



2024

Member Handbook

What you need to know about your benefits.

Santa Barbara and San Luis Obispo Counties

Member Services toll-free: 1-877-814-1861

www.cencalhealth.org



CenCalHEALTH[®]
Local. Quality. Healthcare.

CenCal Health Combined Evidence of Coverage (EOC) and Disclosure form.

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages at no cost to you. CenCal Health provides written translations from qualified translators. Call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). The call is free. Read this Member Handbook to learn more about health care language assistance services such as interpreter and translation services.

Other formats

You can get this information in other formats such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). The call is free.

Interpreter services

CenCal Health provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters unless it is an emergency. Interpreter, linguistic, and cultural services are available at no cost to you. Help



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call CenCal Health Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). The call is free.

English

ATTENTION: If you need help in your language, call 1-877-814-1861 (TTY: 1-833-556-2560 or 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-877-814-1861 (TTY: 1-833-556-2560 or 711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711): Այդ ծառայություններն անվճար են:



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711)。我们另外还提供针对残疾人士的帮助和服务，例如盲文和大字体阅读，提供您方便取用。请致电 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711)。这些服务都是免费的。

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) पर कॉल करें। ये सेवाएं निः शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Cov kev pab cuam no yog pab dawb xwb.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ໃຫ້ໂທຫາເບີ 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.



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(Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

مطلب به زبان فارسی (Persian (Farsi))

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ

1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) ਅਪਾਹਜ ਲੋਕਾਂ

ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ

ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-877-814-1861 (TTY: 1-833-556-2560 or

CA Relay 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-877-814-1861 (линия TTY: 1-833-556-2560 or CA Relay 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-877-814-1861 (линия TTY: 1-833-556-2560 or CA Relay 711). Такие услуги предоставляются бесплатно.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-877-814-1861 (TTY: 1-833-556-2560 o CA Relay 711) También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-877-814-1861 (TTY: 1-833-556-2560 o CA Relay 711) Estos servicios son gratuitos.

(Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Libre ang mga serbisyonang ito.

เท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-877-814-1861 (TTY: 1-833-556-2560 or CA Relay 711). Các dịch vụ này đều miễn phí.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Welcome to CenCal Health!

Thank you for joining CenCal Health. CenCal Health is a health plan for people who have Medi-Cal. CenCal Health works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under CenCal Health. Please read it carefully and completely. It will help you understand your benefits, the services available to you, and how to get the care you need. It also explains your rights and responsibilities as a member of CenCal Health. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of CenCal Health's rules and policies and is based on the contract between CenCal Health and the Department of Health Care Services (DHCS). If you would like more information, call CenCal Health at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

In this Member Handbook, CenCal Health is sometimes referred to as "we" or "us." Members are sometimes called "you." Some capitalized words have special meaning in this Member Handbook.

To ask for a copy of the contract between CenCal Health and DHCS, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You may ask for another copy of the Member Handbook at no cost to you. You can also find the Member Handbook on the CenCal Health website at www.cencalhealth.org. You can also ask for a free copy of the CenCal Health non-proprietary clinical and administrative policies and procedures. They are also on the CenCal Health website.

Contact us

CenCal Health is here to help. If you have questions, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). CenCal Health is here Monday – Friday, 8:00 a.m. – 5:00 p.m. The call is free.

You can also visit online at any time at www.cencalhealth.org.

Thank you,
CenCal Health
4050 Calle Real
Santa Barbara, CA 93110



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

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1. Getting started as a member

How to get help

CenCal Health wants you to be happy with your health care. If you have questions or concerns about your care, CenCal Health wants to hear from you!

Member services

CenCal Health member services is here to help you. CenCal Health can:

- Answer questions about your health plan and CenCal Health covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats
- Replace your health plan ID card
- Find a specialist
- Get information about prenatal care and well-child care
- File a grievance or appeal
- Help you schedule appointments
- Help you get to the doctor or pharmacy
- Help with other services listed throughout this handbook
- Help you create a personal account on our member portal

If you need help, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health is here Monday – Friday, 8:00 a.m. – 5:00 p.m. The call is free. CenCal Health must make sure you wait less than 10 minutes when calling.

You can also visit Member Services online at any time at www.cencalhealth.org or create a personal account on CenCal Health’s Member Portal also found on www.cencalhealth.org.

Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.

You qualify for CenCal Health because you qualify for Medi-Cal and live in Santa Barbara or San Luis Obispo County. You can ask questions about qualifying for Medi-Cal at your local county Department of Social Services (DSS) office.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Find the office closest to you at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffice.aspx. You can also find the office closest to you in the section, “Important phone numbers” in this book. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.

For questions about Social Security, call the Social Security Administration at 1-800-772-1213. Or go to <https://www.ssa.gov/locator/>.

Transitional Medi-Cal

Transitional Medi-Cal is also called “Medi-Cal for working people.” You may be able to get Transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money, or
- Your family started getting more child or spousal support

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>

Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

Identification (ID) cards

As a member of CenCal Health, you will get our CenCal Health ID card. You must show your CenCal Health ID card **and** your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions. Your BIC card is the Medi-Cal Benefits Card sent to you by the State of California. You should always carry all health cards with you. Your BIC and CenCal Health Identification (ID) cards look like these:



Image 1



Image 2

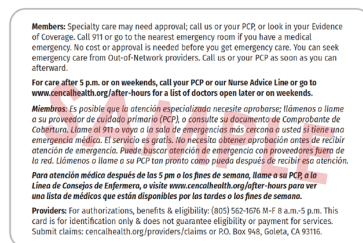


Image 3

Image 1 is your State-issued BIC card. Images 2 and 3 are the front and back of your CenCal Health ID card.

You may request a replacement CenCal Health ID Card by creating an account on CenCal Health’s Member Portal on CenCal Health’s website at www.cencalhealth.org.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

1 | Getting started as a member

If you do not get your CenCal Health ID card within a few weeks after your enrollment date, or if your card is damaged, lost, or stolen, call member services right away. CenCal Health will send you a new card at no cost to you. Call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

2. About your health plan

Health plan overview

CenCal Health is the health plan for people who have Medi-Cal in these counties: Santa Barbara and San Luis Obispo. CenCal Health works with the State of California to help you get the health care you need.

CenCal Health is a County Organized Health System (COHS) Medi-Cal managed care plan. CenCal Health does not determine your eligibility for Medi-Cal. The Department of Social Services determines eligibility. You are automatically enrolled with CenCal Health once you qualify.

Talk with one of the CenCal Health Member Services representatives to learn more about the health plan and how to make it work for you. Call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

When your coverage starts and ends

When you enroll in CenCal Health, we will send your CenCal Health Identification (ID) card within two weeks of your enrollment date. You must show both your CenCal Health ID card and your Medi-Cal BIC when you get health care services or prescriptions.

Your Medi-Cal coverage will need renewing every year. If your local county office cannot renew your Medi-Cal coverage electronically, the county will send you a pre-populated Medi-Cal renewal form. Complete this form and return it to your local county human services agency. You can return your information in person, by phone, by mail, online, or by other electronic means available in your county.

Your CenCal Health ID card will have the name and telephone number of your primary care provider (PCP). The back of this card will also have important numbers for emergency care, after-hours care, and the 24/7 Nurse Advice Line.

When a doctor or hospital worker asks about your insurance coverage, tell them that you have Medi-Cal and that you are a member of CenCal Health. Always show both of your cards. Also tell the provider if you have any other health insurance.

CenCal Health is the health plan for Medi-Cal members in Santa Barbara and San Luis Obispo Counties. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

CenCal Health eligibility may end if any of the following is true:

- You move out of Santa Barbara and San Luis Obispo Counties
- You no longer have Medi-Cal
- You are in jail or prison



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

If you lose your CenCal Health Medi-Cal coverage, you may still qualify for Fee-for-Service (FFS) Medi-Cal coverage. If you are not sure if you are still covered by CenCal Health, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Special considerations for American Indians in managed care

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You can also stay with or disenroll (drop) from CenCal Health while getting health care services from these locations. To learn more about enrollment and disenrollment, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health must provide care coordination for you, including out-of-network case management. If you ask to get services from an IHCP and there is no available in-network IHCP, CenCal Health must help you find an out-of-network IHCP. To learn more, read “Provider network” in Chapter 3 of this handbook.

How your plan works

CenCal Health is a managed care health plan contracted with DHCS. CenCal Health works with doctors, hospitals, and other health care providers in the CenCal Health service area to provide health care to our members. As a member of CenCal Health, you may qualify for some services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs, and some medical supplies through Medi-Cal Rx.

Member Services will tell you how CenCal Health works, how to get the care you need, how to schedule provider appointments during office hours, how to request no-cost interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services. Member Services can also help you with questions about your benefits, after-hours care, and what to do if you receive a bill.

To learn more, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You can also find member service information online at www.cencalhealth.org.

Students who move to a new county or out of California

You can get emergency care and urgent care anywhere in the United States, including the U.S. Territories. Routine and preventive care are covered only in your county of residence. If you are a student who moves to a new county in California to attend higher education, including college, CenCal Health will cover emergency room and urgent care services in your new county. You can also get routine or preventive care in your new county, but you must notify CenCal Health. Read more below.

If you are enrolled in Medi-Cal and are a student in a different county from the California county where you live, you do not need to apply for Medi-Cal in that county.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

If you temporarily move away from home to be a student in another county in California, you have two choices. You can:

- Tell your eligibility worker at your local county Department of Social Services (DSS) office listed in this book in the section “Important Phone Numbers” that you are temporarily moving to attend a school for higher education and give them your address in the new county. The county will update the case records with your new address and county code. You must do this if you want to keep getting routine or preventive care while you live in a new county. If CenCal Health does not serve the county where you will attend college, you might have to change health plans. CenCal Health operates in Santa Barbara and San Luis Obispo Counties. For questions and to prevent delay joining the new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

OR

- If CenCal Health does not serve the new county where you attend college, and you do not change your health plan to one that serves that county, you will only get emergency room and urgent care services for some conditions in the new county. To learn more, read Chapter 3, “How to get care.” For routine or preventive health care, you would need to use the CenCal Health network of providers located in the head of household’s county of residence.

If you are leaving California temporarily to be a student in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at your local county social services office. As long as you qualify, Medi-Cal will cover emergency services and urgent care in another state. If CenCal Health approves the service and the doctor and hospital meet Medi-Cal rules, Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico.

Routine and preventive care services, including prescription drugs, are not covered when you are outside of California. You will not qualify for Medi-Cal. CenCal Health will not pay for your health care. If you want Medicaid in another state, you will need to apply in that state. Medi-Cal does not cover emergency, urgent, or any other health care services outside of the United States, except for Canada and Mexico as noted in Chapter 3.

Continuity of care

Continuity of care for an out-of-network provider

As a member of CenCal Health, you will get your health care from providers in CenCal Health’s network. To find out if a health care provider is in CenCal Health’s network, please see CenCal Health’s website at www.cencalhealth.org or call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Providers not listed in the directory may not be in the CenCal Health network.

In some cases, you might be able to get care from providers who are not in the CenCal Health network. If you were required to change your health plan or to switch from FFS to managed care, or you had a provider who was in network but is now outside the network, you might be able to keep your provider even if they are not in the CenCal Health network. This is called continuity of care.

If you need to get care from a provider who is outside the network, call CenCal Health to ask for



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

continuity of care. You may be able to get continuity of care for up to 12 months or more if all of these are true:

- You have an ongoing relationship with the out-of-network provider before enrollment in CenCal Health
- You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment with CenCal Health
- The out-of-network provider is willing to work with CenCal Health and agrees to CenCal Health’s contract requirements and payment for services
- The out-of-network provider meets CenCal Health’s professional standards
- The out-of-network provider is enrolled and participating in the Medi-Cal program

To learn more, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If your providers do not join the CenCal Health network by the end of 12 months, do not agree to CenCal Health payment rates, or do not meet quality of care requirements, you will need to change to providers in the CenCal Health network. To discuss your choices, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health is not required to provide continuity of care for an out-of-network provider for certain ancillary (supporting) services such as radiology, laboratory, dialysis centers, or transportation. You will get these services with a provider in CenCal Health’s network.

To learn more about continuity of care and if you qualify, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Completion of covered services from an out-of-network provider

As a member of CenCal Health, you will get covered services from providers in CenCal Health’s network. If you are being treated for certain health conditions at the time you enrolled with CenCal Health or at the time your provider left CenCal Health’s network, you might also still be able to get Medi-Cal services from an out-of-network provider.

You might be able to continue care with an out-of-network provider for a specific time period if you need covered services for these health conditions:

Health condition	Time period
Acute conditions (a medical issue that needs fast attention)	For as long as your acute condition lasts
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time)	For an amount of time required to finish your course of treatment and to safely move you to a new doctor in the CenCal Health network
Pregnancy and postpartum (after birth) care	During your pregnancy and up to 12 months after the end of pregnancy
Maternal mental health services	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Health condition	Time period
Care of a newborn child between birth and 36 months old	For up to 12 months from the start date of the coverage or the date the provider's contract ends with CenCal Health
Terminal illness (a life-threatening medical issue)	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with CenCal Health or the time the provider stops working with CenCal Health
Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by CenCal Health as part of a documented course of treatment and recommended and documented by the provider	The surgery or other medical procedure must take place within 180 days of the provider's contract termination date or 180 days from the effective date of your enrollment with CenCal Health

For other conditions that might qualify, call CenCal Health Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If an out-of-network provider is not willing to keep providing services or does not agree to CenCal Health's contract requirements, payment, or other terms for providing care, you will not be able to get continued care from the provider. You may be able to keep getting services from a different provider in CenCal Health's network.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in CenCal Health's network, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health is not required to provide continuity of care for services Medi-Cal does not cover or that are covered under Medi-Cal's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Costs

Member costs

CenCal Health serves people who qualify for Medi-Cal. In most cases, CenCal Health members do not have to pay for covered services, premiums, or deductibles.

If you are an American Indian, you do not have to pay enrollment fees, premiums, deductibles, co-pays, cost sharing, or other similar charges. CenCal Health must not charge any American Indian member who gets an item or service directly from an IHCP or through a referral to an IHCP or reduce payments due to an IHCP by the amount of any enrollment fee, premium, deductible, copayment, cost sharing, or similar charge.

Except for emergency care, urgent care, or sensitive care, you must get pre-approval (prior authorization)



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

from CenCal Health before you visit a provider outside the CenCal Health network. If you do not get pre-approval (prior authorization) and you go to a provider outside the network for care that is not emergency care, urgent care, or sensitive care, you might have to pay for care you got from that provider. For a list of covered services, read Chapter 4, “Benefits and services” in this handbook. You can also find the Provider Directory on the CenCal Health website at www.cencalhealth.org.

For members with long-term care and a share of cost

You might have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income and resources. Each month, you will pay your own health care bills, including but not limited to Long-Term Support Service (LTSS) bills, until the amount you have paid equals your share of cost. After that, CenCal Health will cover your long-term care for that month. You will not be covered by CenCal Health until you have paid your entire long-term care share of cost for the month.

How a provider gets paid

CenCal Health pays providers in these ways:

- Capitation payments
 - CenCal Health pays some providers a set amount of money every month for each CenCal Health member. This is called a capitation payment. CenCal Health and providers work together to decide on the payment amount.
- FFS payments (Fee-For-Service)
 - Some providers give care to CenCal Health members and send CenCal Health a bill for the services they provided. This is called an FFS payment. CenCal Health and providers work together to decide how much each service costs.

To learn more about how CenCal Health pays providers, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health offers providers additional payment incentives through the Quality Care Incentive Program.

If you get a bill from a health care provider

Covered services are health care services that CenCal Health must pay. If you get a bill for support services fees, copayments, or registration fees for a covered service, do not pay the bill. Call Member Services right away at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m. You can also go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Asking CenCal Health to pay you back for expenses

If you paid for services that you already got, you might qualify to be reimbursed (paid back) if you meet **all** of these conditions:



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- The service you got is a covered service that CenCal Health is responsible for paying. CenCal Health will not reimburse you for a service that CenCal Health does not cover.
- You got the covered service after you became an eligible CenCal Health member.
- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in CenCal Health's network. You do not need to meet this condition if you got emergency care, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.

CenCal Health will tell you if they will reimburse you in a letter called a Notice of Action (NOA). If you meet all of the above conditions, the Medi-Cal-enrolled provider should pay you back for the full amount you paid. If the provider refuses to pay you back, CenCal Health will pay you back for the full amount you paid. We must reimburse you within 45 working days of receipt of the claim.

