Newly Contracted Provider Orientation

LMFT Mental Health Provider

Provider Services
2023

Agenda

- Medi-Cal Coverage & CenCal Health Mission
- CenCal Health New Member Integration
- Member Eligibility & Benefits
- Provider Resources
- Mental Health Benefit
- Claims & Billing
- Portal Demonstration

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40th ANNIVERSARY
1983 - 2023

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
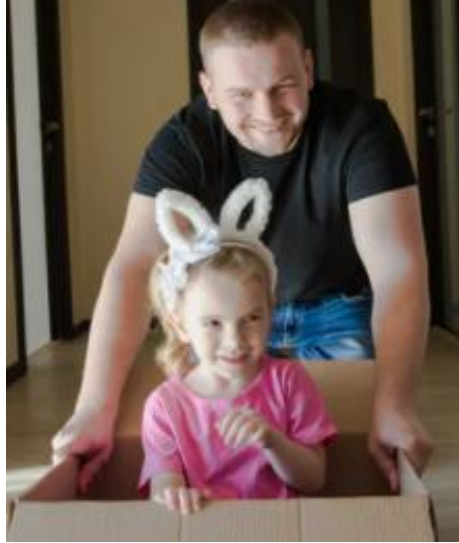
New Medi-Cal Eligible Person
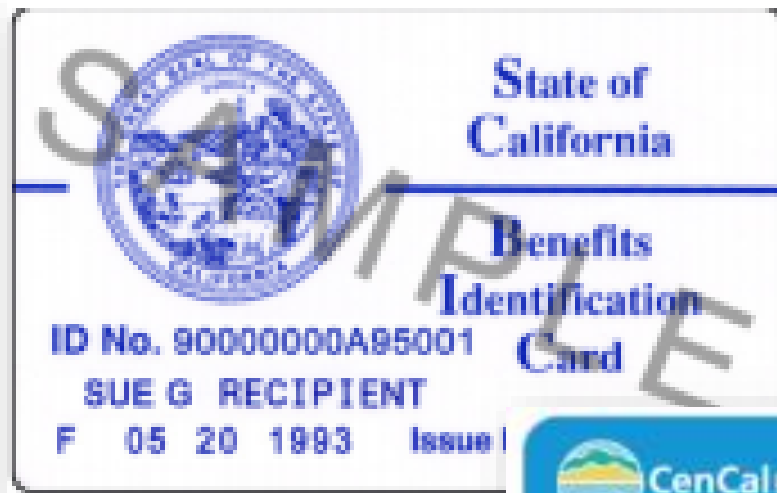
Who is CenCal Health?

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

220,588
CenCal Health Membership
As of July 2022

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

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

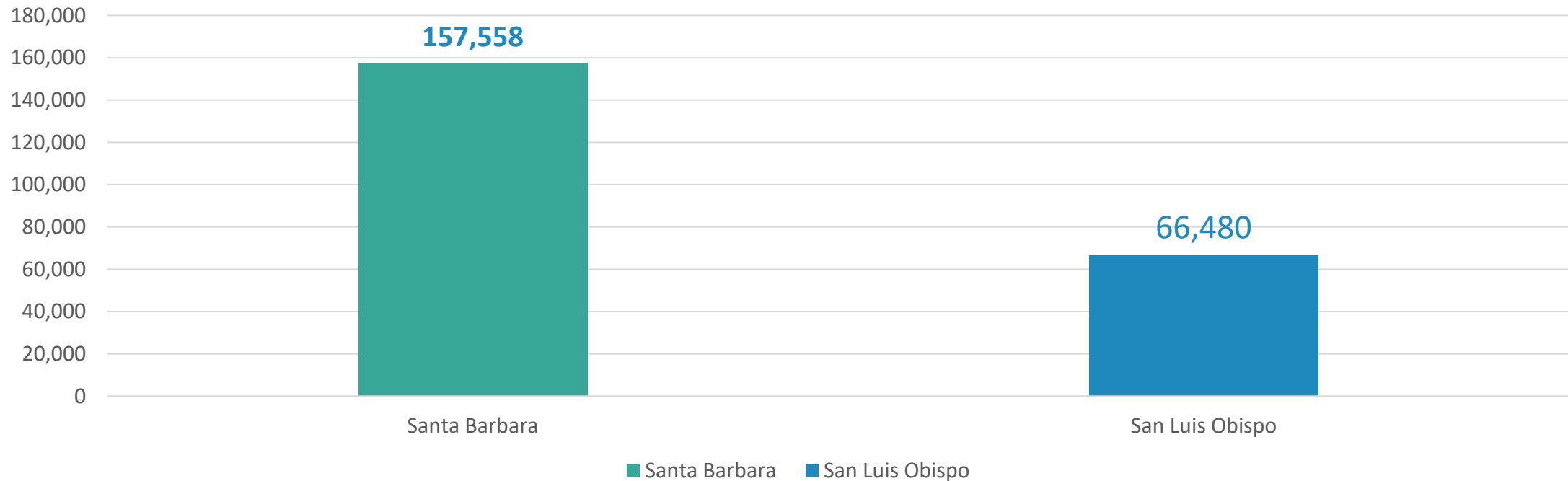*Doing the right thing, even and especially when it is hard.*

· 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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CenCal Health Membership Age Group

Aggregate Members by Age Group
(Sep. 2022)
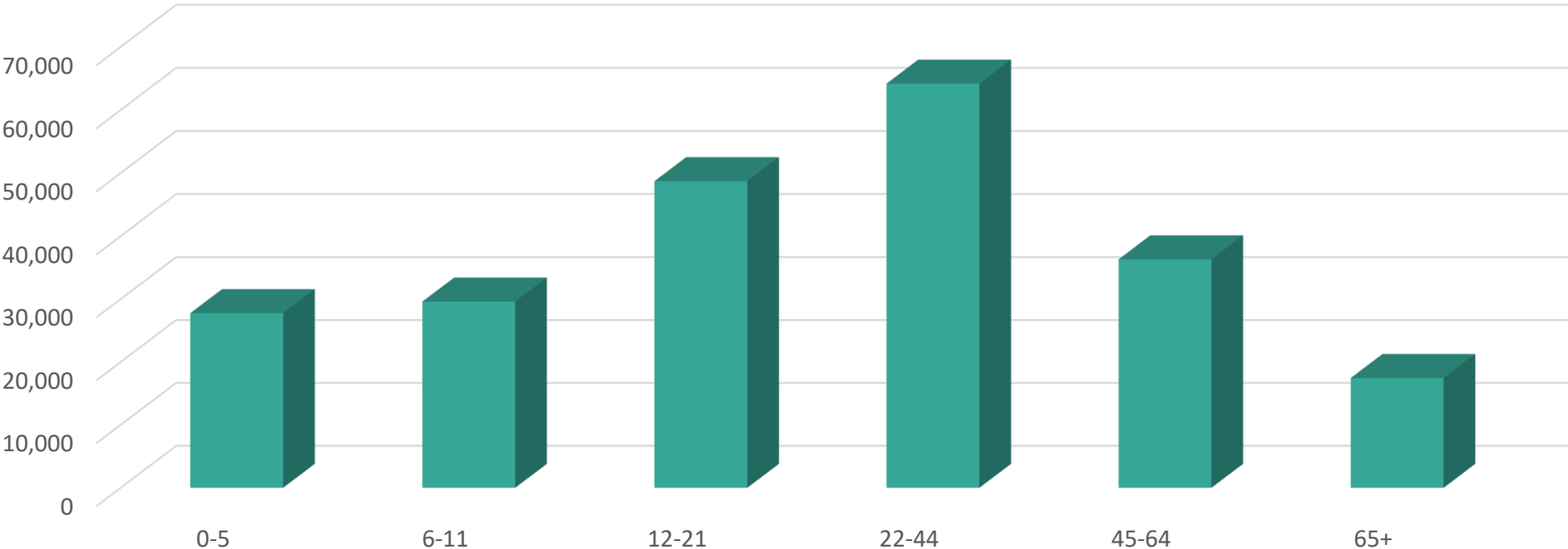
New CenCal Health Members

