



CenCalHEALTH[®]
Local. Quality. Healthcare.

New Non-PCP Provider Orientation

2022

Agenda

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



Provider Services Department
(805) 562-1676

psrgroup@cencalhealth.org

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.



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](#).

https://www.coveredca.com/medi-cal/?utm_source=Homepage&utm_medium=Slider&utm_campaign=Open%20Enrollment

Ways to apply for Medi-Cal

www.coveredca.com/apply/



Apply Online



Call a Certified Enroller



**Have an Enroller
Call You**

Application for Health Insurance

Your destination for affordable
health insurance, including Medi-Cal



Medi-Cal Eligibility Criteria



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

Medi-Cal Eligibility Criteria (continued)

Income Qualification Chart

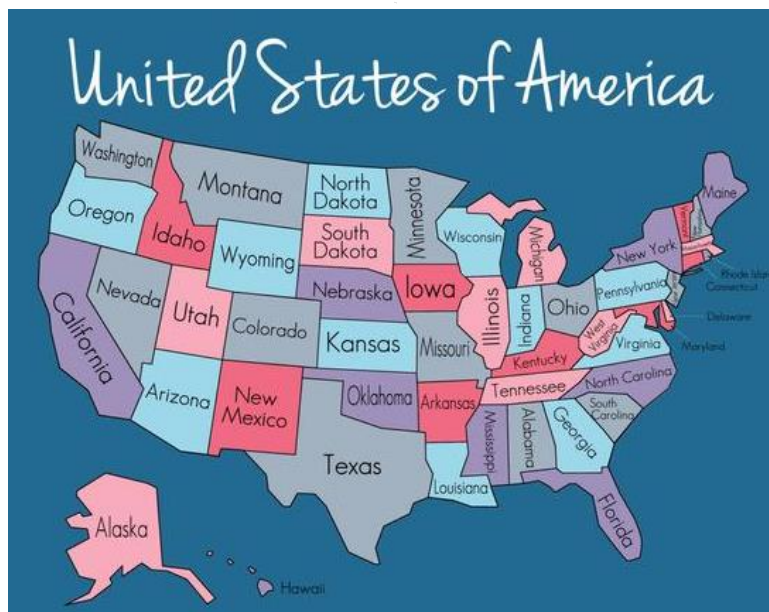
Family Size	138% Poverty Level
1	17,237
2	23,336
2 Adults	23,336
3	29,436
4	35,535
5	41,635
6	47,735

Additional qualified person(s) if enrolled:

- CalFresh
- SSI/SSP
- CalWorks (AFDC)
- Refugee Assistance
- Foster Care or Adoption Assistance Program

<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

Our Mission & Membership Growth

OUR MISSION

To improve the health and well-being of the community we serve by providing access to high quality health services, along with education and outreach, for our membership.

OUR VISION

To be a nationally recognized model for publicly sponsored health care plans, facilitating excellence in care, service and efficiency, and be valued as a community resource.



