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

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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

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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?
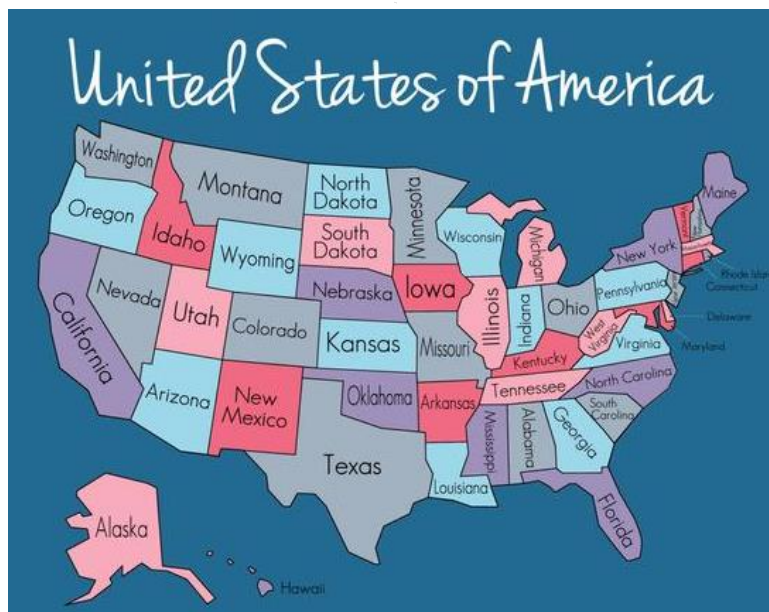
USA known Program:
Medicaid

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

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New Medi-Cal Eligible Person

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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

Free Nurse Advice Service for CenCal Health Members

1-800-524-5222

Our 24 Hour Nurse Line
Service is available
24 hours a day, 7 days a week

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/

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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/

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Provider Role in Care Coordination
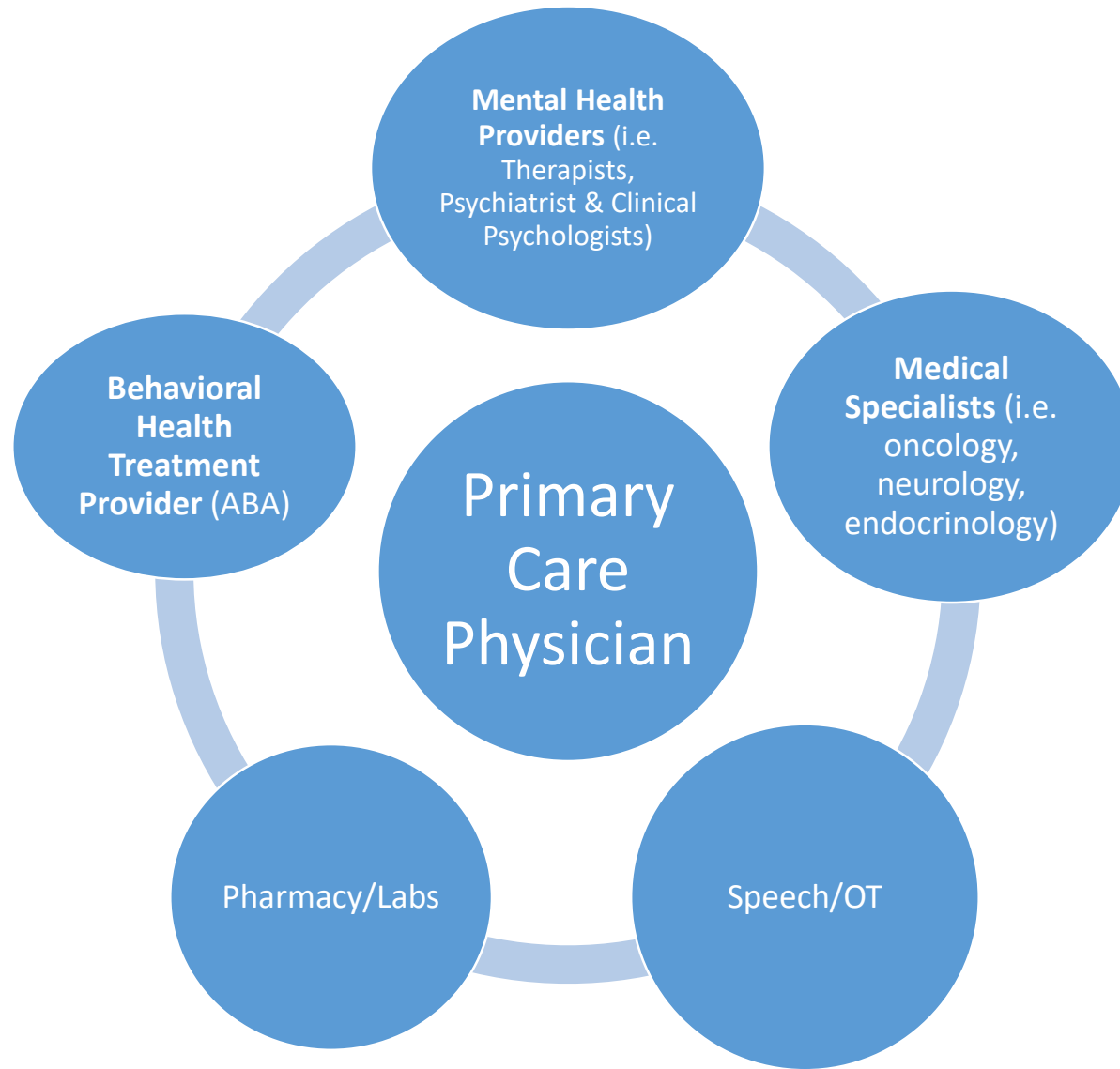
Primary Care Provider (PCP) Assignment

