	Headaches	Sexual and Reproductive Organs
Cancer	Heart and Circulation	Skin, Hair, and Nails
Colds and Flu	High Blood Pressure	Urinary System
COPD	Hormones	

www.cencalhealth.org/health-and-wellness/

Primary Care Provider (PCP) Assignment

Members are considered 'Special Class' so they can pick a PCP that best fits their needs (closest to home, language available, CCS paneled, etc.)

The PCP is responsible for the management of patient's care. The PCP office issues Referral Authorizations Form (RAF) for specialty care

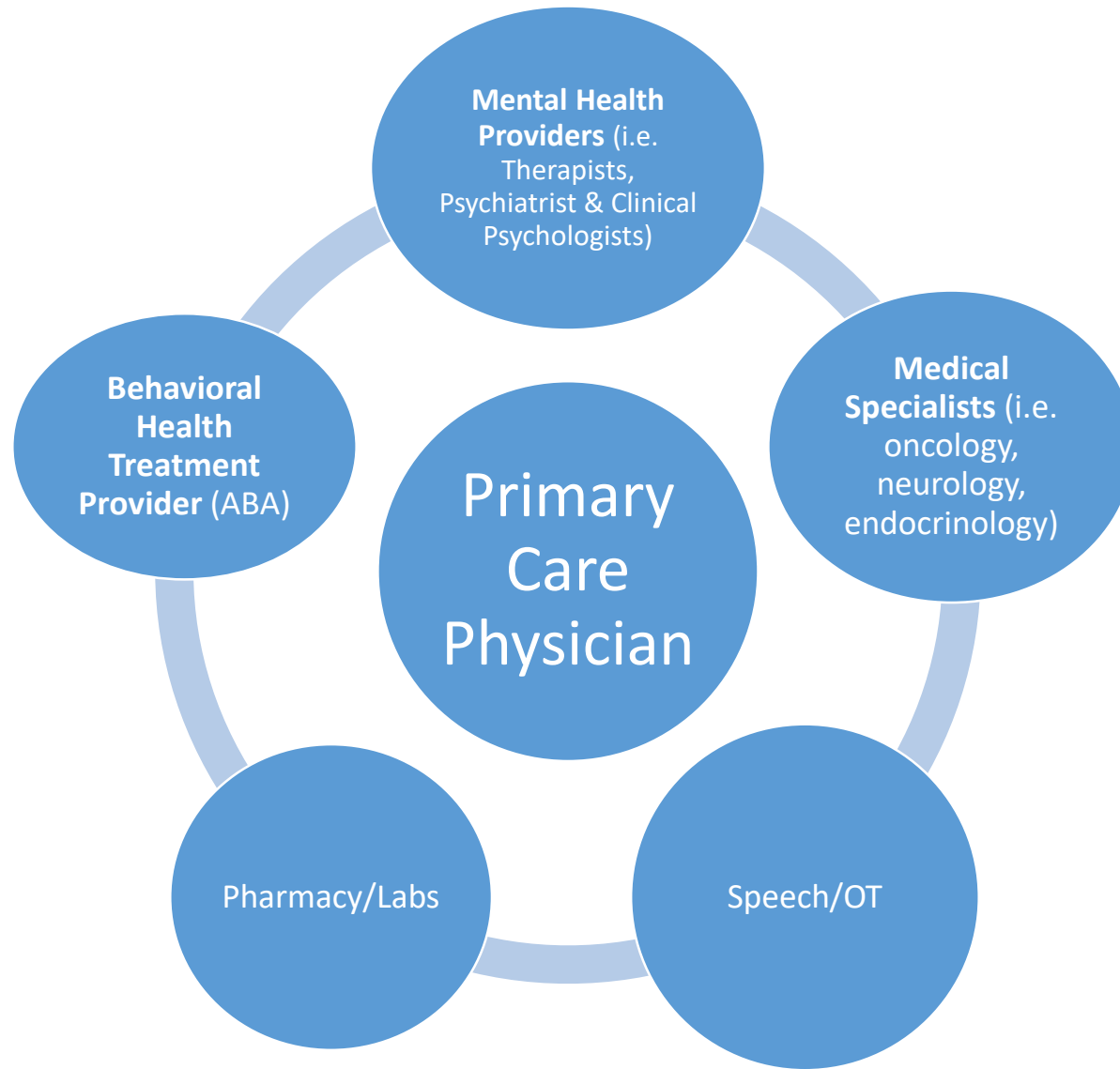
Provide care for the majority of healthcare issues presented by the member, including preventive, acute, and chronic healthcare

Supply risk assessment, treatment planning, coordination of medically necessary services, referrals, follow up and monitoring of appropriate services, and resources required to meet the needs of the member.

Member Assistance
1 (877) 814-1861



Provider Role in Care Coordination



Mental Health Substance Use Disorder Behavioral Health

Member Benefits

Mental Health (MH) Benefits

CenCal members with Medi-Cal primary, are entitled to a wide array of mental health benefits. Some benefits are managed by CenCal and some by County Mental Health.

