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40th
ANNIVERSARY
1983 - 2023

Newly Contracted Provider Orientation

Primary Care Provider

Provider Services
2023

Training Orientation Agenda

- Medi-Cal Coverage & CenCal Health Mission
- CenCal Health New Member Integration
- Member Eligibility & Benefits
- Quality Care Incentive Program
- Provider Resources
- Authorizations
- Pharmacy Services
- Claims & Billing
- Culturally Competent Care, Health Literacy, DEI, & SPD
- Portal Demonstration

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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.

www.coveredca.com/apply/

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

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

Medi-Cal Eligibility Criteria

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

New Medi-Cal Eligible Person
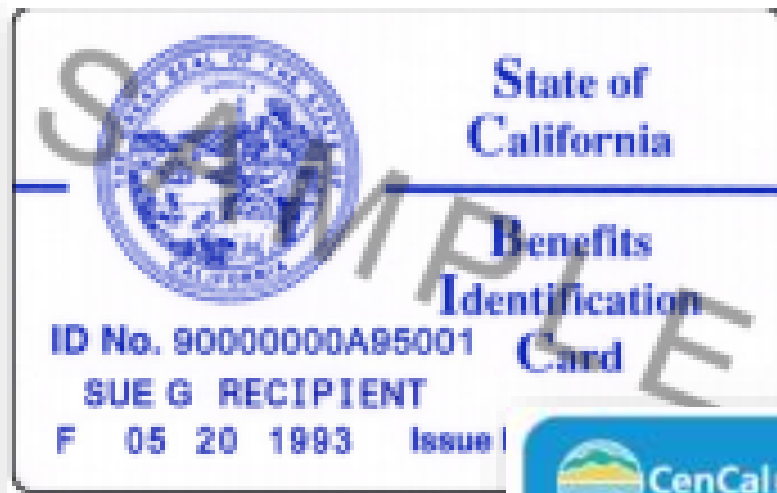
Who is CenCal Health?

1983
Founded in 1983 as Santa Barbara Regional Health Authority

1st
First managed care Medi-Cal plan of its type (COHS)

2008
Began serving San Luis Obispo County in 2008

TWO
Exclusive full-scope Medi-Cal plan in our two counties

220,588
CenCal Health Membership
As of July 2022

Responsible for all covered benefits except carve-outs: Prescription drugs, dental care, SED behavioral care

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Our Mission, Vision, and Values

As the first Medi-Cal Managed Care Plan in the nation to pilot this model, innovation is who we are.

–Our Mission

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

–Our Vision

To be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.

–Our Values

• Compassionate Service

Serving and advocating for all customers with excellence.

• Collaboration

Coming together to achieve exceptional results.

• Integrity

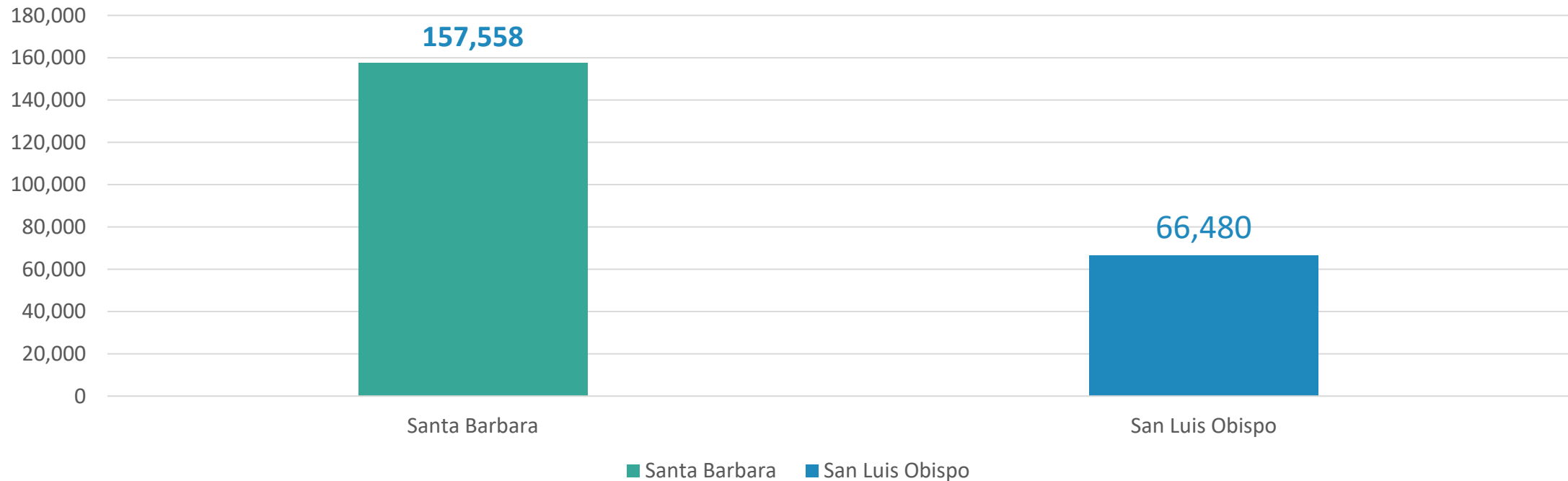*Doing the right thing, even and especially when it is hard.*

• Improvement

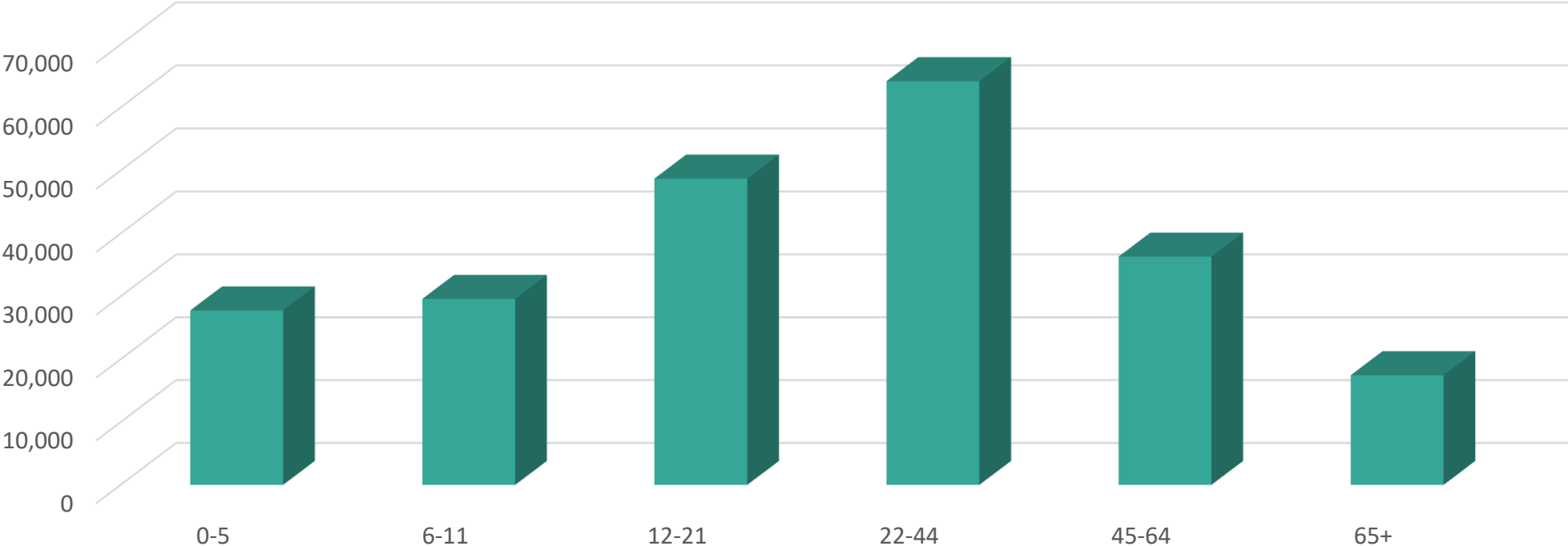*Continually improving to ensure our growth, success, and sustainability.*

LEARN MORE
WE BELIEVE IN OUR COMMUNITY

Our Mission, Vision, & Values

Not all heroes wear capes. Some wear scrubs.
Thank you to our doctors, nurses & healthcare workers.

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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/

Member Benefits Include:

- Primary care
- Specialty care
- Durable Medical Equipment
- Self-referral services
- Pharmacy
- Emergency care
- Inpatient and outpatient hospital care
- Diagnostic services (lab, x-ray, imaging)
- Mental Health & Behavioral Health Services

Services Covered by Other Agencies:

- Dental Services (Denti-Cal)
- Specialty Mental Health Services
- County Substance Use Services
- Tri County Regional Center
- Local Education Agency
- Medi-Cal Rx Pharmacy Benefit

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Responsibilities of the Primary Care Provider (PCP)

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

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

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

Supply risk assessment, treatment planning, coordination of medically necessary services, referrals, follow up and monitoring of appropriate services, and resources required to meet the needs of the member.
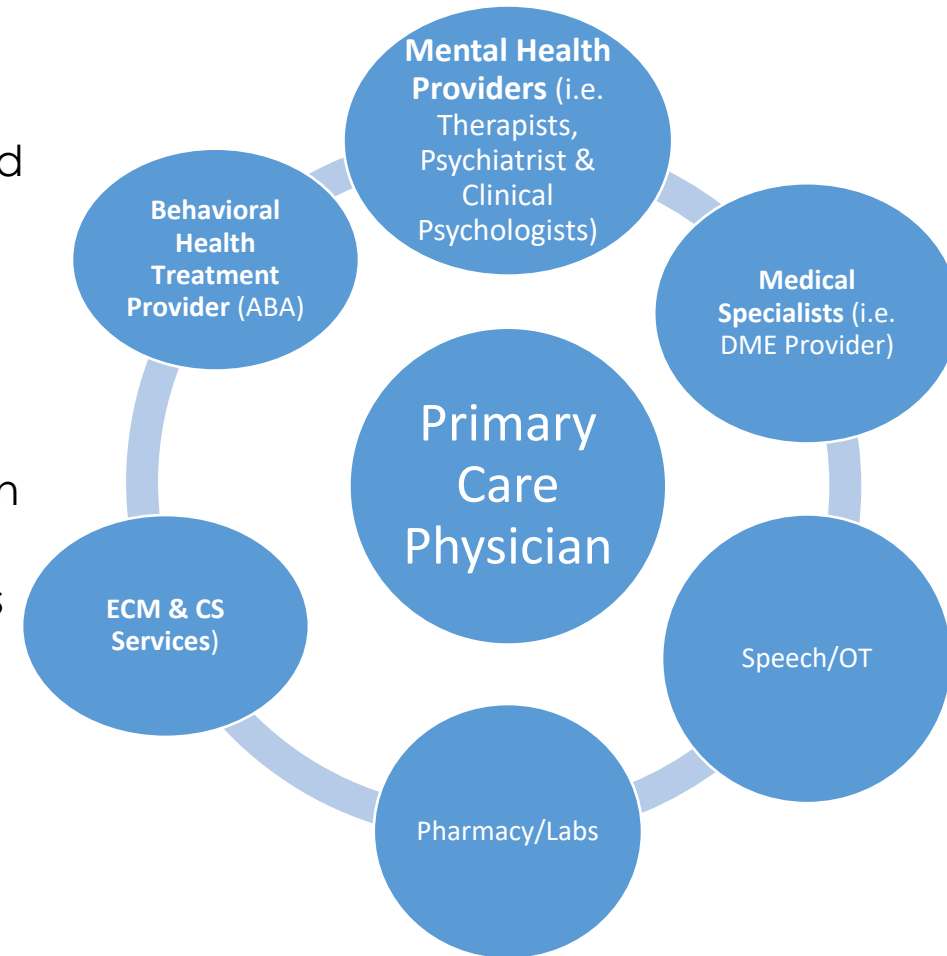
Member Assistance
1 (877) 814-1861

Responsibilities of the Primary Care Provider (PCP)

Coordinate and direct appropriate care for members, including:

- Initial Health Assessments
- Preventive services in accordance with established standards and periodicity schedules as required by age and according to the American Academy of Pediatrics (AAP) and the United States Preventive Services Task Force (USPSTF)
- Second opinions
- Consultation with referral specialists
- Follow-up care to assess results of primary care treatment regimen and specialist recommendations
- Special treatment within the framework of integrated, continuous care
- Screen members for mental health and substance use difficulties, provide treatment within scope of practice, and assist the member with referrals to appropriate treatment providers.