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 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

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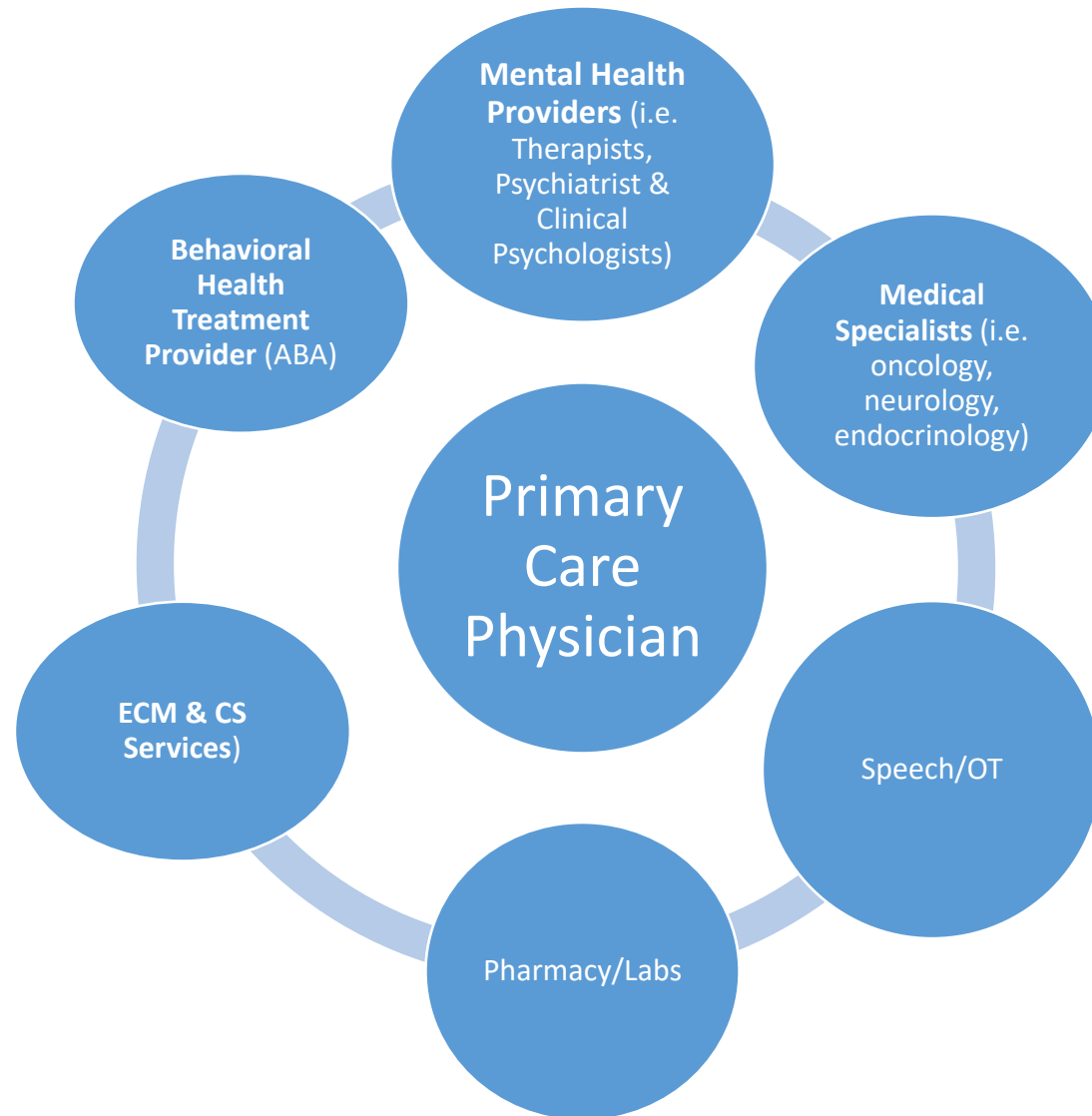
Primary Care Provider (PCP) Assignment

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

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**

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Nurse Advice Line & Health Resources

Free Nurse Advice Service for CenCal Health Members
1-800-524-5222
Available 24 Hours a Day, 7 Days a Week.
Disponible 24 horas al día, 7 días a la semana.