Covered Benefits:

- **Out-patient mental health** who present with mild to moderate impairments.
 - Services covered include medication management, individual/group psychotherapy services, and psychological testing.

Carved Out Benefits:

- **County Behavioral Health Department** is responsible for Specialty Mental Health Services for CenCal members who present with moderate to severe impairments.
 - Services include medication management, psychotherapy, case management, rehabilitation services, crisis support, and psychiatric in-patient hospitalizations

Mental Health Service Contacts

- CenCal Behavioral Health Department
(805) 562-1600 Provider Line
- Santa Barbara County
ACCESS LINE 1 (888) 321-2843
- San Luis Obispo County
ACCESS LINE 1 (800) 838-1381



Behavioral Health Templates

All templates available for download at
<https://www.cencalhealth.org/providers/behavioral-health/>

Mental Health

- Adult Level of Care Screening
- Child Level of Care Screening
- Transition of Care Form *used to recommend SMHS

BHT (ABA)

- 6 month progress report template
- FBA template
- Service Log template
- Social Skill Template
- BH UM Authorization Form (for faxed authorizations)



Substance Use Disorder (SUD) Treatment Benefits

CenCal covers limited substance use screening and treatment services provided at primary healthcare locations.

Covered Benefits:

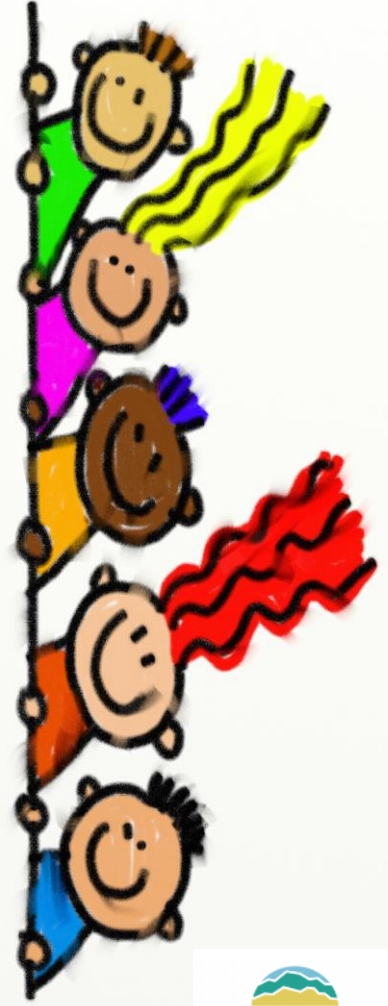
- Screening, providing brief behavioral counseling interventions (“SBIRT”) and professional fees associated with visits when a provider, within the scope of his or her practice, prescribes medications to reduce symptoms of withdrawal.

Carved Out Benefit:

- The County Department of Behavioral Health provides treatment for Members with Substance Use Disorders.
 - Members must be referred and contact the County ACCESS line to be screened.

Behavioral Health Treatment (BHT) Benefit

- Behavioral Health Treatment (BHT) are behavioral interventions and include modalities services such as Applied Behavior Analysis (ABA).
- CenCal provides coverage of all medically necessary BHT services for eligible beneficiaries under 21 years of age for which a licensed physician, surgeon, or psychologist deems that BHT services are medically necessary.
 - ABA services require an initial Referral Authorization Form (RAF) with a comprehensive developmental assessment recommending ABA services as medically necessary.
 - Members that need a comprehensive developmental assessment can submit a RAF through the Provider Portal or fax RAF to the Behavioral Health Department.



<https://www.cencalhealth.org/providers/behavioral-health>

Eligibility

Verifying eligibility for your patients



Ways to check Eligibility

- **Online** verification on CenCal Health Provider Portal



Log in This site requires latest Chrome, Firefox, Safari or IE11+.

For the latest on COVID-19 related claims questions, authorization changes, telemedicine codes and more:
visit: www.cencalhealth.org/providerservicesfaq

INITIAL LOG IN:
All portal users are required to enter an email address in the UserName field as well as their existing password. If you receive a notice that the user account email is invalid, the user will need to contact your organization's account manager to request access. Users with access to multiple organizations can choose from a list of accessible IRS#'s after log in.

If you have changes to your Tax ID Number, DBA, or legal business name, please submit a new W-9 to CenCal Health. Please submit this document to CenCal Health's Provider Services Department via fax at (805) 681-3019 or email providerservices@cencalhealth.org.

Enter credentials to log in.

UserName

Password

LOG IN

[Forgot your password?](#)

Want to learn more? View our [Portal Resource Guides](#)
Please contact webmaster@cencalhealth.org for any questions or if you experience any issues in accessing the portal.