If the provider is enrolled in Medi-Cal but is not in the CenCal Health network and refuses to pay you back, CenCal Health will pay you back, but only up to the amount that FFS Medi-Cal would pay. CenCal Health will pay you back for the full out-of-pocket amount for emergency services, family planning services, or another service that Medi-Cal allows to be provided by out-of-network providers without pre-approval (prior authorization). If you do not meet one of the above conditions, CenCal Health will not pay you back.

CenCal Health will not pay you back if:

- You asked for and got services that are not covered by Medi-Cal, such as cosmetic services
- The service is not a covered service for CenCal Health
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You have Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan

If you pay for a service that you think CenCal Health should cover, you can request reimbursement.

1. Proof of payment or receipts for services is required.
2. Explain in writing why you paid for the service. Submit this to CenCal Health in person, or by mailing it to:

CenCal Health
Attn: Member Services
4050 Calle Real
Santa Barbara, CA 93110

Or by Fax: 1-805-692-1684

CenCal Health will review your request and will send you a letter to tell you if you will be reimbursed.

For questions, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

3. How to get care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can start getting health care services on your effective date of enrollment in CenCal Health. Always carry with you your CenCal Health Identification (ID) card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards. Never let anyone else use your BIC or CenCal Health ID card.

New members with only Medi-Cal coverage must choose a primary care provider (PCP) in the CenCal Health network. New members with both Medi-Cal and comprehensive other health coverage do not have to choose a PCP.

The CenCal Health network is a group of doctors, hospitals, and other providers who work with CenCal Health. You must choose a PCP within 30 days from the time you become a member of CenCal Health. If you do not choose a PCP, CenCal Health will choose one for you.

You can choose the same PCP or different PCPs for all family members in CenCal Health, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the CenCal Health network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You can also find the Provider Directory on the CenCal Health website at www.cencalhealth.org.

If you cannot get the care you need from a participating provider in the CenCal Health network, your PCP or specialist in CenCal Health's network must ask CenCal Health for approval to send you to an out-of-network provider. This is called a referral. You do not need a referral to go to an out-of-network provider to get sensitive care services listed under the heading "Sensitive care" later in this chapter.

Read the rest of this chapter to learn more about PCPs, the Provider Directory, and the provider network.

The Medi-Cal Rx program administers outpatient prescription drug coverage. To learn more, read "Other Medi-Cal programs and services" in Chapter 4.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Primary care provider (PCP)

Your primary care provider (PCP) is the licensed provider you go to for most of your health care. Your PCP also helps you get other types of care you need. You must choose a PCP within 30 days of enrolling in CenCal Health. Depending on your age and sex, you can choose a general practitioner, OB/GYN, family practitioner, internist, or pediatrician as your PCP.

A nurse practitioner (NP), physician assistant (PA), or certified nurse midwife can also act as your PCP. If you choose an NP, PA, or certified nurse midwife, you can be assigned a doctor to oversee your care. If you are in both Medicare and Medi-Cal, or if you also have other comprehensive health care insurance, you do not have to choose a PCP.

You can choose an Indian Health Care Provider (IHCP), Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you might be able to choose one PCP for yourself and your other family members who are members of CenCal Health, as long as the PCP is available.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the CenCal Health network.

If you do not choose a PCP within 30 days of enrollment, CenCal Health will assign you to a PCP. If you are assigned to a PCP and want to change, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the CenCal Health network. The Provider Directory has a list of IHCPs, FQHCs, and RHCs that work with CenCal Health.

You can find the CenCal Health Provider Directory online at www.cencalhealth.org. Or you can request a Provider Directory to be mailed to you by calling Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP. It is best to stay with one PCP so they can get to know your health care needs. If you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the CenCal Health provider network and is taking new patients.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Your new choice will become your PCP on the first day of the next month after you make the change. There are times when the new change will not be effective on the 1st day of the next month. This happens if the change request occurs after the monthly cut-off date. In these cases, the change becomes effective on the first day of the following month.

To change your PCP, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You can also change your PCP through CenCal Health's Member Portal. You will need to create a portal account at: www.cencalhealth.org by clicking the "Member Login" at the top of the homepage.

CenCal Health can change your PCP if the PCP is not taking new patients, has left the CenCal Health network, does not give care to patients your age, or if there are quality concerns with the PCP that are not resolved. CenCal Health or your PCP might also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If CenCal Health needs to change your PCP, CenCal Health will tell you in writing.

If your PCP changes, you will get a letter and new CenCal Health member ID card in the mail. It will have the name of your new PCP. Call member services if you have questions about getting a new ID card.

Some things to think about when picking a PCP:

- Does the PCP take care of children?
- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work, or my children's school?
- Is the PCP's office near where I live and is it easy to get to the PCP's office?
- Do the doctors and staff speak my language?
- Does the PCP work with a hospital I like?
- Does the PCP provide the services I need?
- Do the PCP's office hours fit my schedule?
- Does the PCP work with specialists I use?

Initial Health Appointment (IHA)

CenCal Health recommends that, as a new member, you visit your new PCP within 120 days for an Initial Health Appointment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP might ask you questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that can help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of CenCal Health. Give your CenCal Health ID number.

Take your BIC and CenCal Health ID card to your appointment. It is a good idea to take a list of your medicine and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

If you have questions about IHA, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups, health education, and counseling.

CenCal Health recommends that children, especially, get regular routine and preventive care. CenCal Health members can get all recommended early preventive services recommended by the American Academy of Pediatrics and the Centers for Medicare and Medicaid Services. These screenings include hearing and vision screening, which can help ensure healthy development and learning. For a list of pediatrician-recommended services, read the “Bright Futures” guidelines from the American Academy of Pediatrics at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Routine care also includes care when you are sick. CenCal Health covers routine care from your PCP.

Your PCP will:

- Give you most of your routine care, including regular checkups, shots, treatment, prescriptions, and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms, or lab work if you need them

When you need routine care, you will call your doctor for an appointment. Be sure to call your PCP before you get medical care unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4, “Benefits and services” and Chapter 5, “Child and youth well care” in this handbook.

All CenCal Health providers can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider or CenCal Health what you need.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Provider network

The Medi-Cal provider network is the group of doctors, hospitals, and other providers that work with CenCal Health to provide Medi-Cal covered services to Medi-Cal members.

CenCal Health is a managed care health plan. You must get most of your covered services through CenCal Health from our in-network providers. You can go to an out-of-network provider without a referral or pre-approval for emergency care or for family planning services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area that we do not serve. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the CenCal Health network.

If your PCP, hospital, or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). For more about moral objections, read “Moral objection” later in this chapter.

If your provider has a moral objection to giving you covered health care services, they can help you find another provider who will give you the services you need. CenCal Health can also help you find a provider who will perform the service.

In-network providers

You will use providers in the CenCal Health network for most of your health care needs. You will get preventive and routine care from in-network providers. You will also use specialists, hospitals, and other providers in the CenCal Health network.

To get a Provider Directory of in-network providers, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You can also find the Provider Directory online at www.cencalhealth.org. To get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

You must get pre-approval (prior authorization) from CenCal Health before you go to a provider outside the CenCal Health network, including inside the CenCal Health service area, except in these cases:

- If you need emergency care, call 911 or go to the nearest hospital.
- If you are outside the CenCal Health service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).
- If you need mental health services, go to an in-network provider or a county mental health plan provider, without pre-approval (prior authorization).

If you are not in one of the cases listed above and you do not get pre-approval (prior authorization) before getting care from a provider outside the network, you might be responsible for paying for any care you got from out-of-network providers.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Out-of-network providers who are inside the service area

Out-of-network providers are health care providers that do not have an agreement to work with CenCal Health. Except for emergency care, you might have to pay for any care you get from out-of-network providers. If you need medically necessary health care services that are not available in the network, you might be able to get them from an out-of-network provider at no cost to you.

CenCal Health may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the CenCal Health service area, you must go to a CenCal Health in-network urgent care provider. You do not need pre-approval (prior authorization) to get urgent care from an in-network provider. You do need to get pre-approval (prior authorization) to get urgent care from an out-of-network provider inside the CenCal Health service area.

If you get urgent care from an out-of-network provider inside CenCal Health service area, you might have to pay for that care. You can read more about emergency care, urgent care, and sensitive care services in this chapter.

Note: If you are an American Indian, you can get care at an IHCP outside of our provider network without a referral. An out-of-network IHCP can also refer American Indian members to an in-network provider without first requiring a referral from an in-network PCP.

If you need help with out-of-network services, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Outside the service area

If you are outside of the CenCal Health service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). CenCal Health's service area includes the counties of Santa Barbara and San Luis Obispo.

For emergency care, call **911** or go to the nearest emergency room. CenCal Health covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency care requiring hospitalization, CenCal Health will cover your care. If you are traveling abroad outside of Canada or Mexico and need emergency care, urgent care, or any health care services CenCal Health will **not** cover your care.

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask CenCal Health to pay you back. CenCal Health will review your request.

If you are in another state or are in a US Territory such as American Samoa, Guam, Northern Mariana



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Islands, Puerto Rico, or US Virgin Islands, you are covered for emergency care. Not all hospitals and doctors accept Medicaid. (Medi-Cal is what Medicaid is called in California only.) If you need emergency care outside of California, tell the hospital or emergency room doctor as soon as possible that you have Medi-Cal and are a member of CenCal Health.

Ask the hospital to make copies of your CenCal Health ID card. Tell the hospital and the doctors to bill CenCal Health. If you get a bill for services you got in another state, call CenCal Health right away. We will work with the hospital and/or doctor to arrange for CenCal Health to pay for your care.

If you are outside of California and have an emergency need to fill outpatient prescription drugs, have the pharmacy call Medi-Cal Rx at 1-800-977-2273.

Note: American Indians may get services at out-of-network IHCPs.

California Children’s Services (CCS) Program is a state program that treats children under 21 years of age who have certain health conditions, diseases, or chronic health problems and meet the CCS program rules. If you need health care services for a CCS eligible medical condition and CenCal Health does not have a CCS-paneled specialist in the network who can provide the care you need, you may be able to go to a provider outside of the provider network at no cost to you. To learn more about the CCS program, read Chapter 4, “Benefits and services” in this handbook.

If you have questions about out-of-network or out-of-service-area care, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). If the office is closed and you want help from a representative, call CenCal Health Nurse Advice Line at 1-800-524-5222.

If you need urgent care out of the CenCal Health service area, go to the nearest urgent care facility. If you are traveling outside the United States and need urgent care, CenCal Health will not cover your care. For more on urgent care, read “Urgent care” later in this chapter.

How managed care works

CenCal Health is a managed care plan. CenCal Health provides care to members who live or work in the counties of Santa Barbara and San Luis Obispo. In managed care, your PCP, specialists, clinic, hospital, and other providers work together to care for you.

CenCal Health contracts with medical groups to provide care to CenCal Health members. A medical group is made up of doctors who are PCPs and specialists. The medical group works with other providers such as laboratories and durable medical equipment suppliers. The medical group is also connected with a hospital. Check your CenCal Health ID card for the names of your PCP, medical group, and hospital.

When you join CenCal Health, you choose or are assigned to a PCP. Your PCP is part of a medical group. Your PCP and medical group direct the care for all of your medical needs. Your PCP may refer you to specialists or order lab tests and X-rays. If you need services that require pre-approval (prior authorization), CenCal Health or your medical group will review the pre-approval (prior authorization) and decide whether to approve the service.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

In most cases, you must go to specialists and other health professionals who work with the same medical group as your PCP. Except for emergencies, you must also get hospital care from the hospital connected with your medical group.

Sometimes, you might need a service that is not available from a provider in the medical group. In that case, your PCP will refer you to a provider who is in another medical group or is outside the network. Your PCP will ask for pre-approval (prior authorization) for you to go to this provider.

In most cases, you must have prior authorization from your PCP, medical group, or CenCal Health before you can go to an out-of-network provider or a provider who is not part of your medical group. You do not need pre-approval (prior authorization) for emergency services, family planning services, or in-network mental health services.

Members who have both Medicare and Medi-Cal

Members who have both Medicare and CenCal Health (Medi-Cal) have access to:

- Medicare providers
- CenCal Health providers

To learn more about your Medicare benefits and covered providers, contact your Medicare plan. If you have a Medicare Advantage Plan, please refer to your Medicare Advantage Plan's Evidence of Coverage and Provider Directory for covered benefits and providers who work with your plan.

Doctors

You will choose a doctor from the CenCal Health Provider Directory as your PCP. The doctor you choose must be an in-network provider. To get a copy of the CenCal Health Provider Directory, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Or find it online at www.cencalhealth.org.

If you are choosing a new PCP, you should also call the PCP you want to make sure they are taking new patients.

If you had a doctor before you were a member of CenCal Health, and that doctor is not part of the CenCal Health network, you might be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If you need a specialist, your PCP will refer you to a specialist in the CenCal Health network. Some specialists do not require a referral. For more on referrals, read "Referrals" later in this chapter.

Remember, if you do not choose a PCP, CenCal Health will choose one for you, unless you have other comprehensive health coverage in addition to Medi-Cal. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to choose a PCP from CenCal Health.

If you want to change your PCP, you must choose a PCP from the CenCal Health Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You can also change your PCP through CenCal Health's Member



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Portal. You will need to create a portal account at: www.cencalhealth.org by clicking the link “Member Login” at the top of the homepage.

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital that your PCP uses and is in the CenCal Health provider network. The Provider Directory lists the hospitals in the CenCal Health network.

Women’s health specialists

You can go to a women’s health specialist in CenCal Health’s network for covered care necessary to provide women’s routine care services. You do not need a referral or authorization from your PCP to get these services. For help finding a women’s health specialist, you can call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). You can also call the 24/7 CenCal Health Nurse Advice Line at 1-800-524-5222.

Provider Directory

The CenCal Health Provider Directory lists providers in the CenCal Health network. The network is the group of providers that work with CenCal Health.

The CenCal Health Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), Indian Health Care Providers (IHCPs), and Rural Health Clinics (RHCs).

The Provider Directory has CenCal Health in-network provider names, specialties, addresses, phone numbers, business hours, and languages spoken. It tells you if the provider is taking new patients. It also gives the physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. To learn more about a doctor’s education, training, and board certification, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

You can find the online Provider Directory at www.cencalhealth.org.

If you need a printed Provider Directory, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

Timely access to care

Your in-network provider must provide timely access to care based on your health care needs. At minimum, they must offer you an appointment listed in the time frames in the table below.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Appointment Type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness, or other health condition	15 business days

Other wait time standards	You should be able to get connected within:
Member services telephone wait times during normal business hours	10 minutes
Telephone wait times for Nurse Advice Line	30 minutes (connected to nurse)

Sometimes waiting longer for an appointment is not a problem. Your provider might give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health. Also, if you prefer to wait for a later appointment that will better fit your schedule or go to another provider of your choice, your provider or CenCal Health will respect your wish.

Your doctor may recommend a specific schedule for preventive services, follow-up care for ongoing conditions or standing referrals to specialists, depending on your needs.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Tell us if you need interpreter services when you call CenCal Health or when you get covered services. Interpreter services, including sign language, are available at no cost to you. We highly discourage the use of minors or family members as interpreters. To learn more about interpreter services we offer, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If you need interpreter services, including sign language, at a Medi-Cal Rx pharmacy, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m.

Travel time or distance to care

CenCal Health must follow travel time or distance standards for your care. Those standards help make sure you can get care without having to travel too far from where you live. Travel time or distance standards depend on the county you live in.

If CenCal Health is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For CenCal Health's time or distance standards for where you live, visit www.cencalhealth.org. Or call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If you need care from a provider located far from where you live, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). They can help you find care with a provider located closer to you. If CenCal Health cannot find care for you from a closer provider, you can ask CenCal Health to arrange transportation for you to go to your provider, even if that provider is located far from where you live.

If you need help with pharmacy providers, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

It is considered far if you cannot get to that provider within the CenCal Health's travel time or distance standards for your county, regardless of any alternative access standard CenCal Health might use for your ZIP Code.

Appointments

When you need health care:

- Call your PCP
- Have your CenCal Health ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and CenCal Health ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit
- Be on time for your appointment, arrive a few minutes early to sign in, fill out forms, and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

If you have an emergency, call **911** or go to the nearest emergency room. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the Nurse Advice Line at 1-800-524-5222.

Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, CenCal Health can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or for Non-Medical Transportation. These transportation services are not for emergencies and may be available at no cost to you.

If you are having an emergency, call **911**. Transportation is available for services and appointments not related to emergency care. They may be available at no cost to you.