Mental Health Providers (i.e. Therapists, Psychiatrist & Clinical Psychologists)

Behavioral Health Treatment Provider (ABA)

Medical Specialists (i.e. DME Provider)

Primary Care Physician

ECM & CS Services)

Speech/OT

Pharmacy/Labs

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Member Rights and Responsibilities

- CenCal Health is required to inform its members of their rights and responsibilities and ensure that members rights are respected and observed. CenCal Health provides this information to members in the Member Handbook upon enrollment, annually in the member newsletters, on CenCal Health website and upon request

- Providers are required to post the members' right and responsibilities in the waiting room of the facility which services are rendered

- Members have the right to:

  - Be treated with respect and dignity by all CenCal Health and provider staff

  - Privacy and to have medical information kept confidential

  - Get information about CenCal Health, our providers, provider services and their member rights and responsibilities

  - Choose a doctor within CenCal Health's network

  - Talk openly with health care providers about medically necessary treatment options, regardless of cost benefits

  - Get information about their medical condition and treatment plan options in a way that is easy to understand

Member Rights and Responsibilities (cont.)

- Members have the right to:
  - Help make decisions about their health care, including the right to say "no" to medical treatment
  - Voice complaints or appeals, either verbally or in writing, about CenCal Health or the care we provide
  - Get oral interpretation services in language that they understand
  - Make an advance directive
  - Access family planning services, federally qualified health centers, Indian Health Services facilities, sexually transmitted disease services and emergency services outside of CenCal Health's network
  - Ask for a stated hearing, including information on the conditions under which a state hearing can be expedited
  - Have access to their medical record and where legally appropriate, get copies of, update or correct their medical record
  - Access minor consent services
  - Get written member information in large-size print and other formats upon request and in a timely manner for the format being requested
  - Be free from any form of control or limitation used as a means of pressure, punishment, convenience or revenge

Accessibility

Category	Timely Access Standard
Urgent care appointment for which no prior authorization is required	24 hours
Urgent care appointment for services that do require prior authorization	96 hours from request
Non-urgent, primary care – including first pre-natal visit No authorization required	10 business days
Non-urgent, non-physicians mental health provider *	10 business days
Non-urgent, Specialist care	15 business days
Non-urgent, ancillary services	15 business days

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Nurse Advice Line & Health Resources

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

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

cencalhealth.org/after-hours/

Member Eligibility

Who, what, when, where, how?

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Ways to check Eligibility

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

Provider Login

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

- Primary Care Providers, can reference their **Case Management List** on the CenCal Health Provider Portal

Additional Resources: cencalhealth.org/providers/eligibility

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Online Portal

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

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

Unable to see these banner permissions? Contact your Portal Administrator or email webmaster@cencalhealth.org

Online - Provider Portal Eligibility Check

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)

Eligible Member

Member ID or Last 4 of SSN	Date of Birth	First Name	Last Name	Date of Service (DOS)		
		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	BIC Date
	TEST1 CENCAL		F	None	07/25/2017
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)

Check Eligibility

Add Member to Batch

Download to CSV

Reset Screen

Eligible Member – With Other Health Carriers

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

CCS Eligible Member

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

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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: * Restricted Services - Noted by Eligible Aid Code:
CM = CenCal Health Case Management   Restricted to LTC and Related Services (53)

Whole Child Model (WCM) & California Children's Services (CCS)

CCS provides case management to children (0-21 years) who have serious, chronic and disabling physical conditions or diseases with special health care needs

CCS will require medical reports from a physician in order to determine eligibility and authorize services

Santa Barbara and San Luis Obispo CCS determine initial and annual eligibility (medical, residential, financial)

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

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Whole Child Model (WCM) & California Children's Services (CCS)

If the patient is a CenCal Health member, CCS turns the case over to CenCal Health for authorizations, Care Coordination, and Case Management

CenCal Health is billed for all of these services, and pays the approved claims

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

Special Class Eligible Member

Member Eligibility

Member ID or Last 4 of SSN	Date of Birth	First Name	Last Name	Date of Service (DOS)		
		First Name	Last Name	03/15/2021		

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

Member Info: As Of 03/15/2021 — Inquiry Date: 3/15/2021 10:04:01 AM - Confirmation: 643141

Member ID	Name		Sex	Special Case
			F	None
Medicare	HIC#	DOB		Other Carriers
Parts -				

Eligibility History: Last 12 Months As Of 03/15/2021

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SBHI	03/01/2021 - 03/31/2021	Y		Full	N - None

Services: As Of 03/15/2021

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

Case Management: Last 12 Months As Of 03/15/2021

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)

Special Class Categories :
- First month of eligibility with CenCal Health
- Resident in a LTC/SNF Facility
- Institutions for the developmentally disabled
- Hospice
- Are qualified under the Genetically Handicapped Persons Program (GHPP)

Member Not Eligible
Share of Cost (SOC)

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

Member is not eligible on 09/02/2019   [DHS Check] [SOC Trans]

Member Info: As Of 09/02/2019 — Inquiry Date: 9/4/2019 10:06:15 AM - Confirmation: 301275

Member ID	Name		Sex	Special Case
	TEST4 CENCAL		M	None
Medicare	**HIC#**	**DOB**		**Other Carriers**
Parts - A,B,D	6TA	09/01/1946		

Eligibility History: Last 12 Months As Of 09/02/2019

▲ PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SBHI	09/01/2019 - 09/30/2019	N	$678.00		D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	07/01/2019 - 08/31/2019	N	$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	05/01/2019 - 06/30/2019	N	$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	04/01/2019 - 04/30/2019	N	$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	03/01/2019 - 03/31/2019	Y		Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	02/01/2019 - 02/28/2019	N	$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	01/01/2019 - 01/31/2019	N	$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	11/01/2018 - 12/31/2018	N	$755.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SBHI	04/01/2018 - 10/31/2018	N	$755.00	Full	D - Medicare Part D Prescription Drug Coverage

Case Management: Last 12 Months As Of 09/02/2019

Program	Reason	Case Manager	Date Range
CM	(CM) Neurological (CVA, TBI, ALS, HK, dementia/Alz)	Maureen R	07/01/2019 - 08/31/2019

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)

Share of Cost (SOC)
To Clear or Not to Clear

SOC is a dollar amount that a member is responsible to pay on a monthly basis. The amount is established by Department of Social Services (DSS) not CenCal Health

The member must pay their SOC each month before they are eligible for CenCal benefits

If a SOC is paid to you by the patient, the amount should be spent down immediately through the portal

After the SOC is paid in full, the newly eligible CenCal member will not select a PCP, but will be made 'Special Class' for the month

Clear a Members SOC Online at www.medi-cal.ca.gov/mcwebpub/login.aspx

DHCS Telephone Service Center at 1-800-541-5555

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Eligible Member – LTC, Share of Cost & Dual Medicare Primary

Member ID or Last 4 of SSN	Date of Birth	First Name	Last Name	Date of Service (DOS)
		First Name	Last Name	09/10/2019

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

Member Info: As Of 09/10/2019   Inquiry Date: 9/10/2019 1:51:33 PM - Confirmation: 3573

Member ID	Name	Sex	Special Case
			LTC
Medicare	HIC#	DOB	Other Carriers
Parts - A,B,D			

Eligibility History: Last 12 Months As Of 09/10/2019

▲ PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SLOH	09/01/2019 - 09/30/2019	Y	$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	07/01/2019 - 08/31/2019	Y	$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	06/01/2019 - 06/30/2019	Y	$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	05/01/2019 - 05/31/2019	Y	$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	04/01/2019 - 04/30/2019	Y	$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	02/01/2019 - 03/31/2019	Y	$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	01/01/2019 - 01/31/2019	Y	$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	10/01/2018 - 12/31/2018	Y		Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	09/01/2018 - 09/30/2018	Y		Full	D - Medicare Part D Prescription Drug Coverage

Services: As Of 09/10/2019

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

Case Management: Last 12 Months As Of 09/10/2019

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

Non Eligible Member – Check DHCS

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

DHS Check — DHCS Check a direct link to the States Database

PCP Incentive Program Goals

- Identify members due for clinically recommended aspects of care

- Assist PCPs in providing comprehensive high quality health care for members

- Information reported monthly through the Portal and payments sent quarterly

- Rolling 12 month measurement

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Identified measures for inclusion based on:

- **Areas of needed quality improvement for the Plan**

- **Accurate quality of care measurement from claims, labs, and registry data**

- **Equitable distribution of adult and pediatric measures**

- **Coverage of disease management and preventive care measures**

- **Alignment with state-wide recommended focus areas**

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Key Features:

- Calculated using real time data
- Quality and timeliness of claims reflected in quality score and payment
- Requires no manual data input from providers
- Quality Score is based on performance for all measures combined
- Quintile performance is calculated as a comparison to peers

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Program Measures

- <u>Priority Measures</u> – quality measures that will be incentivized

- <u>Informational Measures</u> – quality measures that will be reported but not incentivized

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Women's Health Priority Measures:

- **<u>Breast Cancer Screening</u>:** the number of female members age 52-74 who've received a screening mammogram in the last 24 months

- **<u>Cervical Cancer Screening</u>:** the number of female members age 24-64 who've received appropriate cervical cancer screening in the last 36 or 60 months

- **<u>Chlamydia Screening in Women</u>:** the number of women ages 16-24 who are sexually active and have been screened for chlamydia in the last 12 months

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Pediatric Care Priority Measures:

- **<u>Immunizations for Adolescents</u>:** the number of adolescents who've received at least 1 Tdap, 1 Meningococcal, and at least 2 HPV vaccines before their 13th birthday.

- **<u>Well Child Visits in the First Thirty Months of Life</u>:** the number of children who've had the following:
  - Six or more well-child visits before their 15th month of age.
  - Two or more well-child visits before their 30th month of age.

- **<u>Child and Adolescent Well-Care Visits</u>:** the number of children ages 3-21 who had at least one well-care visit during the last 12 months.

- **<u>Lead Screening in Children</u>:** the number of children who had at least one blood lead screening test before their 2nd birthday

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Behavioral Health Priority Measures:

- **<u>Antidepressant Medication Management - Acute Treatment</u>:** the percentage of members age 18 and older who were diagnosed with major depression and remained on an antidepressant for at least 12 weeks

- **<u>Antidepressant Medication Management – Continuing Treatment</u>:** the percentage of members age 18 and older who were diagnosed with major depression and remained on an antidepressant for at least 6 months

Informational Measure:

- **<u>Avoidance of Opioids at a High Dosage</u>:** the percentage of members who were prescribed two or more opioids on different dates that had less than 15 days of total opioid prescription coverage.

Respiratory Care Priority Measure:

- **<u>Asthma Medication Ratio</u>:** the number of asthmatic members who have a ratio of filled controller asthma medications to total asthma medication fills of 50% or more in the last 12 months

Informational Measures:

- Pharmacotherapy Management of COPD Exacerbation Bronchodilator: the percentage of members with COPD 40 and older who had an ED visit and were dispensed a bronchodilator.

- Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid: the percentage of members with COPD 40 and older who had an ED visit and were dispensed a systemic corticosteroid.

Cardiac Care Informational Measures:

- **Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy:** the percentage of male members ages 21-75 and female members 40-75 with cardiovascular disease who were dispensed at least one high or moderate intensity statin medication.

- **Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80%:** the percentage of male members ages 21-75 and female members 40-75 with cardiovascular disease who remained on a high or moderate intensity statin medication for at least 80% of the treatment period.

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Diabetes Care Priority Measures:

- **HbA1c Testing:** the number of diabetic members who've received an HbA1c test in the last twelve months.

- **Retinal Eye Exams:** the number of diabetic members who've a retinal or dilated eye exam by an optometrist or ophthalmologist in the last 12 months or a negative retinal or dilated eye exam in the last 24 months.

Informational Measures:

- **<u>Statin Therapy for Patients with Diabetes - Received Statin Therapy</u>:** the percentage of members ages 40-75 with diabetes who were dispensed at least one statin medication during the year.
- **<u>Statin Therapy for Patients with Diabetes - Statin Adherence 80%</u>:** the percentage of members ages 40-75 with diabetes who remained on a statin medication for at least 80% of the treatment period.

