

Provider Portal Authorizations

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INTRODUCTION

Welcome to the CenCal Health Website www.cencalhealth.org . The Website contains many interactive capabilities such as checking member eligibility, request pre-authorizations, claims billing and report capabilities.

This document contains step-by-step instructions on how to access CenCal Health's interactive portal for Providers, Administrators and Staff. Websites are not static documents they are updated and changed constantly to meet the needs of users, to improve functionality, and to meet nationally recognized standards and regulations in healthcare.

MEMBER ELIGIBILITY & IDENTIFICATION

CenCal Health does NOT determine eligibility and a member's eligibility with CenCal Health can change. Medi-Cal members receive a permanent plastic identification card called a Benefits Identification Card or "BIC" and a CenCal Health Insurance card.



GROUP PLAN IDENTIFICATION KEY

110 Santa Barbara Health Initiative (SBHI) Medi-Cal
1120 San Luis Obispo Health Initiative (SLOHI) Medi-Cal

These card must be used for identification purposes but does not provide proof of eligibility. These cards are issued only once and reissued only when information on the card has changed.

FOR PROVIDERS

There are many ways to access our Provider Portal once you select 'Providers' icon.



POVIDER PORTAL (RESTRICTED)

New User Account Access

This area is "restricted" to authorized users only. New In-Network contracted providers will receive a username and password after they have contacted CenCal Health. For questions on this portal or account access, contact the Web Master at webmaster@cencalhealth.org.

Please appoint a 'Physician/Administrator' for your office as this staff member will manage all user access to the portal and will be responsible for setting your office staff accounts through this portal.

CenCal Health encourages all individual user accounts to be secure and not used by multiple users. CenCal Health will not be held responsible for any erroneous use of a provider user account.

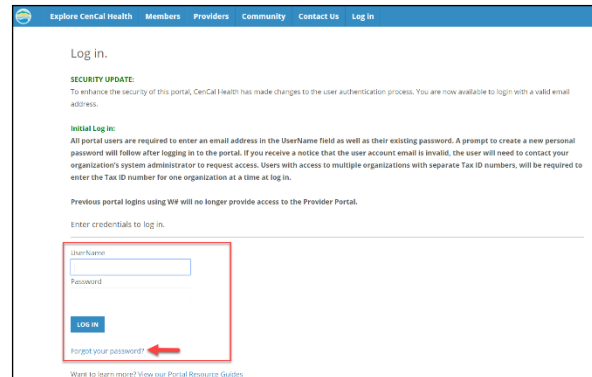
User Account Information Requirements:

- Provider/Organizations Name
- Tax Identification Number
- National Provider Identifier (NPI)
- Physician/Administrator E-mail address (preferred, organizational email address)
- Point of Contact

Portal Log In



Once you click on the  icon, you will see the following screen:



The screenshot shows the 'Log in.' page with a navigation bar at the top containing 'Explore CenCal Health', 'Members', 'Providers', 'Community', 'Contact Us', and 'Log In'. The main content area includes a 'SECURITY UPDATE' section, an 'INITIAL Log In:' section with instructions, and a 'Previous portal logins using WII will no longer provide access to the Provider Portal.' section. Below this is a form with 'Enter credentials to log in.' and fields for 'Username' and 'Password'. A 'LOG IN' button is present, along with a 'Forgot your password?' link. A red box highlights the login fields, and a red arrow points to the 'Forgot your password?' link. At the bottom, there is a link: 'Want to learn more? View our Portal Resource Guide.'

First Time Login:

All individual accounts are created by your 'Physician/Administrator' User within your practice. After your account is created, the individual User will login with their email address as their Username, and a temporary password will be provided. The system will prompt the user to create their own individual password.

Password Change Policy:

The system will prompt each User to change their password after 180 days of entry.

Password Entry Error or Password Assistance:

If you enter your information after (3) three invalid attempts, the system will lock your account. Your 'Physician/Administrator' can also 'Unlock' your account or provide assistance on creating new accounts.

Forgot your Password?

All Users can reset their password through the 'Forgot your password?' function and the system auto assign a temporary password for access.

Automatic Deactivation Policy:

CenCal Health will automatically deactivate all User accounts if no activity of the portal is utilized after 90days. It is still the responsibility of the Administrative User to deactivate accounts if staff no longer work for your practice.