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

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

cencalhealth.org/after-hours/

Culturally Competent Care, Health Literacy

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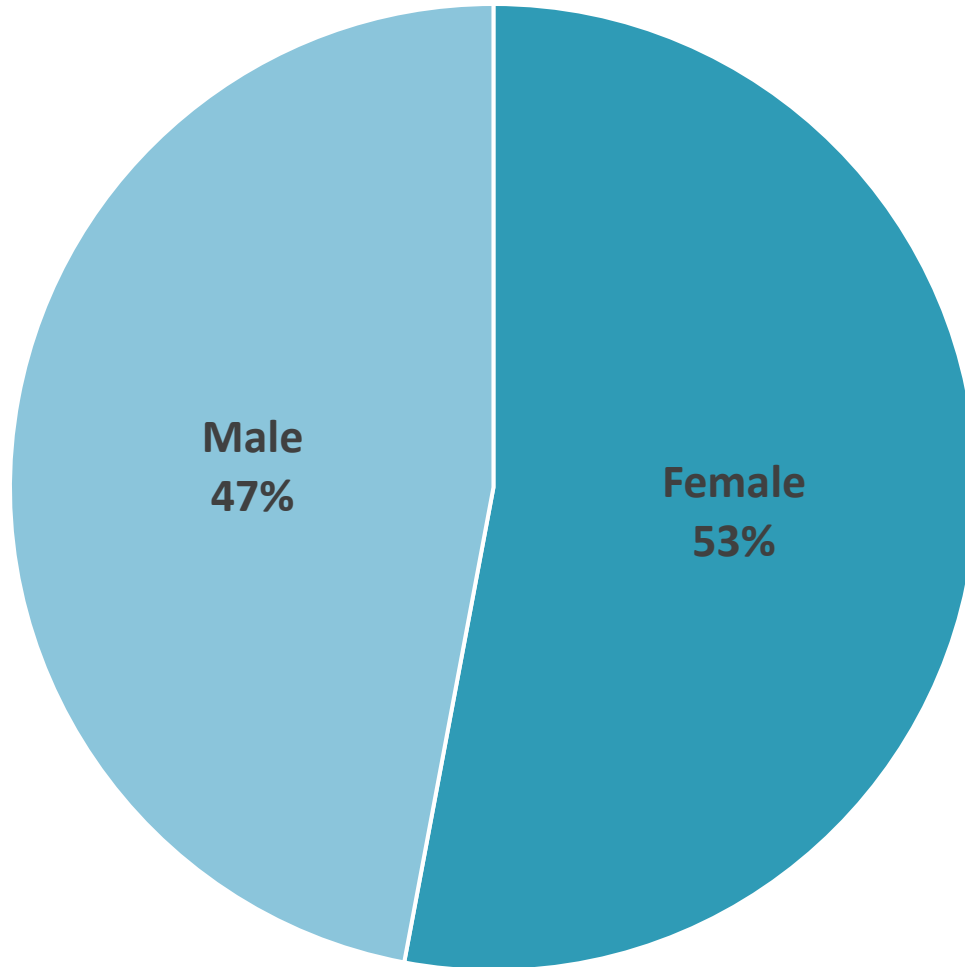
Gender	Members
Female	118,643
Male	105,395
Total	**224,038**

Male
47%

Female
53%

■ Female ■ Male

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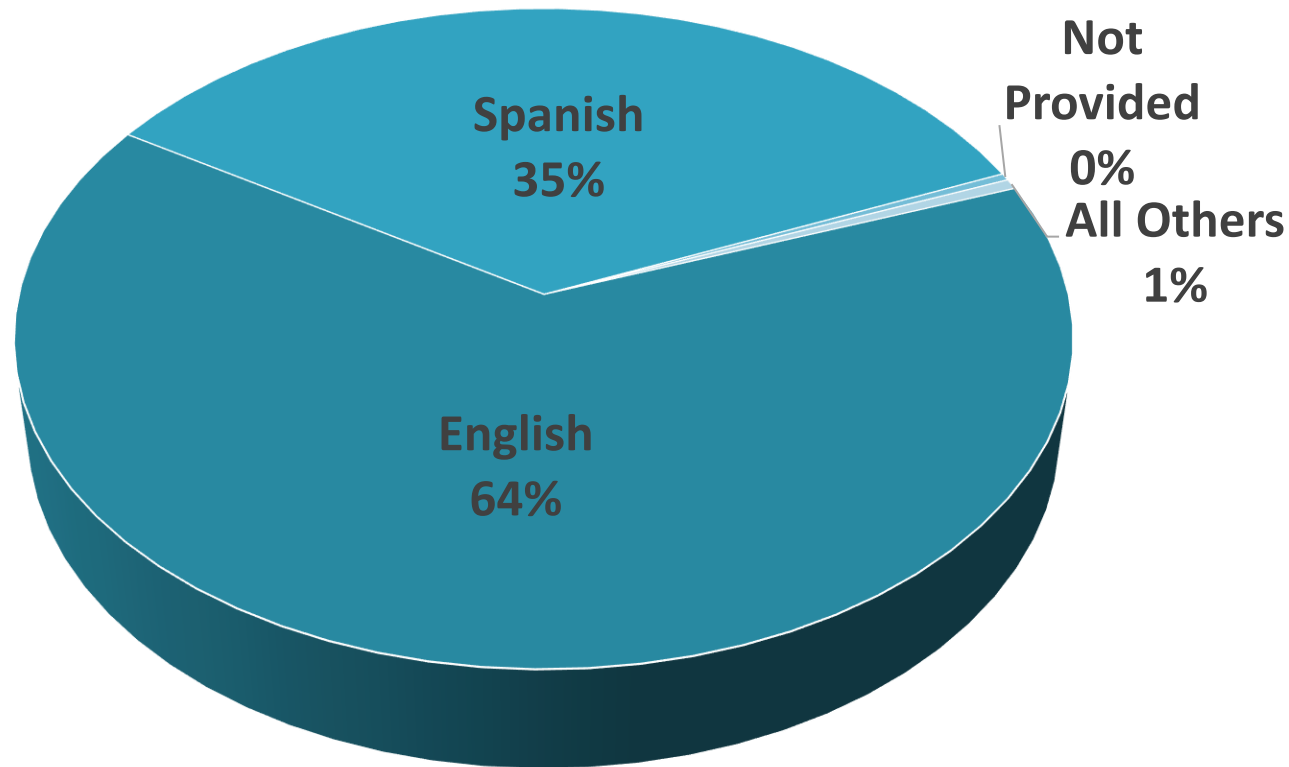
Language	Memebrs
English	144,275
Spanish	77,897
Not Provided	771
Vietnamese	230
Chinese	220
Tagalog	138
Arabic	133
Korean	106
Russian	92
Farsi	60
Sign Language	23
Portuguese	19
Samoan	15
Cambodian	14
Thai	13
French	6
Armenian	6
Ilocano	6
Japanese	5
Italian	3
Lao	3
Turkish	2
Hebrew	1
Total	224,038

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.

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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.

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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.

Interpreter Services & Requirements

- Interpreter Service Resources
- Best Practice Tips

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CERTIFIED LANGUAGES
INTERNATIONAL

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.