To learn more, read, "Transportation benefits for situations that are not emergencies" below.

Canceling and rescheduling

If you can't get to your appointment, call your provider's office right away. Most doctors require you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your doctor might stop providing care to you and you will have to find a new doctor.

Payment

You do **not** have to pay for covered services unless you have a share of cost for long-term care. To learn more, read "For members with long-term care and a share of cost" in Chapter 2. In most cases, you will not get a bill from a provider. You must show your CenCal Health ID card and your Medi-Cal BIC when you get health care services or prescriptions, so your provider knows who to bill. You can get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). If you get a bill for prescriptions, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Tell CenCal Health the amount you are being charged, the date of service, and the reason for the bill. You do not need to pay providers for any amount owed by CenCal Health for any covered service. You must get pre-approval (prior authorization) from CenCal Health before you visit an out-of-network provider except when:

- You need emergency services, in which case dial 911 or go to the nearest hospital
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval (prior authorization)



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- You need mental health services, in which case you can go to an in-network provider or to a county mental health plan provider without pre-approval (prior authorization)
- You need urgent care services after CenCal Health’s business hours of 8:00 a.m. – 5:00 p.m., Monday through Friday.

If you get care from an out-of-network provider and you did not get pre-approval (prior authorization) from CenCal Health, you might have to pay for the care you got. If you need to get medically necessary care from an out-of-network provider because it is not available in the CenCal Health network, you will not have to pay as long as the care is a Medi-Cal covered service and you got pre-approval (prior authorization) from CenCal Health for it. To learn more about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay you don’t think you have to pay, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). If you pay the bill, you can file a claim form with CenCal Health. You will need to tell CenCal Health in writing why you had to pay for the item or service. CenCal Health will read your claim and decide if you can get money back.

For questions call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If you get services in the Veterans Affairs system or get non-covered or unauthorized services outside of California, you might be responsible for payment.

CenCal Health will not pay you back if:

- The services are not covered by Medi-Cal such as cosmetic services
- You have an unmet Medi-Cal share of cost
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself
- You asked to be paid back for co-pays for prescriptions covered by your Medicare Part D plan

Referrals

If you need a specialist for your care, your PCP or another specialist will give you a referral to one. A specialist is a provider who focuses on one type of health care service. The doctor who refers you will work with you to choose a specialist. To help make sure you can go to a specialist in a timely way, DHCS sets time frames for members to get appointments. These time frames are listed in “Timely access to care” in this handbook. Your PCP’s office can help you set up an appointment with a specialist.

Other services that might need a referral include in-office procedures, X-rays, lab work, and surgery.

Your PCP might give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment. CenCal Health must approve your PCP’s referral to a specialist:



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- When you are referred to an out-of-network/non-contracted specialist. This means a provider or facility that is:
 - Outside the counties of Santa Barbara or San Luis Obispo
 - Within the counties but does not have a contract with CenCal Health
- When your child is sent to a specialist for a service that might be covered under the California Children's Services (CCS) program.

If you have a health problem that needs special medical care for a long time, you might need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the CenCal Health referral policy, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

You do **not** need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call the Office of Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs, and IHCPs)
- Initial mental health assessment
- Acupuncture (the first two services per month; additional appointments will need a referral)
- Lactation Services (first hour with a contracted provider)
- Nutrition Education (first visit with a contracted provider)

Minors can also get certain outpatient mental health services, sensitive services, and substance use disorder services without parent's consent. To learn more, read "Minor consent services" in this chapter and "Substance use disorder treatment services" in Chapter 4 of this handbook.

California Cancer Equity Act referrals

Effective treatment of complex cancers depends on many factors. These include getting the right diagnosis and getting timely treatment from cancer experts. If you are diagnosed with a complex cancer, the new California Cancer Care Equity Act allows you to ask for a referral from your doctor to get cancer treatment from an in-network National Cancer Institute (NCI)-designated cancer center, NCI Community Oncology Research Program (NCORP)-affiliated site, or a qualifying academic cancer center.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

If CenCal Health does not have an in-network NCI-designated cancer center, CenCal Health will allow you to ask for a referral to get cancer treatment from one of these out-of-network centers in California, if one of the out-of-network centers and CenCal Health agree on payment, unless you choose a different cancer treatment provider.

If you have been diagnosed with cancer, contact CenCal Health to find out if you qualify for services from one of these cancer centers.

Ready to quit smoking? To learn about services in English, call 1-800-300-8086. For Spanish, call 1-800-600-8191.

To learn more, go to www.kickitca.org.

Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask CenCal Health for permission before you get the care. This is called asking for pre-approval or prior authorization. It means CenCal Health must make sure the care is medically necessary (needed).

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under age 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services always need pre-approval (prior authorization), even if you get them from a provider in the CenCal Health network:

- Hospitalization, if not an emergency
- Services out of the CenCal Health service area, if not an emergency or urgent care
- Outpatient surgery and inpatient surgery
- Long-term care or skilled nursing services at a nursing facility
- Specialized treatments, high tech imaging, genetic testing, and procedures
- Medical transportation services when it is not an emergency (non-urgent or non-medical)

Emergency ambulance services do not require pre-approval (prior authorization).

Under Health and Safety Code Section 1367.01(h)(1), CenCal Health has 5 business days from when CenCal Health gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. For requests a provider made or when CenCal Health finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, CenCal Health will make an expedited (fast) pre-approval (prior authorization) decision.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

CenCal Health will give you notice as quickly as your health condition requires and no later than 72 hours after getting the request for services.

Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

CenCal Health does not influence the reviewers' decision to deny or approve coverage or services in any way. If CenCal Health does not approve the request, CenCal Health will send you a Notice of Action (NOA) letter. The NOA will tell you how to file an appeal if you do not agree with the decision.

CenCal Health will contact you if CenCal Health needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the network or out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for certain sensitive care services. To learn more about sensitive care services, read "Sensitive care" later in this chapter.

For questions about pre-approval (prior authorization), call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you might want a second opinion if you want to make sure your diagnosis is correct, you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, we will refer you to a qualified in-network provider who can give you a second opinion. For help choosing a provider, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health will pay for a second opinion if you or your in-network provider asks for it, and you get the second opinion from an in-network provider. You do not need pre-approval (prior authorization) from CenCal Health to get a second opinion from an in-network provider. Your in-network provider can help you get a referral for a second opinion if you need one.

If there is no provider in the CenCal Health network who can give you a second opinion, CenCal Health will pay for a second opinion from an out-of-network provider. CenCal Health will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe, or serious illness, or have an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, CenCal Health will tell you in writing within 72 hours.

If CenCal Health denies your request for a second opinion, you can file a grievance. To learn more about grievances, read "Complaints" in Chapter 6 of this handbook.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Sensitive care

Minor consent services

If you are under age 18, you can get some services without a parent's or guardian's permission. These services are called minor consent services.

You may get these services without your parent or guardian's permission:

- Sexual assault services, including outpatient mental health care
- Pregnancy
- Family planning and birth control
- Abortion services

If you are 12 years old or older, you may also get these services without your parent's or guardian's permission:

- Outpatient mental health care for:
 - Sexual assault
 - Incest
 - Physical assault
 - Child abuse
 - When you have thoughts of hurting yourself or others
- HIV/AIDS prevention, testing, and treatment
- Sexually transmitted infections prevention, testing, and treatment
- Substance use disorder treatment
 - To learn more, read "Substance use disorder treatment services" in Chapter 4 of this handbook.

For pregnancy testing, family planning services, birth control services, or services for sexually transmitted infections, the doctor or clinic does not have to be in the CenCal Health network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization).

For minor consent services that are not specialty mental health services, you can go to an in-network provider without a referral and without pre-approval (prior authorization). Your PCP does not have to refer you and you do not need to get pre-approval (prior authorization) from CenCal Health to get covered minor consent services.

Minor consent services that are specialty mental health services are not covered. Specialty mental health services are covered by the county mental health plan for the county where you live.

Minors can talk to a representative in private about their health concerns by calling the 24/7 CenCal Health Nurse Advice Line at 1-800-524-5222.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

CenCal Health will not send information about getting sensitive services to parents or guardians. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7 of this handbook.

Adult sensitive care services

As an adult 18 years or older, you may not want to go to your PCP for certain sensitive or private care. You can choose any doctor or clinic for these types of care:

- Family planning and birth control including sterilization for adults 21 and older
- Pregnancy testing and counseling
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing, and treatment
- Sexual assault care
- Outpatient abortion services

For sensitive care, the doctor or clinic does not have to be in the CenCal Health network. You can choose to go to any Medi-Cal provider for these services without a referral or pre-approval (prior authorization) from CenCal Health. If you got care not listed here as sensitive care from an out-of-network provider, you might have to pay for it.

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Or call the 24/7 CenCal Health Nurse Advice Line at 1-800-524-5222.

CenCal Health will not disclose medical information related to sensitive services to any other member without written authorization from you, the member receiving care. To learn more about how to ask for confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 7.

Moral objection

Some providers have a moral objection to some covered services. They have a right to not offer some covered services if they morally disagree with the services. If your provider has a moral objection, they will help you find another provider for the needed services. CenCal Health can also help you find a provider.

Some hospitals and providers do not provide one or more of these services even if they are covered by Medi-Cal:

- Family planning
- Contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Or call CenCal Health at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Ask if the provider can and will provide the services you need.

These services are available to you. CenCal Health will make sure you and your family members can use providers (doctors, hospitals, clinics) who will give you the care you need. If you have questions or need help finding a provider, call CenCal Health at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury, or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization). If you ask for an urgent care appointment, you will get an appointment within 48 hours. If the urgent care services you need require a pre-approval (prior authorization), you will get an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Or you can call CenCal Health Nurse Advice Line at 1-800-524-5222, to learn the level of care that is best for you.

You may also call the Nurse Advice Line if you have any of the following medical concerns:

- You need help deciding if you should see your PCP or go to the Emergency Room or Urgent Care.
- You have questions about medications, medical tests, or procedures.
- You want to learn how to take care of a new or chronic condition.
- You have questions about how you or your family can stay healthy.
- Your mental health needs (for hours outside of 8:00 a.m. – 5:00 p.m. Monday through Friday).

You can also go to our website at www.cencalhealth.org/afterhours for a list of CenCal Health doctors and clinics that are open weekdays after 5 p.m. or on weekends.

If you need urgent care out of the area, go to the nearest urgent care facility.

Urgent care needs could be:

- Cold
- Sore throat
- Fever
- Ear pain
- Sprained muscle
- Maternity services



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

You must get urgent care services from an in-network provider when you are inside CenCal Health's service area. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside CenCal Health's service area. If you are outside the CenCal Health service area, but inside the United States, you do not need pre-approval (prior authorization) to get urgent care.

Go to the nearest urgent care facility. Medi-Cal does not cover urgent care services outside the United States. If you are traveling outside the United States and need urgent care, we will not cover your care.

If you need mental health urgent care, call your county mental health plan or Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Call your county mental health plan in Santa Barbara County at 1-888-868-1649; for San Luis Obispo County call 1-800-838-1381 or CenCal Health any time from 8:00 a.m. – 5:00 p.m., Monday - Friday, or CenCal Health Nurse Advice Line at 1-800-524-5222 any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, go to: <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

If you get medicines as part of your covered urgent care visit, CenCal Health will cover them as part of your covered visit. If your urgent care provider gives you a prescription to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read "Prescription drugs covered by Medi-Cal Rx" in "Other Medi-Cal programs and services" in Chapter 4.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from CenCal Health.

Inside the United States, including any United States Territory, you have the right to use any hospital or other setting for emergency care.

If you are outside the United States, only emergency care requiring hospitalization in Canada and Mexico are covered. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, you would place your health (or your unborn baby's health) in serious danger. This includes risking serious harm to your bodily functions, body organs or body parts. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts (this may be covered by county mental health plans)



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Do **not** go to the ER for routine care or care that is not needed right away. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 CenCal Health Nurse Advice Line at 1-800-524-5222.

If you need emergency care away from home, go to the nearest ER even if it is not in the CenCal Health network. If you go to an ER, ask them to call CenCal Health. You or the hospital that admitted you should call CenCal Health within 24 hours after you get emergency care. If you are traveling outside the United States other than to Canada or Mexico and need emergency care, CenCal Health will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or CenCal Health before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call CenCal Health.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

CenCal Health Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call CenCal Health Nurse Advice Line at 1-800-524-5222 or 711.

CenCal Health Nurse Advice Line

CenCal Health Nurse Advice Line can give you free medical information and advice 24 hours a day, every day of the year. Call CenCal Health Nurse Advice Line at 1-800-524-5222 or 711 to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The Nurse Advice Line **cannot** help with clinic appointments or medicine refills. Call your provider's office if you need help with these.

Advance directives

An advance health directive is a legal form. You can list on the form the health care you want in case you cannot talk or make decisions later. You can also list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

You can get an advance directive form at pharmacies, hospitals, law offices, and doctors' offices. You might have to pay for the form. You can also find and download a free form online. You can ask your family, PCP, or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. CenCal Health will tell you about changes to the state law no longer than 90 days after the change.

To learn more, you can call CenCal Health Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Organ and tissue donation

You can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

4. Benefits and services

What your health plan covers

This chapter explains your covered services as a member of CenCal Health. Your covered services are free as long as they are medically necessary and provided by an in-network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services and emergency care. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask CenCal Health for pre-approval (prior authorization) for this.

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury. For members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more on your covered services, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Members under 21 years old get extra benefits and services. To learn more, read Chapter 5, “Child and youth well care.”

Some of the basic health benefits CenCal Health offers are listed below. Benefits with a star (*) need pre-approval (prior authorization).

- Acupuncture*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services*
- Asthma prevention
- Audiology*
- Behavioral health treatments*
- Biomarker testing*
- Cardiac rehabilitation
- Chiropractic services*
- Chemotherapy & Radiation therapy
- Cognitive health assessments
- Community Based Adult Services (CBAS)*
- Community health worker services
- Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Community Supports (CS)*
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)*
- Dyadic services
- Emergency room visits
- Enhanced Care Management (ECM)*
- Enteral and parenteral nutrition*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Habilitative services and devices*
- Hearing aids
- Home health care*
- Hospice care*



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term home health therapies and services*
- Maternity and newborn care
- Major organ transplant*
- Occupational therapy*
- Orthotics/prostheses*
- Ostomy and urological supplies*
- Outpatient hospital services
- Outpatient mental health services
- Outpatient surgery*
- Palliative care*
- PCP visits
- Pediatric services
- Physical therapy*
- Podiatry services*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing*
- Rehabilitation services and devices*
- Skilled nursing services*
- Specialist visits
- Speech therapy*
- Surgical services*
- Telemedicine/Telehealth
- Transgender services*
- Urgent care
- Vision services*
- Women’s health services

Definitions and descriptions of covered services are in Chapter 8, “Important numbers and words to know.”

Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness, or injury.

Medically necessary services include those services that are necessary for age-appropriate growth and development, or to attain, maintain, or regain functional capacity.

For members under 21 years of age, a service is medically necessary if it is necessary to correct or improve defects and physical and mental illnesses or conditions under the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or maintain the member’s condition to keep it from getting worse.

Medically necessary services do not include:

- **Treatments that are untested or still being tested**
- **Services or items not generally accepted as effective**
- **Services outside the normal course and length of treatment or services that don’t have clinical guidelines**
- **Services for caregiver or provider convenience**

CenCal Health coordinates with other programs to be sure you get all medically necessary services, even if those services are covered by another program and not CenCal Health.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life,
- Prevent significant illness or significant disability,
- Alleviate severe pain,
- Achieve age-appropriate growth and development, or
- Attain, maintain, and regain functional capacity

For members younger than 21 years old, medically necessary services include all covered services listed above plus any other necessary health care, diagnostic services, treatment, and other measures to correct or improve defects and physical and mental illnesses and conditions, the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit requires.

EPSDT provides prevention, diagnostic, and treatment services for low-income infants, children, and adolescents under age 21. EPSDT covers more services than the benefit for adults. It is designed to make sure children get early detection and care to prevent or diagnose and treat health problems. The EPSDT goal is to make sure every child gets the health care they need when they need it – the right care to the right child at the right time in the right setting.

CenCal Health will coordinate with other programs to make sure you get all medically necessary services, even if another program covers those services and CenCal Health does not. Read “Other Medi-Cal programs and services” in this chapter.