User Screen Role Access:

All interactive features are listed along the left column of the page and are specific to each 'User Role' (i.e. if you submit claims you should see the 'Claims Entry'). Please contact your 'Physician/Administrator' within your organization if you need access to specific roles so you can have them added to your interactive tab.

Multi-User Access:

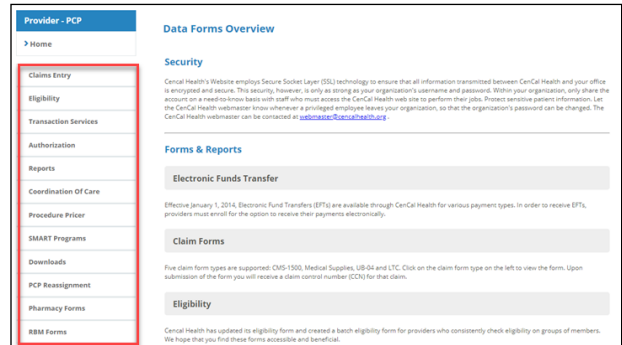
Users could have 'multi-user' access for more than one group (i.e. third party billers that have access to more than one IRS#). In this instance, the User will be able to toggle to each specific IRS# they are assigned to by clicking the IRS drop down box.



The screenshot shows the 'Providers - Restricted' section with a dropdown menu for selecting an IRS#. The dropdown list contains the following IRS numbers: 123456789, 225577999, 995588667, 456789109, and 664488225. A red arrow points to the dropdown menu. To the right, there is a 'Data Forms Overview' section and a 'Security' section with a warning: 'THE PROVIDER PORTAL IS CHANGING! Please sign up and learn more about the new Eligibility, Batch Eligibility, Coordination of Care, and Diabetes SMART entry screens. This also includes new security access changes. RSVP for our webinars HERE'. Below the security section, there is a paragraph about SSL technology and contact information for the webmaster.

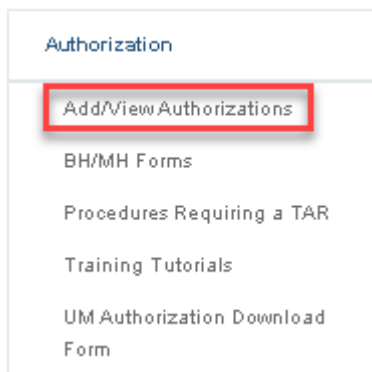
DATA FORMS OVERVIEW HOME PAGE

The screen above indicates all active forms available on the portal. Please contact your Physician/Administrator should you need access to any of the above screens. The details provided below contain step-by-step instructions on how to access CenCal Health's interactive portal.



AUTHORIZATION



Add/view Authorizations

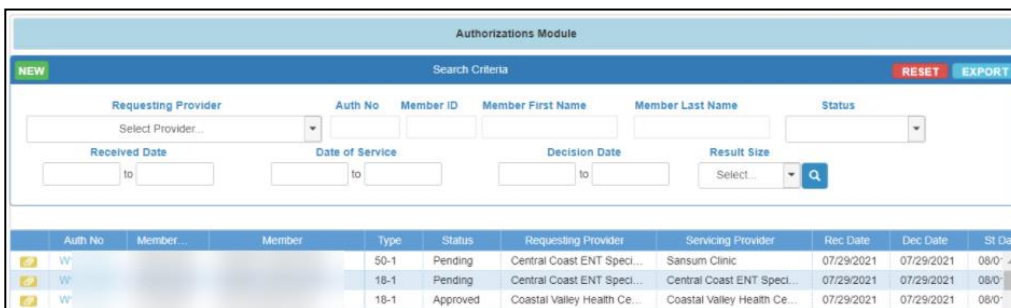


There are five (5) Authorization types that providers can submit online such as the Medical TAR (50-1), Request for Extension of Stay in Hospital (18-1), LTC Authorization Form (20-1), and the PCP Referral Authorization Form (RAF) and PCP Behavioral Health (RAFB).

The main home screen allows a provider to see a list of authorization types, a hyperlink to view a specific authorization, the status, Requesting Provider, and Servicing Provider.