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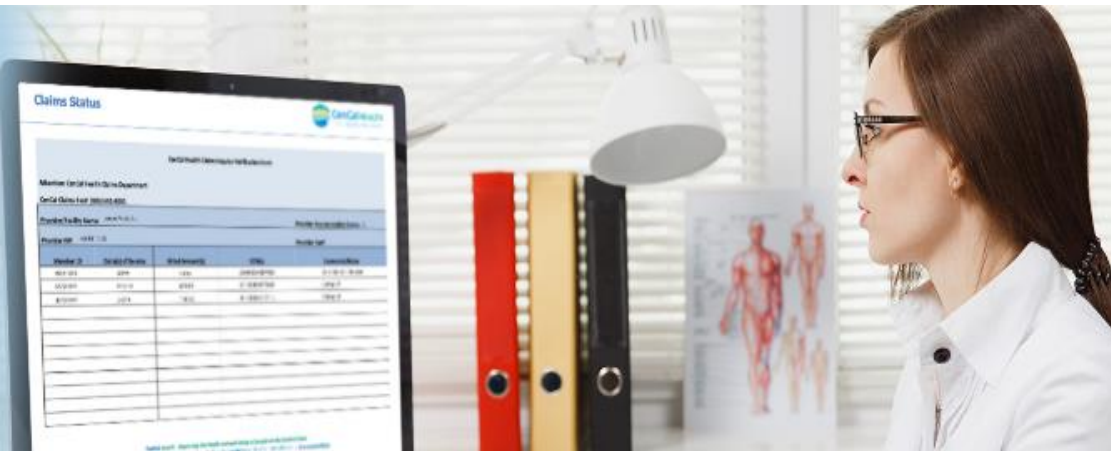
The PCP is responsible for the management of patient's care. The PCP office issues Referral Authorizations Form (RAF) for specialty care

Member Assistance
1 (877) 814-1861

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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/

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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

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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 (BTH) 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)

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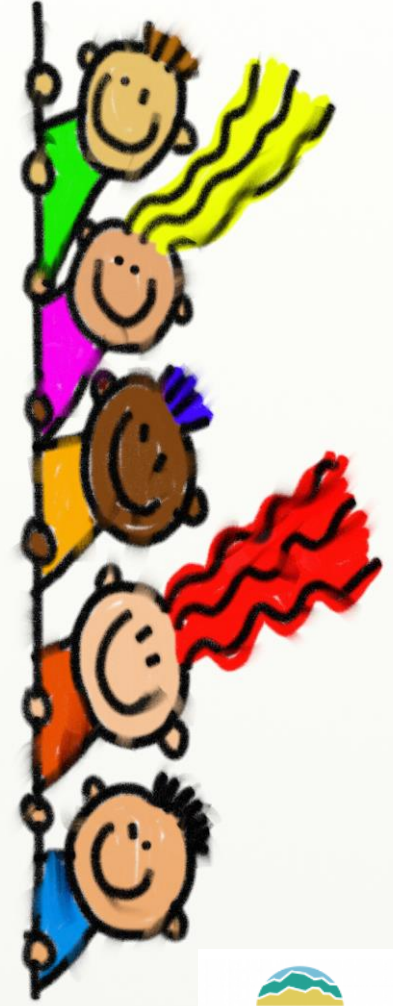
26% of adults in the United States have some type of disability