QCIP Structure, Funding & Calculations

Program Structure

- **Responsive to external feedback & lessons learned**

- **Performance is reported monthly & payments made quarterly**

- **No measures used for payment encourage withholding of services**

Performance Measurement
- Clinical priorities
- Standard of care
- Reported monthly

At-risk Funding
- PCP & CenCal Health contributions
- Proportional to PCP caseload
- Risk adjusted

PCP Payment
- 5-Star methodology
- Easy to understand
- Paid quarterly

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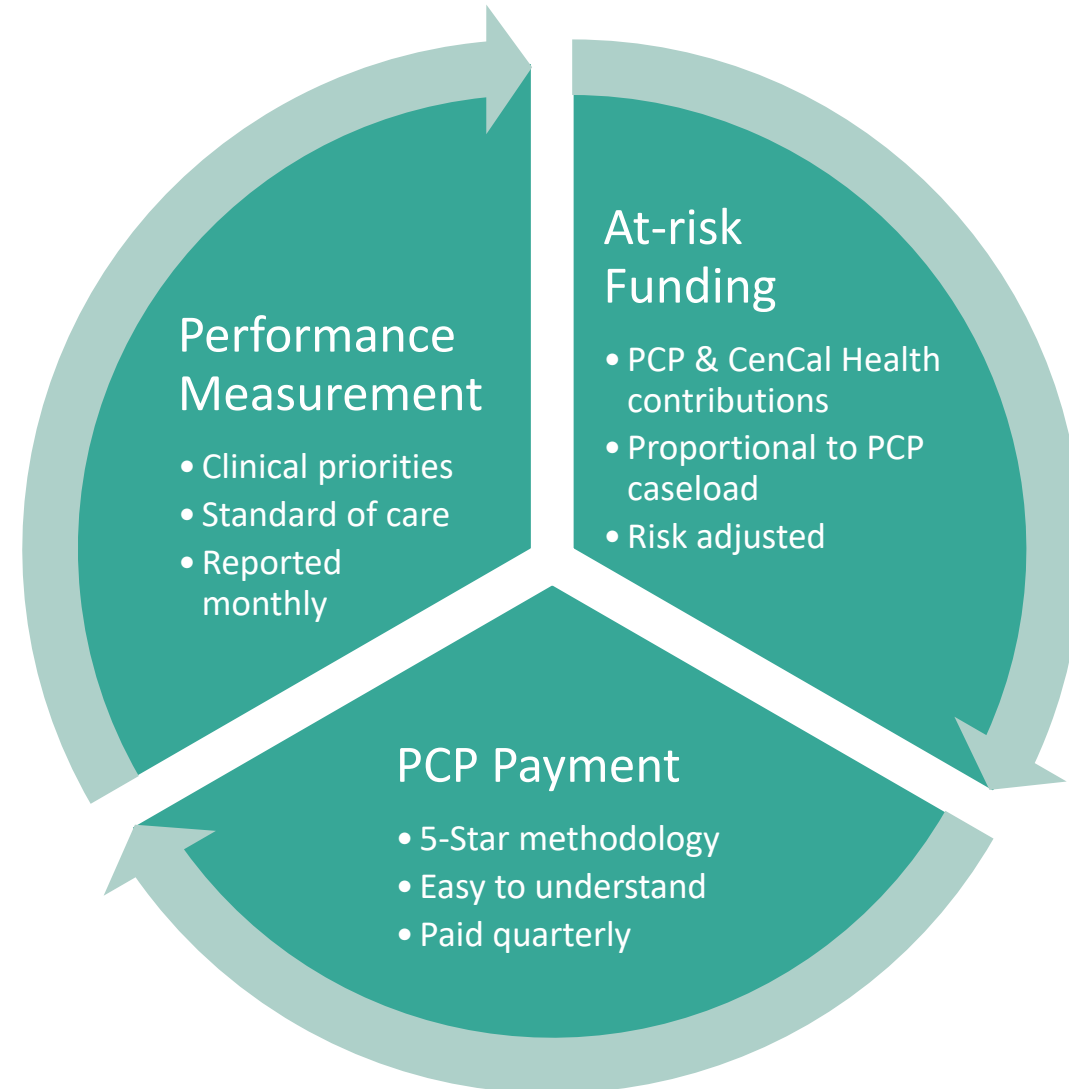
Funding

- Funding is "at-risk" & earned based on performance

- Provider-specific & scaled to member caseload

- PCPs choose a capitation withhold of 20% or 40%

- PCPs may choose their withhold once annually in advance of the QCIP reporting year

- CenCal Health contributes a percentage of capitation & adjusts it monthly to target an overall network-wide payout

- CenCal Health's contribution is subject to annual budget approval

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Performance Calculation

- All capitated PCPs participate, subject to sufficient number of members to responsibly measure performance (n ≥ 30)
- Performance is calculated using NCQA-certified software
- Easy-to-understand calculation for each PCP's assigned members & their care needs
- Performance is based on how often the standard of care is met
- NCQA Medicaid benchmarks are reported for reference

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Payment Calculation

- Straightforward, familiar 5-Star methodology

- PCPs are stratified by their aggregate performance score for all 12 measures used for payment

- PCPs are grouped according to their performance into 5 groups of equal size

- Each group corresponds to a number of stars earned

- **Payment is based on stars**
    - ⭐ 5 stars = 100% of total at-risk funding
    - ⭐ 4 stars = 80%
    - ⭐ 3 stars = 60%
    - ⭐ 2 stars = 40%
    - ⭐ 1 star   = 20%

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Projected Payments

- **Approximately $12 million – equivalent to prior year PMPM**

- **All PCP contracted entities**
  - **Median increase 81%**
  - **Median decrease 19%**

- **Large PCP entities**
  - **Maximum increase 143%**
  - **Maximum decrease 44%**

- **For Year-1 the payment methodology was moderated to lessen the incentive for all PCPs**

Comparison to
Current incentive programs

57% of PCP entities earn a higher payment

43% of PCP entities earn a lower payment

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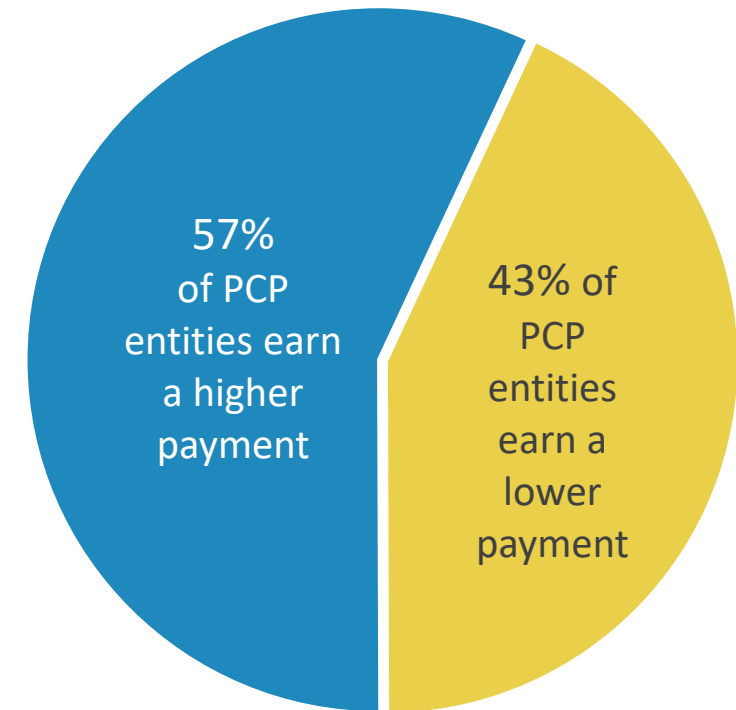
Quality Care Incentive Program Dashboard
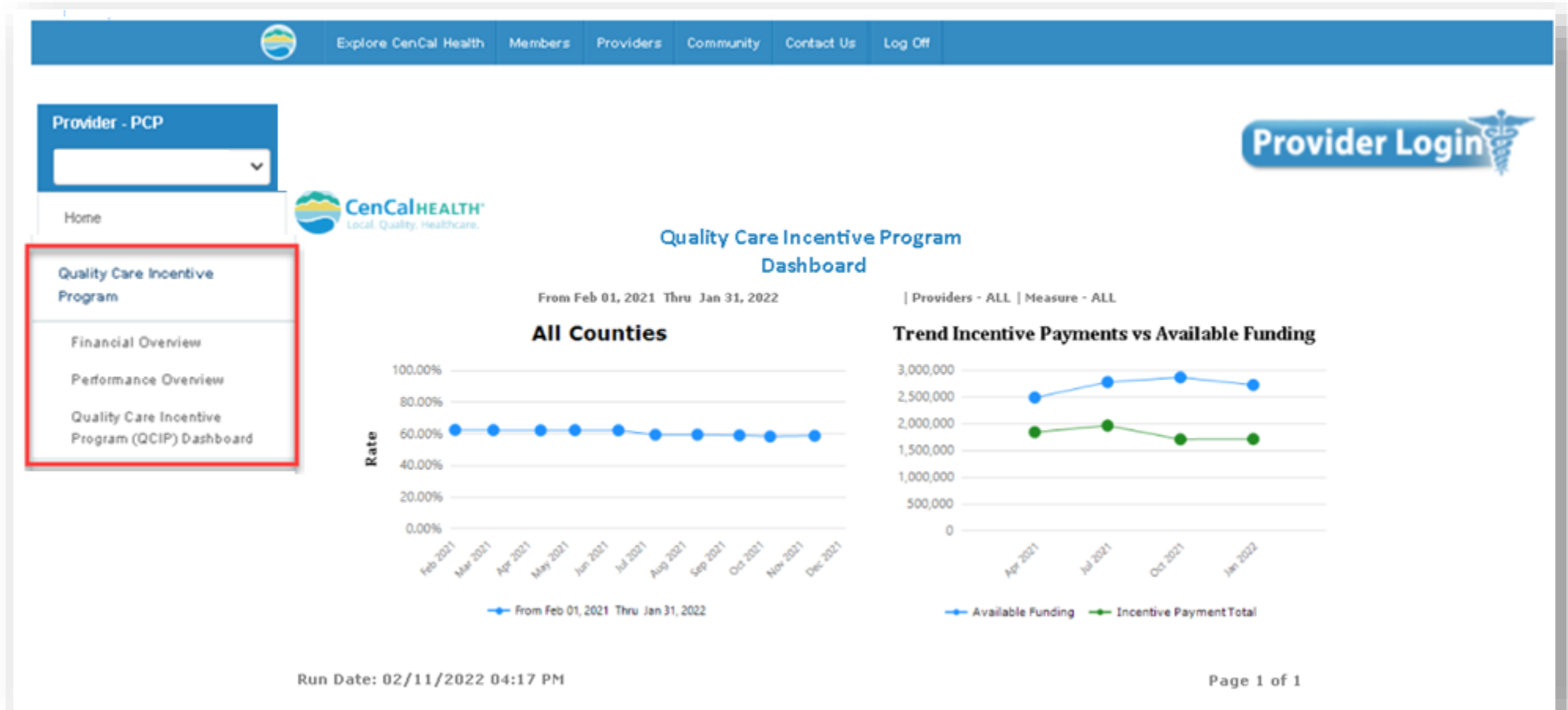
Provider Portal Video Demo
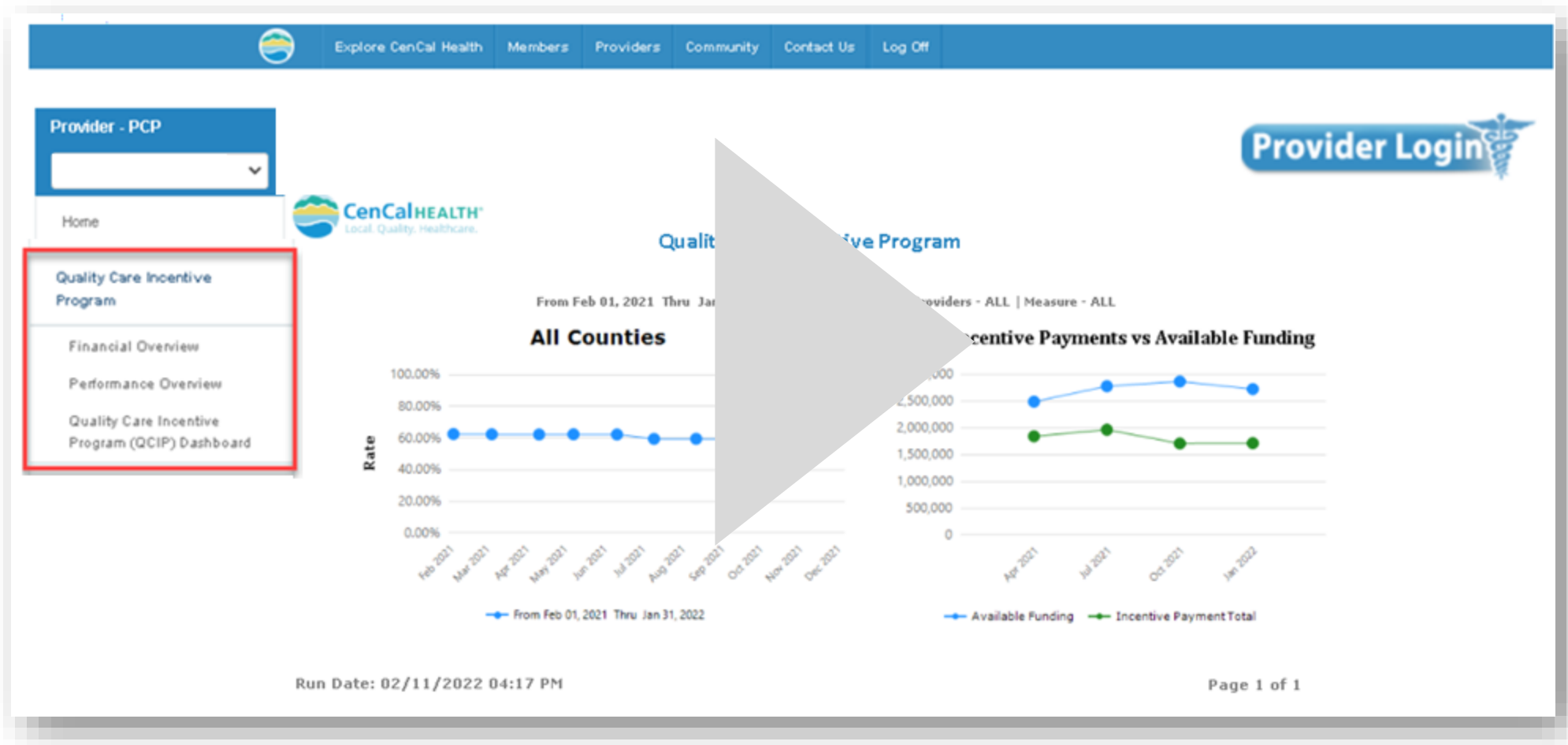
- Mental Health Benefits
- Substance Use Benefits
- Behavioral Health Treatment (ABA) Benefits