Providers can filter their search by entering the Authorization Number (Auth No), Member ID, Member Name, Status (Pended, Approved, Denied), Received Date, Date of Service, Decision

Date, and then click  to filter your search. Once filtered, you may download the file into a CSV by clicking the  icon.



Auth No	Member ...	Member	Type	Status	Requesting Provider	Servicing Provider	Rec Date	Dec Date	St Date
W			50-1	Pending	Central Coast ENT Speci...	Sansum Clinic	07/29/2021	07/29/2021	08/0
W			18-1	Pending	Central Coast ENT Speci...	Central Coast ENT Speci...	07/29/2021	07/29/2021	08/0
W			18-1	Approved	Coastal Valley Health Ce.	Coastal Valley Health Ce.	07/29/2021	07/29/2021	08/0

Submit a new authorization

Click the  icon to submit a Medical TAR (50-1), Request for Extension of Stay in Hospital (18-1), LTC Authorization Form (20-1), and the PCP Referral Authorization Form (RAF) and PCP Behavioral Health (RAFB).

Authorizations Module

NEW Search Criteria RESET EXPORT

Requesting Provider	Auth No	Member ID	Member First Name	Member Last Name	Status
Select Provider...					
Received Date	Date of Service	Decision Date	Result Size		
to	to	to	Select..		

Back to List +

Create Authorization

Member Info

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

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

Authorization Info Entered Date Entered By

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

Limited to One Consultation/Office Visit

Remarks

Add Remarks:

Requesting Provider

Name - NPI* Select Provider...

When submitting a new authorization, **the form will require member verification by entering the Member ID#, First/Last Name, or Date of Birth (DOB).**

The form will then provide the user with the Member's PCP Group Name, PCP Group NPI#, PCP phone number, PCP fax number, and the member's eligibility effective dates.

Create Authorization +

Member Info

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

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

Health Plan	Line Of Business	Effective Date	Term Date
SBHI	HA1100	7/1/2021	7/31/2021
PCP Name	PCP NPI	PCP Phone	PCP Fax

Auth Info Entered Date 07/01/2021 4:16 PM Entered By isabel.mendez@sbclincs.org

Auth Type* Start Date* Expiration Date* Contact Name* Contact Phone*

Category* Contact Email*

Once entered, choose your **authorization type** (18-1, 20-1, 50-1, RAF Referral, Behavioral Health (RAFB)) via the drop down arrow, and the form will auto populate with the field requirements.

Auth Type*

Select...

- Select...
- 18-1 Inpatient
- 20-1 LTC
- 50-1 Medical
- Medi-Reservation
- RAF Referral
- Behavioral Health RAF Referral (RAFB)

[Extension of Stay in Hospital 18-1](#) form is used to determine the medical necessity for admission and for continued acute care and to facilitate a transfer or transition of care. This should be submitted by the Admitting inpatient hospital, rehab clinic, or Long Term Acute Care (LTAC) facility.

[LTC Authorization 20-1](#) form is used to determine the medical necessity for admission and for continued stay in a skilled nursing facility, subacute care, and a congregate living health facility, and should be submitted only by those facilities.

[Treatment Authorization Request \(TAR 50-1\)](#) is submitted by the requesting provider for medical services including physician-administered-drugs, which need to be reviewed for medical necessity and appropriateness of care by CenCal Health

Medi-Reservation A two service per month limitation applies to all Limited Service Providers. Limited Service Providers consist of Audiologists, Acupuncturists, and Chiropractors. Services applied to the two services per month limitation do not require a Referral Authorization Form (RAF) from the member's PCP, but must be reserved through the Medi Reservation process. A confirmation number will auto populate once the service is reserved and the form is 'submitted successfully'.

Members are restricted to a combined total of 2 visits per month and will not be granted authorization for additional services beyond this limit. The procedure code on the reservation must match the procedure code on the claim. If the code billed is different than the code reserved, reverse the reservation and resubmit it with the correct code. This can be done by selecting 'Reversal' located under the 'Serv Type' drop down option.