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INTERNATIONAL

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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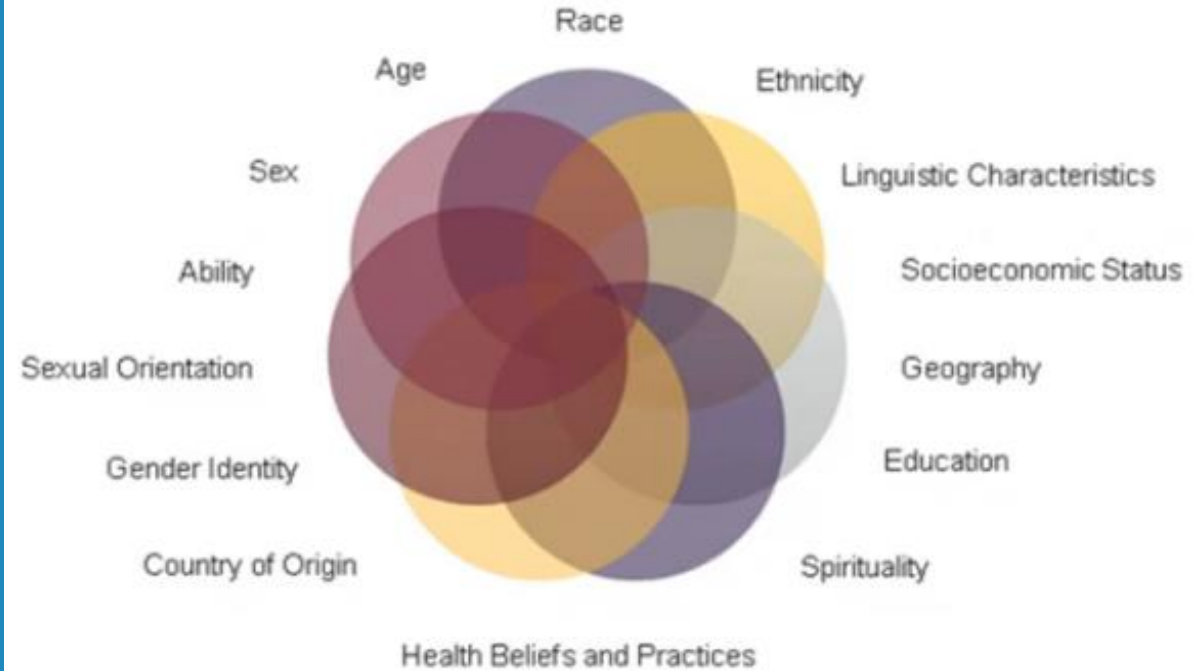
What is Culture?

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 roles in relation to status by
age, gender, class✿ sexual identity & orientation✿

Slide Source: The National Center for Cultural Competence, 2005

and much more...

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

Source: QualityInteractions

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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

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

Legend: English Speakers, Spanish Speakers

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

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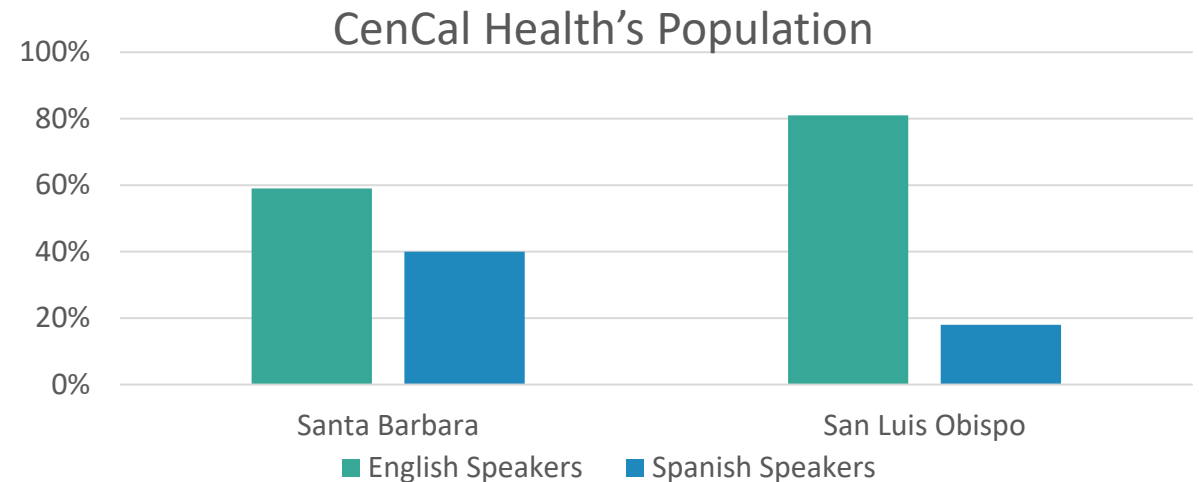
Caring for LGBTQ+ Communities

- **CenCal Health members have diverse sexual orientations**
  - o Identify your own LGBTQ+ perceptions and biases as a first step in providing the best quality care.
  - o 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**
  - o Cisgender – people whose gender identity and gender expression align with their assigned sex at birth
  - o 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

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- 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.

Caring for Seniors and Persons with Disabilities (SPDs)

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

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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

Disease/ Multiple Medication

Hearing Impairmen

Physical Impairmen

Cognitive Impairment / Mental Health

Caregiver Burden

Visual Impairmen

Seniors/Person s

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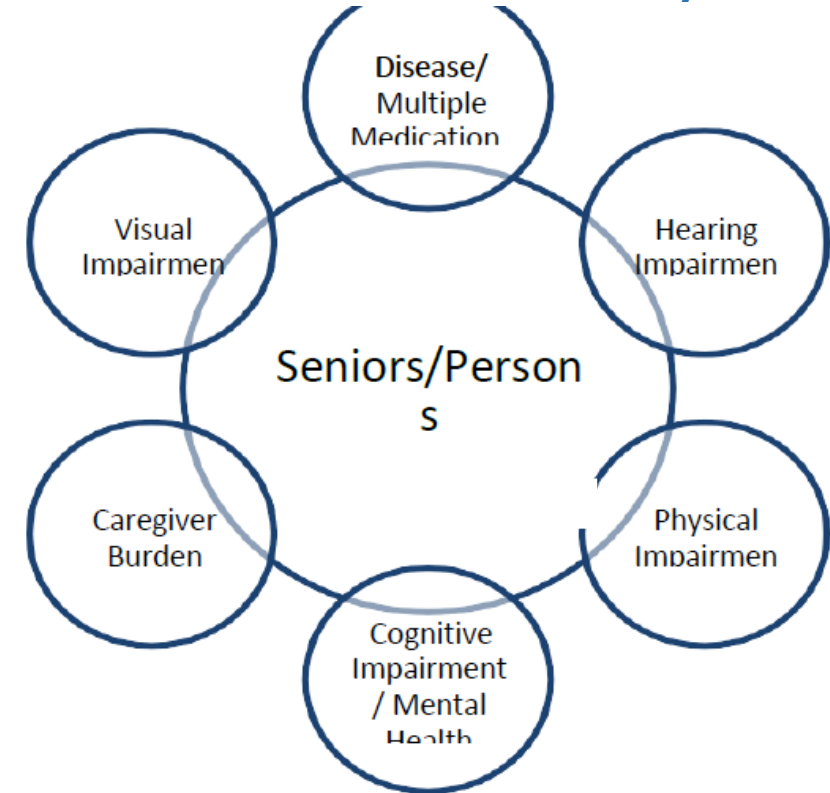
Interacting with Seniors

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

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PHYSICIAN CERTIFICATION FORM
NON EMERGENCY MEDICAL TRANSPORTATION (NEMT) REQUIRED JUSTIFICATION

NEMT services require *Prior Authorization,* except when the NEMT service is medically necessary for a discharge to home or a SNF, or for a transfer to another facility. CenCal Health must review and approve NEMT services BEFORE the member schedules a pick-up with VTS. Incomplete or inaccurate forms may cause delays and/or denials. CenCal Health may take up to fourteen (14) calendar days to review and process NEMT requests. This PCS Form is <u>not</u> 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 <u>REQUIRED</u>

Disclaimer: CenCal Health is required to authorize the lowest cost type of NEMT services that is adequate for the member's medical needs.