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Mental Health Services

Mental health services are a covered benefit for CenCal Health members when medically necessary and may be provided by:

- A PCP within scope of practice
- A licensed mental health professional employed by a CenCal Health contracted FQHC
- A mental health provider contracted with the CenCal Health
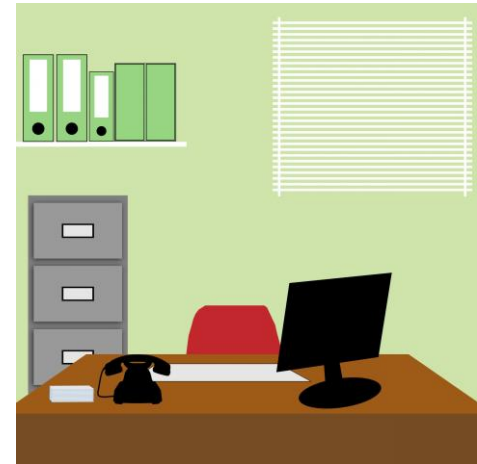
Mental Health Benefits

The following Mental Health <u>benefits</u> covered by CenCal Health include:

- **Initial evaluation**

- **Individual, family and group mental health evaluation and treatment** (psychotherapy)

- **Psychological testing**, when clinically indicated to evaluate a mental health condition or establish diagnosis for a neuro-developmental condition.

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Mental Health Services

The following Mental Health <u>services</u> covered by CenCal Health include:

- Outpatient services for the purposes of monitoring drug therapy.

- Outpatient laboratory, drugs, supplies and supplements.

- Psychiatric consultation
  - ➤ (No pre-service authorization required. Treating physician must be the requesting provider. Note: psychiatric consultation in the Emergency Room is not a covered benefit).

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Mental Health Benefits

The following Mental Health services that <u>require</u> preauthorization:
- Psychological Testing

The following Mental Health services that <u>DO NOT </u>require preauthorization:
- Psychotherapy
- Medication Management (including laboratory testing, supplies, and supplements)

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Mental Health Services

Level of Impairment	Mild	Moderate	Severe
Benefit	Primary Care Physician/In-Network Provider	Primary Care Physician/In-Network Provider	Specialty Mental Health Services (SMHS)
MCP/MHP	CenCal Provider	CenCal Provider	County Provider

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Mental Health Services

The following Mental Health services are <u>NOT</u> covered benefits by CenCal Health:

- ✓ Couples counseling or family counseling to address relational problems.

- ✓ Specialty Mental Health Services (including crisis, inpatient and residential treatment, outpatient psychotherapy for the treatment of SMI and mental health services to children under EPSDT) will continue to be the responsibility of the County Mental Health Departments.

- ✓ County Mental Health Departments are available for psychiatric consultations to CenCal contracted primary healthcare providers.

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Substance Use Benefit

Substance use services remain a carve-out benefit to the County.

- Detox
- Residential
- MAT
- Dual Diagnosis Programs
- IOP

CenCal Health Member Benefits

SUD Services
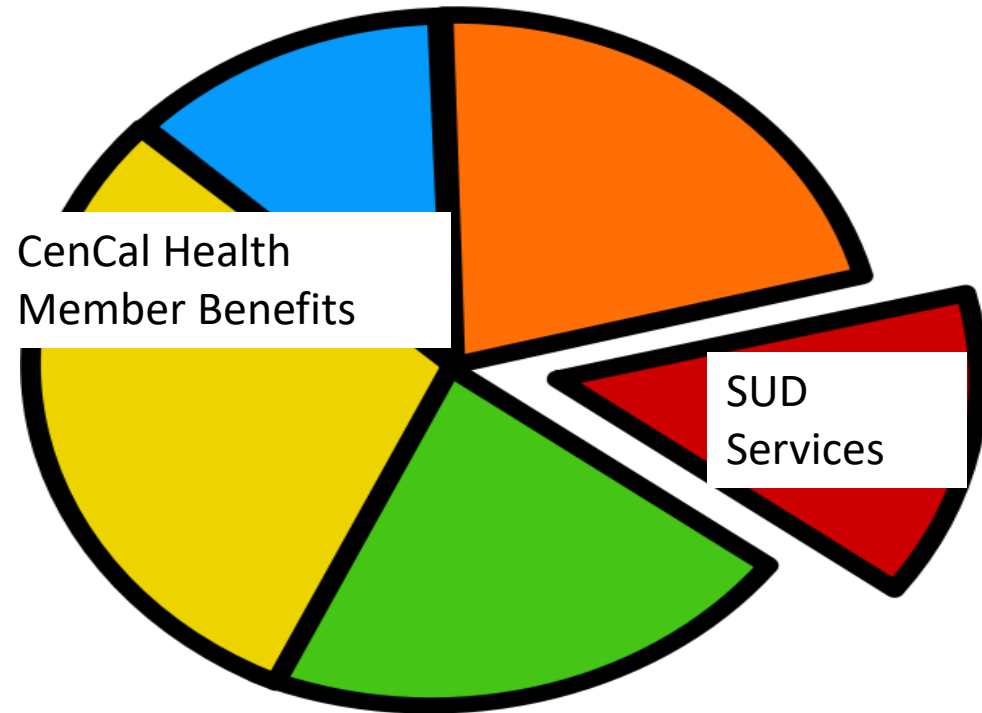
Substance Use Benefit

- Substance use and dependence disorders can be a **secondary diagnoses** to a primary mental health diagnosis for treatment purposes.
    - Treatment for primary substance use disorders are carved-out to County Substance Abuse Services.

- Medication management providers may manage medication assistance treatment (MAT) options in conjunction with medications for mental health treatment.
    - PCP's may not only be solely providing MAT services to a member.

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Mental Health Authorizations

Reminder: Authorizations are not required for psychotherapy or medication management services.

- Referrals (RAFB) are required for psychological testing. The Member's Primary Care Physician (PCP) can submit referrals via the Provider Portal or by fax to the Behavioral Health Department at (805) 681-3070.

<u>RAFB</u> form is specifically for behavioral health referrals.

Provider Paper RAFB Form

AUTHORIZATION REQUEST FORM

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○ URGENT** ○ ROUTINE ○ RETRO*

Behavioral Health FAX (805) 681-3070 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: _____

MD NPI#:_____ Group NPI#:_____

Address:_____

Office Contact:_____

Phone:_____ Fax:_____

Is the Referring Provider the PCP? ○ YES ○ NO

Service Type: _____
(Psychotherapy, Medication Management, Psychological Testing).

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

MD NPI#:_____ Group NPI#:_____

Address:_____

Office Contact:_____

Phone:_____ Fax:_____

Is the Rendering Provider CCS Paneled? ○ YES ○ NO

Not required for Mental Health Authorization Requests

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 • Behavioral Health FAX (805) 681-3070
BH Provider line to Call Center (external): (805) 562-1600

P-HS-TAR 0721 E

Enter "Service Type"

Not Required

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Psychological Testing Referrals

Psychological Testing	Neuropsychological Testing
A focused type of testing. Used to clarify psychiatric and developmental diagnosis.	A specialized form of testing that covers both cognitive and behavioral assessment.
Clarify ASD diagnosis, need for ABA therapy.	Can **also** be used to clarify ASD diagnosis and needs when there are more complex needs/symptoms.

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Mental Health Access

Members may access psychotherapy and medication management services by:

1) Contacting and scheduling with a contracted

   provider directly.

2) Searching the Provider Directory on the CenCal

   website and scheduling directly with a provider.

3) Contacting the Behavioral Health Care Coordination Center for assistance to find a provider.

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Mental Health Referrals for Positive Screenings

Process:

Administer Screening Tool

Discuss Results with Member

If Member open, refer to BH Department for Care Coordination

Submit Referral (RAFB) for Psychotherapy/Medication Management via Provider Portal or Fax UM form

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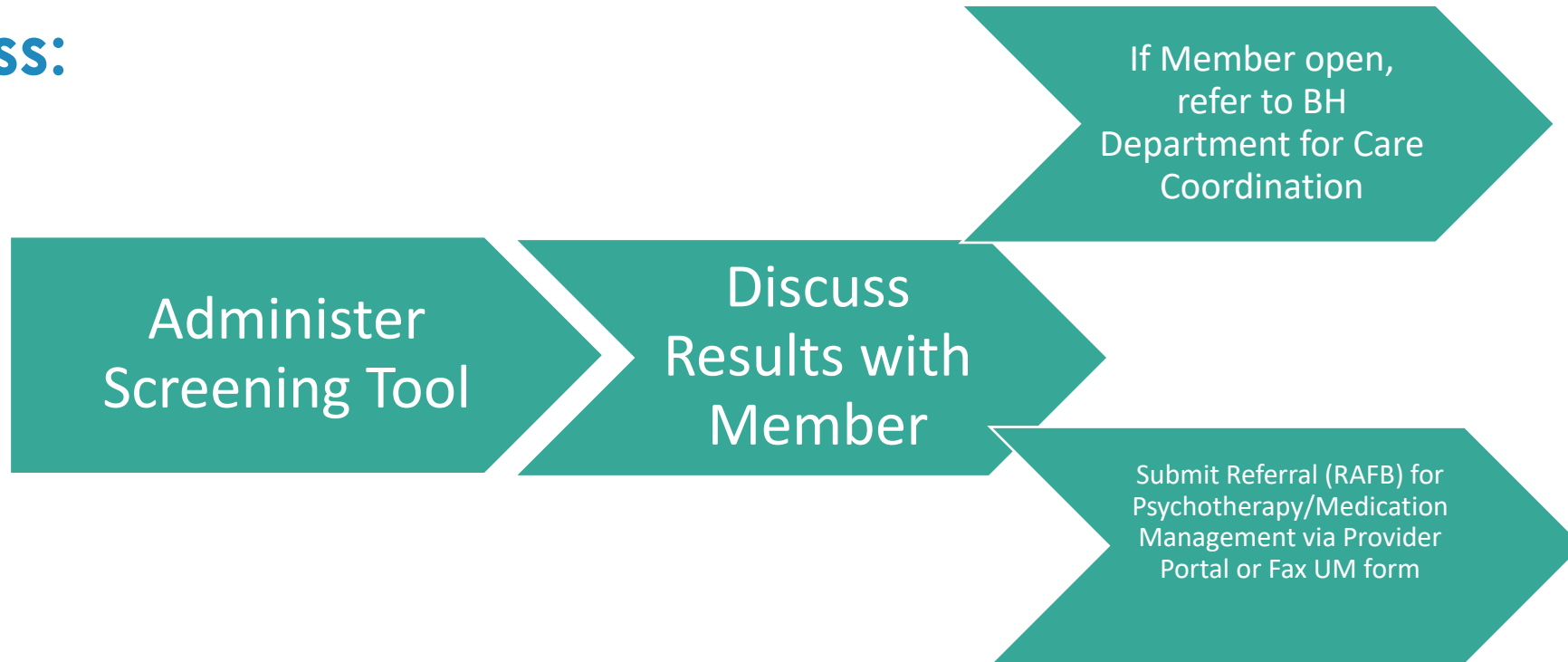
Case Management Referral Form
PLEASE FAX TO (805) 681-8260
Questions? Call us at (805) 562-1082

Member Information   Date_____

First Name:_____   Last Name: _____

Date of Birth:_____ Member ID#_____ Preferred Language: _____

Address:_____ Phone #_____

Contact person:_____ Relationship:_____ Phone #_____

Is the member/caregiver aware of this case management referral: ❑ **Yes** ❑ **No**

Referral Source

Name:_____Title: _____

Facility:_____ Phone #:_____ Fax # _____

Reason(s) for Referral

❑ Disease management/ medical non-adherence/ complex unstable medical conditions requiring ongoing monitoring (e.g. uncontrolled diabetes, ESRD, COPD, CHF)

❑ Frequent utilization of ED and/or hospital admissions (e.g. 2 ED visits in 3 mo., 4 hospitalizations in 1 year)

❑ Psychosocial needs (e.g. linkage to food, other living arrangements, IHSS, or other community resources)

❑ Fragile condition or cognitive changes requiring assistance with ADLs/IADLs

❑ Coordination of care (e.g. providers, pre and post-surgical, specialized programs, community agencies)

❑ Care Transition (e.g. SNF to community, Community to SNF)

❑ Behavioral Health (e.g. untreated/unstable behavioral health needs, linkage to Mental Health, SUD, or ABA Services). *For Behavioral Health referrals please fax this form to (805) 805-681-3070*

Additional information:

***Please fax any additional documentation to assist the case manager address the needs of the member

Thank You for the Referral!
Case management services are provided by registered nurses, social workers and transitional care coordinators via telephone. Upon referral, a case manager will screen for appropriateness and triage to initiate services. If the member accepts case management, the case manager will formulate a plan of care and inform the member's PCP and referral source.