(1 in 4)

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Percentage of adults with functional disability types

13.7% MOBILITY — Serious difficulty walking or climbing stairs

10.8% COGNITION — Serious difficulty concentrating, remembering, or making decisions

6.8% INDEPENDENT LIVING — Difficulty doing errands alone

5.9% HEARING — Deafness or serious difficulty hearing

4.6% VISION — Blindness or serious difficulty seeing

3.7% SELF-CARE — Difficulty dressing or bathing
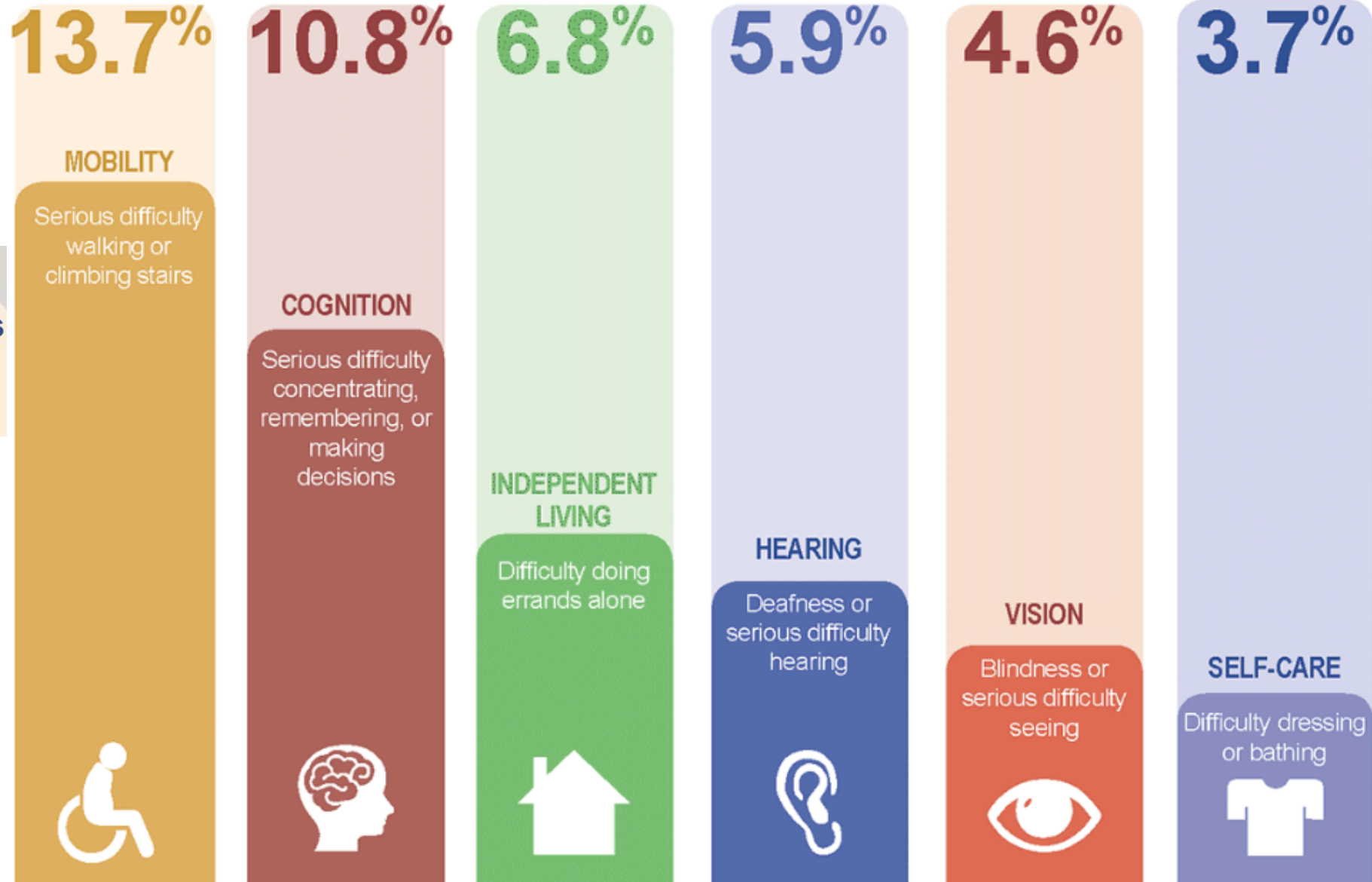
Seniors and Persons with Disabilities (SPD) Population