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

Online Portal

Eligibility Tool available upon contracting with CenCal Health

Additional Resources:

- Claims Entry
- Authorization
- Reports
- Downloads

Printable Portal User Guide:
[Cencalhealth.org/portal/provider-portal/](https://cencalhealth.org/portal/provider-portal/)



Explore CenCal Health Members Providers Community Contact Us Log Off

Logged in as: [User Name]

Providers - Restricted (DEMO)

▼

> Home

User Management

Electronic Funds Transfer

Claims Entry

Eligibility

Transaction Services

Authorization

Reports

Procedure Pricer

SMART Programs

Downloads

PCP Reassignment

PCP Reassignment(New)

Pharmacy Forms

RBM Forms

FTP

For the latest on COVID-19 related claims questions, authorization changes, telemedicine codes and more: visit <https://www.cencalhealth.org/providerservicesfaq>

If you have changes to your Tax ID Number, DBA, or legal business name, please submit a new W-9 to CenCal Health. Please submit this document to CenCal Health's Provider Services Department via fax at (805) 681-3019 or email providerservices@cencalhealth.org.

Data Forms Overview This site requires latest Chrome, Firefox, Safari or IE11+.

Security

CenCal Health's Website employs Secure Socket Layer (SSL) technology to ensure that all information transmitted between CenCal Health and your office is encrypted and secure. This security, however, is only as strong as your organization's username and password. Within your organization, only share the account on a need-to-know basis with staff who must access the CenCal Health web site to perform their jobs. Protect sensitive patient information. Let the CenCal Health webmaster know whenever a privileged employee leaves your organization, so that the organization's password can be changed. The CenCal Health webmaster can be contacted at webmaster@cencalhealth.org.

Forms & Reports

Electronic Funds Transfer

Effective January 1, 2014, Electronic Fund Transfers (EFTs) are available through CenCal Health for various payment types. In order to receive EFTs, providers must enroll for the option to receive their payments electronically.

Claim Forms

Five claim form types are supported: CMS-1500, Medical Supplies, UB-04 and LTC. Click on the claim form type on the left to view the form. Upon submission of the form you will receive a claim control number (CCN) for that claim.

Eligibility

CenCal Health has updated its eligibility form and created a batch eligibility form for providers who consistently check eligibility on groups of members. We hope that you find these forms accessible and beneficial.

Check Eligibility - To check an individual member's eligibility click on the Eligibility link, and then "Check Eligibility". Enter the member's ID or CIN, and a date of service. If the member is not eligible with CenCal Health, you will be prompted to check their eligibility with DHS. Eligibility checks with DHS are done through the DHS CERTS system and require a Medi-Cal provider number and PIN.

Batch Eligibility - You may check eligibility for groups of members using the batch eligibility form located under "Eligibility". To create a batch, click "New Batch", enter a batch name, and then click "Create New Batch". You may begin entering member IDs and dates of services. To add more rows for additional members, click on "Save Batch". To check eligibility for all members in the batch, click "Check Eligibility". Eligibility information is saved until the "Check Eligibility" button is clicked again. On the left hand side will be a series of buttons: red for an ineligible/unknown member; green for an eligible member; and yellow for a member who has a share of cost obligation prior to becoming eligible. To view detailed member information, click on the button. To check eligibility for all members in the batch with a new date of service, add the new date of service into the Change Date field, click "Change Date", and then click "Check Eligibility". You may create as many batches as you need. To create a new batch, click on "New Batch" located on the main form. An existing batch may be saved into a new batch by using the "Copy Batch" function. Note - a batch will be deleted if there are no members in the batch.

Transaction Services



Online - Provider Portal Eligibility Check

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)

Member Eligibility

Member ID or Last 4 of SSN Member 1 st 4 of SSN	Date of Birth DOB (mm/dd/yyyy) 2	First Name First Name 2	Last Name Last Name	Date of Service (DOS) DOS 3 yyyy	 
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Eligible Member

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

Member Info: As Of 09/03/2019 Inquiry Date: 9/3/2019 3:49:18 PM - Confirmation: 301271

Member ID **Name** **Sex** **Special Case**
 TEST1 CENCAL
 F
 None

Medicare **HIC#** **DOB** **Other Carriers**
 Parts -
 02/01/1998
 ANTHEM BLUE CROSS (800) 677-666

Eligibility History: Last 12 Months As Of 09/03/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CHCCC - Nipomo 8059293211	SBHI	09/01/2019 - 09/30/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	08/01/2019 - 08/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	05/01/2019 - 07/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	04/01/2019 - 04/30/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CenCal Health 8778141861	SBHI	03/01/2019 - 03/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified

Services: As Of 09/03/2019

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

Case Management: Last 12 Months As Of 09/03/2019

Program	Reason	Case Manager	Date Range
There are no Case Managers during the date range provided			

- Check Eligibility
- Add Member to Batch
- Download to CSV
- Reset Screen
- Request a Medi-Reservation

Member Not Eligible

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

Member is not eligible on 08/21/2019



DHS Check

Member Info: As Of 08/21/2019

Inquiry Date: 9/4/2019 10:00:01 AM - Confirmation: 301274

Member ID	Name	Sex	Special Case
	TEST2 CENCAL	F	None
Medicare Parts -	HIC#	DOB	Other Carriers
		06/01/1991	