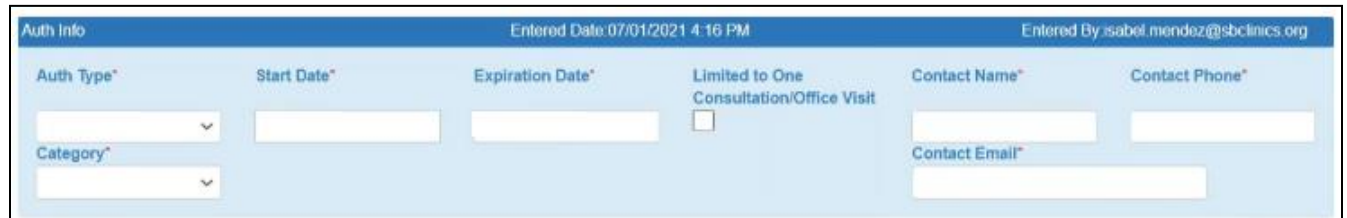


Note: Providers should not reserve a Medi-Reservation service unless certain that the service will be rendered. Providers who do not provide the service must reverse the reservation to allow the member to obtain another service.

Referral Authorization Form (RAF) allows a PCP Group to refer their assigned members to a Specialist for consultation.

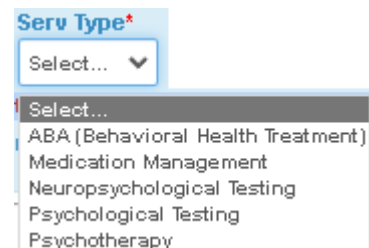
Behavioral Health RAF Referral (RAFB) is used when a PCP would like to refer their assigned member to a contracted Behavioral Health (ABA) provider, Medication Management, Neuropsychological Testing, Psychological Testing, Psychotherapy request

Authorization Info



Enter the '**Start Date**' and '**Expiration Date**' for your authorization. The users contact information will auto populate based off of the users access and will allow CenCal Health Medical Management Department to contact you for additional details (as needed).

Serv Type: This field only applies to a RAFB request as the PCP will need to select the following authorization request type.



Category drop down will allow the user to determine the following:

- **Pre-service** is a prior authorization
- **Post-service** would be used for retro authorizations
- **Concurrent** is used if the member was receiving additional services
- **Pre-service/Concurrent Urgent** are for urgent requests


Remarks allows the user to 'Add Remarks:' specific to the service which is reviewed by our Medical Management Department.

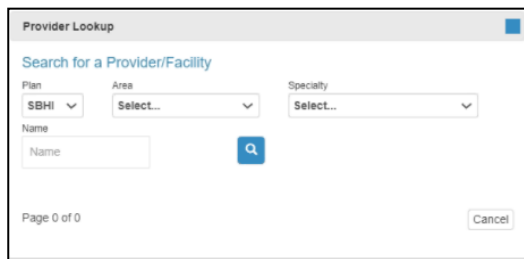
If you are submitting a TAR, please provide the RAF# within your medical justification notes.



Requesting Provider is your provider group NPI# and if you have multiple NPI#'s associated to your IRS# it will provide you with a list so you can determine what site your member is assigned to.




Servicing Provider/Facility is used when a PCP is referring their member to a specialist. Users can enter a Specialist's NPI#, or search via the  icon.

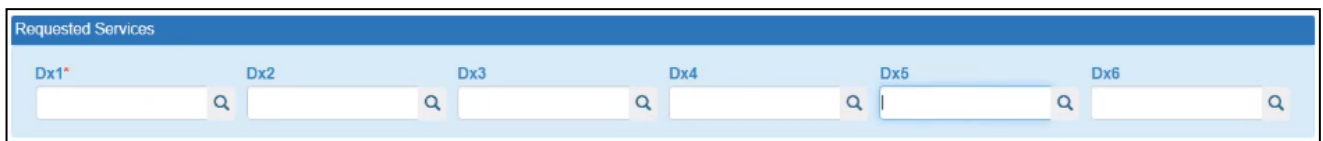
Providers can search from a list of contracted CenCal Health Specialists by Plan, Area, and Specialty Type.


Click on the check box circle next to the Provider's NPI# from the list that you would like to refer to, and the providers NPI#, First Name, and Last Name will

auto populate on the form then click the  icon.

NOTE: When submitting a RAFB authorization request the 'Service/Provider Facility' field is not required as our Behavioral Health Department will confirm the best referral to the correct provider specialist. If a member would like to continue with care, a PCP can still utilize this field.


The Specialist's **Servicing Provider/Facility Info** address and phone number will populate on the form as additional verification.