Medi-Cal benefits covered by CenCal Health

Outpatient (ambulatory) services

Adult immunizations

You can get adult immunizations (shots) from an in-network provider without pre-approval (prior authorization). CenCal Health covers shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), including shots you need when you travel.

You can also get some adult immunization (shots) services in a pharmacy through Medi-Cal Rx. To learn more about Medi-Cal Rx, read “Other Medi-Cal programs and services” in this chapter.

Allergy care

CenCal Health covers allergy testing and treatment, including allergy desensitization, hypo-sensitization, or immunotherapy.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Anesthesiologist services

CenCal Health covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by an anesthesiologist who may require pre-approval (prior authorization).

Chiropractic services

CenCal Health covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of 2 services per month, or combination of 2 services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy. Limits do not apply to children under age 21. CenCal Health may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

- Children under age 21
- Pregnant people through the end of the month that includes 60-days after the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at county hospital outpatient departments, outpatient clinics, Federally Qualified Health Center (FQHCs), or Rural Health Clinics (RHCs) in the CenCal Health network. Not all FQHCs, RHCs, or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

CenCal Health covers a yearly cognitive health assessment for members 65 years old or older who do not otherwise qualify for a similar assessment as part of a yearly wellness visit under the Medicare program. A cognitive health assessment looks for signs of Alzheimer's disease or dementia.

Community health worker services

CenCal Health covers community health worker (CHW) services for individuals when recommended by a doctor or other licensed practitioner to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. Services may include:

- Health education and training, including control and prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and injury prevention
- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Dialysis and hemodialysis services

CenCal Health covers dialysis treatments. CenCal Health also covers hemodialysis (chronic dialysis) services if your doctor submits a request and CenCal Health approves it.

Medi-Cal coverage does not include:

- Comfort, convenience, or luxury equipment, supplies, and features
- Non-medical items, such as generators or accessories to make home dialysis equipment portable for travel

Doula services

CenCal Health covers doula services for members who are pregnant or were pregnant in the past year when recommended by a physician or licensed practitioner. Medi-Cal does not cover all doula services. Doulas are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion.

Dyadic services

CenCal Health covers medically necessary dyadic behavioral health (DBH) care services for members and their caregivers. A dyad is a child and their parents or caregivers. Dyadic care serves parents or caregivers and child together. It targets family well-being to support healthy child development and mental health.

Dyadic care services include DBH well-child visits, dyadic comprehensive Community Supports services, dyadic psycho-educational services, dyadic parent or caregiver services, dyadic family training, and counseling for child development, and maternal mental health services.

Outpatient surgery

CenCal Health covers outpatient surgical procedures. For some procedures, you will need to get pre-approval (prior authorization) before getting those services. Diagnostic procedures and certain outpatient medical or dental procedures are considered elective. You must get pre-approval (prior authorization).

Physician services

CenCal Health covers physician services that are medically necessary.

Podiatry (foot) services

CenCal Health covers podiatry services as medically necessary for diagnosis and for medical, surgical, mechanical, manipulative, and electrical treatment of the human foot. This includes treatment for the ankle and for tendons connected to the foot. It also includes nonsurgical treatment of the muscles and tendons of the leg that controls the functions of the foot.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Treatment therapies

CenCal Health covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

CenCal Health covers these maternity and newborn care services:

- Birthing center services
- Breast pumps and supplies
- Breastfeeding education and aids
- Certified Nurse Midwife (CNM)
- Delivery and postpartum care
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Licensed Midwife (LM)
- Maternal mental health services
- Newborn care
- Prenatal care

Telehealth services

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider by phone, video, or other means. Or telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth.

Telehealth may not be available for all covered services. You can contact your provider to learn which services you can get through telehealth. It is important that you and your provider agree that using telehealth for a service is appropriate for you. You have the right to in-person services. You are not required to use telehealth even if your provider agrees that it is appropriate for you.

Mental health services

Outpatient mental health services

CenCal Health covers initial mental health assessments without needing pre-approval (prior authorization). You can get a mental health assessment at any time from a licensed mental health provider in the CenCal Health network without a referral.

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the CenCal Health network to decide the level of care you need. If your mental health screening results find you are in mild or moderate distress or have impaired mental, emotional, or behavioral functioning, CenCal Health can provide mental health services for you. CenCal Health covers mental health services such as:



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory, and problem solving
- Outpatient services for the purposes of monitoring medicine therapy
- Outpatient laboratory services
- Outpatient medicines that are not already covered under the Medi-Cal Rx Contract Drugs List (<https://medi-calrx.dhcs.ca.gov/home/>), supplies and supplements
- Psychiatric consultation
- Family therapy which involves at least 2 family members. Examples of family therapy include, but are not limited to:
 - Child-parent psychotherapy (ages 0 through 5)
 - Parent child interactive therapy (ages 2 through 12)
 - Cognitive-behavioral couple therapy (adults)

For help finding more information on mental health services provided by CenCal Health, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

If treatment you need for a mental health disorder is not available in the CenCal Health network or your PCP or mental health provider cannot give the care you need in the time listed above in “Timely access to care,” CenCal Health will cover and help you get out-of-network services.

If your mental health screening shows that you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider can refer you to the county mental health plan to get the care you need.

To learn more, read “Other Medi-Cal programs and services” on page 75 under, “Specialty mental health services.”

Emergency care

Inpatient and outpatient services needed to treat a medical emergency

CenCal Health covers all services needed to treat a medical emergency that happens in the U.S. (including territories such as Puerto Rico, U.S. Virgin Islands, etc.). CenCal Health also covers emergency care that requires hospitalization in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent (reasonable) layperson (not a health care professional) could expect it to result in:

- Serious risk to your health,
- Serious harm to bodily functions,
- Serious dysfunction of any bodily organ or part, or
- Serious risk in cases of a pregnant person in active labor, meaning labor at a time when either of the following would occur:



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- There is not enough time to safely transfer you to another hospital before delivery.
- The transfer might pose a threat to your health or safety or to that of your unborn child.

If a hospital emergency room provider gives you up to a 72-hour supply of an outpatient prescription drug as part of your treatment, CenCal Health will cover the prescription drug as part of your covered Emergency Services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will cover that prescription.

If a pharmacist at an outpatient pharmacy gives you an **emergency supply** of a medication, that emergency supply will be covered by Medi-Cal Rx and not CenCal Health. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at 1-800-977-2273.

Emergency transportation services

CenCal Health covers ambulance services to help you get to the nearest place of care in an emergency. This means your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S. except emergency care that requires you to be in the hospital in Canada or Mexico. If you get emergency ambulance services in Canada or Mexico and you are not hospitalized during that care episode, CenCal Health will not cover your ambulance services.

Hospice and palliative care

CenCal Health covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social, and spiritual discomforts. Adults ages 21 years or older may not get hospice care and palliative care services at the same time.

Hospice care

Hospice care is a benefit for terminally ill members. Hospice care requires the member to have a life expectancy of 6 months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational, or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through Medi-Cal Rx)
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility, or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility, or hospice facility



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Palliative care

Palliative care is patient and family-centered care that improves quality of life by anticipating, preventing, and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care including all authorized palliative and curative care
- Plan of care team including, but not limited to:
 - Doctor of medicine or osteopathy
 - Physician assistant
 - Registered nurse
 - Licensed vocational nurse or nurse practitioner
 - Social worker
 - Chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Adults who are age 21 or older cannot get both palliative care and hospice care at the same time. If you are getting palliative care and qualify for hospice care, you can ask to change to hospice care at any time.

Hospitalization**Anesthesiologist services**

CenCal Health covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical or dental procedures.

Inpatient hospital services

CenCal Health covers medically necessary inpatient hospital care when you are admitted to the hospital.

Rapid Whole Genome Sequencing

Rapid Whole Genome Sequencing (RWGS) is a covered benefit for any Medi-Cal member who is one year of age or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing. RWGS is a new way to diagnose conditions in time to affect Intensive Care Unit (ICU) care of children one year of age or younger.

Surgical services

CenCal Health covers medically necessary surgeries performed in a hospital.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

The Postpartum Care Extension (PPCE) program

CenCal Health covers post-partum care for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status. No other action is needed.

Rehabilitative and habilitative (therapy) services and devices

This benefit includes services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

CenCal Health covers rehabilitative and habilitative services described in this section if all of the following requirements are met:

- The services are medically necessary
- The services are to address a health condition
- The services are to help you keep, learn, or improve skills and functioning for daily living
- You get the services at an in-network facility, unless an in-network doctor finds it medically necessary for you to get the services in another place or an in-network facility is not available to treat your health condition

CenCal Health covers these rehabilitative/habilitative services:

Acupuncture

CenCal Health covers acupuncture services to prevent, change, or relieve the perception of severe, ongoing chronic pain resulting from a generally recognized medical condition.

Outpatient acupuncture services, with or without electric stimulation of needles, are limited to 2 services per month in combination with audiology, chiropractic, occupational therapy, and speech therapy services when provided by a doctor, dentist, podiatrist, or acupuncturist. Limits do not apply to children under age 21. CenCal Health may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

CenCal Health covers audiology services. Outpatient audiology is limited to 2 services per month, in combination with acupuncture, chiropractic, occupational therapy, and speech therapy services (limits do not apply to children under age 21). CenCal Health may pre-approve (prior authorize) more services as medically necessary.

Behavioral health treatments

CenCal Health covers behavioral health treatment (BHT) services for members under 21 years old through the EPSDT benefit. BHT includes services and treatment programs such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of a person under 21 years old.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

BHT services teach skills using behavioral observation and reinforcement or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence. They are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment, and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

Cardiac rehabilitation

CenCal Health covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

CenCal Health covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, CenCal Health does not cover:

- Comfort, convenience, or luxury equipment, features, and supplies, except retail-grade breast pumps as described in this chapter under “Breast pumps and supplies” in “Maternity and newborn care”
- Items not intended to maintain normal activities of daily living, such as exercise equipment including devices intended to provide more support for recreational or sports activities
- Hygiene equipment, except when medically necessary for a member under age 21
- Nonmedical items such as sauna baths or elevators
- Modifications to your home or car
- Devices for testing blood or other body substances (diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets are covered by Medi-Cal Rx)
- Electronic monitors of the heart or lungs except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except when medically necessary for a member under age 21
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for pre-approval (prior authorization).

Enteral and parenteral nutrition

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral nutrition formulas and parenteral nutrition products may be covered through Medi-Cal Rx, when medically necessary. CenCal Health also covers enteral and parenteral pumps and tubing, when medically necessary.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Hearing aids

CenCal Health covers hearing aids if you are tested for hearing loss, the hearing aids are medically necessary, and you have a prescription from your doctor. Coverage is limited to the lowest cost aid that meets your medical needs. CenCal Health will cover one hearing aid unless an aid for each ear is needed for results much better than you can get with one aid.

Hearing aids for members under age 21:

In Santa Barbara and San Luis Obispo counties, CenCal Health covers CCS-eligible medical services, including hearing aids. CenCal Health will cover the medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for members ages 21 and older.

Under Medi-Cal, we cover the following for each covered hearing aid:

- Ear molds needed for fitting
- One standard battery package
- Visits to make sure the aid is working right
- Visits for cleaning and fitting your hearing aid
- Repair of your hearing aid

Under Medi-Cal, we will cover a replacement hearing aid if:

- Your hearing loss is such that your current hearing aid is not able to correct it
- Your hearing aid is lost, stolen, or broken and cannot be fixed and it was not your fault. You must give us a note that tells us how this happened

For adults ages 21 and older, Medi-Cal does **not** include:

- Replacement hearing aid batteries

Home health services

CenCal Health covers health services given in your home when found medically necessary and prescribed by your doctor or by a physician assistant, nurse practitioner, or clinical nurse specialist.

Home health services are limited to services that Medi-Cal covers, including:

- Part-time skilled nursing care
- Part-time home health aide
- Skilled physical, occupational, and speech therapy
- Medical social services
- Medical supplies



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Medical supplies, equipment, and appliances

CenCal Health covers medical supplies prescribed by doctors, physician assistants, nurse practitioners, and clinical nurse specialists. Some medical supplies are covered through Fee-for-Service (FFS) Medi-Cal Rx and not by CenCal Health. When FFS covers supplies, the provider will bill Medi-Cal.

Medi-Cal does **not** cover:

- Common household items including, but not limited to:
 - Adhesive tape (all types)
 - Rubbing alcohol
 - Cosmetics
 - Cotton balls and swabs
 - Dusting powders
 - Tissue wipes
 - Witch hazel
- Common household remedies including, but not limited to:
 - White petrolatum
 - Dry skin oils and lotions
 - Talc and talc combination products
 - Oxidizing agents such as hydrogen peroxide
 - Carbamide peroxide and sodium perborate
- Non-prescription shampoos
- Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid, and zinc oxide paste
- Other items not generally used primarily for health care, and that are regularly and primarily used by persons who do not have a specific medical need for them

Occupational therapy

CenCal Health covers occupational therapy services including occupational therapy evaluation, treatment planning, treatment, instruction, and consultative services. Occupational therapy services are limited to 2 services per month in combination with acupuncture, audiology, chiropractic, and speech therapy services (limits do not apply to children under age 21). CenCal Health may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

CenCal Health covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. They include implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments, and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Ostomy and urological supplies

CenCal Health covers ostomy bags, urinary catheters, draining bags, irrigation supplies, and adhesives. This does not include supplies that are for comfort or convenience, or luxury equipment or features.

Physical therapy

CenCal Health covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and applying of topical medicines.

Pulmonary rehabilitation

CenCal Health covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

Skilled nursing facility services

CenCal Health covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with 24-hour per day skilled nursing care.

Speech therapy

CenCal Health covers speech therapy that is medically necessary. Speech therapy services are limited to 2 services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy services. Limits do not apply to children under age 21. CenCal Health may pre-approve (prior authorize) more services as medically necessary.

Transgender services

CenCal Health covers transgender services (gender-affirming services) when they are medically necessary or when the services meet the rules for reconstructive surgery.

Clinical trials

CenCal Health covers routine patient care costs for patients accepted into clinical trials, including clinical trials for cancer, listed for the United States at <https://clinicaltrials.gov>. Medi-Cal Rx, a Medi-Cal FFS program, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” in this chapter.

Laboratory and radiology services

CenCal Health covers outpatient and inpatient laboratory and X-ray services when medically necessary. Advanced imaging procedures such as CT scans, MRIs, and PET scans, are covered based on medical necessity.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- American Academy of Pediatrics Bright Futures recommendations (https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Adverse childhood experiences (ACE) screening
- Asthma prevention services
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists
- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services are provided to members of childbearing age to allow them to choose the number and spacing of children. These services include all methods of birth control approved by the FDA. CenCal Health's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a Medi-Cal doctor or clinic not connected with CenCal Health without having to get pre-approval (prior authorization) from CenCal Health. Services from an out-of-network provider not related to family planning might not be covered. To learn more, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health also covers chronic disease management programs focused on the following conditions:

- Diabetes
- Cardiovascular disease
- Asthma
- Depression

For preventive care information for youth 20 years old and younger, read Chapter 5, "Child and youth well care."

Preventive Health Guidelines

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For Adults

Getting regular checkups can help you stay healthy and prevent disease. The following tests and immunizations (shots) are recommended for most adults. Talk with your doctor about which of the tests you need and when you should have them. Earlier or more frequent testing may be ordered if you have symptoms or if you are at high risk.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Routine Health Exams	How Often
Cholesterol	Beginning at age 45 for women, and age 35 for men
Chlamydia and Gonorrhea Screening	For women if age 24 or younger and sexually active, and women age 25 and older at increased risk
Osteoporosis Test	Beginning at age 65 for women
Blood Pressure	Beginning at age 18 for all adults
Body Mass Index (BMI)	At regular checkups for all adults
HIV Test	For adolescents and adults ages 15 to 65, and all pregnant people
Depression Screening	For general adult population, including pregnant and postpartum people
Tuberculosis (TB) screening	For adults at increased risk
Hepatitis C Screening	For all adults ages 18 to 79
Prediabetes and Diabetes Screening	Asymptomatic adults ages 35 to 70 years old who have overweight or obesity

Cancer Screenings	How Often
Colorectal Cancer Screening	Beginning at age 45 and continuing until age 75 for all adults
Cervical Cancer Screening	Every 3 to 5 years for people with a cervix ages 21 to 65
Breast Cancer Screening	Every 2 years for women 50 to 74

Perinatal Care	How Often
Prenatal Visit	For pregnant people within the first trimester
Postpartum visit	For postpartum people between 1 to 12 weeks after delivery

Immunizations	How Often
Tetanus-Diphtheria-Pertussis (Td or Tdap)	1 dose Tdap, then Td booster every 10 years. Pregnant people should get a Tdap vaccine with each pregnancy.
Influenza (Flu Shot)	Every year for all adults
Pneumococcal (PCV15 or PCV20)	1 dose after age 65
Zoster (RZV)	2 doses for age 50 or older
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later
Chicken Pox (VAR)	2 doses for adults with no history of immunity



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Immunizations	How Often
Human Papillomavirus (HPV)	If not already completed, adults ages 19-26 should get 2 or 3 doses
Hepatitis B	For adults ages 19 to 59. 2, 3, or 4 doses depending on vaccine or condition
COVID-19	2 or 3 dose primary series and booster

2023 —This summary is based on the CDC Recommended Adult Immunization Schedule and select U.S. Preventive Services Task Force (USPSTF) recommendations. A complete list of USPSTF A and B recommendations is available at: www.uspreventiveservicestaskforce.org/. The complete CDC Immunization Schedule can be found at www.cdc.gov/vaccines. This document is updated annually; visit cencalhealth.org for the most recent version.