Eligibility History: Last 12 Months As Of 08/21/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SBHI	08/01/2019 - 08/31/2019	N			N - None
CenCal Health 8778141861	SBHI	07/01/2019 - 07/31/2019	Y		Full	N - None
CenCal Health 8778141861	SBHI	05/01/2019 - 06/30/2019	N			N - None
Albert Hawkins 8059280997	SBHI	04/01/2019 - 04/30/2019	Y		Full	N - None
Albert Hawkins 8059280997	SBHI	02/01/2019 - 03/31/2019	Y		Full	N - None
Albert Hawkins 8059280997	SBHI	01/01/2019 - 01/31/2019	Y		Full	N - None
Albert Hawkins 8059280997	SBHI	12/01/2018 - 12/31/2018	Y		Full	N - None
CenCal Health 8778141861	SBHI	11/01/2018 - 11/30/2018	Y		Full	N - None
Albert Hawkins 8059280997	SBHI	08/01/2018 - 10/31/2018	Y		Full	N - None

Case Management: Last 12 Months As Of 08/21/2019

Program	Reason	Case Manager	Date Range
There are no Case Managers during the date range provided			

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)



Check Eligibility



Add Member to Batch



Download to CSV







Reset Screen











DHS Check








Batch Eligibility Screen Example

Batch Member Eligibility





Batch:    

 Date:  

-  Create New Batch
-  Copy Batch
-  Save Changes
-  Delete Batch or Delete Row
-  Export to CSV

	Members Id	Name (Last, First)	Plan	DOB	Sex	DOS	Elig	SOC	PCP	Conf No.
			SBHI	10/06/1965	M	03/15/2021	Y	\$0	Lompoc Health - North Thir...	432447
			SBHI	10/08/1998	F	03/15/2021	Y	\$0	Lompoc Health - North H C...	432448
			SBHI	12/26/1993	F	03/15/2021	Y	\$0	CHCCC - Santa Maria Way	432449
			SBHI	07/26/1980	F	03/15/2021	Y	\$0	CHCCC - Santa Maria Way	432450
			SLOHI	08/27/1986	F	03/15/2021	Y	\$0	CHCCC - Arroyo Grande St...	432451
			SLOHI	03/28/1987	M	03/15/2021	Y	\$0	CHCCC - Fair Oaks	432452

Add a Member to Batch File

Member ID or Last 4 of SSN: Date of Birth: 02/01/1998 First Name: Last Name: Date of Service (DOS): 09/03/2019    


Member Info: As Of 09/03/2019 Inquiry Date: 9/3/2019 3:49:18 PM Confirmation: 301271

Member ID	Name	Sex	Special Case
	TEST1 CENCAL	F	None
Medicare Parts -	HIC#	DOB	Other Carriers
		02/01/1998	

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CHCCC - Nipomo 8059293211	SBHI	09/01/2019 - 09/30/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	08/01/2019 - 08/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	05/01/2019 - 07/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	04/01/2019 - 04/30/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
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Case Management: Last 12 Months As Of 09/03/2019

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Add Member to Batch

Authorizations

Helping your patients when they need it the most



Authorization Types

All authorizations are submitted under the Provider Group level, not the individual provider

Form	Type of Request or Service	Who Can Submit the Request?	Purpose	Processing Timelines for URGENT Request	Processing Timelines for Routine Request
Referral Authorization Form (RAF) And RAFB	Referral from PCP to Specialist, for a Second Opinion, or Standing Referral for extended care	PCP (and occasionally, CenCal Health Medical Management Department)	To determine the medical necessity of a referral to a specialist, tertiary care center or out of network provider.	no later than 3 working days* from the receipt of referral request	within 5 working days but up to 14 calendar days*
Treatment Authorization Request (TAR) Located below are three (3) different TAR form types					
50-1	Procedures, DME, Hospice, Home Health,	The provider of service, e.g. DME vendor, Home Health agency. ALERT: Make sure MD has signed the order.	To determine the medical necessity of a requested service. Including Physician-Administered-Drugs (PADs)	no later than 3 working days* from the receipt of request for service	within 5 working days but up to 14 calendar days*

Referral Authorization Form (RAFB)

RAFB allows a Primary Care Physician (PCP) Group to refer their assigned members to a In-Network Specialist and/or tertiary facility

Specialists are advised to make sure the RAFB is approved by CenCal Health prior to rendering services

Payment may be delayed or denied if the provider renders services without an approved RAF and/or if the member is not eligible on date of service

Not all services require a RAF

There are some exceptions to this rule

Services that are exempt from the RAF requirement:

- Special Class Members
- Sensitive Services (Family planning, sexually transmitted diseases appointments, abortion and HIV testing)
- Emergency Service
- Mental Health psychotherapy
- Mental Health Medication Management Services



cencalhealth.org/providers/authorizations/referrals/

Mental Health Access

Current State	CenCal 1/1/2022
Members require PA to access Mental Health Services, BHT (ABA), and psychological testing.	Open access for psychotherapy or medication management services = No RAF required. Psychological Testing/Neuropsychological Testing and ABA will require a RAFB submitted by PCP.
Mental Health Providers required to submit TARS to continue care.	Mental Health Providers will no longer submit TARS to continue care.
Members must be assigned a provider.	Member can call provider directly or contact BH Call Center for assistance to find a provider.
Members must complete an assessment with THG to determine level of care	Level of Screening to be utilized by <u>all providers.</u>
No CES for referrals to County SMHS and SUD services.	CenCal will manage all referrals to/from County SMHS and SUD services.