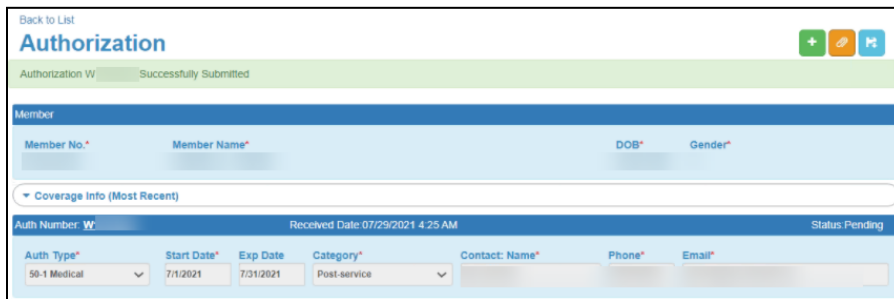


Diagnosis code is required in the first Dx1 box, with following diagnostic codes as needed. You may also search by clicking on the  icon and you can search for a list of diagnosis codes.

#	Date(s) of Service	Service Code	Modifier	Units	Qty	Charge
1	to		Q			
2	to		Q			
3	to		Q			
4	to		Q			
5	to		Q			
6	to		Q			

Line Items will populate for the 50-1 Medical TAR form which requires Date(s) of Service, Service Code (procedure code or CPT code), Modifier, Units, Quantity, and Charge (billed charges).

To **submit your authorization**, click on the  icon, and if submitted successfully, the authorization # will populate on the top line in green, and will be placed on the first line item within the home.



Back to List

Authorization

Authorization W Successfully Submitted

Member

Member No.* Member Name* DOB* Gender*

▼ Coverage Info (Most Recent)

Auth Number: W Received Date: 07/29/2021 4:25 AM Status: Pending



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

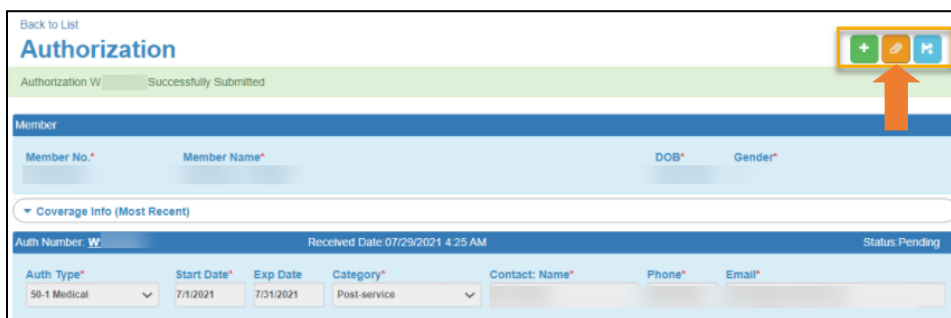
50-1 Medical 7/1/2021 7/31/2021 Post-service

Upload Attachments

Once you save the details within your authorization, you have the ability to upload attachments for medical justification and supporting documentation so CenCal Health's Medical Management Department can further review.

Follow the steps below to attach your supporting documentation to new authorization requests.

1. Enter all pertinent information to your Authorization Form (TAR, RAF, FORM 18-1, 20-1), then click  icon button. If all information submitted is valid, the Attach Button(s) will become visible via the  Attach button icon. If the authorization was not successfully submitted, the Attach Button(s) will not be visible



Back to List

Authorization

Authorization W Successfully Submitted

Member


Member No.* Member Name* DOB* Gender*

▼ Coverage Info (Most Recent)


Auth Number: W Received Date: 07/29/2021 4:25 AM Status: Pending

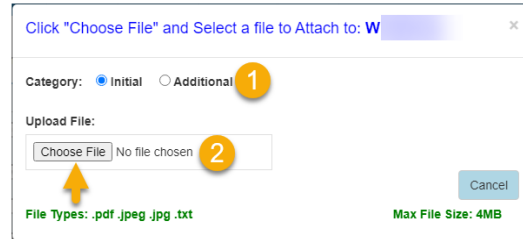
Auth Type* Start Date* Exp Date* Category* Contact: Name* Phone* Email*



50-1 Medical 7/1/2021 7/31/2021 Post-service

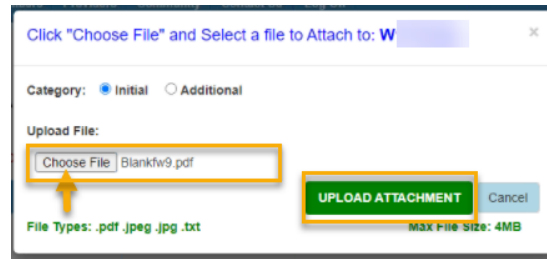
Click on the  Add Attachment icon to upload your supporting documents.