NEMT Vehicle Type (please check one):

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

NEMT Anticipated Duration:

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

ICD-10 Code(s):

Diagnosis:

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

Provider Information:

Provider's Full Name (Print):

Title:		Provider NPI:

Phone Number:	Fax Number:	Email:

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

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

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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

2022
Provider Manual

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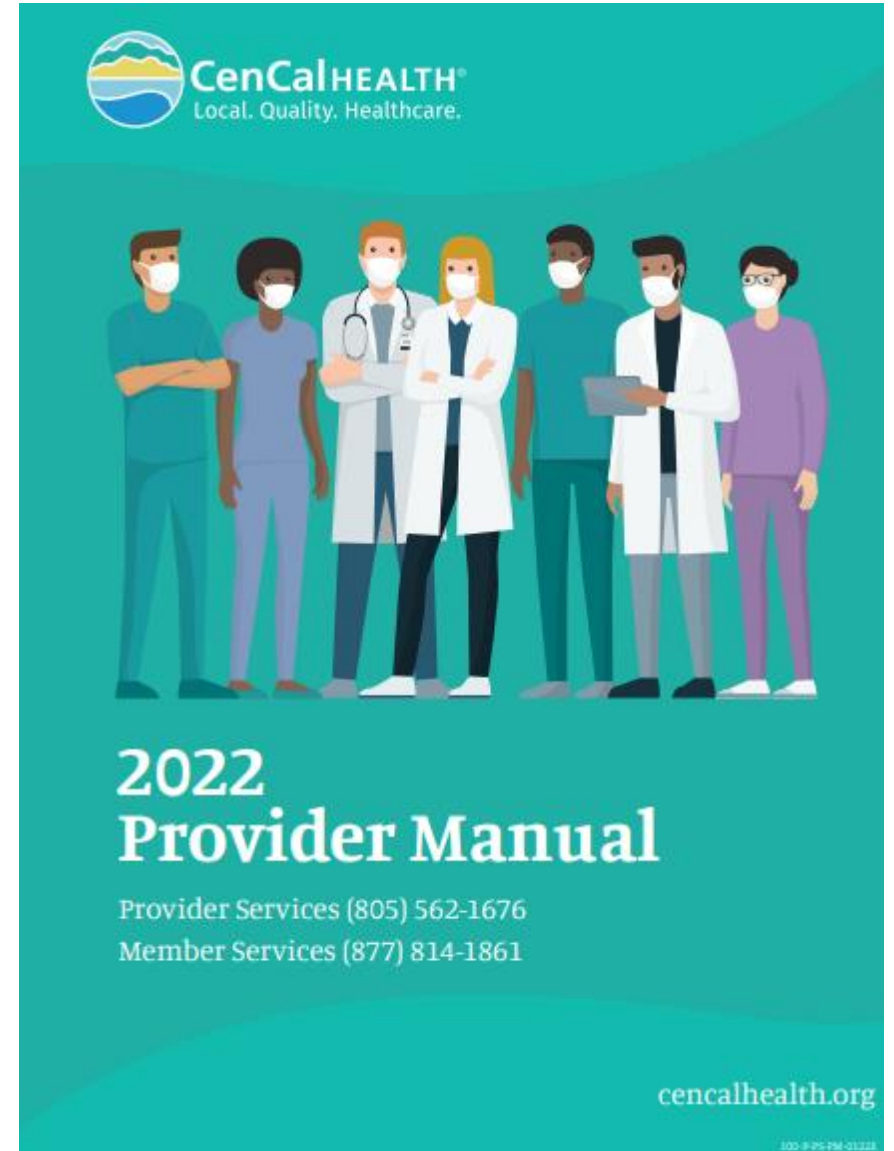
cencalhealth.org

Contracted Provider List (CPL)Directory

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

Important Tips:

- Providers need to verify, and attest to the accuracy of their information every 6 months

- Please utilize our Downloadable Roster for changes within your group such as:
  - Change "Mail-To" and "Pay-To" addresses
  - Adding additional rendering physicians
  - Add business owners, and officers
  - Change to office hours
  - Change to languages capabilities provided at your office

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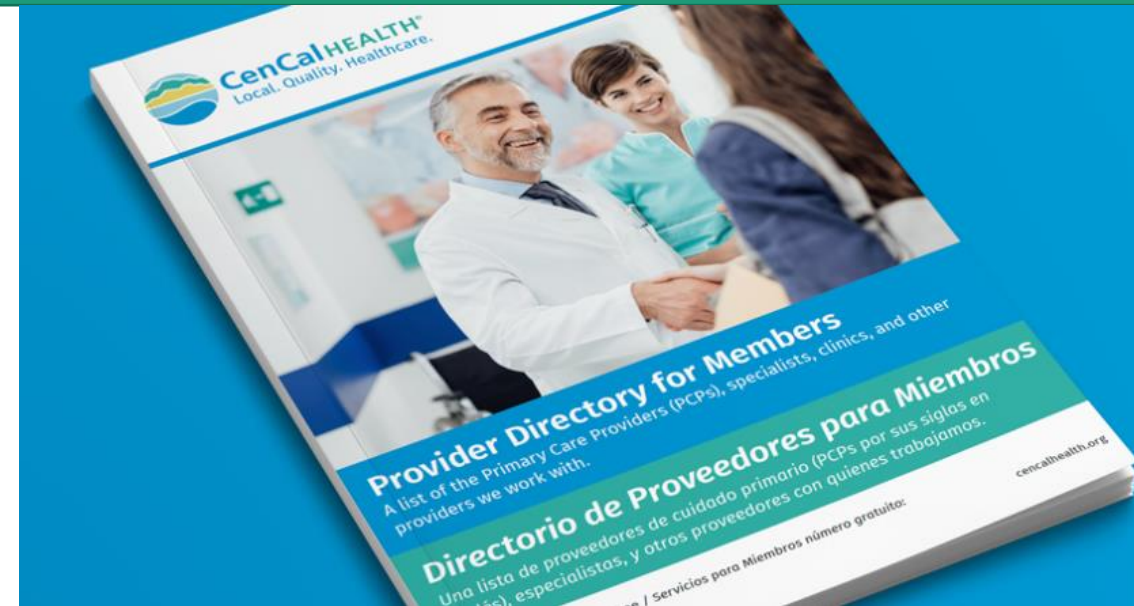
Provider Directory for Members

Provider Grievance Process

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

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

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

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

Member Grievance Process

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

How Members can File a Complaint/Appeal:

- Call 1 – 877 – 814 – 1861
    Or, if a member cannot hear or speak well, they can call
        California Relay at 711 or TTY: 1-833-556-2560

- In Writing via Downloadable Member Grievance Form (English/Spanish Available)
        CenCal Health
        Attention: Grievance and Appeals Coordinator
        4050 Calle Real, Santa Barbara, CA 93110

- On-Line Grievance Form
    https://www.cencalhealth.org/members/file-complaint/