RAF Scenarios

Scenario #1: I am a Primary Care Physician (PCP) and I am wanting to refer a patient for therapy, how do I do this?

OPTIONS:

1. PCP office can call the Behavioral Health Care Coordination Call Center with member.
2. PCP can direct Member to call the Behavioral Health Care Coordination Center for assistance in identifying a Mental Health provider (Call Member Services Line for access).
3. Member can be directed to locate a provider through the CenCal Health Contracted Provider Directory search tool on CenCal Health website and directly schedule with Mental Health provider.

Scenario #2: I am a Primary Care Physician (PCP) and my patient has been identified as developmentally delayed and showing signs of ASD. The parent is requesting ABA, how do I refer?

OPTIONS:

1. PCP can submit RAF for psychological testing to clarify diagnosis and determine medical necessity for ABA.
2. PCP can submit a developmental assessment and all medical documentation with a RAFB for ABA.

Treatment Authorization Request (TAR) 50-1

A Treatment Authorization Request (TAR) is a prior authorization for a medical service/Behavioral Health and/or Physician Administrated Drug (PAD)

TARs are submitted to CenCal Health by the Requesting Specialist Physician/Psychologist or ABA Group that will be providing the service to the member

Prior approval of medical/Behavioral Health services are required before the medical appointment

Payment may be delayed or denied if the provider renders services without an approved TAR



cencalhealth.org/providers/authorizations/treatment-authorization/

TAR Scenarios

Scenario #1: I am clinical psychologist and I received a referral to complete psychological testing for a member to clarify ASD diagnosis. How do I proceed?

PROCEED:

1. Once you received a referral from CenCal Health, please determine initial psychological testing units. Complete a TAR 50-1 (Fax: BH UM form, complete bottom section) with requesting units for testing through the provider portal or via fax. You must await approval prior to commencing with assessment.

Scenario #2: I am an ABA provider. My client is nearing the end of the 6 months authorization for ABA services.

PROCEED:

1. Submit a TAR (50-1) via the portal or via fax submit TAR and upload a copy of the progress report & service log with the TAR to the portal (or fax). To ensure a timely re-authorization please submit the TAR at least 30 calendar days prior to the expiration of the existing TAR.

BHT Provider (please download all templates at www.cencalhealth.org/providers/behavioral-health/)

Authorization Dashboard

Provider - PCP

Home

Web Site Guide

User Management

Electronic Funds Transfer

Claims Entry

Eligibility

Transaction Services

Authorization

Reports

Authorizations Module

NEW Search Criteria **RESET** **EXPORT**

Requesting Provider: Select Provider... Auth No: Member ID: Member First Name: Member Last Name: Status:

Received Date: to Date of Service: to Decision Date: to Result Size: Select...

Auth No	Member...	Member	Type	Status	Requesting Provider	Servicing Provider	Rec Date	Dec Date	St Date
50-1			50-1	Pending	Central Coast ENT Spec...	Central Coast ENT Spec...	08/06/2021	08/06/2021	08/01
RAF			RAF	Pending	Medical Clinic at Morro	UCLA Department of Neu...	08/05/2021	08/05/2021	07/30
RAF			RAF	Pending	Family Medicine Center	UCLA Hospital & Clinics	08/05/2021	08/05/2021	07/29
RAF			RAF	Approved	Marian Community Clinic...	Sansum Clinic	08/05/2021	08/05/2021	08/06
50-1			50-1	Pending	Weight Loss Surgery Inst...	Weight Loss Surgery Inst...	08/04/2021	08/04/2021	03/29
18-1			18-1	Pending	Cypress Women's Health ...	Cypress Women's Health ...	08/04/2021	08/04/2021	08/04
50-1			50-1	Pending	Central Coast Gastroente...	Central Coast Orthopedic ...	08/04/2021	08/04/2021	08/04
50-1			50-1	Pending	Arroyo Grande Specialty	Arroyo Grande Specialty	08/02/2021	08/02/2021	08/01

Authorization 50-1 Form Example

Provider - PCP

Explore CenCal Health | Members | Providers | Community | Contact Us | Log Off

Create Authorization

Member Info

Member No.* **First Name*** **Last Name*** **DOB*** **Gender**

* Member ID and either DOB (8-digit MMDDYYYY format) or First/Last Name are required

Authorization Info

Auth Type* **Start Date*** **Exp Date*** **Category*** **Contact: Name*** **Phone*** **Email***

18-1 Inpatient
20-1 LTC
50-1 Medical
RAF Referral
Behavioral Health RAF Referral

Authorization

When is a TAR required?