193,732

Membership total



22,046

Membership growth



54,813

Members covered through the Affordable Care Act

New Medi-Cal Eligible Person





Benefits & Member Handbook



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/

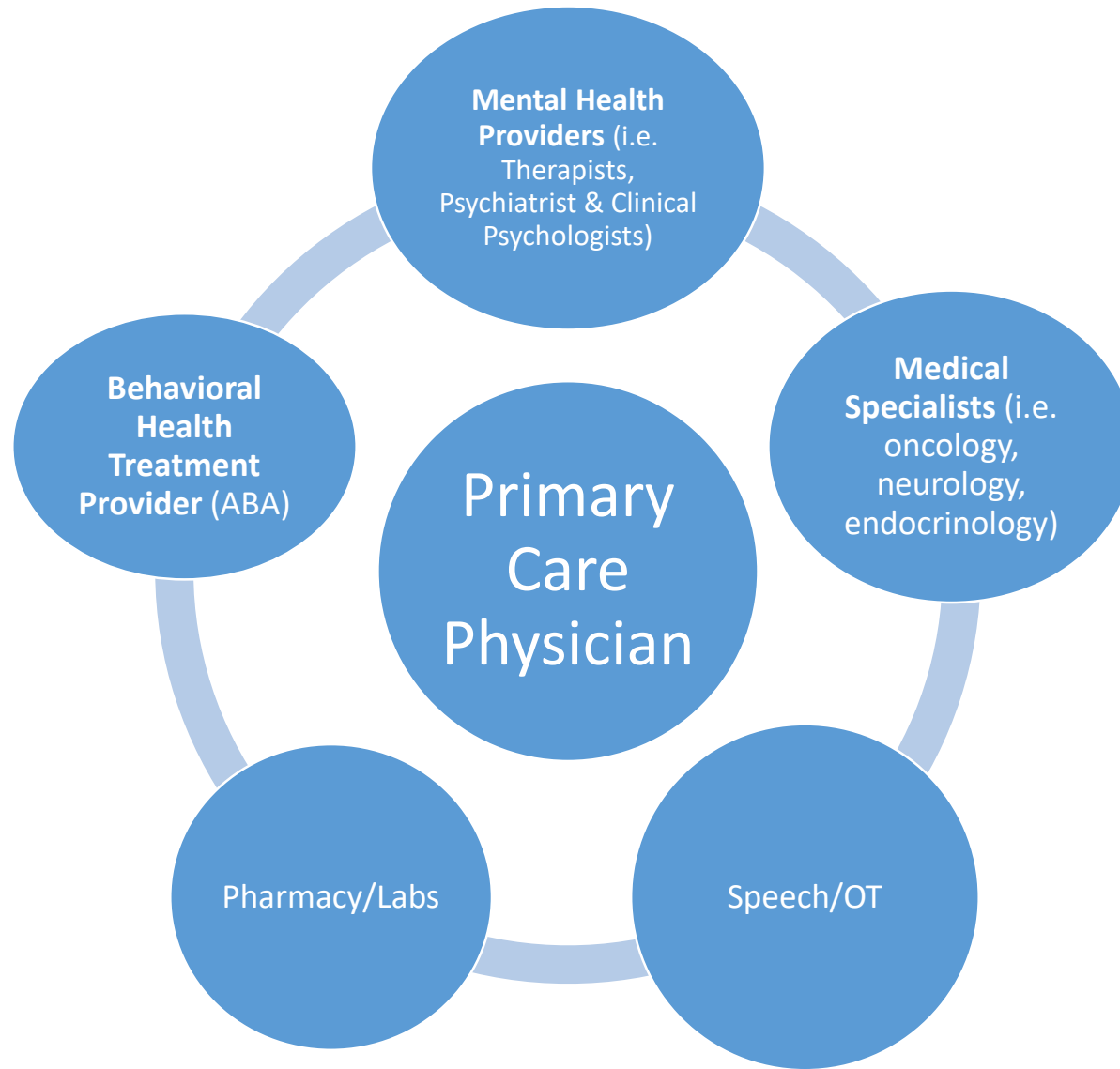
Health Education Resources

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/

Provider Role in Care Coordination



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.)

Members pick a PCP from a list of practices that are contracted

Members who do not select a PCP will be assigned a group practice that is open to new members, and is closest to their home zip code

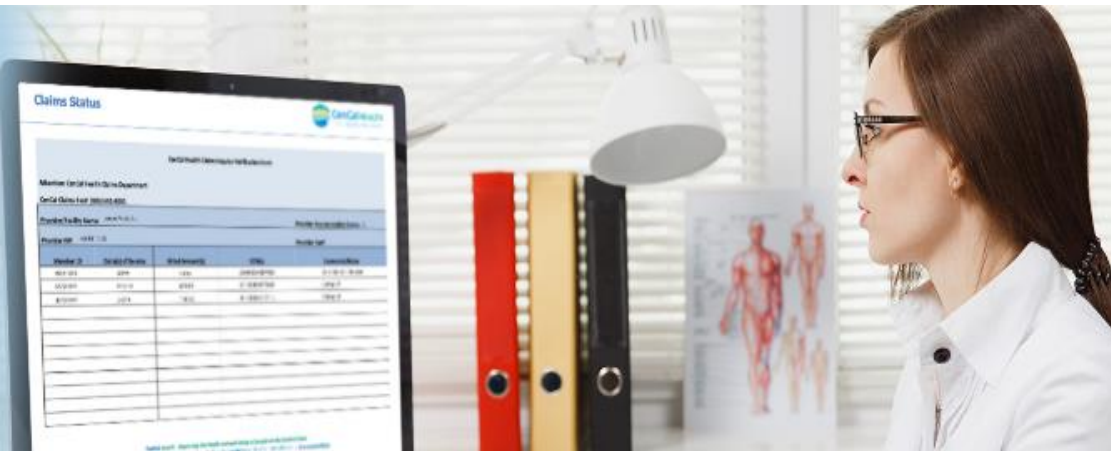
The PCP is responsible for the management of patient's care. The PCP office issues Referral Authorizations Form (RAF) for specialty care