- 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

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The ADA Ensures Equal Access To:

Public Accommodations

Employment

Public Services

Tele-communication

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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 transpiration coordination by Ventura Transit System

- *PDF Form not available via the provider portal*

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Cencalheal.org/provider/authorizations/

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

NEMT Anticipated Duration:

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

ICD-10 Code(s):

Diagnosis:

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

Provider Information:

Provider's Full Name (Print):		
Title:		Provider NPI:
Phone Number:	Fax Number:	Email:

Certification Statement: This form **must be signed** by the physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentist, podiatrist, mental health or substance use disorder provider responsible for providing care to the member and responsible for determining medical necessity of transportation consistent with the

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.
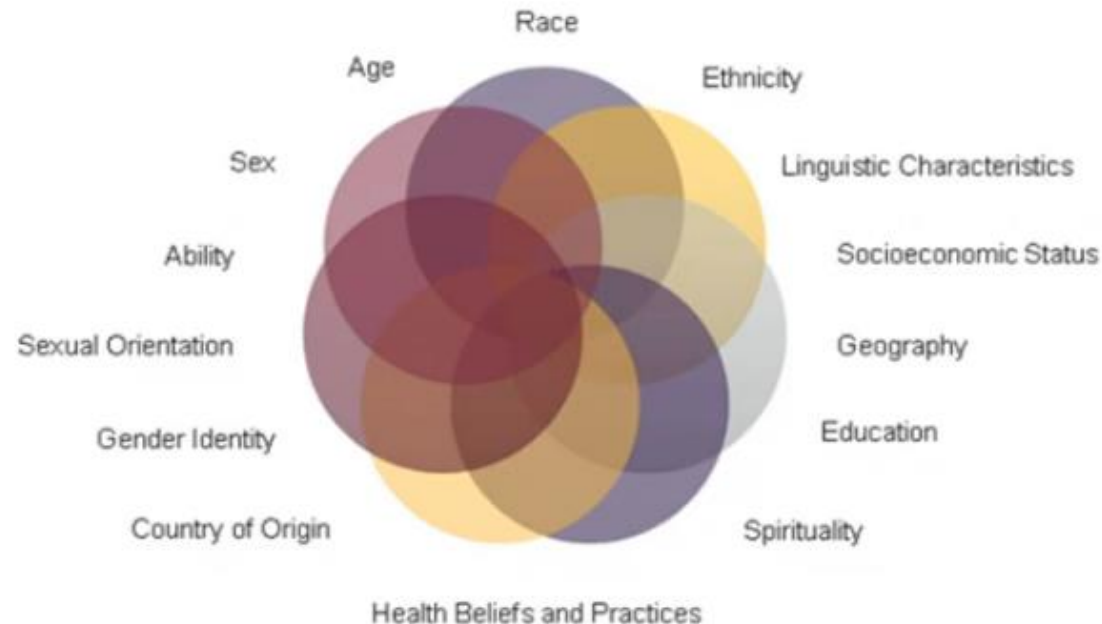
What is Health Literacy (continued)

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.

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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

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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, 7days 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, **<u>not the Member</u>**

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:

Step 1. DIAL:
1.800.CALL.CLI or
1.800.225.5254

Step 2. Choose Language
Provide customer code 48CEN
Provide Provider NPI and Member ID#

Step 3. Connect
The operator will connect you promptly.

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/

Provider Resources

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

Provider Manual
Provider resources to help you work with us.

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Improving the health and well being of people on the Central Coast

Provider Manual Packet

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/

provdir.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

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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/

Member Eligibility Training

Ways to check Eligibility

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

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

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

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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/

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	Date of Birth	First Name	Last Name	Date of Service (DOS)
Member / Last 4 of SSN **1**	DOB (mm/dd/yyy **2**	First Name	Last Name **2**	DOS (**3** /yyyy)

Eligible Member

Member ID or Last 4 of SSN	**Date of Birth** 02/01/1998	**First Name** First Name	**Last 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** TEST1 CENCAL		**Sex** F	**Special Case** None
Medicare Parts -	**HIC#**	**DOB** 02/01/1998		**Other Carriers** 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)				
	06/01/1991	First Name	Last Name	08/21/2019				