Provider - PCP

770447575

Home

Web Site Guide

Authorization

- Add/View Authorizations
- BH/MH Forms
- Procedures Requiring a TAR**
- Training Tutorials
- UM Authorization Download Form

HCPCS/CPT Procedure Code - Prior Authorization Requirement Search Tool

Certain procedures require prior authorization (i.e. Treatment Authorization Request (TAR)) 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 benefit limits, and are the lowest cost item or service covered by the program which meets the member's medical needs.

Code : 90791

Description : Psychiatric Diagnostic Evaluation (Per Session)

Age Range : 0-999

Service Limit : 1 per day

Frequency Limit : N/A

Diagnosis List : N/A

Result : PROCEDURE CODE DOES NOT REQUIRE PRIOR AUTHORIZATION.

Additional Information : None

Behavioral Health Department
(805) 562 -1600

Billing for Services



Claims & Billing

- **Claims with Date of Service (DOS) in 2021 should continue to be billed directly to The Holman Group**
 - The Holman Group
 - 8511 Fallbrook Ave., Suite 400
 - West Hills, CA 91304
- **Claims with Date of Service (DOS) in 2022 should be submitted to CenCal Health for payment of eligible members/services once fully contracted with CenCal Health**
 - CenCal Health Provider Portal – Web Claim Entry (how to video tutorials available)
 - Electronic via EDI Team edi@cencalhealth.org
 - Paper Mailing
 - CenCal Health
 - PO Box 948
 - Goleta, CA 93116-0948

Electronic Fund Transfer (EFT)

Electronic Fund Transfers (EFT) is a method of a weekly payment offered by CenCal Health to our participating contracted providers, this free service provides convenience and savings.

Benefits:

- EFT automatically credits any payments due for healthcare services performed directly to your savings or checking account (safely!)
- Using EFT reduces paper processing, removes issuing a paper check, and the errors associated with such processing
- You are able to see all payments related to a checks through the Provider Portal

How do I enroll? To establish Electronic Funds Transfer, please contact Provider Services at (805) 562-1676 for our EFT Sign-Up Form

Claims & Billing

In This Section

Providers

> Claims

Getting Started: Eligibility Verification

Billing Claims

Checking Claim Status

New Behavioral Health Integration

FAQs and Common Denials

Corrections, Disputes & Appeals

HIPAA: Code Conversions

Claims Corner

Claims Training Tools



New Behavioral Health Integration

New Behavioral Health Integration January 1, 2022

CenCal Health is committed to improve the health and wellbeing of our community. In an effort to focus more closely on whole person care, CenCal Health has elected to transition the Behavioral Health benefit in-house effective January 1, 2022.

Billing of Claims

Claims with Dates of Service in 2021 should continue to be billed directly to The Holman Group. The Address is as follows:

The Holman Group
8511 Fallbrook Ave., Suite 400
West Hills, CA 91304

Claims with Dates of Service in 2022 should be submitted to CenCal Health.

Claims Submission Types:

Electronic Submission is preferred.

To find out more about submitting claims electronically to CenCal Health, please contact the [EDI team](#) at CenCal Health.

If you are currently submitting electronically to CenCal Health you can reference the [CenCal 5010 Companion Guide](#), and the [Trading Partner Worksheet](#).

Please email CenCal Health's [EDI Workgroup](#) for further information.

www.cencalhealth.org/providers/claims/new-behavioral-health-integration/

Seniors and Persons with Disabilities (SPD)



Seniors and Persons with Disabilities (SPD) Population

- 23,307 total
- 64% in SB County and 36% in SLO County
- 75% English speaking, 21% Spanish speaking, and 4% other



The ADA Ensures Equal Access To:

Public Accommodations



Employment



Public Services



Tele-communication



Medical Transportation Services



Transportation can be provided by Ventura Transit System (VTS) 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.

There are two transportation criteria's:

- Non-Medical Transportation (NMT)
- Non-Emergency Medical Transportation (NEMT)
 - Requires Authorization

www.cencalhealth.org/providers/authorizations/

Culturally Competent Care & Health Literacy



Who is a Patient with Limited English Proficiency (LEP)?

Limited English proficiency (LEP) is a term used to describe individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Currently, 38 million people in the United States—roughly 12.5% of the population



Why is Health Literacy important?

The Patient Protection and Affordable Care Act of 2010, Title V, defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.