Mental Health Service

- Review the Mental Health Benefit
- Review the Behavioral Health Forms
- Review Clinical Standards
- Referrals
- Authorizations

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Mental Health Benefit

Members <u>do not </u>require a referral or authorization from CenCal for the following:

- Outpatient Therapy (individual, family, or group therapy)
- Initial Mental Health Assessments
- Medication Management

Members do require an authorization for:

- Psychological Testing
- Neuropsychological Testing
- ABA Treatment

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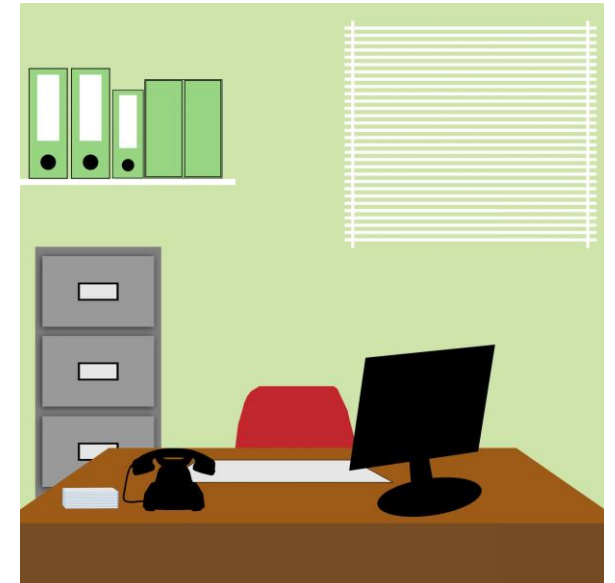
Mental Health Services Continuum of Care

- **Non-Specialty Mental Health Services**
  - CenCal Health covers services for adults, children and young adults presenting with a mental health diagnosis according to the DSM V that is resulting in mild to moderate impairment of mental, emotional, or behavioral functioning.

- **Specialty Mental Health Services**
  - This is a carve out to the County for members with a severe level of impairment and severe symptoms (eg. Bipolar, Schizophrenia)
  - SMHS is a more intense and more comprehensive level of treatment and services.

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Behavioral Health Forms

New Forms available in March

Transition of Care Request Form

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Please fax completed Transition of Care form and the Level of Care Screening form to the Behavioral Health Department at (805) 681-3070 or upload at https://gateway.cencalhealth.org/form/bh.
Questions? Please call (805) 562-1600.

This form is used to refer members to the County Department of Behavioral Health.

REFERRING PROVIDER (Choose One)

County Mental Health Provider:
- ☐ Santa Barbara County Mental Health Plan
- ☐ San Luis Obispo County Mental health Plan

CenCal Health:
- ☐ CenCal Health Behavioral Health Department
- ☐ CenCal Health Behavioral Health Provider (Contracted Provider or FQHC Provider)

Submitting Agency:

Submitting Program/Clinic:

Contact Name:

Title/Discipline:

Email Address:

Address:

City: State: Zip:

Phone:

CLIENT INFORMATION

Client Name: Date of Birth (MM/DD/YYYY):

☐ Client in Agreement with Transition of Care (Required)

Gender Identity: ☐ Male ☐ Female ☐ Other:

Phone: Address:

City: State: Zip:

CLIENT INFORMATION (cont.)

Behavioral Health Diagnosis:

Current Medications/Dosage:

Medication	Dosage	Administration	Date started

Current symptoms and brief treatment history:

A description of what needs are not being met at the current level of care:

Services Requested:
- ☐ Psychotherapy
- ☐ SUD Services (Must include a signed ROI from Member to exchange information with the "Santa Barbara County Department of Behavioral Wellness" or "County of San Luis Obispo Behavioral Health Department.)
- ☐ Medication Management (psychiatry)
- ☐ Other:
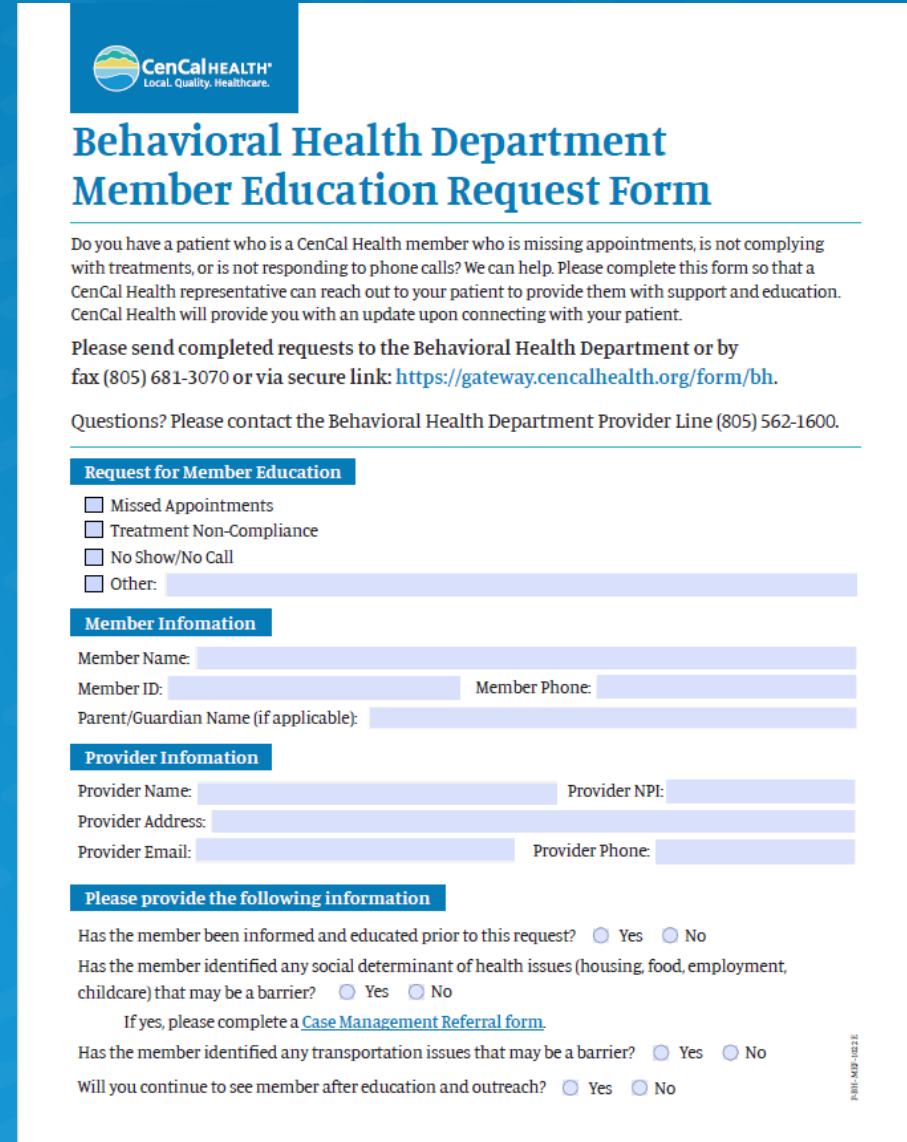
SCREENING OUTCOME

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Behavioral Health Forms

The Behavioral Health Department supports member engagement in services.