Member Assistance
1 (877) 814-1861



Provider Grievance Process

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



Grievance Types include:

- Member Billing Issues
- Authorizations & High Tech Imaging Requests
- Medical Request Form (MRF)
- Claims Dispute
- Vendors

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/>

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 *as of 1/1/21,
prior please call Provider Services
- Santa Barbara County
ACCESS LINE 1 (888) 321-2843
- San Luis Obispo County
ACCESS LINE 1 (800) 838-1381



Substance Use Disorder (SUD) Treatment Benefits

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

Covered Benefits:

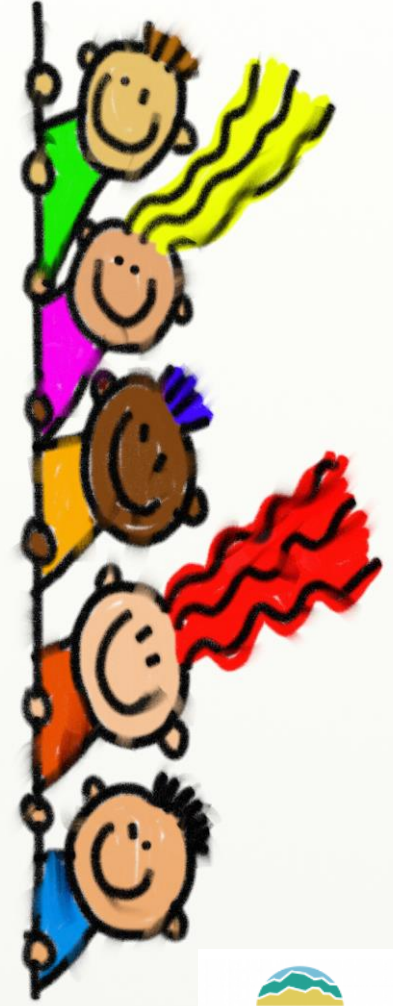
- Screening, providing brief behavioral counseling interventions (“SBIRT”) and professional fees associated with visits when a provider, within the scope of his or her practice, prescribes medications to reduce symptoms of withdrawal.

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.