Centers for Disease Control and Prevention. (2016). What is Health Literacy. Retrieved from <https://www.cdc.gov/healthliteracy/learn/index.html>

- Unfamiliar health information affects an individual's ability to:
 - ✓ understand health information and communicate with their providers
 - ✓ engage in self-care and chronic disease management
 - ✓ navigate the healthcare system

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

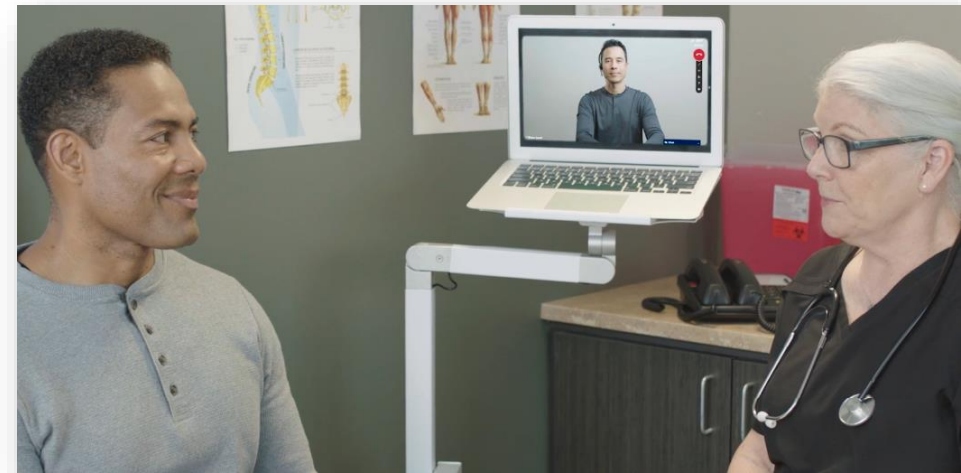
Phone & Video Remote Interpreter Service

Follow these easy steps to connect to a telephonic interpreter:



Follow these easy steps to connect to a video remote interpreter:

- VRI Web Address: cencalhp.cli-video.com
- VRI Access Code: 48cencalhp



In This Section

Providers

Join Our Network

Welcome to the Network

Covid FAQ

Provider Profile/Practice Changes

Search Provider Network

Network Access Improvement Program

Provider Portal

Cultural Competency & Health Literacy

Cultural Competency and Health Literacy Tools provide appropriate health care and services for our members regardless of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups.

CenCal Health strives to provide Cultural Competency and Health Literacy tools to our providers to improve provider-patient communication. Please reference our [Cultural Competency, Health Literacy & Communicating with sensitivity to Seniors and Persons with Disabilities \(SPD\) Training Video](#) or reference our [presentation slides](#).



Cultural Competency & Patient Communication Training >

Seniors and Persons with Disabilities (SPD) Training >



Provider Resources



[Provider Login](#)

FONT SIZE: [+](#) [-](#) [Español](#)

[\(800\) 421-2560](#)

[Support](#)

[Search](#)

[Explore CenCal Health](#)

[Members](#)

[Providers](#)

[Community](#)

[Health & Wellness](#)

[Contact Us](#)


Message to Our Providers about Business Operations during Coronavirus Outbreak


[VIEW PAGE](#)

Can providers bill for telehealth services?
Get answers to this & more.



Provider Bulletin & Provider Manual




 **CenCalHEALTH®**
Local. Quality. Healthcare.

Provider Manual

Provider Services (805) 562-1676 | Member Services (877) 814-1861
cencalhealth.org

providers/forms-manuals-policies/provider-manual/



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PROVIDER BULLETIN

A PUBLICATION FOR OUR PROVIDERS FROM CENCAL HEALTH

VOL. 31 NO. 11 • NOVEMBER 2021

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- Behavioral Health Carve-In Network Announcement
- Open Positions: CenCal Health's Board of Directors
- CenCal Health's Provider Satisfaction Survey
- SAVE THE DATE! Quality Care Incentive Program Redesign Training Webinar
- Provider Training On The Horizon
- CenCal Health's Provider Satisfaction Survey

HEALTH PROMOTION UPDATE

- Join your Colleagues—Collaborate with CenCal Health to Increase COVID-19 Vaccine Uptake
- National Diabetes Awareness Month

CLAIMS CORNER


- NDC Billing Guidelines and PAD Edits
- Coming Soon! New Online Portal Claim Forms

PHARMACY UPDATES

- Medi-Cal Rx Transition – Effective January 1, 2022
- Synagis® Pharmacy Update: Respiratory Syncytial Virus (RSV) Season

PROVIDER NEWS

A Message from Our CEO Marina Owen



I am pleased to join CenCal Health - once again - in support of our mission to improve the health and wellbeing of our communities. After 28 years of service with distinction as CenCal Health's Chief Executive Officer (CEO), Bob Freeman retired in October 2021. Change presents a time to recognize our strengths and identify opportunities to grow. As a result of Bob's leadership, CenCal Health is strong and our opportunities many.

As CenCal Health's next CEO, my commitment to our mission is unwavering and our purpose remains unchanged. As you may be aware, I previously served as CenCal Health's Provider Services Director and the Chief Operating Officer of Central California Alliance for Health. I must say that the past 20 years have been extremely rewarding and I have the greatest respect for our Board of Directors, providers, community partners and dedicated employees at CenCal Health.