Preventive Health Guidelines

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For Your Child

It is important for your child to have regular checkups with their doctor and to get immunizations (shots). Immunizations help protect your child from serious diseases. This chart will help you know when your child needs screenings and immunizations. If your child has missed an immunization, talk with their doctor so your child can get caught up.

Age	Visits & Screenings	Immunizations
INFANT		
At birth	Exam in hospital	Hepatitis B (HepB)
1 Month	Well-Child Visit, Hearing test	Between 1—2 months: HepB
2 Months	Well-Child Visit	Diphtheria, Tetanus, and Pertussis (DTaP), Pneumococcal (PCV15), Rotavirus (RV), Haemophilus influenzae type b (Hib), Polio (IPV)
4 Months	Well-Child Visit	DTaP, RV, Hib, PCV15, IPV
6 Months	Well-Child Visit	DTaP, PCV15, Hib, RV, Flu shot ¹ , COVID-19 ² Between 6—18 months: IPV, HepB
9 Months	Well-Child Visit	



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Age	Visits & Screenings	Immunizations
INFANT		
12 Months	Well-Child Visit, Fluoride Varnish ³ , Blood Lead Screening	Between 12—15 months: Measles, Mumps, Rubella (MMR), Hib, PCV15, Chickenpox (VAR) Between 12—23 months: Hepatitis A (HepA) (2 doses, 6 months apart)
15 Months	Well-Child Visit, Fluoride Varnish ³	Between 15—18 months: DTaP
18 Months	Well-Child Visit, Fluoride Varnish ³	

Age	Visits & Screenings	Immunizations
CHILD		
2 Years	Well-Child Visit, Fluoride Varnish ³ , Blood Lead Screening	Flu shot ¹
30 Months	Well-Child Visit, Fluoride Varnish ³	
3 Years	Well-Child Visit, Fluoride Varnish ³ , Vision test	Flu shot ¹
4 to 6 Years	Well-Child Visit, Fluoride Varnish ³ , Hearing & Vision tests	DTaP, MMR, IPV, VAR, Flu shot each year ¹
7 to 10 Years	Well-Child Visit, Screenings for: Vision and Hearing	Flu shot each year ¹

Age	Visits & Screenings	Immunizations
ADOLESCENT		
11 to 12 Years	Well-Child Visit, Screenings for Vision, Hearing, Dyslipidemia ⁴ , Depression/Suicide Risk, Anxiety, Cardiac health	Meningococcal, Human Papillomavirus (HPV) (2 doses for girls and boys), Tdap booster, Flu shot each year
13 to 21 Years	Well-Child Visit, Screenings for Vision, Hearing, Depression/Suicide Risk, Dyslipidemia ⁴ , Anxiety, Cardiac health, STI/HIV (for ages 15 and older)	Flu shot each year, Meningococcal (at age 16)

2023 —These guidelines are based on the CDC Recommended Immunization Schedules and the American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care, aap.org. This document is updated annually; visit www.cencalhealth.org for the most recent version.

¹ If this is a first time for a flu shot, children age 6 months to 8 years should get 2 doses separated by 4 weeks

² COVID-19 vaccination can be given starting at age 6 months. All children age 6 months to 18 years should receive COVID-19 vaccination according to CDC recommendation.

³ Once teeth are present, fluoride varnish may be applied every 3—6 months until age 5.

⁴ Dyslipidemia screening is for children between ages 9 and 11 and for adolescents 17 years of age and older.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Preventive Guidelines Definitions

Hepatitis B (HepB): Helps prevent infection from a virus that attacks the liver, which can cause liver cancer, liver failure, and even death.

Diphtheria Tetanus and Pertussis (DTaP): This vaccine protects against Diphtheria, Tetanus, and Pertussis, which are serious diseases caused by bacteria. Diphtheria can lead to breathing problems or paralysis. Tetanus (lockjaw) causes painful tightening of muscles all over the body. Pertussis (whooping cough) causes coughing spells so bad that it can lead to death, or make it very hard for infants to eat, drink, or breathe.

Pneumococcal (PCV13): Helps prevent pneumococcal disease, caused by bacteria that can cause ear infection, pneumonia, and meningitis.

Haemophilus influenzae type b (Hib): Prevents serious bacterial infections like meningitis and pneumonia.

Inactivated Poliovirus (IPV): This vaccine protects against Poliovirus, a crippling and potentially deadly infectious disease.

Rotavirus (RV): This vaccine helps prevent vomiting and severe diarrhea in children caused by rotavirus.

Influenza (IV): Also known as the “flu shot,” this protects against influenza, which can cause fever, body aches, chills, headache, and other more severe symptoms.

Measles, Mumps, and Rubella (MMR): Protects against measles, mumps, and rubella, which can all cause fever, rash, and other problems for small children.

Varicella (VAR): Prevents severe illness associated with the chickenpox virus. The vaccine is much safer than having the illness.

Hepatitis A (HepA): Protects against severe infection of the liver transmitted from contaminated food and water.

Human Papilloma Virus (HPV): 2 doses protects against several types of cancer, including cancer of the cervix, penis, anus, mouth/throat, and vagina. Girls and boys should receive two doses before their 13th birthday.

Meningococcal: Helps protect against the bacteria that causes serious infection of the brain and spinal cord.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet criteria might qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:



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- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet certain rules to join DPP. Call CenCal Health Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711) to learn if you qualify for the program.

Reconstructive services

CenCal Health covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, diseases, or treatment of disease that resulted in loss of a body structure, such as a mastectomy. Some limits and exceptions may apply.

Substance use disorder screening services

CenCal Health covers:

- Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)

For treatment coverage through the county, read “Substance use disorder treatment services” below in this chapter.

Vision benefits

CenCal Health covers:

- Routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes
- Eyeglasses (frames and lenses) once every 24 months with a valid prescription
- Replacement eyeglasses within 24 months if your prescription changes or your eyeglasses are lost, stolen, or broken and cannot be fixed, and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices for those with vision impairment that is not correctable by standard glasses, contact lenses, medicine, or surgery that interferes with a person’s ability to perform everyday activities (such as age-related macular degeneration)
- Medically necessary contact lenses. Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (such as missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, or taxi to your appointments. You can get medical transportation for covered services and Medi-Cal covered pharmacy appointments. You can request medical transportation by asking your doctor, dentist, podiatrist, or mental health or substance use disorder provider for it. Your provider will decide the correct type of transportation to meet your needs.

If they find that you need medical transportation, they will prescribe it by filling out a form and submitting it to CenCal Health. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need. Your doctor will need to reassess your medical need for medical transportation and re-approve it every 12 months.

Medical transportation is an ambulance, litter van, wheelchair van, or air transport. CenCal Health allows the lowest cost medical transportation for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, CenCal Health will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

You will get medical transportation if:

- It is physically or medically needed, with a written authorization by a doctor or other provider because you are not able to physically or medically able to use a bus, taxi, car, or van to get to your appointment
- You need help from the driver to and from your home, vehicle, or place of treatment due to a physical or mental disability

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call CenCal Health at 1-877-814-1861 **or** Ventura Transit System at 1-855-659-4600 at least five business days (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your member ID card ready when you call.

Limits of medical transportation

CenCal Health provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. You cannot get medical transportation if Medi-Cal does not cover the service you are getting, or it is not a Medi-Cal-covered pharmacy appointment. There is a list of covered services in this Member Handbook.

If Medi-Cal covers the appointment type but not through the health plan, CenCal Health will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside of the network or service area unless pre-authorized by CenCal Health. To learn more or to ask for medical transportation, call CenCal Health at 1-877-814-1861 or Ventura Transit System at 1-855-659-4600.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Cost to member

There is no cost when CenCal Health arranges transportation.

How to get non-medical transportation

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service and you do not have any access to transportation. You can get a ride, at no cost to you, when you have tried all other ways to get transportation and are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider, or
- Picking up prescriptions and medical supplies

CenCal Health allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. CenCal Health will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, CenCal Health can reimburse you (pay you back) for rides in a private vehicle that you arrange. CenCal Health must approve this before you get the ride.

You must tell us why you cannot get a ride any other way, such as by bus. You can call, email, or tell us in person. If you have access to transportation or can drive yourself to the appointment, CenCal Health will not reimburse you. This benefit is only for members who do not have access to transportation.

For mileage reimbursement, you must submit copies of the driver's:

- Driver's license,
- Vehicle registration, and
- Proof of car insurance

To request a ride for services that have been authorized, call CenCal Health at 1-877-814-1861 or Ventura Transit System at 1-855-659-4600 at least five business days (Monday-Friday) before your appointment. Or call as soon as you can when you have an urgent appointment. Have your member ID card ready when you call.

Note: American Indians may also contact their local Indian Health Clinic to request non-medical transportation.

Limits of non-medical transportation

CenCal Health provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly for non-medical transportation. To learn more, call CenCal Health at 1-877-814-1861 or Ventura Transit System at 1-855-659-4600.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Non-medical transportation does not apply if:

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service
- You need help from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver
- Medi-Cal does not cover the service

Cost to member

There is no cost when CenCal Health arranges non-medical transportation.

Travel expenses

In some cases, if you have to travel for doctor's appointments that are not available near your home, CenCal Health can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. They may also be covered for someone who is traveling with you to help you with your appointment or someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting CenCal Health at 1-877-814-1861 or Ventura Transit System at 1-855-659-4600.

Other CenCal Health covered benefits and programs

Long-term care services and supports

CenCal Health covers, for members who qualify, long-term care services and supports in the following types of long-term care facilities or homes:

- Skilled nursing facility services as approved by CenCal Health
- Subacute care facility services (including adult and pediatric) as approved by CenCal Health
- Intermediate care facility services CenCal Health approves, including:
 - Intermediate care facility/developmentally disabled (ICF/DD),
 - Intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and
 - Intermediate care facility/developmentally disabled-nursing (ICF/DD-N)

If you qualify for long-term care services, CenCal Health will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs.

If you have questions about long-term care services, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Basic care management

Getting care from many different providers or in different health systems is challenging. CenCal Health wants to make sure members get all medically necessary services, prescription medicines, and behavioral health services. CenCal Health can help coordinate and manage your health needs, at no cost to you. This help is available even when another program covers the services.

It can be hard to figure out how to meet your health care needs after you leave the hospital or if you get care in different systems. Here are some ways CenCal Health can help members:

- If you have trouble getting a follow-up appointment or medicines after you are discharged from the hospital, CenCal Health can help you.
- If you need help getting to an in-person appointment, CenCal Health can help you get free transportation.

If you have questions or concerns about your health or the health of your child, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. CenCal Health offers Complex Care Management (CCM) services to all members with various levels of needs. Eligible members may include, but are not limited to:

- Those with complex medical conditions or psychosocial needs
- Those with specific diagnoses that may be at high risk due to over/under utilization of services
- Those that may need Care Coordination or care transition assistance.

Members who are enrolled in CCM and Enhanced Care Management (read below) have an Assigned Care Manager at CenCal Health who can help not only basic care management described above, but also an expanded set of transitional care supports that are available if you are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.

Enhanced Care Management (ECM)

CenCal Health covers ECM services for members with highly complex needs. ECM has extra services to help you get the care you need to stay healthy. It coordinates your care from different doctors and other health care providers. ECM helps coordinate primary and preventive care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to community resources.

If you qualify, you may be contacted about ECM services. You can also call CenCal Health to find out if and when you can get ECM. Or talk to your health care provider. They can find out if you qualify for ECM or refer you for care management services.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Covered ECM services

If you qualify for ECM, you will have your own care team with a Lead Care Manager. This person will talk to you and your doctors, specialists, pharmacists, case managers, social services providers, and others. They make sure everyone works together to get you the care you need. A Lead Care Manager can also help you find and apply for other services in your community. ECM includes:

- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

To find out if ECM might be right for you, talk to your CenCal Health representative or health care provider.

Cost to member

There is no cost to the member for ECM services.

Community Supports

You may get supports under your Individualized Care Plan. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for members. If you qualify, these services might help you live more independently. They do not replace benefits you already get under Medi-Cal.

Community Supports covered by CenCal Health:

Day Habilitation: This program assists Members currently or previously experiencing homelessness with training and help to develop or improve skills they need to live successfully in their environment.

Day Habilitation trainings include but are not limited to:

- How to use public transportation
- Conflict Resolution skills
- Cooking
- Cleaning
- Shopping

Housing Deposits: CenCal Health will help members experiencing homelessness or at risk of homelessness find or pay for one-time services needed for your living space. This includes things like:

- Security deposits to lease an apartment or home
- Utility set-up fees and first month bills (gas, telephone, electricity, heating, water, etc.)
- First and last month's rent, if required by landlord



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Services needed to make the space safe, if necessary (like pest control, and one-time cleaning)
- Items like A/C and Heater, and other medically necessary supplies (hospital beds, Hoyer lifts, air filters, or others)

Housing Tenancy and Sustaining Services: In this program, CenCal Health helps members at risk of losing their housing, keep housing and make sure it is safe. Services include:

- Helping solve issues like late rent, hoarding, substance use, and other lease violations
- Offering education on member rights and responsibilities as a tenant
- Coaching on how members can be a successful tenant
- Coaching on independent living/life skills
- Working with the landlord on any issues
- Help with resolving disputes with landlord or neighbors to avoid eviction
- Referral to community resources to prevent eviction
- Helping with applications for other benefits
- Helping with annual housing recertification process
- Creating a personal housing support and crisis plan
- Providing health and safety visits

Housing Transition Navigation Services: This program helps Members experiencing homelessness or at risk of homelessness obtain housing. Housing Transition Navigation Services include:

- Discussing your living preferences and anything that is stopping you from having stable housing
- Creating a personal support plan
- Searching for housing options and giving you choices
- Helping you with housing applications
- And more

Medically Tailored Meals Program / Medically Supportive Food: This service is available to members with chronic conditions and chronic or disabling mental/behavioral health disorders; members discharged from the hospital or a skilled nursing facility or at a high-risk hospitalization or nursing facility placement; or members with extensive care coordination needs. The Medically Tailored Meals program provides members access to medically appropriate meals designed by registered dietitians. Members who qualify will be provided with two meals delivered to their homes for up to 12 weeks.

The Medically Tailored Meals Program provides meals to members who meet one of the following eligibility criteria:

- Has a chronic condition(s)
- Discharged from an inpatient hospital visit or emergency room visits
- Discharged from a Skilled Nursing Facility
- Has complex care coordination needs



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Meals provided to each member are based on their medical needs and utilization of emergency rooms, hospitals and skilled nursing facilities.

Personal Care and Homemaker Services: This program is for members who need help with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). This program includes In-Home Supportive Services and helps members to remain in their homes.

Personal Care and Homemaker Services provides help with:

- Eating and drinking
- Using the bathroom
- Meal preparation
- Bowel and bladder care
- Bathing
- Grocery Shopping
- Accompaniment to medical and mental health appointments

Recuperative Care Program (RCP): This is a service available for members experiencing homelessness who need medical services and resources after hospital discharge. The intent of the RCP is to improve health outcomes and decrease use of emergency room and hospital facilities. The RCP is available for those who meet criteria for up to 90 days after a hospital stay.

Some RCP services offered to members are:

- Temporary housing
- Medical care
- Case management
- Self-management support

Respite Services: These services are provided to members' caregivers. The services are provided on a short-term basis if the caregiver must be absent or needs relief.