Contact CenCal Health's Member Services Department for benefit questions at (877) 814-1861

1221

Mental Health & Substance Use Services Access

Other Options:

1. Member may be referred to contact BH Call Center.

2. Member may be referred to provider directory

3. Complete a Care Coordination Request and fax to BH Department.

4. Member may be referred to contact county or a referral to County made.

   1. Contact County directly-please use the CenCal Level of Care Screening form for MH Referrals OR
   2. BH Department can coordinate the referral to County

Mental Health Screening Tool:
Level of Care Screening

- **Level of Care Screening <u>can</u> be completed by PCP or PCP can refer to BH Department to complete with Member.**
  - Ensures that member is mild to moderate in impairment of functioning to be treated by an in-network mental health provider.
  - Ensures that members that are screened as severe are served at the County Level under Specialty Mental Health Services.
    - If a member is screened as "Severe", please contact the Behavioral Health Department to coordinate transfer of care to the County Department of Behavioral Health for mental health services.
  - Level Of Care is available on the Provider Website for download.

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Level of Care Screening

CenCal Health Adult Screening Tool:

https://www.cencalhealth.org/~/media/files/pdfs/providers/for-providers/provider-materials/202201adultscreeningtoolbh.pdf?la=en

All screening tools located at:
https://www.cencalhealth.org/providers/behavioral-health

Level of Care Screening Directions:

- Complete scoring tool based on your initial assessment, member's history, or presenting symptoms.

- Scoring starts left to right, start with Severe Category.

- Member only needs to meet one criteria in the severe/mod/mild category to yield the score. If member does not meet any criteria in the Severe, then move to Moderate, then Mild.

- The total score will yield where the referral should go; MCP/CenCal or MHP/County.

Case Study Example

Maria calls into the call center and reports that she is currently experiencing thoughts to harm herself (no plan or means to carry out a plan). She shares that she has been dealing with suicidal thoughts for most of her life and the last time she attempted suicide was 8 months ago and she was hospitalized for 1 week following this attempt.

She is interested in starting medication management, and was seeing a County Psychiatrist 3months ago but stopped taking her medication, and stopped seeing her provider (she can't remember the psychiatrist's name).

She is not currently seeing any providers, and thinks she may have had a diagnosis of Major Depressive Disorder. She's been feeling very depressed lately and states she sleeps most of the day, and has a hard time waking up to get her children to school.

She reports that her depression started when she was a child and struggled with depression almost her whole life. She reports her husband is frustrated with her, and thinks she can just "snap out of it."

On the phone she is upset and crying. She denies misusing any substances, and states she is unsure if she has any medical conditions that are made worse by her depression. She reports that she has contacted the crisis line almost every week and gone to the Emergency Department last week. She reports that she has no support at home or in the community.

Maria's Level of Care Screening Tool Scoring

Adult Medi-Cal Mental Health Screening Tool

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SANTA BARBARA COUNTY DEPARTMENT OF Behavioral Wellness
A System of Care and Recovery

COUNTY OF SAN LUIS OBISPO

Managed Care Plans and Mental Health Plan will follow Medical Necessity Criteria for Medi-Cal Specialty Mental Health Services described in Title 9 CCR & County Policy

Member's Name: Maria   **Member ID:** 99999999   **Date of screening:** 01/12/2022

Element	Severe (3)	Moderate (2)	Mild (1)
Clinical Complexity *(serious & persistent mental illness vs situational/reactive, recovery status, functional impairment, treatment engagement medication complexity, psychiatric hospitalizations)* **SCORE:** 3	☑ **Depression:** Severe. ☐ **Mental Health History:** Schizophrenia or other included Dx with recent instability or worsening function. Hx of severe impairment with poor response to Tx. ☐ **Psychiatric Hospitalizations:** 1+ within past 6 months. ☐ **Psychotropic Medication Stability:** Not yet stable to stable for less than 6 months.	☐ **Depression:** Moderate. ☐ **Mental Health History:** Schizophrenia, major mood, or other included Dx with uncomplicated management or sustained recovery. Hx of severe impairment with effective response to Tx. ☐ **Psychiatric Hospitalizations:** 1+ within past year ☐ **Psychotropic Medication Stability:** Stable for 6 months.	☐ **Depression:** Mild. ☐ **Mental Health History:** Adjustment reaction, grief, job loss, marital distress, relationship difficulty. No Hx of severe impairment. ☐ **Psychiatric Hospitalizations:** None within the past year. ☐ **Psychotropic Medication Stability:** Stable for over a year.
Life Circumstances *(biopsychosocial assessment, availability of resources, environmental stressors, family/social/faith-based support)* **SCORE:** 3	☑ **Emotional Distress:** Persistent as a manifestation of chronic symptoms related to mental health. ☑ **Relationships/Supports:** Relies on behavioral health system for resources & support.	☐ **Emotional Distress:** Intermittent as a manifestation of symptoms of mental health, which are worsened by life stressors. ☐ **Relationships/Supports:** Limited resources & support.	☐ **Emotional Distress:** Arising in the course of normal life stresses. ☐ **Relationships/Supports:** Adequately resourced & supported.
Risk *(suicidal/violent, high risk behavior, impulsivity)* **SCORE:** 3	☑ **Suicidal/Homicidal Ideation:** Recent or current active ideation, intent, or plan. ☑ **Danger to Self/Danger to Others:** Recent or current attempts or threats w/in past 6 months.	☐ **Suicidal/Homicidal Ideation:** Active without intent. **Danger to Self/Danger to Others:** No threats or attempts w/in past 6 months.	☐ **Suicidal/Homicidal Ideation:** Passive. ☐ **Danger to Self/Danger to Others:** None/.

TOTAL SCORE: 9	SCREENING OUTCOMES
	☐ Total Score: 0 – 3 = **Mild** / Managed Care Plan ☐ Total Score: 4 – 6 = **Moderate** / Managed Care Plan ☐ Total Score: 7 – 9 = **Severe** / County Mental Health

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Behavioral Health Treatment-ABA

CenCal Health covers **Behavioral Health Treatment (BHT)** for individuals under the age of 21 in accordance with DHCS EPSDT guidelines.

Behavioral Health Treatment services may include but is not limited to **Applied Behavior Analysis (ABA),** behavioral interventions and parent training.

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Behavioral Health Treatment (ABA)

A member may qualify for Behavioral Health Treatment Services if all of the following criteria are met:

- The member is under 21 years of age

- The member has Medi-Cal as primary insurance

- The member is presenting with a pattern of developmentally inappropriate behaviors that is significantly affecting their ability to function in the community and at home.
  - Please note CenCal covered BHT services do not address behaviors affecting the member's functioning in the primary academic educational setting as outlined in an Individualized Education Plan (IEP)

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Behavioral Health Treatment (ABA) – Cont.

- The behaviors are not a result of an untreated medical condition, sensory impairment or mental health disorder that can be treated with another modality (i.e. speech therapy, physical therapy, occupational therapy, counseling services or medication) or the behaviors can be further treated or ameliorated by the provision of BHT in addition to existing treatment modalities

- The member is medically stable

- The member is not in need of a 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities

- BHT services are medically necessary and are recommended by a licensed physician, surgeon or clinical psychologist

PCP Mental Health Screening Tools

Complete the following annually or more frequently as recommended:

- Depression Screening - age 11+
    - PHQ - 9
    - Edinburgh Postnatal Depression Scale
    - How to bill us:
        - G8510 for a negative screen
        - G8431 for a positive screen with a documented follow-up plan
        - 96127 for a brief emotional or behavioral assessment w/ scoring & documentation
- Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) – age 11+
    - CAGE-AID or other recommended screening tool
- Adverse Childhood Experiences (ACEs) – all ages
    - PEARLS for children
    - ACEs screening for adults

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ABA Referrals

Assess
- Determine if Member would benefit and meets initial criteria

Identify
- Identify other services/agencies involved
- If TCRC involved, was an assessment completed? Please include with referral if available.

Coordinate/ Refer to:
- LEA for school age children (4+)
- TCRC

Refer to CenCal
- Fax **RAFB** to BH Department with all supporting documents
- Submit RAF via Provider Portal

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Provider Portal RAFB Form

Create Authorization

Member Info

Member No.*	First Name*	Last Name*	DOB*	Gender
	First Name	Last Name	mm/dd/yyyy	

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

Authorization Info

Entered Date:01/11/2022 5:04 PM   Entered By:authTest@cencalhealth.org

Auth Type*

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

Auth Type*	Serv Type*	Start Date*	Exp Date*	Category*	Contact: Name*	Phone*	Email*
Behavioral Health RAF Ref	Select...	mm/dd/yyyy	mm/dd/yyyy		TestAuthTest		authTest@cencalhealth.org

Serv Type dropdown:
- Select...
- ABA (Behavioral Health Treatment)
- Medication Management
- Neuropsychological Testing
- Psychological Testing
- Psychotherapy

Limited to One Consultation Visit

▼ Remarks

Requesting Provider

Name - NPI*

Select Provider...

▼ **Requesting Provider Info**

Servicing Provider/Facility   ✔ Same as Requesting

Requested Services

Dx1*	Dx2	Dx3	Dx4	Dx5	Dx6

Please upload your BHT progress report and service logs (available **here**) once the authorization has been submitted.

Mental & Behavioral Health Resources

Mental Health Provider Resources:

⬇ Psychological/Neuropsychological Testing Pre-Service Authorization Request Form

⬇ CenCal Health Transition of Care Request Form

Behavioral Health Provider Resources:

⬇ Functional Behavioral Assessment Report (Intervention Plan)

⬇ Behavioral Health Treatment Progress Report (6-Month Report/Exit Report)

⬇ Behavioral Health Treatment (BHT) Social Skills Assessment Report

⬇ ABA Service Hour Log

⬇ Tri-Counties Regional Center Referral Checklist

PCP Checklist for ABA Referrals Goals:

- Help providers include helpful medical or supporting documents when submitting the RAFB authorization referral request

- Allows space for notes related to a member who has a TCRC Case Worker as an additional point of contact

All screening tools located at:
https://www.cencalhealth.org/providers/behavioral-health

PCP Checklist for ABA Referrals

Please submit with a RAFB (provider portal)
For fax requests: Please submit using the BH Fax Cover Sheet and indicate ABA service.

Patient First and Last: _____

Parent/Guardian Name: _____

Best contact number for parent/guardian: _____

Regional Center Case Worker: _____

Regional Center Case Worker Phone number (if known): _____

Please attach all medical documentation that supports medical necessity of BHT-ABA Member is being referred for:

Please indicate documents attached:

☐ Copy of most recent psychological evaluation or developmental assessment.

☐ Current Regional Center annual review report, Copy of Individual Program Plan (IPP) and Individualized Family Service Plan.

☐ Copy of Functional Behavior Assessment, including prior assessments.

☐ Progress Notes indicating diagnosis and recommendation for BHT-ABA Treatment.

☐ Health and Physical (indicating diagnosis, chronic/acute medical conditions)

☐ Discharge summaries (if indicating chronic/acute medical conditions)

☐ Other Documents:

_____
_____
_____

Care Coordination:
Local Educational Agency Services

- Health and mental health evaluation
- Health and nutritional assessment and education
- Developmental assessment
- Vision assessment
- Hearing assessment
- Education and psychosocial assessment
- Psychological and counseling services
- Nursing services
- School aid health services

- Specialized medical transportation services and the associated mileage
- Therapy Services (OT, ST, ABA, Behavioral Therapy, Mental Health) Identification

Care Coordination:
LEA and Referrals of Members for BHT

- CenCal Health, LEA Practitioner or the Member's Primary Care Practitioner shall identify a Member eligible for LEA Services.

- Upon appropriate identification of a Member eligible for LEA services, CenCal Health, or the Member's PCP shall refer the Member to their LEA.

- A Member's PCP shall collaborate with CenCal Health and the LEA to coordinate the provision of Medically Necessary services identified on the Member's IEP or IFSP.

- A PCP should notate other services a Member is receiving or has been referred to on all RAF's for BHT-ABA services.