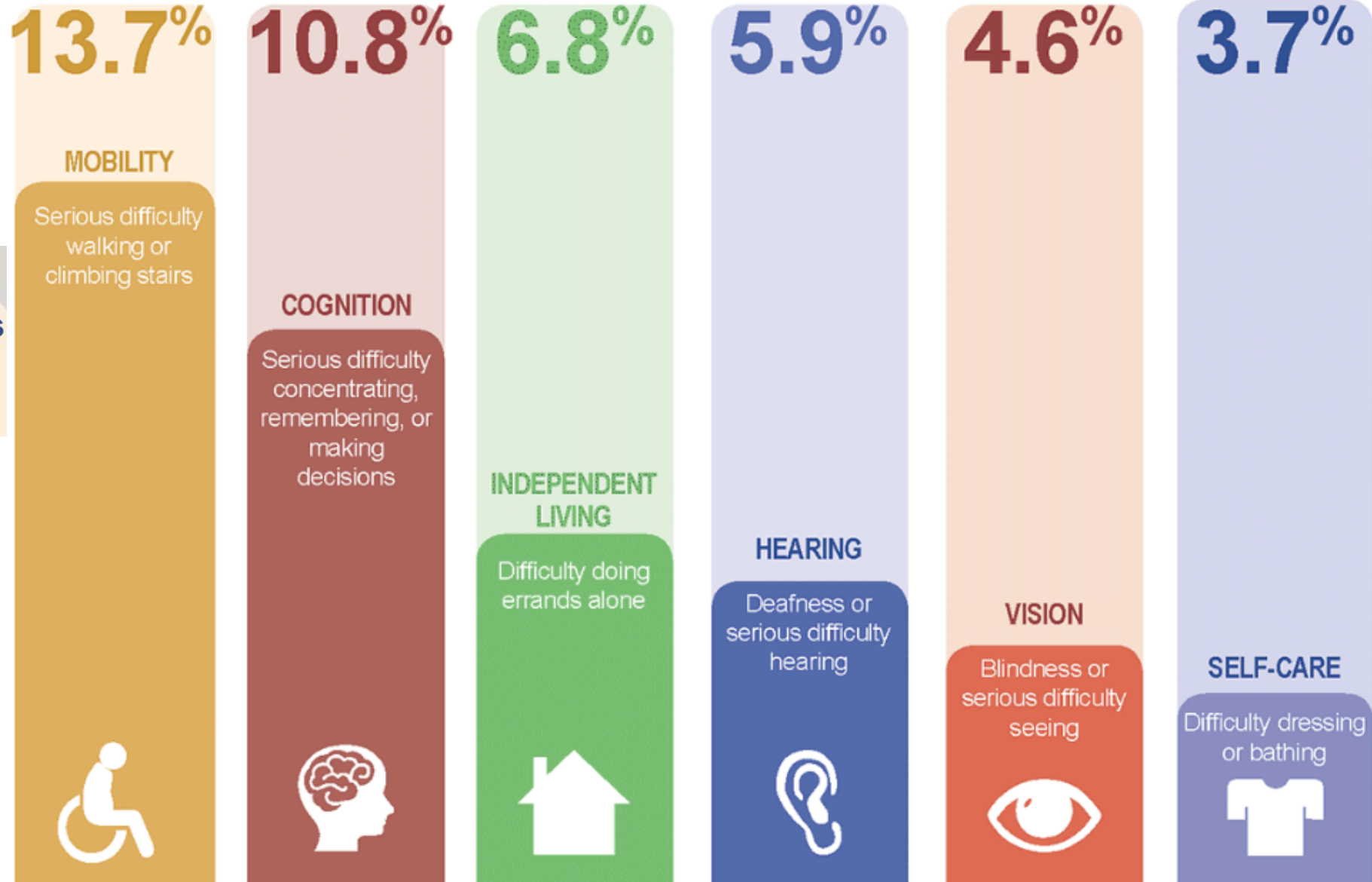
<https://www.cencalhealth.org/providers/behavioral-health>

Seniors and Persons with Disabilities (SPD)



26% of adults in the United States have some type of disability
(1 in 4)

Percentage of adults with functional disability types



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



Disability is defined by the ADA as:

- Physical or mental impairment that substantially limits one or more major life activities; or
- Record of a physical or mental impairment that substantially limited a major life activity; or
- Being regarded as having such an impairment



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

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

Non-Emergency Medical Transportation (NEMT) Authorization

- A Physician Certification Form (PCF) authorization is required prior to service and requested/signed off by the requesting physician
- Fax form to (805) 681-3071 for transportation coordination by Ventura Transit System
- *PDF Form not available via the provider portal*



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"/> Litter/Gurney Van	<input type="checkbox"/> Wheelchair Van	<input type="checkbox"/> Air Ambulance
<input type="checkbox"/> Advanced Life Support (ALS)			
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			