As we look ahead, our legacy is strong as we focus on advancing the organization into the future. We have always said that we believe providers are partners and over the course of the past 18 months, you have gone above and beyond to serve those in need.

I renew our commitment to excellence in service to you. I also invite you to continue the important journey and strive towards health equity for all, inspiring others to champion health for the members we serve and together—leave a legacy of wellness for future generations.

I look forward to achieving this vision and with your continued support and partnership, the future looks bright.

-Marina Owen

providers/provider-bulletin/

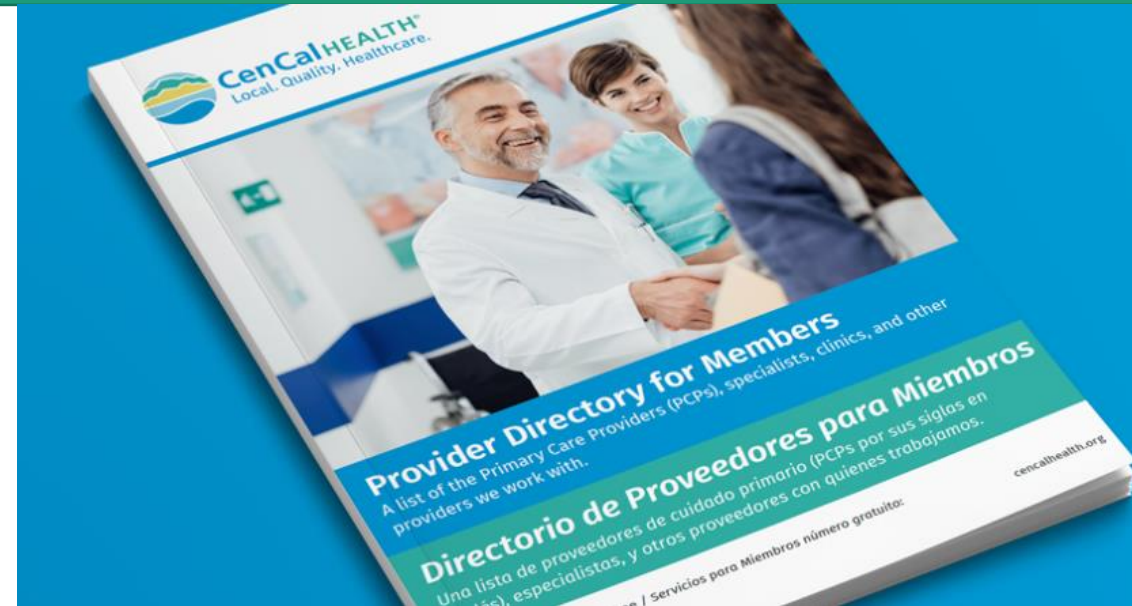
Contracted Provider List (CPL) Directory

Provider Directory allows members to search for In-Network physicians, hospitals, clinics, behavioral health providers contracted with CenCal Health.

Important Tips:

- Providers need to verify, and attest to the accuracy of their information every 6 months
- Please utilize our Downloadable Roster for changes within your group such as:
 - Change "Mail-To" and "Pay-To" addresses
 - Adding additional rendering physicians
 - Add business owners, and officers
 - Change to office hours
 - Change to languages capabilities provided at your office

cencalhealth.org/providers/provider-profile-and-practice-changes



[Provider Directory for Members](#)

Provider Grievance Process

Voice your concerns in a formal manner and receive a response on your outcomes



Grievance Types include:

- Member Billing Issues
- Authorizations
- Medical Request Form (MRF)
- Claims Dispute
- Vendor Issues

Providers can also speak to our Member Services Department on behalf of a Member call 1 (877) 814 - 1861

<https://www.cencalhealth.org/providers/file-grievance/>

Member Grievance Process

A CenCal Health member, has many rights and responsibilities and both are very important to know and understand.

How Members can File a Complaint/Appeal:

- Call 1 – 877 – 814 – 1861
Or, if a member cannot hear or speak well, they can call California Relay at 711 or TTY: 1-833-556-2560
- In Writing via Downloadable Member Grievance Form (English/Spanish Available)
CenCal Health
Attention: Grievance and Appeals Coordinator
4050 Calle Real, Santa Barbara, CA 93110
- On-Line Grievance Form
<https://www.cencalhealth.org/members/file-complaint/>



Need Additional Help or Want to Learn More?

Provider Services
Representatives
Contracting/Onboarding

psrgroup@cencalhealth.org
(805) 562-1676

Provider Portal
Access/Issues/Education

webmaster@cencalhealth.org
www.cencalhealth.org/providers/provider-portal/

Behavioral Health Team

(805) 562-1600
www.cencalhealth.org/providers/behavioral-health/

Claims & Billing

(805) 562-1083
www.cencalhealth.org/providers/claims/



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