Respite Services provides:

- Light cleaning
- Cooking
- Laundry services
- Rest for caregiver(s)

Short-term Post Hospitalization Housing: This program is for Members who do not have a residence and who have high medical or behavioral health needs. This program allows for members to continue their recovery immediately after exiting one of the following facilities:



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Inpatient hospital
 - Acute care hospital
 - Psychiatric hospital
 - Chemical Dependency and Recovery hospital
- Residential substance use disorder treatment or recovery facility
- Residential mental health treatment facility
- Correctional facility
- Nursing facility
- Recuperative care

Short-term Post Hospitalization Housing provides:

- Referrals to Housing Transition Navigation Services
- Ongoing support needed for healing and recovery
- Help with getting medical and/or behavioral health care
- Case Management services

Sobering Centers: CenCal Health helps adult members who are publicly intoxicated (due to alcohol and/or other drugs). Instead of going to the Emergency Room or jail, CenCal Health connects Members with a different safe place to get sober. This program is mostly for Members who are homeless or who do not have a stable living situation.

If you need help or want to find out what Community Supports might be available for you, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Or call your health care provider.

Major organ transplant

Transplants for children under age 21

In the counties of Santa Barbara and San Luis Obispo, CenCal Health must refer California Children's Services (CCS) eligible children to a CCS-approved Special Care Center (SCC) for an evaluation within 72 hours of when the child's doctor or specialist identifies the child as a potential candidate for transplant. If SCC confirms that the transplant would be needed and safe, CenCal Health will cover the transplant and related services.

Transplants for adults ages 21 and older

If your doctor decides you may need a major organ transplant, CenCal Health will refer you to a qualified transplant center for an evaluation. If the transplant center confirms a transplant is needed and safe for your medical condition, CenCal Health will cover the transplant and other related services.

The major organ transplants CenCal Health covers include, but are not limited to:

- Bone marrow
- Heart
- Heart/lung
- Kidney



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Kidney/pancreas
- Liver
- Liver/small bowel
- Lung
- Pancreas
- Small bowel

Whole Child Model (WCM) program

CenCal Health covers California Children’s Services (CCS) for Medi-Cal eligible CCS children and youth through the Whole Child Model program (WCM). CCS is a state program that treats children under 21 years of age with certain health conditions, diseases, or chronic health problems and who meet the CCS program rules.

If CenCal Health or your PCP believes you or your child has a CCS condition, they will be referred to the county CCS program to be assessed for eligibility. If you or your child qualifies for WCM, they will get their CCS care through CenCal Health.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery, or rehabilitation (rehab). Examples of CCS-eligible conditions include, but are not limited to:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Transplants including cornea
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain, or spinal cord injuries
- Severe burns
- Severely crooked teeth

CCS county program staff will decide if your child qualifies for CCS services. If your child qualifies to get this type of care, CCS providers working with CenCal Health will assign a personal care coordinator to help coordinate treatment for the CCS-eligible condition using a care team and care plan.

To learn more about CCS, go to <https://www.dhcs.ca.gov/services/ccs>. Or call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Transportation and travel expenses for CCS

You may be able to get transportation, meals, lodging, and other costs such as parking, tolls, etc. if you or your family needs help to get to a medical appointment related to a CCS-eligible condition and there is no other available resource. You should call CenCal Health and request pre-approval (prior authorization) before you pay out-of-pocket for transportation meals and lodging. CenCal Health does provide non-medical and non-emergency medical transportation as noted in Chapter 4, “Benefits and services.”



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

If your transportation or travel expenses are found necessary and CenCal Health verifies that you tried to get transportation through CenCal Health, you can get reimbursed from CenCal Health. We must reimburse you within 60 calendar days of you submitting the required receipts and proof of transportation expenses.

Home and community-based services (HCBS) outside of WCM services

If you qualify to enroll in a 1915(c) waiver, you may be able to get home and community-based services that are not related to a CCS-eligible condition but are necessary for you to stay in a community setting instead of an institution. For example, if you require home modifications to meet your needs in a community-based setting, CenCal Health cannot pay those costs as a CCS-related condition. But if you are enrolled in a 1915(c) waiver, home modifications may be covered if they are medically necessary to prevent institutionalization.

Value-added Services

Member Portal (Member accounts)

CenCal Health offers you the ability to view personal medical information, benefits, and services that are recommended for you. To create your private account on CenCal Health's Member Portal, please visit www.cencalhealth.org and click the Member Login link on the navigation menu at the top of the home page.

Your Member Portal will also allow you to:

- Select a new primary care provider
- Order a new ID card
- Download health education information
- Complete your health risk assessment survey
- View rewards you may be eligible for

Follow the instructions at the Member Login link to create your private account today.

CenCal Health Disease Management Programs

CenCal Health offers two disease management programs at no cost to you.

- ***Diabetes Condition Support***
- ***Heart Condition Support***

Who is eligible?

- CenCal Health Members
- 18 years and above
- Diagnosed with a cardiovascular disease
- Diagnosed with Diabetes

The programs provide enhanced health education for members and telephonic health coaching from a nurse. For more information, please call (805) 364-9330.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Health Education

CenCal Health offers health education resources and information as a benefit to you.

- Our member newsletter, *Health Matters*, is mailed to each household three times a year.
- You can also request information on a specific health topic, such as diabetes or asthma, by calling our Health Education Request Line at 1-800-421-2560 ext. 3126.
- Members can use our free online health education library to learn about many different health topics at www.cencalhealth.org/health-and-wellness

Other Medi-Cal programs and services

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other Medi-Cal programs

CenCal Health does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. CenCal Health will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not CenCal Health. This section lists some of these services. To learn more, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, which is a Medi-Cal FFS program. CenCal Health might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office, infusion center, or by a home infusion provider, these are considered physician-administered drugs.

If a non-pharmacy based medical health care professional administers a drug, it is covered under the medical benefit. Your provider can prescribe you drugs on the Medi-Cal Rx Contract Drugs List.

Sometimes, you need a drug not on the Contract Drugs List. These drugs need approval before you can fill the prescription at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist at your outpatient pharmacy may give you a 14-day emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medicine an outpatient pharmacy gives.
- Medi-Cal Rx may say no to a non-emergency request. If they do, they will send you a letter to tell you why. They will tell you what your choices are. To learn more, read "Complaints" in Chapter 6.

To find out if a drug is on the Contract Drugs List or to get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at: <https://medi-calrx.dhcs.ca.gov/home/>

You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider can also send it to the pharmacy for you. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medicines you are taking and any allergies you have. If you have any questions about your prescription, ask the pharmacist.

Members can also get transportation services from CenCal Health to get to pharmacies. To learn more about transportation services, read “Transportation benefits for situations that are not emergencies” in Chapter 4 of this handbook.

Specialty mental health services

Some mental health services are provided by county mental health plans instead of CenCal Health. These include specialty mental health services (SMHS) for Medi-Cal members who meet rules for SMHS. SMHS may include these outpatient, residential, and inpatient services:

Outpatient services:

- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management
- Therapeutic behavioral services covered for members under 21 years old
- Intensive care coordination (ICC) covered for members under 21 years old
- Intensive home-based services (IHBS) covered for members under 21 years old
- Therapeutic foster care (TFC) covered for members under 21 years old
- Peer Support Services (PSS) (optional)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call your county mental health plan.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

To find all counties' toll-free telephone numbers online, go to dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. If CenCal Health finds you will need services from the county mental health plan, CenCal Health will help you connect with the county mental health plan services.

Substance use disorder treatment services

CenCal Health encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from general care providers such as primary care, inpatient hospitals, and emergency departments and from specialty substance use service providers. County Behavioral Health Plans often provide specialty services.

To learn more about treatment options for substance use disorders, call CenCal Health at 1-800-421-2560, San Luis Obispo Access Line at 1-800-838-1381, or BWELL Santa Barbara Access Line at 1-888-868-1649.

CenCal Health members can have an assessment to match them to the services that best fit their health needs and preferences. When medically necessary, available services include outpatient treatment, residential treatment, and medicines for substance use disorders (also called Medication Assisted Treatment (MAT) such as buprenorphine, methadone, and naltrexone.

The county provides substance use disorder services to Medi-Cal members who qualify for these services. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. For a list of all counties' telephone numbers go to https://dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

CenCal Health will provide or arrange for MAT to be given in primary care, inpatient hospital, emergency department, and other medical settings.

The County Alcohol and Drug Services covers outpatient substance use disorder services, including residential treatment services. The following are services offered by the County Drug and Alcohol Services Program.

Substance use disorder benefits

- Outpatient and Intensive Outpatient Treatment Services
- Residential Treatment Services
- Opioid Treatment Programs
- Medication Assisted Treatment (MAT)
- Withdrawal Management Services

If you need alcohol and drug services and you are not in crisis, call and talk with your PCP first. Your PCP can provide alcohol misuse screening services.

Members who are in crisis should call 911 or go to the nearest emergency room. For Alcohol and Drug services in Santa Barbara call 1-888-868-1649. For drug and alcohol services in San Luis Obispo County call 1-800-838-1381.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Dental services

The Medi-Cal Dental FFS Program is the same as FFS Medi-Cal for your dental services. Before you get dental services, you must show your BIC to the dental provider. Make sure the provider takes FFS Dental and you are not part of a managed care plan that covers dental services.

Medi-Cal covers a broad range of dental services through the Medi-Cal Dental Program, including:

- Diagnostic and preventive dental services such as examinations, X-rays, and teeth cleanings
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You can also go to the Medi-Cal Dental Program website at <https://www.dental.dhcs.ca.gov> or <https://smilecalifornia.org/>

1915(c) waiver Home and Community-Based Services (HCBS)

California's six Medi-Cal 1915(c) waivers allow the state to provide services to persons who would otherwise need care in a nursing facility or hospital in the community-based setting of their choice. Medi-Cal has an agreement with the Federal Government that allows waiver services to be offered in a private home or in a homelike community setting. The services offered under the waivers must not cost more than the alternative institutional level of care. HCBS Waiver recipients must qualify for full-scope Medi-Cal. The six Medi-Cal 1915(c) waivers are:

- California Assisted Living Waiver (ALW)
- California Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities
- HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD)
- Home and Community-Based Alternatives (HCBA) Waiver
- Medi-Cal Waiver Program (MCWP), formerly called the Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver
- Multipurpose Senior Services Program (MSSP)

To learn more about the Medi-Cal Waivers, go to <https://www.dhcs.ca.gov/services/Pages/HCBSWaiver.aspx>. Or call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance to qualified aged, blind, and disabled persons as an alternative to out-of-home care. It enables recipients to stay safely in their own homes.

To learn more about IHSS available in your county, go to <https://www.cdss.ca.gov/inforesources/ihss>. Or call your local county social services agency.

Tri-Counties Regional Centers

Tri-Counties Regional Centers (TCRC) provides services and support to parents of developmentally disabled children and adults who reside in the Santa Barbara and San Luis Obispo area. TCRC helps with services that promote quality of life and the ability to live as independently as possible in the community. TCRC also can help CenCal Health members and their families coordinate medical services. TCRC phone numbers are listed below:

- Santa Barbara 1-805-962-7881
- Santa Maria 1-805-922-4640
- San Luis Obispo 1-805-543-2833
- Atascadero 1-805-461-7402

Services you cannot get through CenCal Health or Medi-Cal

CenCal Health and Medi-Cal will not cover some services. Services CenCal Health or Medi-Cal do not cover include, but are not limited to:

- In vitro fertilization (IVF), including but not limited to infertility studies or procedures to diagnose or treat infertility
- Fertility preservation
- Experimental services
- Home modifications
- Vehicle modifications
- Cosmetic surgery

CenCal Health may cover a non-covered service if it is medically necessary. Your provider must submit a pre-approval (prior authorization) request to CenCal Health's Utilization Management Department with the reasons the non-covered benefit is medically needed.

To learn more call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

5. Child and youth well care

Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive, dental, and mental health care, including developmental and specialty services. This chapter explains these services.

Pediatric services (Children under age 21)

Members under 21 years old are covered for needed care. The list below includes medically necessary services to treat or care for any defects and physical or mental diagnoses. Covered services include, but are not limited to:

- Well-child visits and teen check-ups (important visits children need)
- Immunizations (shots)
- Behavioral health assessment and treatment
- Mental health evaluation and treatment, including individual, group, and family psychotherapy (specialty mental health services are covered by the county)
- Adverse childhood experiences (ACE) screening
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by California Children's Services (CCS) for children who qualify. CenCal Health will cover services for children who do not qualify for CCS).

These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. EPSDT services that are recommended by pediatricians' Bright Futures guidelines to help you, or your child stay healthy are covered at no cost to you. To read these guidelines, go to https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child's doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and any substance (alcohol or drug) use disorders. CenCal Health covers check-ups to screen for problems (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Preventive care also includes shots you or your child need. CenCal Health must make sure all enrolled children are up to date with all the shots they need when they have their visits with their doctor. Preventive care services and screenings are available at no cost and without pre-approval (prior authorization).

Your child should get check-ups at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate shots (California follows the American Academy of Pediatrics Bright Futures schedule: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Lab tests, including blood lead poisoning screening
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

If the doctor finds a problem with your or your child's physical or mental health during a check-up or screening, you or your child might need to get medical care. CenCal Health will cover that care at no cost to you, including:

- Doctor, nurse practitioner, and hospital care
- Shots to keep you healthy
- Physical, speech/language, and occupational therapies
- Home health services, including medical equipment, supplies, and appliances
- Treatment for vision problems, including eyeglasses
- Treatment for hearing problems, including hearing aids when they are not covered by CCS
- Behavioral Health Treatment for health conditions such as autism spectrum disorders, and other developmental disabilities
- Case management and health education
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Blood lead poisoning screening

All children enrolled in CenCal Health should get blood lead poisoning screening at 12 and 24 months of age or between 36 and 72 months of age if they were not tested earlier. Children should also be screened whenever the doctor believes a life change has put the child at risk.

Help getting child and youth well care services

CenCal Health will help members under 21 years old and their families get the services they need. A CenCal Health care coordinator can:

- Tell you about available services
 - Help find in-network providers or out-of-network providers, when needed
 - Help make appointments
 - Arrange medical transportation so children can get to their appointments
 - Help coordinate care for services available through Fee-for-Service (FFS) Medi-Cal, such as:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, including orthodontics
-

Other services you can get through Fee-for-Service (FFS) Medi-Cal or other programs

Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about four to six months, "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

These Medi-Cal dental services are free or low-cost services for:

Babies aged 1 to 4

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months, and sometimes more)
- X-rays
- Teeth cleaning (every 6 months, and sometimes more)
- Fluoride varnish (every 6 months, and sometimes more)
- Fillings
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Kids aged 5-12

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Molar sealants
- Fillings
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

Youth aged 13-20

- Dental exams (every 6 months, and sometimes more)
- X-rays
- Fluoride varnish (every 6 months, and sometimes more)
- Teeth cleaning (every 6 months, and sometimes more)
- Orthodontics (braces) for those who qualify
- Fillings
- Crowns
- Root canals
- Extractions (tooth removal)
- Emergency dental services
- *Sedation (if medically necessary)

*Providers should consider sedation and general anesthesia when they determine and document a reason local anesthesia is not medically appropriate, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

These are some of the reasons local anesthesia cannot be used and sedation or general anesthesia might be used instead:

- Physical, behavioral, developmental, or emotional condition that blocks the patient from responding to the provider's attempts to perform treatment
- Major restorative or surgical procedures



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Uncooperative child
- Acute infection at an injection site
- Failure of a local anesthetic to control pain

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). Or go to <https://smilecalifornia.org/>.

Additional preventive education referral services

If you are worried that your child is not participating and learning well at school, talk to your child's doctor, teachers, or administrators at the school. In addition to your medical benefits covered by CenCal Health, there are services the school must provide to help your child learn and not fall behind. Services that can be provided to help your child learn include:

- Speech and language services
- Psychological services
- Physical therapy
- Occupational therapy
- Assistive technology
- Social Work services
- Counseling services
- School nurse services
- Transportation to and from school

The California Department of Education provides and pays for these services. Together with your child's doctors and teachers, you can make a custom plan that will best help your child.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

6. Reporting and solving problems

There are two ways to report and solve problems:

- Use a **complaint (grievance)** when you have a problem or are unhappy with CenCal Health or a provider or with the health care or treatment you got from a provider.
- Use an **appeal** when you don't agree with CenCal Health's decision to change your services or to not cover them.

You have the right to file grievances and appeals with CenCal Health to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for filing a complaint with us or reporting issues. Telling us about your problem will help us improve care for all members.