• If a member is missing appointments, failing to attend or failing to reschedule. The Behavioral Health Department will outreach to education, support and resolve any barriers.

Behavioral Health Forms

For members that may need to see a therapist or be referred to substance use treatment, a provider may:

1. Refer the member to contact CenCal Health's Behavioral Health Call Center.

2. Refer the member to CenCal Health's provider Director

3. For members that need support, complete a Behavioral Health Care Coordination Form.

Mental Health Provider

- Responsibilities
- Provisions & Documentation
- Referrals for Mental Health

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Progress Note Requirements

- Progress Notes should include what psychotherapy interventions were used and directly relate to treatment goals. Each progress note should be aligned with the treatment plan.

- Each member should have a treatment plan developed that is member centric. Please see the provider manual for recommended elements to a treatment plan

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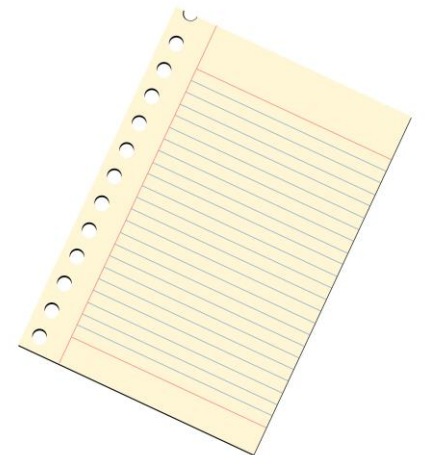
Mental Health Referral Protocols

- Authorizations and referrals are not required for psychotherapy or medication management services
- The Behavioral Health Department does provide care coordination services to members that need support and to members who are transitioning from Specialty Mental Health Services.

Mental Health Referral Protocols

- **Keep Your Availability Up to Date**
  - BHProviderUpdates@cencalhealth.org
  - "Blast fax"-sent out bi-weekly to all providers
  - Update your voicemail
  - Contact Provider Services

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CenCal Contact Numbers:

CenCal Health Behavioral Health Department (open 1/4/21)

1(877) 814-1861

Fax number: (805)681-3070

Santa Barbara County Department of Behavioral Wellness

Access Line (24/7) (888) 868-1649

Psychiatry Consultation Services: 1-805 681-5103

San Luis Obispo Department of Behavioral Health

Access Line (24/7) (800) 838-1381

Psychiatry Consultation Services: (805) 781-4719

Online Mental Health Provider Resources

www.cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/

- Ways to Submit a Claim to CenCal Health

- Coding + Modifier Resources

- Additional Claims Information

Claims & Billing

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

Provider Portal Claims Module

Claims & Billing Demo Sample

Claims Status Report

Explain Codes

Explain Codes

Paid Flags

RE (Raw Electronic) - Claim has been entered but not processed.
DY (Denied) - Claim has been denied.
DN (Deniable) - Claim will be denied.
NR (Internal Pend) - Claim is pended & will not appear on an EOP without review.

PY (Paid) - Claim has been paid.
PN (Payable) - Claim will be paid.
*N (Pended) - Claim is pended for review.

Export to a CSV File

Code	Type	Description	CARC	RARC
02	Pay	SERVICE IS COVERED UNDER CAPITATION AGREEMENT	24	
03	Pay	SERVICE/ITEM LINE FINALIZED	96	N10
04	Pay	CCS CLAIM	24	N442
05	Pay	PAID PER POE ATTACHED TO CLAIM	96	N10
06	Pay	CLAIM PAID AT HOSPITAL PER DIEM RATE	45	N442
07	Pay	HOSPITAL ANCILLARY CHARGES INCLUDED IN DAILY PER DIEM RATE	97	N70
08	Pay	ALLOWED AMOUNT IS PERCENTAGE OF BILLED CHARGE	45	N442
09	Deny	CCS ELIGIBLE MEMBER: CCS AUTHORIZATION (SAR) NOT ON FILE FOR THIS SERVICE	39	N627
10	Pay	SERVICE PAID	45	N130
11	Pay	ENCOUNTER SERVICE	24	
12	Pay	PAID PER NICU REVIEW AT NICU RATE	45	
13	Pay	PAID AT NICU STEP-DOWN RATE	45	
14	Pay	MEMBER HAS OTHER COVERAGE/MEDICARE, COORDINATION OF BENEFITS AFFECTED PAYMENT	23	
15	Pay	PAYMENT REDUCED DUE TO PATIENT LIABILITY/SOC	142	
16	Pay	SERVICE PAID PER UCLA CONTRACT	45	
17	Pay	PAYMENT REFLECTS 10% REDUCTION DUE TO BUDGET TRAILER BILL 2008	253	N246
18	Pay	CLAIM PAID AT ICF RATE PER NEGOTIATIONS INDICATED IN YOUR CONTRACT WITH CENCAL HEALTH	45	
19	Pay	MEDI-CAL ALLOWABLE - SNF INDICATOR ON CLAIM	256	N246
1A	Pay	CORRECTION TO PREVIOUSLY PAID INTEREST AND/OR PENALTIES	225	N584
1B	Pay	CLAIM LINE RECEIVED WITHIN 7 - 9 MONTHS AFTER DOS AND PAID AT 75 % OF ALLOWED AMOUNT	B4	
1C	Pay	CLAIM LINE RECEIVED WITHIN 10 - 12 MONTHS AFTER DOS AND PAID AT 50 % OF ALLOWED AMOUNT	B4	

Provider

Home
Web Site Guide

Authorization

Claims & Billing
 Add/View Claims
 Claim Status Report
 Explain Code
 Payment History
 Training Tutorials

Coordination Of Care
Downloads
Electronic Funds Transfer
Eligibility
PCP Reassignment
Pharmacy Medical Benefit
Procedure Pricer

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CMS – 1500 Paper Claim Form Sample

CMS-1500 Claim Form

- **What is a claim?**
  A claim is an itemized statement of services and costs from a provider or facility that gets submitted for payment. All claims must contain specific data information, including but not limited to: member identification number, provider billing NPI number, procedure code and modifier, at least one (1) diagnosis code and other important information.

- **For more claim information and submission guidelines, visit our website:**
  https://www.cencalhealth.org/providers/claims/

Individual Psychotherapy Code Tips

Place of Service
11- Office
02- Telehealth

Modifiers
95-Telehealth
HO- Master's degree level, used to identify services performed by an AMFT/ACSW/ APCC/ Psych Assistant
HM- Less than Bachelor's degree level
HN- DHCS has reassigned this modifier, and is no longer valid for behavioral health
HP- This is not on DHCS' list of approved modifiers, and will not be accepted.