Cencalheal.org/provider/authorizations/

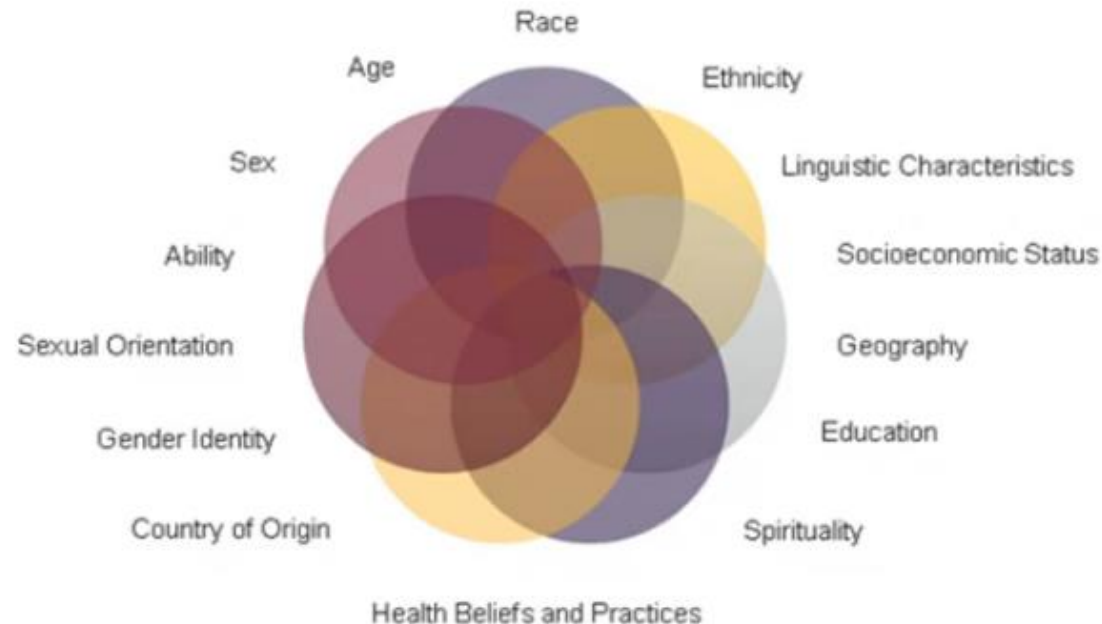
Culturally Competent Care, Health Literacy



National Center for Cultural Competence:

“Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural and linguistic needs.”

Betancourt, J., Green, A. & Carrillo, E. (2002). *Cultural competence in health care: Emerging frameworks and practical approaches*. The Commonwealth Fund.



What is Health Literacy (continued)

Health literacy is not plain language. This is a tool used for communicating clearly and improving health literacy

Factors Affecting Health Literacy is dependent on:

1. Communication skills of health care professionals
2. Culture

Cultural competency gives professionals the ability to work cross-culturally and it can contribute to health literacy by improving communication and building trust.



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



How Can I Recognize a LEP Patient?

LEP patient might:

- Speak to the bilingual receptionist in Spanish (or other non-English language).
- Have their child/friend/family member call to make their appointment.
- Ask few questions and avoid initiating conversation
- Have difficulty filling out paperwork.
- Nod or simply say “yes” to most questions or comments.
- Give unusual or inconsistent answers

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

Interpreting Services - Ensuring Compliance

- Document a member's request and their primary language in the medical chart
 - Make it easily resourceful for your medical staff to reference during visits
 - If a member declines (refuses) document this in the member's medical chart
- Ensure that your bilingual staff have been assessed and are capable of health care interpreting
- Offer handouts and health education materials in member's primary language
- Providers are responsibility for setting up the interpreter service request, **not the Member**



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



cencalhealth.org/providers/cultural-linguistic-resources/

In This Section

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[Provider Profile/Practice Changes](#)

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[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

Our Provider Bulletin is a valuable notice that is produced as an informative service for providers and office staff and is published every month by the Provider Services Department.

It includes information on:

- New programs
- Changes to member benefits
- Educational opportunities
- Online Video Tutorials
- And More!



<https://www.cencalhealth.org/providers/provider-bulletin/>

Provider Manual

The Provider Manual is published annually and includes information such as:

- Provider Enrollment
- Provider Responsibilities
- Claims Information
- Member eligibility
- Medical Authorizations Guidelines



If you have any questions about this Manual contact the Provider Services Department at (805) 562-1676 or via email providergroup@cencalhealth.org

<https://www.cencalhealth.org/providers/forms-manuals-policies/provider-manual/>

https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp

Contracted Provider List (CPL) Directory

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

Important Tips:

- Providers need to verify and attest to the accuracy of their information via the CenCal Health Provider Roster at least every six months
- If changes occur Providers need to submit updates using the Online Roster

cencalhealth.org/providers/provider-profile-and-practicechanges/



providir.cencalhealth.org

For any questions regarding attestation, contact your Provider Services Representative at (805) 562-1676 or send an e-mail to psrgroup@cencalhealth.org

Practice Changes

Your provider practice information is important to make sure claims are paid efficiently, your mail reaches you, and your practice is listed accurately in our Provider Directory for members

The following are changes that require attention:

- Change "Mail-To" and "Pay-To" addresses
- Adding additional rendering physicians
- Add business owners, officers, and managers
- Change in member age range/quantity of members you are willing to accept
- Change to office hours
- Change to languages capabilities provided at your office

<https://www.cencalhealth.org/providers/provider-profile-and-practice-changes/>



CenCalHEALTH[®]
Local. Quality. Healthcare.