You may contact CenCal Health first to let us know about your problem. Call us between 8:00 a.m. – 5:00 p.m., Monday – Friday at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). Tell us about your problem. You may also file a grievance in person, by mail or fax. Or online at: <https://www.cencalhealth.org/members/file-complaint/>

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, 8 a.m. to 5 p.m. at 1-888-452-8609. The call is free.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

To report incorrect information about your health insurance, call Medi-Cal Monday through Friday, 8 a.m. to 5 p.m. at 1-800-541-5555.

Complaints

A complaint (grievance) is when you have a problem or are unhappy with the services you are getting from CenCal Health or a provider. There is no time limit to file a complaint. You can file a complaint with CenCal Health at any time by phone, in writing, or online. Your authorized representative or provider can also file a complaint for you with your permission.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- **By phone:** Call CenCal Health at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711) between 8:00 a.m. – 5:00 p.m., Monday - Friday. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call CenCal Health at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number, and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:
CenCal Health
Attn: Grievances & Appeals
4050 Calle Real
Santa Barbara, CA 93110

Your doctor's office will have complaint forms.

- **Online:** Go to the CenCal Health website at www.cencalhealth.org/members/file-complaint/.

If you need help filing your complaint, we can help you. We can give you no-cost language services. Call 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Within 5 calendar days of getting your complaint, we will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call CenCal Health about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Within 72 hours of getting your complaint, we will decide how we will handle your complaint and whether we will expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve your complaint within 30 days. You may contact DMHC directly for any reason, including if you believe your concern qualifies for expedited review, or CenCal Health does not respond to you within the 72-hour period.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the CenCal Health grievance process. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to <https://medi-calrx.dhcs.ca.gov/home/>.

Complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is 1-888-466-2219 (TTY 1-877-688-9891). You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: <https://www.dmhc.ca.gov/>.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Appeals

An appeal is different from a complaint. An appeal is a request for us to review and change a decision we made about your services. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can ask us for an appeal. Your authorized representative or provider can also ask us for an appeal for you with your written permission.

You must ask for an appeal within 60 days from the date on the NOA you got from us. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get Aid Paid Pending, you must ask us for an appeal within 10 days from the date on the NOA or before the date we said your services will stop, whichever is later. When you request an appeal under these circumstances, the services will continue.

You can file an appeal by phone, in writing or online:

- **By phone:** Call CenCal Health at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711) between 8:00 a.m. – 5:00 p.m., Monday - Friday. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call CenCal Health at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:
CenCal Health
Attn: Grievances & Appeals
4050 Calle Real
Santa Barbara, CA 93110

Your doctor's office will have appeal forms available.

- **Online:** Visit the CenCal Health website at www.cencalhealth.org/members/file-complaint/.

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you no-cost language services. Call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Within 5 days of getting your appeal, we will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS). The State Hearing has final say.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711). We will decide within 72 hours of receiving your appeal.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

What to do if you do not agree with an appeal decision

If you requested an appeal and got a NAR letter telling you we did not change our decision, or you never got a NAR letter and it has been past 30 days, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS), and a judge will review your case. CDSS' toll-free telephone number is 1-800-743-8525(TTY1-800-952-8349). You can also ask for a State Hearing online at <https://www.cdss.ca.gov>.

You will not have to pay for a State Hearing.

You are entitled to a State Hearing. The State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by CenCal Health. You can submit complaints and appeals about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review (IMR).

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. You cannot ask DMHC for an IMR for Medi-Cal Rx pharmacy benefit decisions.

State Hearings

A State Hearing is a meeting with CenCal Health and a judge from the CDSS. The judge will help to resolve your problem or tell you that we made the correct decision. You have the right to ask for a State Hearing if you already asked for an appeal with us and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our NAR letter. If we gave you Aid Paid Pending during your appeal and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter or before the date we said your services will stop, whichever is later.

If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact CenCal Health between 8:00 a.m. – 5:00 p.m., Monday - Friday by calling Member Services at 1-877-814-1861. If you cannot hear or speak well, call TTY/TDD 1-833-556-2560. Your authorized representative or provider can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

For example, if we did not notify you correctly or on time about your services, you can request a State Hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- We did not make a NOA or NAR letter available to you in your preferred language
- We made a mistake that affects any of your rights
- We did not give you a NOA letter
- We did not give you a NAR letter
- We made a mistake in our NAR letter
- We did not decide your appeal within 30 days. We decided your case was urgent but did not respond to your appeal within 72 hours

You can ask for a State Hearing in these ways:

- **Online:** Request a hearing online at www.CDSS.CA.GOV
- **Fax:** Fill out the form that came with your appeals resolution notice and Fax it to the State Hearings Division at 1-833-281-0905
- **By phone:** Call the State Hearings Division at 1-800-743-8525 (TTY 1-800-952-8349 or 711)
- **By mail:** Fill out the form provided with your appeals resolution notice and send it to:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 09-17-442
Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you no-cost language services. Call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. CenCal Health must follow what the judge decides.

If you want CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health, or ability to function fully in danger, you, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from CenCal Health.

Fraud, waste, and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste, or abuse, it is your responsibility to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at <https://www.dhcs.ca.gov/>.

Provider fraud, waste, and abuse includes:

- Falsifying medical records
- Prescribing more medicine than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members to influence which provider is selected by the member
- Changing member's primary care provider without the knowledge of the member

Fraud, waste, and abuse by a person who gets benefits includes, but is not limited to

- Lending, selling, or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number
- Taking medical and non-medical transportation rides for non-healthcare related services, for services not covered by Medi-Cal, or when you do not have a medical appointment or prescriptions to pick up

To report fraud, waste, and abuse, write down the name, address, and ID number of the person who committed the fraud, waste, or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

CenCal Health
ATTN: Compliance Officer
4050 Calle Real
Santa Barbara, CA 93110
Compliance Hotline at 1-866-775-3944



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

7. Rights and responsibilities

As a member of CenCal Health, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of CenCal Health.

Your rights

These are your rights as a member of CenCal Health:

1. To be treated with respect and recognition of their dignity, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's protected health information (PHI) and private information (PI).
2. To be provided with information about CenCal Health's organization, its practitioners and providers, Member rights and responsibilities, and all services available to Members.
3. To be able to choose their Primary Care Provider (PCP) within CenCal Health's network unless the PCP is unavailable or is not accepting new patients.
4. To participate with practitioners in decision making regarding their health care, including the right to refuse treatment.
5. To submit grievances, either verbally or in writing, about CenCal Health, providers, care received, and any other expression of dissatisfaction not related to an Adverse Benefit Determination.
6. To request an appeal of an Adverse Benefit Determination within 60 calendar days from the date on the notice of Adverse Benefit Determination (NABD) and how to continue benefits during the in-plan appeal process through the State Fair Hearing, when applicable.
7. To request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is available.
8. To receive interpretation services and written translation of critical informing materials in their preferred threshold language, including oral interpretation and American Sign Language.
9. To have a valid Advance Directive in place, and an explanation to Members of what an Advance Directive is.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

10. To have access to family planning services, sexually transmitted disease services, from a provider of their choice, without referral or prior authorization, either in or outside of CenCal Health's network. To have Emergency Services provided in or outside of CenCal Health's network, as required pursuant to federal law.
 11. To have access to Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Service Facility (IHS) Programs outside of CenCal Health's network, pursuant to federal law.
 12. To have access to, and receive a copy of, their medical records, and request that they be amended or corrected, as specified in 45 CFR sections 164.524 and 164.526.
 13. To change Medi-Cal managed care plans upon request, if applicable.
 14. To access Minor Consent Services.
 15. To receive written Member informing materials in alternative formats, including braille, large size print no smaller than 20-point font, accessible electronic format, and audio format upon request and in accordance with 45 CFR sections 84.52(d), 92.102, and 42 CFR 438.10.
 16. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
 17. To receive information and/or have a candid discussion on available treatment options and alternatives that are appropriate and medically necessary and presented in a manner appropriate for the Member's condition and ability to understand available treatment options and alternatives, regardless of cost or benefit coverage.
 18. Freely to exercise these Member rights without retaliation or any adverse conduct by CenCal Health, subcontractors, downstream subcontractors, Network Providers, or the State.
 19. To make recommendations regarding CenCal Health's Member rights and responsibilities policy.
-

Your responsibilities

CenCal Health members have these responsibilities:

1. To learn how to use the CenCal Health plan and supply information (to the extent possible) that CenCal Health and its practitioners and providers need in order to provide the best care possible.
2. To follow plans, treatment plans, and instructions for care that they have agreed to with their practitioners.
3. To understand their health problems and participate in developing a mutually agreed-upon treatment plan and goals, to the degree possible.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

4. To cooperate with their providers and treat their providers and CenCal Health staff with courtesy and respect.
 5. To always present their CenCal Health ID card when getting services.
 6. To help CenCal Health keep correct records by providing timely information regarding changes in address, family status, and other health care coverage.
 7. To notify CenCal Health as soon as possible if a provider bills them inappropriately.
-

Notice of non-discrimination

Discrimination is against the law. CenCal Health follows state and federal civil rights laws. CenCal Health does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CenCal Health provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CenCal Health between 8:00 a.m. – 5:00 p.m., Monday - Friday by calling 1-877-814-1861. Or, if you cannot hear or speak well, call TTY/TDD 1-833-556-2560 or 711 to use the California Relay Service.

How to file a grievance

If you believe that CenCal Health has failed to provide these services or unlawfully discriminated in another way based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with CenCal Health's Civil Rights Coordinator. You can file a grievance in writing, in person, or electronically:

- **By phone:** Contact CenCal Health's Civil Rights Coordinator between 8:00 a.m. – 5:00 p.m., Monday - Friday by calling 1-877-814-1861. Or, if you cannot hear or speak well, call TTY/TDD 1-833-556-2560 or 711 to use the California Relay Service.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- **In writing:** Fill out a complaint form or write a letter and send it to:
Civil Rights Coordinator – Compliance Department
4050 Calle Real, Santa Barbara, CA 93110
- **In person:** Visit your doctor’s office or CenCal Health and say you want to file a grievance.
- **Electronically:** Visit CenCal Health’s website at www.cencalhealth.org.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing or electronically:

- **By phone:** Call 1-916-440-7370. If you cannot speak or hear well, call 711 (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at
https://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- **Electronically:** Send an email to CivilRights@dhcs.ca.gov.

Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, call TTY 1-800-537-7697 or 711 to use the California Relay Service.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/cp>.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Ways to get involved as a member

CenCal Health wants to hear from you. Each quarter (every three months), CenCal Health has meetings to talk about what is working well and how CenCal Health can improve. Members are invited to attend. Come to a meeting!

CenCal Health – Community Advisory Board

CenCal Health has a group called Community Advisory Board. This group is made up of members and community representatives just like you. You can join this group if you would like. The group talks about how to improve CenCal Health policies and is responsible for:

- Making suggestions to improve services offered by CenCal Health
- Giving your opinions about new materials we create and use for members
- Sharing information between the Plan, community partners, and members

If you would like to be a part of this group, call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

CenCal Health - CCS Whole Child Model Family Advisory Committee

CenCal Health has an advisory group called California Children’s Services (CCS) Whole Child Model Family Advisory Committee. This group is made up of CCS children’s family members, advocates, CCS local county staff, Medical Therapy Program staff, and CenCal Health staff.

The Family Advisory Committee:

- Talks about how to improve CenCal Health policies
- Is responsible for making suggestions directly to the Board of Directors of CenCal Health
- Meets every three months, in Santa Barbara and San Luis Obispo.

If you would like to be a part of this group, call Member Services at 1-877-814-1861 (TTY 1-833-556-2560 or 711).

Notice of privacy practices

A statement describing CenCal Health policies and procedures for preserving the confidentiality of medical records is available and will be given to you upon request.

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member’s authorization to get sensitive services or to submit a claim for sensitive services. You can read more about sensitive services in the “Sensitive care” section of this handbook.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

You can ask CenCal Health to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is called a “request for confidential communications.” If you request confidential communications, CenCal Health will not give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, CenCal Health will send communications in your name to the address or telephone number on file.

CenCal Health will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to the place you choose. Your request for confidential communications lasts until you cancel it or submit new request for confidential communications.

You may request confidential communications pursuant to Civil Code section 56.107 (b) by submitting your request in writing or electronically to the address, fax, or email address below:

CenCal Health
Attn: Privacy Office
4050 Calle Real
Santa Barbara, CA 93110
Phone: 1-877-814-1861
Fax: 1-805-681-8279
Email: privacy@cencalhealth.org.

CenCal Health’s statement of its policies and procedures for protecting your medical information (called a “Notice of privacy Practices”) is included below:

CenCal Health Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed by CenCal Health. This notice also describes how you can access this information. Please review it carefully.

WHY AM I RECEIVING THIS NOTICE

By law, CenCal Health must keep your Protected Health Information (PHI) safe. CenCal Health must also provide you with this notice of its legal duties and privacy practices about your PHI, abide by the terms of this notice, and notify members if their PHI was not secured properly. This notice tells you how CenCal Health protects your PHI, may use and disclose (share) your PHI, and your rights about your PHI.

WHAT IS PHI

PHI is health information that has your name, Social Security number, or other information that can let others know who you are. Your PHI can be spoken, written or electronic. CenCal Health must protect your PHI.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

HOW CENCAL HEALTH PROTECTS YOUR PHI

CenCal Health employees are trained to follow privacy and security policies and procedures, which limit access to your PHI. Only CenCal Health employees who need to access your PHI in order to perform their job duties are granted access. CenCal Health employees protect your PHI and will not discuss your information in public areas or with unauthorized persons.

CenCal Health takes physical and administrative measures to safeguard your PHI. For example, its employees must lock and store away PHI when not in use. CenCal Health employees must promptly pick up PHI from fax machines, printers, and copiers so that PHI is only to be received or seen by those who need it to perform their job functions.

Technical security measures to protect your PHI include data encryption and password protected devices, keycards, and communications.

HOW CENCAL HEALTH MAY USE AND DISCLOSE YOUR PHI

CenCal Health may use and disclose your PHI for health care purposes. Some of the information CenCal Health uses and discloses is:

- Your name
- Address
- Health care received
- The cost of your care
- Your medical history

CenCal Health may use or disclose your PHI without your consent for the following purposes:

- **Treatment:** CenCal Health may use and disclose your PHI with doctors, dentists, pharmacies, hospitals, and others to get you the care you need.
- **Payment:** CenCal Health may use and disclose your PHI to make payments for healthcare services provided to you. CenCal Health may disclose PHI to other health plans, providers, and other entities (subject to federal privacy rules) for their payment purposes.
- **Health Care Operations:** CenCal Health may use and disclose your PHI to perform its health care operations such as audits, customer service, medical review of claims, and improvement activities.
- **Health Information Exchange (HIE):** CenCal Health participates in multiple Health Information Exchanges (HIEs), which allow providers to coordinate care and provide faster access to our members. HIEs assist providers and public health officials in making more informed decisions, avoiding duplicate care (such as tests), and reducing the likelihood of medical errors.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

By participating in an HIE, CenCal Health may share your health information with other providers and participants as permitted by law. If you do not want your medical information shared in the HIE, you must make this request directly to CenCal Health.

- (Note: In some circumstances, your health information may not be disclosed. For example, mental health diagnosis and treatment, diagnosis or treatment for drug or alcohol abuse or an STD; birth control; or HIV test results are all considered 'Protected Records' and require your direct authorization to be shared.)
- **Data Exchange Framework (DxF):** The California Health and Safety code section 130290 requires CenCal Health to participate in the Data Exchange Framework. The goal of California's Health and Human Services Data Exchange Framework, a statewide data sharing agreement, is to accelerate and expand the exchange of health information among health care entities, government agencies, and social service programs beginning in 2024.
 - To learn more about the Data Exchange Framework visit: <https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/>.