90832	**Psychotherapy, 30 min**
90834	Psychotherapy, 45 min
90837	Psychotherapy, 60 min
90839	Psychotherapy for crisis, first 60 min
90849	Psychotherapy for crisis each additional 30 minutes

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Refer to the National Correct Coding Initiative (NCCI) edits or the California State Medi-Cal manual www.medi-cal.ca.gov for the full guidelines and restrictions.

Mental Health Diagnosis and Billing

- Individual therapy can be provided and is reimbursable to adults and children with a mental health diagnosis

- The following diagnoses are **excluded** for Individual & Group Therapy Services
  - F10 –F19 as a primary diagnosis (substance use disorder),
  - F72 & F73 Severe and Profound Intellectual Disability (primary or secondary diagnosis)
  - Moderate to Severe Neurocognitive Disorders (i.e. Alzheimer's, Traumatic Brian Injury) (primary or secondary diagnosis)

- Children under the age of 21 are entitled to five sessions of individual or group therapy prior to being diagnosed with a mental health condition
  - Providers will submit claims using the following code and a primary ICD-10 code.
  - Claims for children under age 21 provided prior to diagnosis will use Diagnosis code F99.

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Mental Health Codes for Group/Family Therapy

- **Diagnosis code F99 -** Claims for children under age 21 provided prior to diagnosis
- **Diagnosis code Z 65.9-** Claims for children who are at risk of developing a mental health condition

CPT Code	Description
90846	Family Psychotherapy (without client present) 50 min
90847	Family Psychotherapy, (with client present) 50 min
90849	Multiple-family group therapy
99354	Prolonged services in the outpatient setting requiring direct patient contact beyond the time of the usual service, first hour

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Family Therapy Codes

- Family therapy is reimbursable on an inpatient basis if the member is an infant (under I year of age) who are hospitalized in a neonatal intensive care unit-**Use Diagnosis Code P96.9**

- Family Therapy must be composed of **at least two family members**. Providers must bill for family therapy using the CenCal ID of only one family member per therapy session for CPT codes 90846, 90847 and 99354

- For multiple-family group therapy, providers must use the CenCal ID of only one family member per family
  - Providers will submit claims using the following CPT codes and an ICD-10 code of the identified client under whose CenCal ID billing is being submitted

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Family Therapy Billing

Family can be provided and is reimbursable to adults or children with a mental health condition. Children under the age of 21 are entitled to five sessions of individual therapy prior to being diagnosed with a mental health condition

Family therapy services is also reimbursable when provided to children under the age of 21 who has a history of one of the following risk factors:

- **Separation from a parent/guardian due to incarceration or immigration**
- **Death of a parent/guardian**
- **Foster home placement**
- **CCS-eligible condition**
- **Food insecurity, housing instability**
- **Exposure to DV or other traumatic events**
- **Maltreatment**
- **Severe & persistent bullying**

- **Experience of discrimination based on race, ethnicity, gender identity, sexual orientation, religion, learning differences or disability.**
- **Child has a parent/guardian with at least one of the following risk factors**
- **Serious illness or disability**
- **History of incarceration**
- **Mental Health Disorder**
- **Substance Abuse Disorder**
- **History of DV or interpersonal violence**
- **Teen parent**

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Diagnostic Add-On Codes

Interactive Complexity (CPT 90785)

- This is an add-on code that can be billed with 90791, 90792, any individual psychotherapy codes (90832 – 90839), group psychotherapy (90853) or medication management services. The add-on code may be used in the following circumstances:

- When there are specific communication difficulties present i.e. high anxiety, high reactivity, parent disagreement/behaviors during session)

- Evidence/disclosure of a sentinel event and mandated report to a third party.

Group Therapy

- Group Therapy is defined as consisting of at least two but not more than eight persons at any session. There is not restriction as to the number of CenCal members who must be included in the group's composition. Group Therapy are expected to be in duration at least one and one-half hours.

- Providers will submit claims using CPT code 90853 and ICD 10 diagnosis code.

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Case Conferences

- Case conference attendance are limited to conferences lasting 30 min or more with professionals immediately involved in the case or recovery of the client

- Providers will submit claims using CPT code 99366 (member or family present) or CPT 96368 (member or family not present)

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Duplication of Services

Medical Prohibits a Duplication of Services. Examples of this are:

- A member seeing a therapist for individual and another therapist for family.

- A member seeing two therapist for two different reasons.

- A member "trying out" more than one therapist at once.

Members may receive services at the County and CenCal as long as it is not duplicative.

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 <u>new claim submission will need to be submitted for processing.</u>

Billing Guidelines

Billing Guidelines/Tips

- LMFT/AMFT providers are NOT required to bill Medicare for Medi-Medi patients. CenCal will process and pay as primary
- LMFT providers can however bill OHC and Medicare HMO. A EOP is required before CenCal can process as secondary
- Rendering provider is not required if they are part of a group.
- Quantities MUST be billed in whole numbers; decimals are not acceptable
- If claim is for AMFT/ACSW/APCC/ Psych assistant, Assistant Behavioral Analyst, Behavioral technician, Physician Assistant, or nurse who is not board certified, please enter the NPI# of the fully licensed supervising physician clinician. If the supervising clinician's NPI# is the same as the billing, leave the rendering field blank. HO modifier must be used.

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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

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

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/

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

Logged in as:

Providers - Restricted (DEMO)

> Home

User Management

Electronic Funds Transfer

Claims Entry

Eligibility

Transaction Services

Authorization

Reports

Procedure Pricer

SMART Programs

Downloads

PCP Reassignment

PCP Reassignment(New)

Pharmacy Forms

RBM Forms

FTP

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

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

Data Forms Overview

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

Security

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

Forms & Reports

Electronic Funds Transfer

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

Claim Forms

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

Eligibility

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

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

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

Transaction Services

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Online - Provider Portal Eligibility Check

Eligibility

Batch Eligibility

Check Eligibility

Data Requirements:
1. Member ID# or Last 4 of Member's SSN
2. Members Date of Birth   or   First/Last Name
3. Date of Service (DOS)

Member Eligibility

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

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Member Not Eligible

Member ID or Last 4 of SSN	Date of Birth	First Name	Last Name	Date of Service (DOS)				
	06/01/1991	First Name	Last Name	08/21/2019				

Member is not eligible on 08/21/2019 → DHS Check

Member Info: As Of 08/21/2019 — Inquiry Date: 9/4/2019 10:00:01 AM - Confirmation: 301274

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

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

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

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

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

Specialized Programs:
CM = CenCal Health Case Management
PHD-CM = Public Health Department Case Management
TCRC = Tri Counties Regional Center

* Restricted Services - Noted by Eligible Aid Code:
Restricted to LTC and Related Services (53)
Restricted to Breast and Cervical Cancer Treatments (OR, OU, OT)

- Check Eligibility
- Add Member to Batch
- Download to CSV
- Reset Screen
- DHS Check — DHS Check