Member Eligibility Training

Ways to check Eligibility

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



- **Call** the Member Services Department
(877) 814-1861

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



Online Portal

Staff screen permissions are managed by your Administrator, or Office Manager

Contact Webmaster at webmaster@cencalhealth.org for new accounts

Portal User Guide: Cencalhealth.org/portal/provider-portal/



Explore CenCal Health Members Providers Community Contact Us Log Off

Logged in as: _____

Providers - Restricted (DEMO)

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 **1**

Date of Birth **2**

DOB (mm/dd/yyyy)

First Name **2**



Last Name

First Name

Last Name





Date of Service (DOS) **3**

DOS (yyyy)



Eligible Member

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	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			

Specialized Programs:
CM = CenCal Health Case Management

* Restricted Services - Noted by Eligible Aid Code:
Restricted to LTC and Related Services (53)

-  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



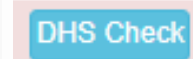
Add Member to Batch



Download to CSV



Reset Screen

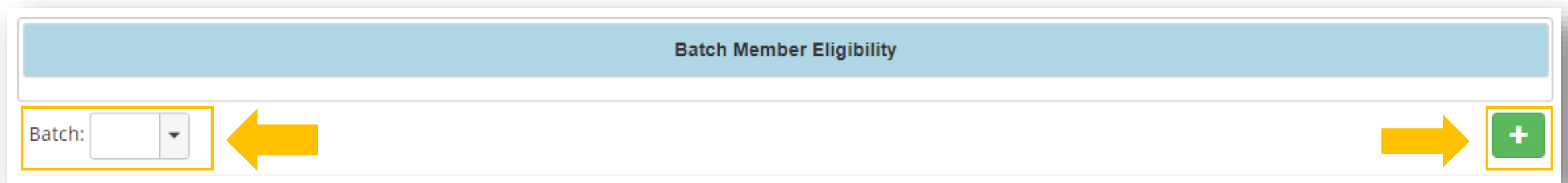
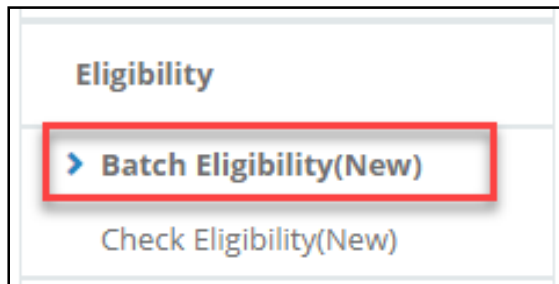


DHS Check

Add a CenCal Health Member to your Batch Eligibility File



Batch Eligibility



Choose from an existing file
from the drop down

Create a New Batch file

Batch Eligibility – New Batch File

Batch Member Eligibility

Batch:

New Batch

Add Member

Date:

	Member Id	Name (Last, First)	Plan	DOB	Sex	DOS	Elig	COB/MCare	SOC	PCP
<input type="button" value="x"/>						06/23/2020				
<input type="button" value="x"/>						06/23/2020				
<input type="button" value="x"/>						06/23/2020				
<input type="button" value="x"/>						06/23/2020				
<input type="button" value="x"/>						06/23/2020				

- Name your New Batch, Update Date of Service, add your Member ID#, Name (Last, First), and save your file
- All member details will auto populate after Member ID# is entered

Batch Eligibility – Existing Batch File

Batch Member Eligibility





Batch:

Date:

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

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

Eligible Member

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	

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			



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)	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*
18-1	Inpatient: acute, LTAC, Rehab. Concurrent or Retro review.	Admitting hospital or LTAC facility	To determine the medical necessity of continued acute care and to facilitate a transfer/transition of care	within 24 hours of admission notification or concurrent review (denial or modification, e.g. lower level of care), notify the treating provider/facility	
20-1	SNF, Subacute, CLHF	Admitting facility, hospital discharging member, PCP for Community to SNF Placements	To determine the medical necessity of continued stay in skilled nursing facilities (SNF), subacute, and congregate living health facilities (CLHF)	within 24 hours of admission notification and based on subsequent concurrent review timelines (denial or modification, e.g. lower level of care), notify the treating provider/facility	

*Can extend up to an additional 14 calendar days with an issuance of a NOA "delay".