The submitted authorization number will appear on the attachment function. Follow the steps to indicate the Category type (Initial, or Additional), and then click  icon to upload documents from your file data source.





Once the document is chosen, the screen will indicate file name, and the  icon button will appear once a file has been selected for upload. Click  to save the document to the authorization.







The document(s) will then be connected to your authorization.

Attachments for Auth#: W

CATEGORY	SUB CATEGORY	SOURCE	FILENAME	DESCRIPTION	CREATED_BY	CREATED_DATE	
		Portal	2019_VW-2_CenCal_Health.pdf			12/15/2020	
Initial		Portal-INI	Blank_Form.pdf	Member Notes		12/15/2020	

Page 1 of 1



- Use the  button to get a copy of the attached document.
- Use the  button to add additional documents.
- Use the browser  back button to return to previous page.

All files will only be accessible for download for 30days from the created date, and will show as 'Not Available' on the list above once it hits the 30 day mark. CenCal Health staff will still have access to view internally.

[Print Authorization](#) Providers can print their submitted authorizations for medical records by clicking on the blue printer icon.



Behavioral Health/Mental Health Forms

Authorization

Add/View Authorizations

BH/MH Forms

Procedures Requiring a TAR

Training Tutorials

UM Authorization Download Form

Behavioral Health (ABA) Providers and Mental Health Providers have access to download CenCal Health document resources which can be used to review an authorization request or as a main resource when managing CenCal Health member.

[Mental & Behavioral Health Resources](#)

Mental Health Provider Resources:

- [!\[\]\(4e333a6106fc298d0ae6dff272a736ef_img.jpg\) Psychological/Neuropsychological Testing Pre-Service Authorization Request Form](#)
- [!\[\]\(97089f8e07e24e31baa67366e358a709_img.jpg\) CenCal Health Transition of Care Request Form](#)

Behavioral Health Provider Resources:

- [!\[\]\(97faa0168e491544be255cfcab218e9b_img.jpg\) Functional Behavioral Assessment Report \(Intervention Plan\)](#)
- [!\[\]\(b2166b76608b8499cffc130bf1b1fe60_img.jpg\) Behavioral Health Treatment Progress Report \(6-Month Report/Exit Report\)](#)
- [!\[\]\(b29da0f81af7d31816596405aed0e378_img.jpg\) Behavioral Health Treatment \(BHT\) Social Skills Assessment Report](#)
- [!\[\]\(52b4a21f1e75ded8f9710f4114e70d28_img.jpg\) ABA Service Hour Log](#)
- [!\[\]\(07221912d1bf206beb97cefd77af5f78_img.jpg\) Tri-Counties Regional Center Referral Checklist](#)

General:

- [!\[\]\(33006de4dd11f8c729ca8ca0fde0352f_img.jpg\) How to Submit Forms to CenCal Health](#)

Procedures Requiring a TAR

Authorization

Add/View Authorizations

BH/MH Forms

Procedures Requiring a TAR

Training Tutorials

UM Authorization Download Form

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.

The search tool can be used to determine whether a procedure code requires a prior authorization. The tool also provides additional information regarding the procedure code age, service, frequency, and diagnosis code limits/requirements upon claim submission. This additional information is displayed as billable units based on the procedure code description.

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.

The search tool can be used to determine whether a procedure code requires a prior authorization. The tool also provides additional information regarding the procedure code age, service, frequency, and diagnosis code limits/requirements upon claim submission. This additional information is displayed as billable units based on the procedure code description.

Enter the Procedure Code and Date of Service you are searching, then click Submit. If you do not know the Procedure Code click the magnifying glass to search by procedure code description.

Prior Authorization tool is for TAR requirement only and not Referral Authorization Forms (RAFs). For RAF requirements, please refer to this [site](#) or contact Medical Management at 805-562-1082.