OTHER PERMITTED OR REQUIRED DISCLOSURES OF YOUR PHI WITHOUT GIVEN CONSENT

- **As Required by Law:** CenCal Health may disclose your PHI when legally required to do so.
- **Public Health Activities:** CenCal Health may disclose your PHI to public health agencies for reasons such as preventing or controlling disease, injury, or disability.
- **Victims of Abuse, Neglect, or Domestic Violence:** CenCal Health may disclose your PHI to government agencies if there is reasonable belief of abuse, neglect, or domestic violence.
- **Health Oversight Activities:** CenCal Health may disclose your PHI to government oversight agencies (e.g., state insurance departments) for activities authorized by law.
- **Judicial and Administrative Proceedings:** CenCal Health may disclose your PHI in response to a court or administrative order. CenCal Health may also disclose your PHI in response to a subpoena, discovery request, or other lawful process.
- **Law Enforcement Official or a Correctional Institution:** CenCal Health may disclose your relevant PHI under limited circumstances to a law enforcement official or a correctional institution in response to a warrant or similar process. For instance, to identify or locate a suspect, if you are an inmate, or to provide information about the victim of a crime.
- **Coroners, Medical Examiners, and Funeral Directors:** CenCal Health may release your PHI to coroners or funeral directors as necessary to allow them to carry out their duties.
- **Organ, Eye, and Tissue Donation:** CenCal Health may disclose your PHI in connection with organ or tissue donation.
- **Research:** Under certain circumstances, CenCal Health may disclose your PHI for research purposes, provided certain measures have been taken to protect your privacy.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- **Threats to Health and Safety:** CenCal Health may disclose your PHI if the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions:** CenCal Health may disclose your PHI as required by military authorities or to authorized federal officials for national security and intelligence activities.
- **Workers' Compensation:** CenCal Health may disclose your PHI to the extent necessary to comply with state law for workers' compensation programs.

WHEN WRITTEN PERMISSION IS NEEDED

CenCal Health is required to obtain your written authorization to use or disclose your PHI for any other purpose not listed in this notice. You may revoke an authorization at any time, in writing.

YOUR PRIVACY RIGHTS

You have certain rights regarding your PHI that CenCal Health maintains. These rights include:

- **Right to Request Restrictions on the Use and Disclosure of Your PHI:** You have the right to request that CenCal Health restrict or limit the use or disclosure of your PHI for payment, treatment, or operations. CenCal Health is not required to agree to your request and may say “no” if it would affect your care.
- **Right to Access Your PHI:** You have the right to review or obtain copies of your PHI records, with some limited exceptions. Your request must be made in writing. CenCal Health may charge a fee for the costs of producing, copying, and mailing your requested information, but will tell you the cost in advance. CenCal Health does not keep a complete copy of your medical records. Please contact your Healthcare Provider if you want to look at, or get a copy of, or change an error in your medical records.
- **Right to Request Information Through a Third-Party Application:** You have the right to request certain information through a third-party application of your choice as allowed by the “Interoperability Rules”.
 - **Interoperability Rule:** CenCal Health may provide certain information to you through Third-Party applications as allowed by the Interoperability Rules. The Interoperability Rules requires CenCal Health to provide certain health information through a Third-Party application of your choice. For more information about how to select a Third-Party application, please see the “Third Party Health Applications” document on our website. CenCal Health is not responsible for Third-Party applications and is not responsible for your information once it is transferred to the Third-Party application at your request.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- **Right to Correct Your PHI:** You have the right to ask that information in your records be corrected. Your request must be made in writing and must include the reason you are seeking a change. CenCal Health may deny your request if the information is not created or kept by us. If CenCal Health denies your request to change a record, it will notify you in writing. You then have the right to submit a written statement of disagreement and CenCal Health has the right to respond to that statement.
- **Right to an Accounting (Listing) of Disclosures:** You have the right to request a list of the times CenCal Health has disclosed your PHI including:
 - Date the request for disclosure was received
 - Name of the entity requesting the disclosure
 - A brief description of the PHI that was disclosed
 - A brief statement of the purpose of the disclosure

The list will cover the last six years unless you want a shorter timeframe. The list will not have information before April 14, 2003. The list will not include when CenCal Health shares information with you, with your permission, or for treatment, payment, or health plan operations.

- **Right to Receive Confidential Communications:** You have the right to request that CenCal Health contacts you in a specific way (e.g. home or office phone) or to send mail to a different address. CenCal Health will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice:** You have the right to ask for a paper copy of this notice at any time. You can call CenCal Health's Member Services Department at (877) 814-1861 or find this notice on its website at: www.cencalhealth.org

FILE A COMPLAINT

If you believe that CenCal Health has not protected your PHI and wish to file a complaint or grievance, you have the right to file a complaint. You may file a complaint by contacting:

CenCal Health
Attn: Grievance and Appeals
4050 Calle Real
Santa Barbara, CA 93110
Phone: 1-877-814-1861
Fax: 1-805-692-1684
Online: <https://web.cencalhealth.org/OnlineGrievance/Index>



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

California Department of Health Care Services

Office of HIPAA Compliance
Attn: DHCS Privacy Officer
1501 Capitol Avenue, MS0010
P.O. Box 997413
Sacramento, CA 95899-7413
Phone: 916-445-4646
Fax: 916-440-7680
Email: DHCSPrivacyOfficer@dhcs.ca.gov

U.S. Department of Health and Human Services

Office for Civil Rights
Attn: Regional Manager
90 7th Street, Suite 4-100
San Francisco, CA 94103
Phone: 800-368-1019
Fax: 202-619-3818
Email: ocrmail@hhs.gov
Online: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

CenCal Health supports your right to protect the privacy of your PHI. CenCal Health will not retaliate against you or penalize you for filing a complaint.

CHANGES TO THIS NOTICE

CenCal Health reserves the right to change these privacy practices. Any time CenCal Health makes a material change to this notice, it will post the most updated version on its web site and mail you a paper copy within 90 days.

This notice has been updated and is effective January 1, 2024.

NOTICE IN ANOTHER LANGUAGE OR FORMAT

If you would like this notice in Spanish or in another format, contact CenCal Health’s Member Services Department at:

CenCal Health
Attn: Member Services Department
4050 Calle Real
Santa Barbara, CA 93110
Phone: 877-814-1861
Fax: 805-692-1684



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

QUESTIONS

If you have questions about this notice and want to learn more, please contact CenCal Health's Privacy Office at:

CenCal Health
 Attn: Privacy Office
 4050 Calle Real
 Santa Barbara, CA 93110
 Phone: 877-814-1861
 Fax: 805-681-8279
 Email: privacy@cencalhealth.org

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort, other health coverage, and tort recovery

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to members. CenCal Health will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when there is no cost to you.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you don't report OHC quickly. Submit your OHC online at <http://dhcs.ca.gov/OHC>.

If you do not have access to the internet, you can report OHC to CenCal Health. Or call 1-800-541-5555 (TTY 1-800-430-7077 or 711) inside California, or 1-916-636-1980 (outside California).

The California Department of Health Care Services (DHCS) has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay first, or reimburse Medi-Cal.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <https://dhcs.ca.gov/PI>
- Workers' Compensation Recovery Program at <https://dhcs.ca.gov/WC>

To learn more, visit <https://dhcs.ca.gov/tplrd> or call 1-916-445-9891.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service (FFS) and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

To learn more, go to the DHCS estate recovery website at <https://dhcs.ca.gov/er> or call 1-916-650-0590.

Notice of Action

CenCal Health will send you a Notice of Action (NOA) letter any time CenCal Health denies, delays, terminates, or modifies a request for health care services. If you disagree with CenCal Health's decision, you can always file an appeal with CenCal Health. Go to the Appeals section above for important information on filing your appeal. When CenCal Health sends you a NOA it will tell you all the rights you have if you disagree with a decision we made.

Contents in notices

If CenCal Health bases denials, delays, terminations, or changes in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action CenCal Health intends to take
- A clear and concise explanation of the reasons for CenCal Health's decision
- How CenCal Health decided, including the rules CenCal Health used
- The medical reasons for the decision. CenCal Health must clearly state how the member's condition does not meet the rules or guidelines.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

Translations

CenCal Health is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for CenCal Health's decision to deny, delay, change, reduce, suspend, or stop a request for health care services.

If your preferred language is not available, the CenCal Health is required to offer verbal help in your preferred language so that you can understand the information you get.



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

8. Important numbers and words to know

Important phone numbers

- **CenCal Health Member Services** at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711)
- **Medi-Cal Rx** at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711
- **CenCal Health Nurse Advice Line** 1-800-524-5222
- **CenCal Health Compliance Hotline** 1-866-775-3944
- **Behavioral Health & Wellness/Santa Barbara County** 1-888-868-1649
- **Behavioral Health & Wellness/San Luis Obispo County** 1-800-838-1381
- **National Suicide Prevention Lifeline** 988
- **County Drug and Alcohol Services**
 - Santa Barbara County 1-805-681-5440
 - North San Luis Obispo County 1-805-461-6080
 - South San Luis Obispo County 1-805-781-4753
- **Ventura Transit Systems, Inc. (VTS)** 1-855-659-4600
- **Social Security Administration (SSA)** 1-800-772-1213
- **Medicare** 1-800-633-4227
- **Medi-Cal Dental Program** 1-800-322-6384 (TTY 1-800-735-2922 or 711)
- **California Children Services (CCS)**
 - Santa Barbara County 1-805-681-5360
 - San Luis Obispo County 1-805-781-5527
- **Department of Social Services (DSS) - Santa Barbara County**
 - Benefit Service Center 1-866-404-4007 or 1-844-289-4682
- **Department of Social Services (DSS) - San Luis Obispo County**
 - Arroyo Grande 1-805-474-2000
 - San Luis Obispo 1-805-781-1600
 - Morro Bay 1-805-772-6405



Call Member Services at 1-877-814-1861 (TTY 1-833-556-2560). CenCal Health is here Mon – Fri, 8:00 a.m. – 5:00 p.m. The call is free. Or call the California Relay Line at 711. Visit online at www.cencalhealth.org.

- Paso Robles 1-805-237-3110
- Atascadero 1-805-461-6000
- **Tri-Counties Regional Centers (TCRC)**
 - Santa Barbara 1-800-322-6994 / 1-805-962-7881
 - Santa Maria 1-800-266-9071 / 1-805-922-4640
 - San Luis Obispo 1-800-456-4153 / 1-805-543-2833
 - Atascadero 1-805-461-7402
- **Health Insurance Counseling and Advocacy Program (HICAP)** 1-800-434-0222
- **Senior Connections** 1-800-510-2020
- **Adult Protective Services** 1-844-751-6729
- **Family Planning, Access, Care & Treatment (Family PACT)** 1-800-942-1054
- **AIDS Drug Assistance Program (ADAP)** 1-888-311-7632
- **Poison Control** 1-800-222-1222
- **In-Home Supportive Services/Resources (IHSS)** 1-800-400-1572 or 211

Words to know

Active labor: The time period when a woman is in the three stages of giving birth and cannot be safely transferred to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A short, sudden medical condition that requires fast medical attention.

American Indian: Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe,
- Lives in an urban center and meets one or more of the following:
 - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member, or
 - Is an Eskimo or Aleut or other Alaska Native, or
 - Is considered by the Secretary of the Interior to be an Indian for any purpose, or
 - Is determined to be an Indian under regulations issued by the Secretary of the Interior, or
- Is considered by the Secretary of the Interior to be an Indian for any purpose, or
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native



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Appeal: A member's request for CenCal Health to review and change a decision made about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Children's Services (CCS): A Medi-Cal program that provides services for children up to age 21 with certain health conditions, diseases, or chronic health problems.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): A person licensed as a registered nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is allowed to attend cases of normal childbirth.

Chiropractor: A provider who treats the spine by means of manual manipulation.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP), or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, CenCal Health, a county mental health plan, or a Medi-Cal provider. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing out-of-network provider for up to 12 months if the provider and CenCal Health agree.

Contract Drugs List (CDL): The approved drug list for Medi-Cal Rx from which your provider may order covered drugs you need.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance, or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. You are automatically enrolled in a COHS plan if you meet enrollment rules. Enrolled recipients choose their health care provider from among all COHS providers.

Copayment (co-pay): A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): Medi-Cal services for which CenCal Health is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the state office that oversees the Medi-Cal program.



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DMHC: The California Department of Managed Health Care. This is the state office that oversees managed care health plans.

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. CenCal Health decides whether to rent or buy DME. Rental costs must not be more than the cost to buy.

Early and periodic screening, diagnostic, and treatment (EPSDT): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early as well as any treatment to take care of or help the conditions that might be found in the check-ups.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right

Emergency care: An exam performed by a doctor or staff under direction of a doctor, as allowed by law, to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

Enrollee: A person who is a member of a health plan and gets services through the plan.

Established patient: A patient who has an existing relationship with a provider and has gone to that provider within a specified amount of time established by the health plan.

Excluded services: Services that are not covered by the California Medi-Cal Program.

Experimental treatment: Drugs, equipment, procedures, or services that are in a testing phase with laboratory or animal studies before testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS) Medi-Cal: Sometimes your Medi-Cal plan does not cover services, but you can still get them through Medi-Cal FFS, such as many pharmacy services through Medi-Cal Rx.

Follow-up care: Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.



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Grievance: A member's verbal or written expression of dissatisfaction about CenCal Health, a provider, the quality of care, or the services provided. A complaint filed with CenCal Health about a network provider is an example of a grievance.

Habilitation services and devices: Health care services that help you keep, learn, or improve skills and functioning for daily living.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer, or doctors who treat special parts of the body, and who work with CenCal Health or are in the CenCal Health network. CenCal Health network providers must have a license to practice in California and give you a service CenCal Health covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from CenCal Health before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, OB/GYN care, or sensitive services.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.

Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Indian Health Care Provider (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health Program, Tribal Organization or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. section 1603).

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Intermediate care facility or home: Care provided in a long-term care facility or home that provides 24-hour residential services. Types of intermediate care facilities or homes include intermediate care facility/developmentally disabled (ICF/DD), intermediate care facility/developmentally disabled-habilitative (ICF/DD-H), and intermediate care facility/developmentally disabled-nursing (ICF/DD-N).

Investigational treatment: A treatment drug, biological product or device that has successfully completed phase one of a clinical investigation approved by the FDA but that has not been approved for general use by the FDA and remains under investigation in an FDA approved clinical investigation.

Long-term care: Care in a facility for longer than the month of admission plus one month.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies, and hospitals for Medi-Cal recipients enrolled in that plan. CenCal Health is a managed care plan.



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Medi-Cal Rx: An FFS Medi-Cal pharmacy benefit service known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care, and reduce avoidable costs over time.

Medical transportation: Transportation when you cannot get to a covered medical appointment or to pick up prescriptions by car, bus, train, or taxi and your provider prescribes it for you. CenCal Health pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

Medically necessary (or medical necessity): Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness, or injury. For members under the age of 21, Medi-Cal medically necessary services include care that is needed to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with CenCal Health who is entitled to get covered services.

Mental health services provider: Licensed persons who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals, and other providers contracted with CenCal Health to provide care.

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that CenCal Health does not cover.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the CenCal Health network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy, or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace attached outside the body to support or correct a badly injured or diseased body part that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.



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Out-of-network provider: A provider who is not part of the CenCal Health network.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies, and supplements

Palliative care: Care to reduce physical, emotional, social, and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of 6 months or less.

Participating hospital: A licensed hospital that has a contract with CenCal Health to provide services to members at the time a member gets care. The covered services that some participating hospitals might offer to members are limited by CenCal Health's utilization review and quality assurance policies or CenCal Health's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital, or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with CenCal Health to offer covered services to members at the time a member gets care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Covered services related to an emergency medical condition that are provided after a member is stabilized to keep the member stabilized. Post-stabilization care services are covered and paid for. Out-of-network hospitals might need pre-approval (prior authorization).

Pre-approval (prior authorization): The process by which you or your provider must request approval from CenCal Health for certain services to make sure CenCal Health will cover them. A referral is not an approval. A pre-approval is the same as prior authorization.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over the counter ("OTC") drugs that do not require a prescription.

Primary care: Go to "Routine care."



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Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need.

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): The process by which you or your provider must request approval from CenCal Health for certain services to ensure CenCal Health will cover them. A referral is not an approval. A prior authorization is the same as pre-approval.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the CenCal Health network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Public health services: Health services targeted at the whole population. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

Rehabilitative and habilitative therapy services and devices: Services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care: Medically necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Rural Health Clinic (RHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.



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Sensitive services: Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder, gender affirming care, and intimate partner violence.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area CenCal Health serves. This includes the counties of Santa Barbara and San Luis Obispo.

Skilled nursing care: Covered services provided by licensed nurses, technicians or therapists during a stay in a skilled nursing facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals can give.

Specialist (or specialty doctor): A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

Specialty mental health services: Services for members who have mental health services needs that are higher than a mild to moderate level of impairment.

Subacute care facility (adult or pediatric): A long-term care facility that provides comprehensive care for medically fragile persons that need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Tort recovery: When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if in-network providers are temporarily not available or accessible.



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