Provider Resources

CenCal Health Provider Manual

CenCal Health Provider Manual is intended as a tool that describes operational policies and procedures and as a reference guide for CenCal Health's providers and their staff. It contains basic information about how to work with CenCal Health through provider enrollment, provider responsibilities, claims payment details, eligibility, and medical authorization guidelines.

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

Medi-Cal Manual link:
Medi-Cal: Provider Home Page
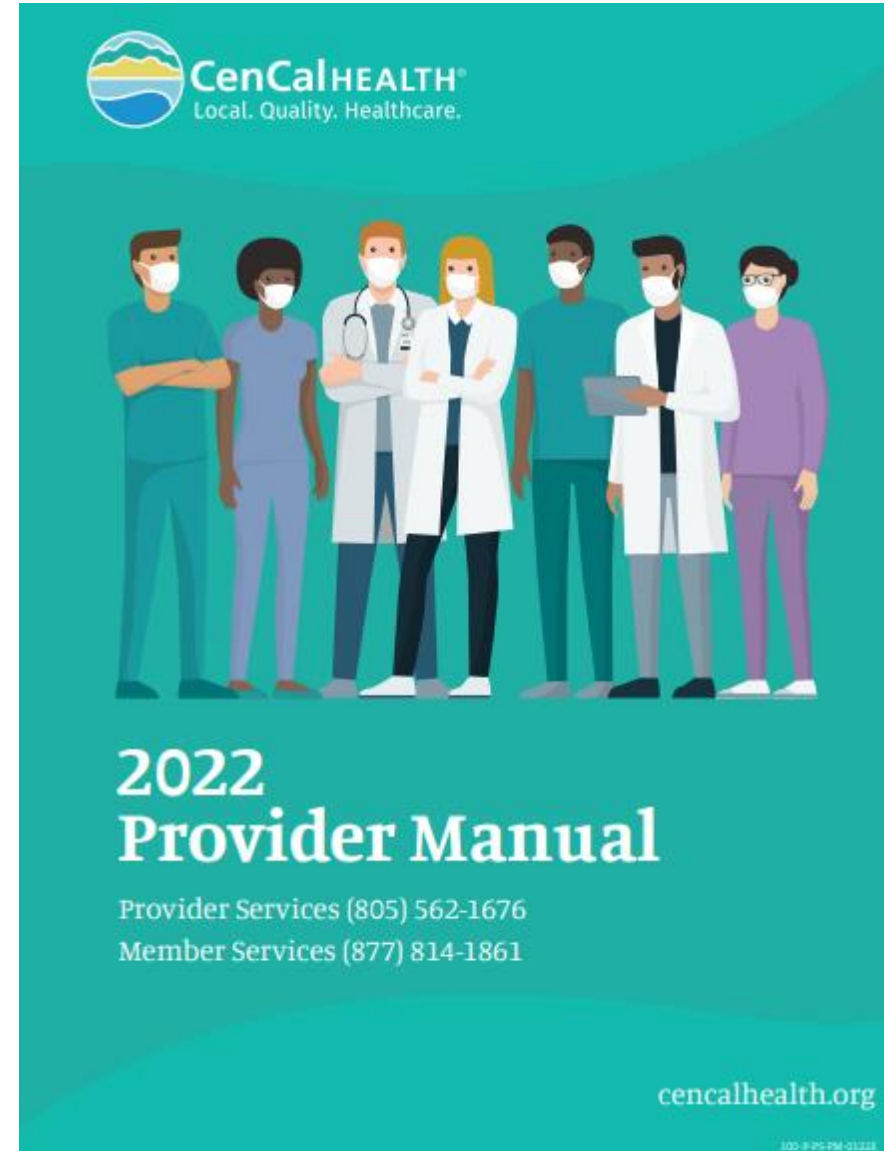
Contracted Provider List (CPL)Directory

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

Important Tips:

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

cencalhealth.org/providers/provider-profile-and-practice-changes
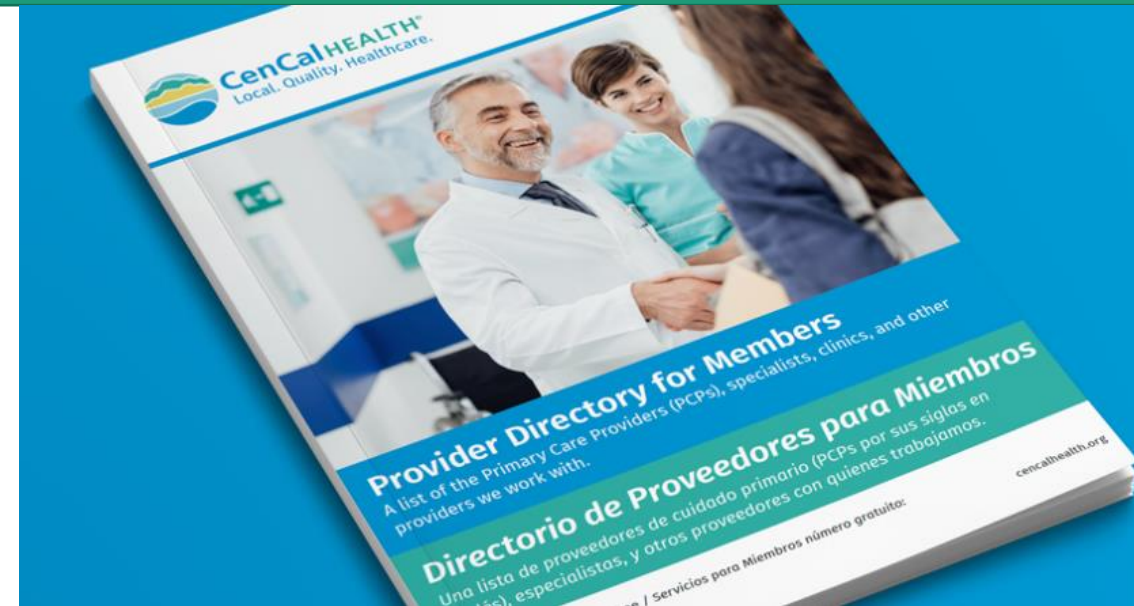
Provider Directory for Members

Provider Grievance Process

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

Grievance Types include:
- Member Billing Issues
- Authorizations
- Medical Request Form (MRF)
- Claims Dispute
- Vendor Issues

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

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

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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/

Authorizations

Helping your patients when they need it the most

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/

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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 med

- Portal – Documentation Upload Feature

- 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

Radiology Benefit Manager

CARE *to* CARE

MULTI-SPECIALTY MANAGEMENT

This program applies to the following outpatient services:

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Computed Tomography (CT)
- Computed Tomography Angiography (CTA)
- Nuclear cardiology studies

Exceptions:

- Imaging studies performed in conjunction with emergency room services
- Inpatient Hospitalization
- Urgent Care Centers
- Intra-Operative procedures are excluded from the high-tech imaging consultation requirement
- Imaging study consultations for members who have other health care coverage are excluded

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Clinical Information Required

- Imaging study(ies) being requested, with current CPT codes

- Presumptive diagnosis or "rule out" with current ICD-10 codes

- Patient's signs and symptoms, listed in some detail, with severity and duration

- Any treatments that have been tried, including dosage and duration for drugs, and dates for other therapies

- Any other information that the provider believes will help in evaluating the request; this may include physical exam findings, prior medical history, etc.

cencal.careportal.com/

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Contact Care to Care

Phone 1 (888) 318-0276,
Mon. – Fri 5am – 5pm
(Pacific Standard Time)

Fax 1 (888) 717-9660

Web: cencal.careportal.com

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Grievance & Appeals

Authorization & RBM High Tech Imaging Requests

- Submitted within 60 calendar days from the decision date
- Need copy of original TAR and denial notification
- Letter stating why denial should be overturned
- New supporting documentation
- For RBM pre-service authorizations call Member Service 1 (877) 814-1861
  - Pre-Service appeals go to the G&A Group in Member Services for review
- Post service requests to Medical Management (805) 562-1082

Medical Request Form (MRF)

- Submitted within 60 calendar days from decision date
- Copy of original or modified MRF
- Letter stating why denial should be overturned

CenCal Health
Medical Management Department
4050 Calle Real
Santa Barbara, CA 93117

CenCal Health
Pharmacy Services Department
4050 Calle Real
Santa Barbara, CA 93117

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Claims & Billing

- DME Billing Guidelines

- Ways to Submit a Claim to CenCal Health

- Additional Claims Information

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Claims & Billing

Once a provider receives confirmation on their effective date with CenCal Health, payment is payable at the contracted rate.

"Clean" claims will be reimbursed within 45 working days of receipt. Clean claims are claims that include all the necessary, accurate and valid data for adjudication.

CenCal Health offers (3) three easy and convenient ways to bill:

1. CenCal Health Provider Portal

2. Electronic via EDI Team **edi@cencalhealth.org**

3. Paper Mailing
   CenCal Health
   PO Box 948
   Goleta, CA 93116-0948

Submitting a paper claim on the CMS-1500 Form

Arrows on the claim form highlight the following areas:

1. Member Info
2. Diagnosis codes (at least one code required)
3. Service lines, including:
   - Date of service (DOS)
   - Place of Service (POS)
   - Procedure code
   - Modifiers
   - Billed Amount
   - Number of Units
4. Billing Provider Information
   - Provider Group NPI#
   - Service Address
   - Billing Address)

For more claim information and submission guidelines:
https://www.cencalhealth.org/providers/claims/

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Provider Portal Claims Module

Claims Status Report

Explain Codes

Timely Filing Guidelines

Original Claim Reduction in Reimbursement Policy

- Payable claims received **within 6 months** from the date of service will receive 100% of the CenCal/Medi-Cal allowed amount, unless otherwise noted per special contract or OTA.

- Payable claims received within the **7th to the 9th month will be reduced by 25%** and receive 75% of the CenCal/Medi-Cal allowed amount, unless otherwise noted per special contract or OTA. **(1B explain code)**

- Payable claims received within the **10th to the 12th month will be reduced by 50%.** Payment will be 50% of the CenCal/Medi-Cal allowed amount, unless otherwise noted per special contract or OTA. **(1C explain code)**

Original Claims received beyond 1 year from date of service will be denied. Delay reason codes and supporting documentation per Medi-Cal guidelines can be submitted for review.

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Claim Correction Requirements

- When a claim's EOB status is "In review, or processing; corrections can be made on the portal. Simply click the blue hyperlink, make the corrections and save. Changes can be seen immediately.

- Claims that have an EOP status of "Finalized" are no longer eligible to be corrected on the portal. These claims are finalized and A new claim submission will need to be submitted for processing.

Coding for Social Determinant of Health (SDOH)

Why is it important?

Helps identify health disparities, and their root causes, that are negatively impacting our members' health.

Categories

1. Education/literacy
2. Employment
3. Occupational exposure to risk factors
4. Housing and economic circumstances
5. Social environment
6. Upbringing
7. Primary support group, including family circumstances
8. Psychosocial circumstances

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.89	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

For more resources and a full list of codes go to: www.cencalhealth.org/providers/social-determinants-of-health/

Claims & Billing

CenCal Health Membership Gender

Gender	Members
Female	118,643
Male	105,395
Total	**224,038**

Members' Preferred Language
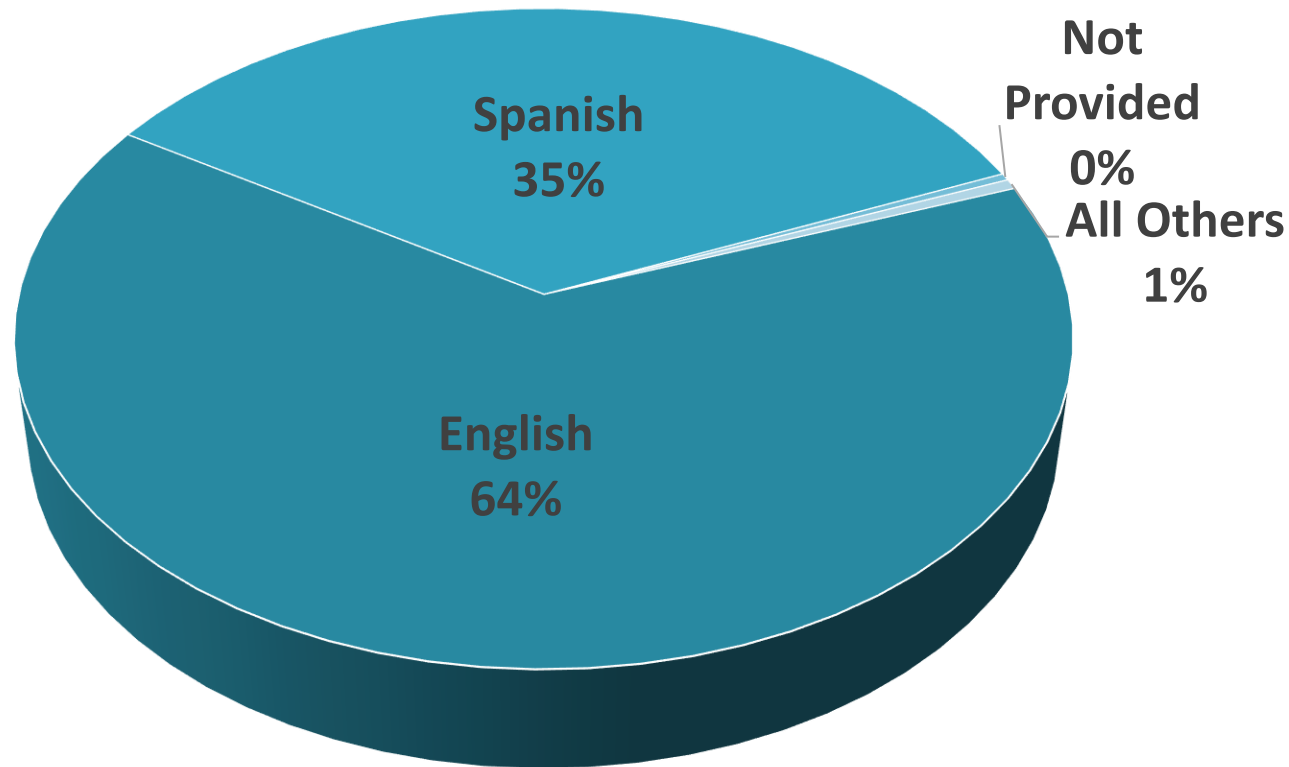
Language	Memebrs
English	144,275
Spanish	77,897
Not Provided	771
Vietnamese	230
Chinese	220
Tagalog	138
Arabic	133
Korean	106
Russian	92
Farsi	60
Sign Language	23
Portuguese	19
Samoan	15
Cambodian	14
Thai	13
French	6
Armenian	6
Ilocano	6
Japanese	5
Italian	3
Lao	3
Turkish	2
Hebrew	1
Total	224,038