Authorization Types (continued)

FORM	Type of Request or Service	Who Can Submit the Request?	Purpose
Medical Request Form (MRF)	Outpatient prescription drugs fulfilled at a retail pharmacy, specialty pharmacy, or CenCal Health's contracted Home Infusion Network.	Required by the ordering provider	Prior authorization for pharmaceutical agents not on the CenCal Health Formulary
Care To Care Radiology Authorizations	Outpatient services for PET, MRI, MRA, CT, CTA, Nuclear Cardiology Studies	Initiated by the ordering provider, and required for rendering facility	Care To Care prior authorization for high-tech imaging services
VTS Medical Transportation Physician Certification Form (PCF)	Non-Emergency Medical Transportation (NEMT)	Required by requesting physician	Prior authorization for non-emergency medically necessary transportation services

Referral Authorization Form (RAF)

RAFs allow 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 RAF is approved 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)
- Chiropractic, Acupuncture, Audiology, Physical Therapy (Limited Services requires a Medi-Reservation)
- Emergency Service



cencalhealth.org/providers/authorizations/referrals/

Treatment Authorization Request (TAR)

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

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

Prior approval of medical 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/

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

Medical Management
Department
(805) 562 -1082

When is a TAR required?

Provider - PCP

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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

Code : H0032

Description : Mental Health Service Plan Development By Non-Physician (Per Hour)

Age Range : N/A

Service Limit : N/A

Frequency Limit : N/A

Diagnosis List : N/A

Result : **PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION.**

Additional Information : None

Medical Management
Department
(805) 562-1082

Portal Authorization Module Sample

Provider - PCP

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

Portal Authorization Request

Provider - PCP

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User Management

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Create Authorization

Member Info

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

mm/dd/yyyy

* 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***

mm/dd/yyyy mm/dd/yyyy


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

Paper Authorization Forms

New Utilization Management Authorization Download Form can be used for providers that don't have access to our portal, and when a contracted PCP wants to refer to an out of network provider

Form Requirements:

- Member Name, ID#, DOB, Age
- Diagnosis Code & ICD-10 Code
- RAF or TAR
 - Referring Provider Group NPI
 - Provider Rendering Service MD NPI# & Group NPI#
 - Office Contact
- 18-1 or 20-1
 - Indicate Inpatient Facility, Outpatient Facility or SNF
 - Effective Dates & Through Date
 - Facility NPI
 - Office Contact
- List all Procedures Requested with CPT or HCPCS, Qty, Units



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AUTHORIZATION REQUEST FORM

URGENT**
 ROUTINE
 RETRO*
 Fax (805) 681-3071 or send via secure link: <https://gateway.cencalhealth.org/form/hs>

*** IN ORDER TO PROCESS YOUR REQUEST, FORM MUST BE COMPLETE AND LEGIBLE ***

** URGENT is only when normal time frame for authorization will be detrimental to patient's life or health; jeopardize patient's ability to regain maximum function; or result in loss of life, limb, or other major bodily function. URGENT requests are addressed within 72 hours.

PATIENT INFORMATION

Patient Name: _____

Member ID# (CIN): _____ Last _____ D.O.B.: _____ Age: _____

Diagnosis: _____ ICD-10: _____

NEW REFERRAL AUTHORIZATION (RAF)

<p>Referring Provider:</p> <p>MD NPI#: _____ Group NPI#: _____</p> <p>Address: _____</p> <p>Office Contact: _____</p> <p>Phone: _____ Fax: _____</p> <p>Is the Referring Provider the PCP? <input type="radio"/> YES <input type="radio"/> NO</p>	<p>Provider Rendering Service (Physician, Facility, Vendor):</p> <p>MD NPI#: _____ Group NPI#: _____</p> <p>Address: _____</p> <p>Office Contact: _____</p> <p>Phone: _____ Fax: _____</p> <p>Is the Rendering Provider CCS Panelled? <input type="radio"/> YES <input type="radio"/> NO</p>
--	---

FACILITY AUTHORIZATION REQUEST (18-1) & (20-1)

Inpatient Facility
 Outpatient Facility
 SNF

Effective Date: _____ Through Date: _____

Facility NPI: _____ Facility Address: _____

Office Contact: _____ Phone: _____ Fax: _____

LIST ALL PROCEDURES REQUESTED ALONG WITH THE APPROPRIATE CPT/HCPCS (50-1)

REQUESTED PROCEDURES:	CODE (CPT or HCPCS)	QTY (REQUIRED)	UNITS (REQUIRED)

To prevent delays, please fax all medical documents to support your request with this form.