Plan	Procedure Code	Date of Service	
Medi-Cal ▼	<input type="text" value=""/> Q	<input type="text" value="06/11/2021"/>	<input type="button" value="SUBMIT"/> <input type="button" value="RESET"/>

Enter the Procedure Code and Date of Service you are searching, then click . If you do not know the Procedure Code click the magnifying glass to search by procedure code description.

Plan	Procedure Code	Date of Service
Medi-Cal	27447	06/11/2021

Code: 27447
Description: Arthroplasty, Knee, Condyle And Plateau, Medial And Lateral Compartment With Patella Resurfacing
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

Notes:
 1) All efforts are made to provide the most current information on the Prior Authorization Search Tool. The results of this tool does not guarantee coverage, payment, or authorization
 2) Prior authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions, evidence of medical necessity, and other applicable standards during the claim review, including the terms of any applicable provider agreement
 3) A Referral Authorization Form/Approval does not eliminate the need for a prior authorization
 4) For additional information on prior authorization submission please visit [CenCal Health](#) or contact Medical Management at 805-562-1082
 5) Procedure codes available for purchase and rental, will only show the frequency limit for the purchase, when applicable. Rental limits are based on a rental period of one calendar month unless otherwise stated in the additional information section for that code.

Plan	Procedure Code	Date of Service
Medi-Cal	99213	06/10/2021

Code: 99213
Description: Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making, When Using Time For Code Selection, 20-29 Minutes Of Total Time Is Spent On The Date Of The Encoun
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

Notes:
 1) All efforts are made to provide the most current information on the Prior Authorization Search Tool. The results of this tool does not guarantee coverage, payment, or authorization
 2) Prior authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions, evidence of medical necessity, and other applicable standards during the claim review, including the terms of any applicable provider agreement
 3) A Referral Authorization Form/Approval does not eliminate the need for a prior authorization
 4) For additional information on prior authorization submission please visit [CenCal Health](#) or contact Medical Management at 805-562-1082
 5) Procedure codes available for purchase and rental, will only show the frequency limit for the purchase, when applicable. Rental limits are based on a rental period of one calendar month unless otherwise stated in the additional information section for that code.

Training Tutorials

Authorization

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

Please watch our training tutorial videos to learn more about authorization submission.

- PCP Referral Authorization (RAF) Video Tutorial
- 50-1 Medical Video Tutorial
- 18-1 Inpatient Video Tutorial
- 20-1 Long Term Care (LTC) Video Tutorial
- Physician-Administered-Drug (PAD) Authorization Video Tutorial
- PCP Behavioral Health Referral (RAFB) Video Tutorial

UM Authorization Download Form

Authorization

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

Providers have the ability to download the PDF fillable 'Authorization Request Form' to fax and/or send via the secure file drop in the event that you are unable to submit your authorization via the electronic forms. Once received CenCal Health's Medical Management Department will contact the requestor that submitted the form and provide them with the authorization A#, and status of the authorization request.

All authorizations submitted via the paper form are viewable via the home screen of the 'Add/View Authorizations' module to review the status.



CONTACT US

If you need to give access to a separate user that have multiple accounts with other provider groups (e.i. Billers that bill for multiple providers), have questions or would like additional training please reference our website at www.cencalhealth.org/providers/provider-portal/ or email CenCal Health's Web Master at webmaster@cencalhealth.org

Behavioral Health Department (805) 562-1600

- Behavioral Health Treatment (ABA) & Mental Health Treatment Inquiries
- Member Case Management

Claims Department (805) 562-1083

- Claims Customer Service Support
- Claims & Billing Training
- Claims Grievances and Appeals

Provider Services Department (805) 562-1676

- Provider Portal Technical Issues
- Provider Practice Changes
- Contract & Credentialing Inquiries
- New Provider Orientation & Portal Demonstrations
- Provider Training

Pharmacy Services (805) 562-1080

- Medi-Cal Rx Transition
- Medical Pharmacy Management
- Drug Utilization Review
- Pain Management Resources

Medical Management (805) 562-1082

- Radiology Benefit Manager (Care to Care) Inquiries
- Adult & Pediatric Authorization Questions
- Authorization Questions

Member Services (877) 814-1861

- Member related inquiries