Languages spoken:
64% English
35% Spanish
1% All Other

Linguistic Services Terms

Limited English Proficient (LEP):

When an individual cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with clinical or non-clinical staff in a health care setting.

Language Access Services:

Any service that helps an LEP patient obtain the same access and understanding of health care as an English speaker would have.

Linguistic Services Terms Cont.

Interpretation:

The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.

Translation:

The conversion of a written text into a corresponding written text in a different language.

Why is Linguistic Access Important?

Accurate communication between patient and health care provider is essential for proper diagnosis, treatment, and patient compliance.

Reduces Health Disparities.
- For example, those with language barriers may experience more outpatient drug complications, have lower medication adherence rates, or are more likely to have unnecessary and invasive tests.

Improves quality of care and patient satisfaction.
- For example, helps reduce medical errors or unnecessary testing.

![CenCal HEALTH® Local. Quality. Healthcare.]

Interpreter Services & Requirements

- Interpreter Service Resources
- Best Practice Tips

Asking about Language Preference

How you ask a patient about his or her language will affect the response you receive:

"In what language do you prefer to receive your health care?"

Asking the question this way will provide you information on the language the patient feels he or she needs to speak in a health-related conversation.

If the answer is a language other than English, you can plan to have language assistance available for the patient, and you should add this information to the record.

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Talking Points with Members

Here are a couple of recommended ways to offer interpreter services:

- Offer our point chart and see what their language of choice is to determine a members language of choice

- Video Remote Interpreting (VRI) allows a member to point to the language they speak

https://www.cencalhealth.org/providers/cultural-linguistic-resources/

Best Practices for Providing Interpreting Services:

- It's the responsibility of the provider to request interpreter services, **not the Member** and appointments should remain scheduled

- Providers should continue to use "Voice-only" Interpreting (telephone service) whenever possible

- Avoid using family, friends or minors as interpreters

- Providers should supply their own device (laptop, tablet, phone etc.) for these services. CenCal Health will not provide these devices

- Do not use a member's phone for video or phone interpreting services

- Do not pre-schedule video interpreting services in advance as appointments may change

- Add a color or letter code to the patient's chart, noting that he or she needs an interpreter. Designate a code or color for each language.

- Add a question on your patient registration form or in your practice management system. Not only will you know when a patient is scheduled that he or she will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen.

Phone Interpreting Services

Follow these quick and 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 Services

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

STEP 1
Make sure you are connected to the internet. Navigate to your VRI web address.

STEP 2
Enter your access code to sign in.

STEP 3
Enter the required information and press the "Submit" button.

STEP 4
Select the language you need to connect to an interpreter via video or audio.

STEP 5
Upon connection, an interpreter will appear on the video screen or connect via audio. Your session will now begin.

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CERTIFIED LANGUAGES
INTERNATIONAL

Alternative Format Selections (AFS)

In compliance with the requirements of the American Disabilities Act, CenCal Health is committed to ensuring effective communication to members with visual impairments or other disabilities. The standard Alternative Format Selection (AFS) options are large print, audio CD, data CD, and Braille.

Below are descriptions of each format:
a. Large print: Large (20-point) size Arial font.
b. Audio CD: Provides the ability to listen to recordings of member materials on CD (files will be encrypted).
c. Data CD: This allows for member materials in electronic format to be accessible on CD in their format .pdf, .xlsx, .txt, .docx, etc. (files will be encrypted).
**d. Braille:** Uses raised-dots that can be read with fingers.

Members can also request material in the AFS format via the application system at https://afs.dhcs.ca.gov/ or call the Medi-Cal Help Line at (833) 284-0040. Please direct members to these resources as needed or contact CenCal Health's Member Services Department at: (877) 814-1861 if you have additional questions or concerns.

DHSC Resource: www.dhcs.ca.gov/Pages/Alternative-Formats.aspx

Cultural Competence in Health Care

- What is Cultural Competency?
- Social Determinates of Health (SDOH)
- LGBTQ+ Communities
- Tips for Working with Transgender Patients

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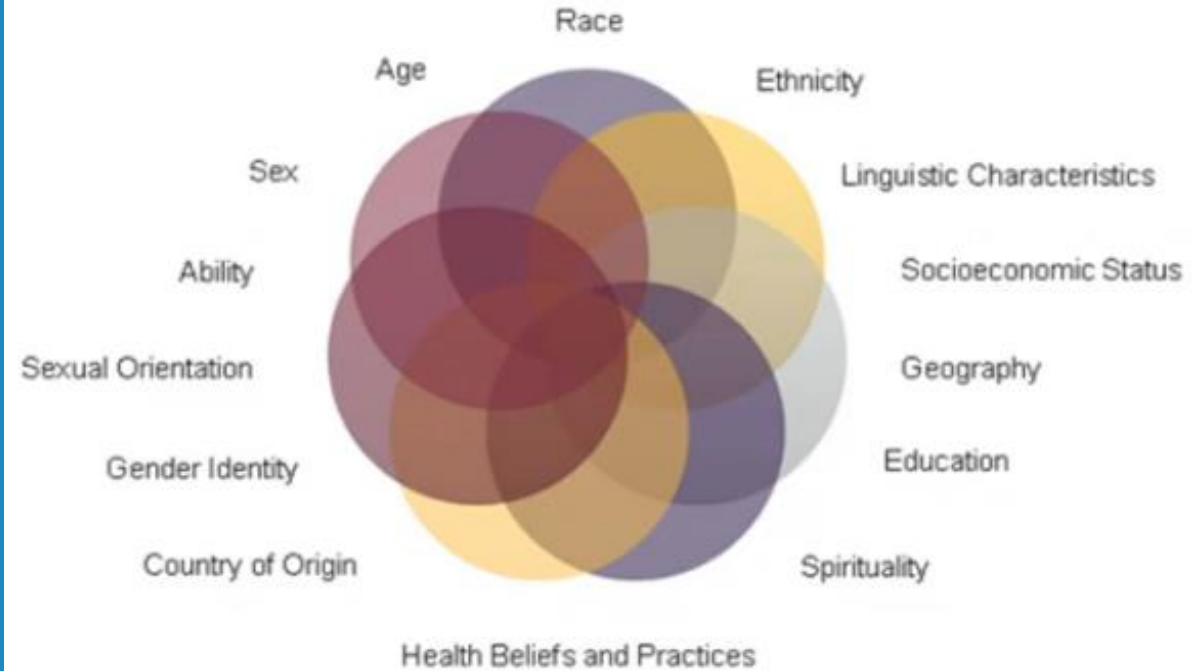
What is Culture?

Culture consists of a body of learned beliefs, traditions, and guides for behaving and interpreting behavior that is shared among members of a particular group, and that group members use to interpret their experiences of the world.

Cultural awareness is being cognizant, observant, and conscious of similarities and differences among and between cultural groups.

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that **enables effective work** in cross-cultural situations

Cultural humility is a commitment and active engagement in a **lifelong process** that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.
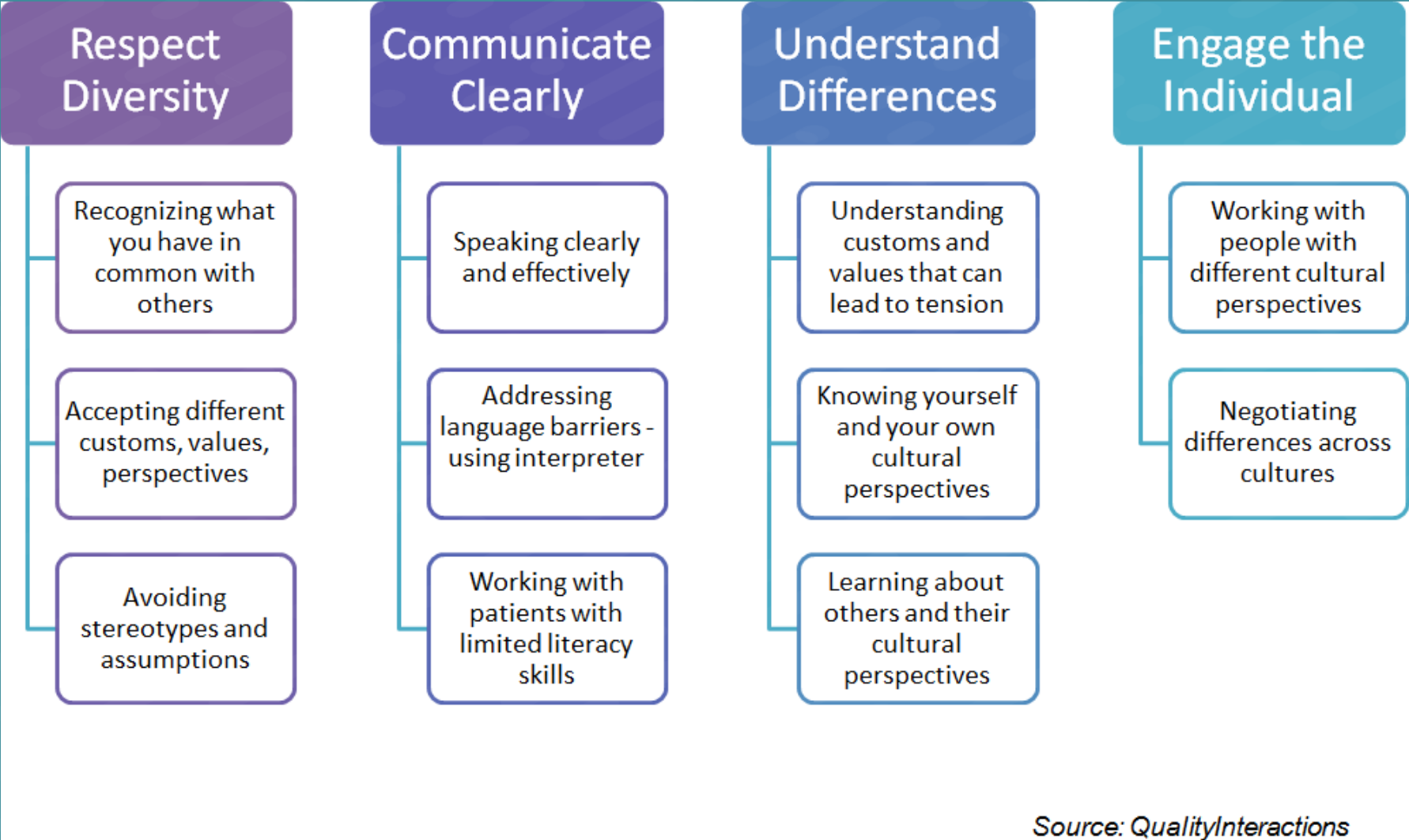
Influences can be above or below the surface, seen and unseen

An Iceberg Concept of Culture

dress ✿ age
gender ✿ language
✿ race or ethnicity ✿
physical
characteristics

Adapted by the NCCC

✿ eye behavior ✿
✿ facial expressions ✿
✿ body language ✿ sense of self ✿
✿ gender identity ✿

notions of modesty ✿ concept of cleanliness
✿ emotional response patterns ✿ rules for
social interaction ✿ child rearing practices ✿
✿ decision-making processes ✿
✿ approaches to problem solving ✿

✿ concept of justice ✿ value individual vs. group ✿

✿ perceptions of mental health, health, illness, disability ✿

✿ patterns of superior and subordinate role in relation to status by
age, gender, class ✿ sexual identity & orientation ✿

Slide Source: The National Center for Cultural Competence, 2005

and much more...