4050 Calle Real, Santa Barbara, CA 93110 • (805) 562-1082

P-HS-TAR 0721 E

Paper Authorization Forms - Continued

Submit Via:

Fax Adult (21yrs and older) documentation

(805) 681-3071

Fax Pediatric (0-20yrs) documentation

(805) 692-5140

Secure Link <https://gateway.cencalhealth.org/form/hs>

Authorization 'A' number (#) will be generated and faxed to the point of contact listed on the form once a determination is made

Form available:

- <https://www.cencalhealth.org/providers/authorizations/>
- Provider Portal Authorization Section

Authorization Review Timeframe

- **Routine authorizations** will have determination within 5 days, but up to 14 days if additional clinical information is requested
- **Expedited/Urgent authorizations** take about 3 working days. CenCal Health may extend the 3 working days' time period by up to 14 calendar days if there is a need for additional information
 - The request can be downgraded upon initial review if determined non urgent
- **Post Service Requests** will have a 30 day review period

Submitting Medical Justification

Authorizations need supporting documentation for medical justification:

- **NEW Portal Upload Attachments!**
- Fax Adult (21yrs and older) documentation
(805) 681-3071
- Fax Pediatric (0-20yrs) documentation
(805) 692-5140
- Secure File Drop
<https://gateway.cencalhealth.org/form/hs>

Faxing & Secure File Drop Requirements:

- Add a cover page
- Point of Contact Phone/Email Address
- Contact Name
- Department
- Number of pages you are faxing over
- Reference the Auth# on the top of every document



Medical Management Dept.
(805) 562 -1082



CenCalHEALTH[®]
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Billing for Services

Claims & Billing



- Claims can be submitted three ways:
 - CenCal Health Provider Portal
 - 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

Claims & Billing

www.cencalhealth.org/providers/claims/

The screenshot shows the Cencal Health website's navigation bar with links for Explore CenCal Health, Members, Providers, Community, Health & Wellness, and Contact Us. A search bar is located on the right. The main content area is titled "Your Gateway to Claims" and includes a "Submit a Claim Now" section with instructions on how to submit claims electronically. A sidebar on the left lists various claim-related topics. Three call-to-action boxes are highlighted with orange borders: "CHECK CLAIM STATUS", "Weekly EOP Payment Schedule", and "Claims Assistance Contact Us". At the bottom, a navigation bar offers options for "ELECTRONIC", "CENCAL HEALTH WEBSITE", "PAPER", and "ELECTRONIC FUND TRANSFER (EFT)".

[Providers](#) > [Claims](#)

In This Section

- Providers
- > Claims**
 - Getting Started: Eligibility Verification
 - Billing Claims
 - Checking Claim Status
 - FAQs and Common Denials
 - Corrections, Disputes & Appeals
 - HIPAA: Code Conversions
 - Claims Corner
 - Claims Training Tools

Your Gateway to Claims

The Claims Team is dedicated to supporting our Provider Community through our excellent customer service. Our goal is to adjudicate your claims in an accurate, timely and efficient manner using highly-trained and dedicated employees. We are here and ready to help!

Submit a Claim Now

Still using paper to submit claims? CenCal Health makes it easy for you to submit a claim. We have three ways to do so. Faster, easier, and direct.

Please choose from one of the three tabs below.

CenCal Health strongly recommends submitting claims electronically. This allows faster payment with clean claims.

Claims Payment

CenCal Health now offers an easy and convenient way to view your Explanation of Payment (EOP) via the Provider Portal. Click [here](#) for more information.

CHECK CLAIM STATUS

[VIEW](#)

Weekly EOP Payment Schedule

[VIEW](#)

Claims Assistance Contact Us

(805) 562-1083
Mon-Fri, 8:30am-4pm

[ELECTRONIC](#) [CENCAL HEALTH WEBSITE](#) [PAPER](#) [ELECTRONIC FUND TRANSFER \(EFT\)](#)



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