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

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)
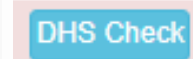Restricted to Breast and Cervical Cancer Treatments (OR, OU, OT)

Check Eligibility

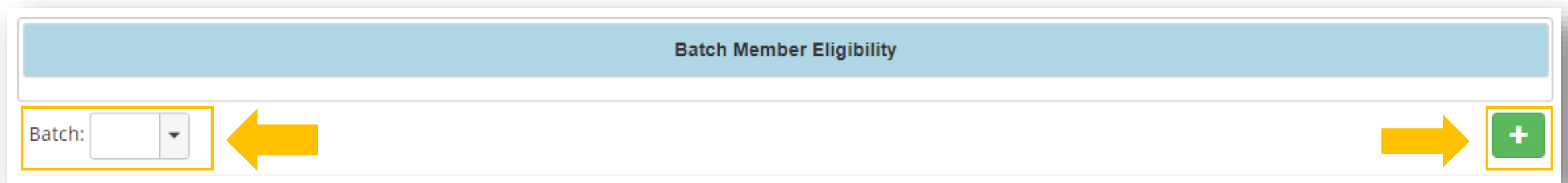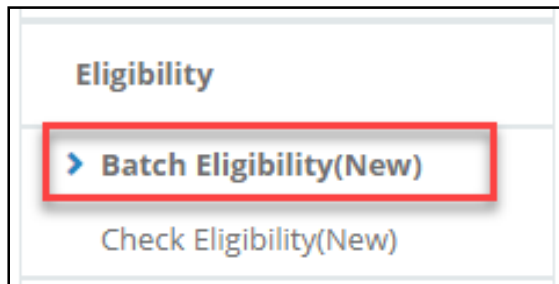Add Member to Batch

Download to CSV

Reset Screen

DHS Check   DHS Check

Add a CenCal Health Member to your Batch Eligibility File

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Batch Eligibility

Eligibility

> **Batch Eligibility(New)**

Check Eligibility(New)

Batch Member Eligibility

Batch: [▾]   [+]

Choose from an existing file
from the drop down

Create a New Batch file

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Batch Eligibility – New Batch File

Batch Member Eligibility

Batch: [▼]

New Batch [Dr. John's Members] 🖫 ✖

➕ Add Member   Date: 06/23/2020 [UPDATE DOS]   ⬆ 📤

⬆ Save Changes

	Member Id	Name (Last, First)	Plan	DOB	Sex	DOS	Elig	COB/MCare	SOC	PCP
✖						06/23/2020				
✖						06/23/2020				
✖						06/23/2020				
✖						06/23/2020				
✖						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

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Batch Eligibility – Existing Batch File

Eligible Member

Member ID or Last 4 of SSN	Date of Birth	First Name	Last Name	Date of Service (DOS)				
	02/01/1998	First Name	Last Name	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	**HIC#**		**DOB**		**Other Carriers**
Parts -			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	

Specialized Programs:
CM = CenCal Health Case Management

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

➕ 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. **ALERT: Make sure MD has signed the order.**	The provider of service, e.g. DME vendor, Home Health agency.	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".

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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
NTS Medical Transportation Physician Certification Form (PCF)	Non-Emergency Medical Transportation (NEMT)	Required by requesting physician	Prior authorization for non emergency medically necessary transportation services

cencalhealth.org/providers/authorizations/

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

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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/

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Treatment Authorization Request (TAR)

A Treatment Authorization Request (TAR) is a prior authorization for a medical service and/or Physician Administrated 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?

Medical Management Department
(805) 562 -1082

When is a TAR required?

Medical Management
Department
(805) 562 -1082

Portal Authorization Module Sample

Portal Authorization Request

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 Faciltiy, 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:_____
                        Last   First

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

Diagnosis:_____ ICD-10:_____

NEW REFERRAL AUTHORIZATION (RAF)

Referring Provider:_____ | Provider Rendering Service (Physician, Facility, Vendor):_____

MD NPI#:_____ Group NPI#:_____ | MD NPI#:_____ Group NPI#:_____

Address:_____ | Address:_____

Office Contact:_____ | Office Contact:_____

Phone:_____ Fax:_____ | Phone:_____ Fax:_____

Is the Referring Provider the PCP? ○ YES ○ NO | Is the Rendering Provider CCS Paneled? ○ YES ○ NO

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
  - o 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

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

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Claims & Billing