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Tips for Cross Cultural Communication

Respect Diversity

- Recognizing what you have in common with others
- Accepting different customs, values, perspectives
- Avoiding stereotypes and assumptions

Communicate Clearly

- Speaking clearly and effectively
- Addressing language barriers - using interpreter
- Working with patients with limited literacy skills

Understand Differences

- Understanding customs and values that can lead to tension
- Knowing yourself and your own cultural perspectives
- Learning about others and their cultural perspectives

Engage the Individual

- Working with people with different cultural perspectives
- Negotiating differences across cultures

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Source: QualityInteractions

Implicit Bias

The attitudes or stereotypes that affect our understanding, actions, and decisions in an **unconscious manner**

Implicit Biases are a thumbprint of the culture on our minds

Negative implicit bias impacts patient health outcomes negatively:

- *One study found a significant increase in hypertension among African American men (ages 30-50) correlated to implicit anti-Black bias on behalf of the patient*

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

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Diversity and Inclusion

Diversity
Working to understand the background of the patients you serve.

These background factors include:
- Culture.
- Gender.
- Religious beliefs.
- Sexual orientation.
- Socioeconomic status.

A workforce and environment representing the patient populations you serve is valuable.

Inclusion
Inclusion is giving patients from all backgrounds a voice in providing and receiving high-quality care.

This starts with encouraging a diverse healthcare staff to participate in the patient experience.

CenCal Health's Population

	Santa Barbara	San Luis Obispo
English Speakers	~59%	~81%
Spanish Speakers	~40%	~18%

■ English Speakers   ■ Spanish Speakers
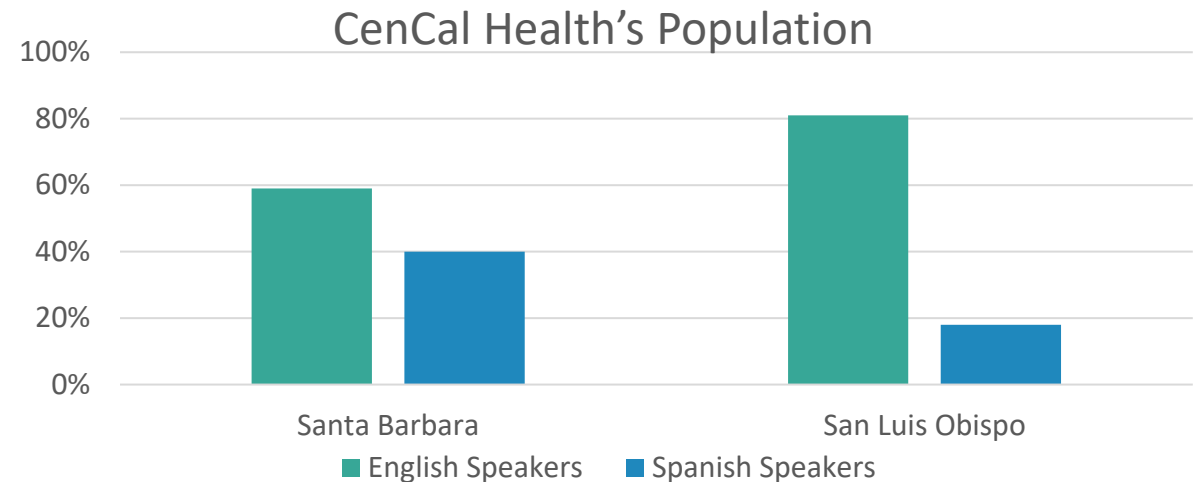
Caring for LGBTQ+ Communities

- **CenCal Health members have diverse sexual orientations**
  - Identify your own LGBTQ+ perceptions and biases as a first step in providing the best quality care.
  - Many LGBTQ+ people do not disclose their sexual orientation or gender identity because they don't feel comfortable, or they fear receiving substandard care.

- **CenCal Health members have diverse gender identities**
  - Cisgender – people whose gender identity and gender expression align with their assigned sex at birth
  - Transgender – people whose gender identity and/or gender expression differs from their assigned sex at birth (people may or may not choose to alter their bodies hormonally and/or surgically)

Source: Fenway Health

Tips for Working with Transgender Patients

- Treat transgender people as you would want to be treated.
- Always refer to transgender people by the name and pronoun that corresponds to their gender identity.
- If you are unsure about the person's gender identity, ask:
  - *"How would you like to be addressed?"*
  - *"What name would you like to be called?"*
- Focus on care rather than indulging in questions out of curiosity.
- The presence of a transgender person in your treatment room is not an appropriate "training opportunity" for other health care providers.
- It is inappropriate to ask transgender patients about their genital status if it is unrelated to their care.
- Never disclose a person's transgender status to anyone who does not explicitly need information for care.

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Caring for Seniors and Persons with Disabilities (SPDs)

- Dimensions of Disability
- Interacting with Seniors
- Interacting with People with Physical, Speech, and Visual Disabilities

There are 61 million adults in the United States living with a disability.

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

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Caring for Seniors and Persons with Disabilities (SPDs)

Meeting the individual's accommodation needs ensures the following:

- Provides appropriate and effective care
- Compliance with the federal Americans with Disabilities Act (ADA) and Section 504 of the 1973 Rehabilitation Act.

CenCal Health SPD Stats:

- 70% of CenCal Health members with disabilities live with 2+ chronic conditions and 16% of these members have diabetes
- About 25% have 4+ chronic conditions
- 30% of beneficiaries with disabilities receive treatment for mental health conditions annually

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Accommodations: What Patients May Need

- Physical accessibility

- Effective communication

- Policy modification

- Accessible medical equipment

Dimensions of Disability

![CenCal HEALTH - Local. Quality. Healthcare.]
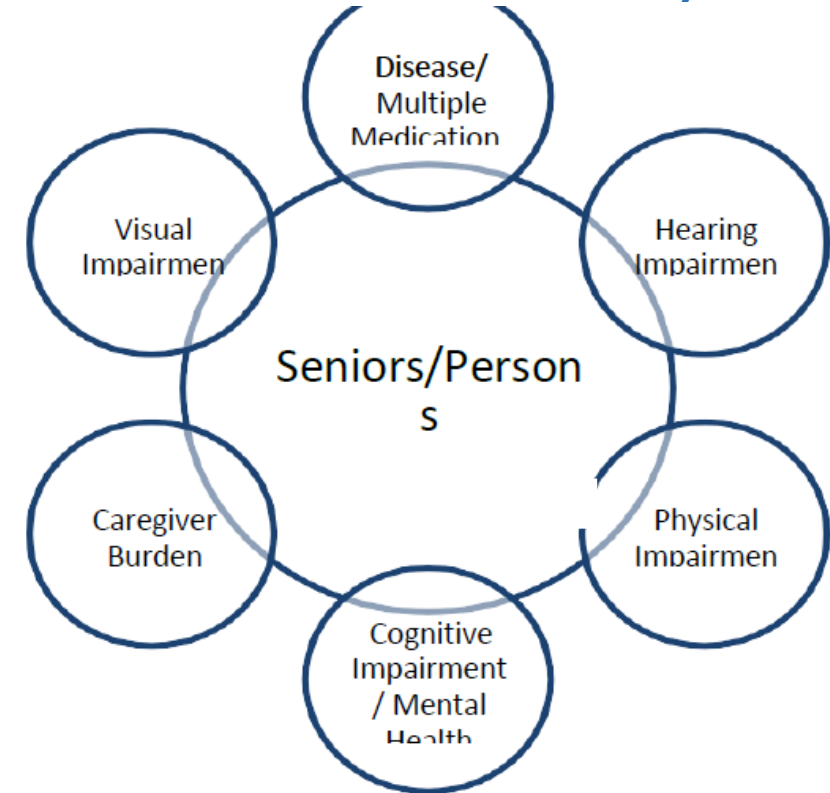
Interacting with Seniors

Relax

- If you are not sure, ask.
- Using common terms is OK.

Be Aware of Surroundings

- Describe potential obstacles.
- Adjust to their level.

Use Formal Greetings

Use "Mr." or "Mrs."

Do not use "Dear" or "Sweetheart."

Listen Attentively

- Do not finish their sentences.
- Do not pretend to understand.

Ask Before Helping

- Do not grab.
- Offer your arm for balance.

Speak with Care

Enunciate and make eye contact.

Talk louder only when asked.

Try not to use jargon, acronyms and abbreviations.

Speak to the Person

- Face the person when using an interpreter.
- Talk directly to the person.

Focus on the Person

- Disabilities do not define a person.
- Assume a person can do it.

Be Kind

Avoid Interrupting.

Imagine they are a friend.

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Interacting with People with Physical Disabilities

- Mobility and physical disabilities range from mild to those with significant limitations.

- If shaking hands is appropriate, do so. People with limited hand use or who use a prosthesis can usually shake hands. If people have no arms, lightly touch their shoulder.

- When speaking to a person using a wheelchair or scooter for more than a few minutes, try to find a seat or kneel so you are at the same eye level.

- Ask for permission before moving someone's cane, crutches, walker, or wheelchair.

Access & Safety

The site shall maintain the following safety accommodations for physically disabled persons:

1. Designate a disabled parking space near the primary entrance

2. Maintain pedestrian ramps

3. Exit doorways width should be at least 32 inches wide to allow for passage of a wheelchair

4. Passenger elevator should be maintained in working condition for multi-level floor accommodations

5. A clear floor space should be provided for persons in wheelchairs

6. Restrooms should be accessible to physical disabled individuals

7. Hand washing facilities should be available and include running water, soap and paper towels

Changes in Access/Availability – Please contact CenCal Health if at any time the site becomes inaccessible to physically disabled individuals

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Facility Site Review Tools – Access/Safety
https://www.cencalhealth.org/providers/facility-site-review/facility-site-review-binder/

Medical Transportation Services

Transportation is managed 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)
  - A Physician Certification Form (PCF)authorization is required prior to service and requested/signed off by the requesting physician

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)	☐ Litter/Gurney Van	☐ Wheelchair Van	☐ Air Ambulance
☐ Advanced Life Support (ALS)			

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

Cencalheal.org/provider/authorizations/

Interacting with People with Speech Disabilities

- Don't raise your voice. People with speech disabilities can hear you.

- Always repeat what the person tells you to confirm that you understood.

- Ask questions one at a time. Give individuals extra time to respond.

- Pay attention to pointing, gestures, nods, sounds, eye gaze, and blinks.

- If you have trouble understanding a person's speech, it's ok to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand, than to make an error.

Interacting with People with:

Cognitive, Intellectual, or Psychiatric Disabilities
- Offer information in a clear, concise, concrete, and simple manner.
- If you are not being understood, modify your method of communicating. Use common words and simple sentences.
- Allow time for people to process your words, respond slowly, or in their own way.
- Make sure the person understands your message.

Visual Disabilities
- When offering help, identify yourself and let people know you are speaking to them by gently touching their arm. If you leave people's immediate area, tell them so they will not be talking to empty space.
- Speak directly facing the person. Your natural speaking tone is sufficient.
- When giving directions, be specific. Clock clues may be helpful, such as "the desk is at 6 o'clock." When guiding a person through a doorway, let them know if the door opens in or out and to the right or to the left.

Additional Trainings & Resources

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

thinkculturalhealth.hhs.gov

Additional Trainings & Resources

CenCal Health Website:
- Cultural Competency and Health Literacy
- Cultural & Linguistic Resources

https://www.cencalhealth.org/providers/cultural-linguistic-resources/

Practical Strategies for Cultural Competent Evaluation

https://www.cdc.gov/dhdsp/docs/Cultural_Competence_Guide.pdf

CenCal**HEALTH**®
Local. Quality. Healthcare.

Provider Portal Demonstration

The **Provider Portal** is an online resource that has many valuable functions. It's a secure way to transfer information between CenCal Health and our contracted providers.

Some of the functions include:

- Member Eligibility & Batch Eligibility
- Search and Submit Authorization Requests
- Search and Submit Claims
- View Reports
- Document Attachment Uploading

Provider Login

Explore CenCal Health Members Providers Community Contact Us Log in

Log in

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

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

INITIAL LOG IN:

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

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

Enter credentials to log in.

UserName

Password

LOG IN

Reset/Create your password?

Want to learn more? View our Portal Resource Guides

Please contact webmaster@cencalhealth.org for any questions or if you experience any issues in accessing the portal.

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Key documentation on CenCal Health's Website
www.cencalhealth.org/providers/provider-portal/

Online Portal

Contracted CenCal Health Providers have access to:
- Eligibility
- Batch Eligibility
- Authorizations
- Claim Entry
- EFT (Read Access Only)
- Training Videos

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