



Authorization Enhancement Training

2021

Agenda

General CenCal Health Eligibility

Authorization Overview

- Authorization Forms (RAF, 50-1, 18-1, 20-1)
- PAD Requests & Pharmacy Forms
- Radiology Requests
- Medical Transportation Authorization
- Behavioral Health Authorization

Q&A



Online Portal

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

Contact Webmaster at webmaster@cencalhealth.org for new accounts

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



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

Logged in as: [User Name]

Providers - Restricted (DEMO)

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

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

Data Forms Overview

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

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

Forms & Reports

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

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

Eligibility
CenCal Health has updated its eligibility form and created a batch eligibility form for providers who consistently check eligibility on groups of members. We hope that you find these forms accessible and beneficial.
Check Eligibility - To check an individual member's eligibility click on the Eligibility link, and then "Check Eligibility". Enter the member's ID or CIN, and a date of service. If the member is not eligible with CenCal Health, you will be prompted to check their eligibility with DHS. Eligibility checks with DHS are done through the DHS CERTS system and require a Medi-Cal provider number and PIN.
Batch Eligibility - You may check eligibility for groups of members using the batch eligibility form located under "Eligibility". To create a batch, click "New Batch", enter a batch name, and then click "Create New Batch". You may begin entering member IDs and dates of services. To add more rows for additional members, click on "Save Batch". To check eligibility for all members in the batch, click "Check Eligibility". Eligibility information is saved until the "Check Eligibility" button is clicked again. On the left hand side will be a series of buttons: red for an ineligible/unknown member; green for an eligible member; and yellow for a member who has a share of cost obligation prior to becoming eligible. To view detailed member information, click on the button. To check eligibility for all members in the batch with a new date of service, add the new date of service into the Change Date field, click "Change Date", and then click "Check Eligibility". You may create as many batches as you need. To create a new batch, click on "New Batch" located on the main form. An existing batch may be saved into a new batch by using the "Copy Batch" function. Note - a batch will be deleted if there are no members in the batch.

Transaction Services

Eligibility

Verifying eligibility for your patients



Ways to check Eligibility

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



- Primary Care Providers, can reference their **Case Management List** on the Coordination of Care section of the Provider Portal

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

Cencalhealth.org/providers/eligibility/



Online - Provider Portal Eligibility Check

Eligibility
Batch Eligibility
Check Eligibility

Data Requirements:

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

Member Eligibility

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

Member ID or Last 4 of SSN: 92923244G

Date of Birth: 02/01/1998

First Name: First Name

Last Name: Last Name

Date of Service (DOS): 09/03/2019

Member Info: As Of 09/03/2019

Inquiry Date: 9/3/2019 3:49:18 PM - Confirmation: 301271

Member ID: 92923244G	Name: TEST1 CENCAL	Sex: F	Special Case: None
Medicare Parts -	HIC#	DOB: 02/01/1998	Other Carriers: ANTHEM BLUE CROSS (800) 677-666

Eligibility History: Last 12 Months As Of 09/03/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CHCCC - Nipomo 8059293211	SBHI	09/01/2019 - 09/30/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	08/01/2019 - 08/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	05/01/2019 - 07/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CHCCC - Nipomo 8059293211	SBHI	04/01/2019 - 04/30/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified
CenCal Health 8778141861	SBHI	03/01/2019 - 03/31/2019	Y		Full	P - PPO/PHP/HMO/EPO not otherwise specified

Services: As Of 09/03/2019

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

Case Management: Last 12 Months As Of 09/03/2019

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

Specialized Programs: CM = CenCal Health Case Management

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

- Check Eligibility
- Add Member to Batch
- Download to CSV
- Reset Screen
- Request a Medi-Reservation

Member Not Eligible

Member ID or Last 4 of SSN: 96200168A

Date of Birth: 06/01/1991

First Name: First Name

Last Name: Last Name

Date of Service (DOS): 08/21/2019

Member Info: As Of 08/21/2019

Inquiry Date: 9/4/2019 10:00:01 AM - Confirmation: 301274

Member ID: 96200168A	Name: TEST2 CENCAL	Sex: F	Special Case: None
Medicare Parts -	HIC#	DOB: 06/01/1991	Other Carriers

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

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

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

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

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

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

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

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

Authorizations

Helping your patients when they need it the most



Authorization Types

All authorizations are submitted under the Provider Group level, not the individual provider



Form	Type of Request or Service	Who Can Submit the Request?	Purpose	Processing Timelines for URGENT Request	Processing Timelines for Routine Request
Referral Authorization Form (RAF)	Referral from PCP to Specialist, for a Second Opinion, or Standing Referral for extended care	PCP (and occasionally, CenCal Health Medical Management Department)	To determine the medical necessity of a referral to a specialist, tertiary care center or out of network provider.	no later than 3 working days* from the receipt of referral request	within 5 working days but up to 14 calendar days*
Treatment Authorization Request (TAR) Located below are three (3) different TAR form types					
50-1	Procedures, DME, Hospice, Home Health.	The provider of service, e.g. DME vendor, Home Health agency. ALERT: Make sure MD has signed the order.	To determine the medical necessity of a requested service. Including Physician-Administered-Drugs (PADs)	no later than 3 working days* from the receipt of request for service	within 5 working days but up to 14 calendar days*
18-1	Inpatient: acute, LTAC, Rehab, Concurrent or Retro review.	Admitting hospital or LTAC facility	To determine the medical necessity of continued acute care and to facilitate a transfer/transition of care	within 24 hours of admission notification or concurrent review (denial or modification, e.g. lower level of care), notify the treating provider/facility	
20-1	SNF, Subacute, CLHF	Admitting facility, hospital discharging member, PCP for Community to SNF Placements	To determine the medical necessity of continued stay in skilled nursing facilities (SNF), subacute, and congregate living health facilities (CLHF)	within 24 hours of admission notification and based on subsequent concurrent review timelines (denial or modification, e.g. lower level of care), notify the treating provider/facility	

*Can extend up to an additional 14 calendar days with an issuance of a NOA "delay".

Authorization Types (continued)

FORM	Type of Request or Service	Who Can Submit the Request?	Purpose
Medical Request Form (MRF)	Outpatient prescription drugs fulfilled at a retail pharmacy, specialty pharmacy, or CenCal Health's contracted Home Infusion Network	Required by the ordering provider	Prior authorization for pharmaceutical agents not on the CenCal Health Formulary
Care To Care Radiology Authorizations	Outpatient services for PET, MRI, MRA, CT, CTA, Nuclear Cardiology Studies	Initiated by the ordering provider, and required for rendering facility	Care To Care prior authorization for high-tech imaging services
VTS Medical Transportation Physician Certification Form (PCF)	Non-Emergency Medical Transportation (NEMT)	Required by requesting physician	Prior authorization for non emergency medically necessary transportation services
Holman Group PCP Referral Form	Outpatient services for members impacted by mild to moderate mental health conditions and Behavioral Health Treatment (BHT)	Members Assigned PCP	Pre-service authorization to The Holman Group



cencalhealth.org/providers/authorizations/

Referral Authorization Form (RAF)

RAFs allow Primary Care Physician (PCP) Group to refer their assigned members to a In-Network Specialist and/or tertiary facility

Specialists are advised to make sure the RAF is approved prior to rendering services

Payment may be delayed or denied if the provider renders services without an approved RAF and/or if the member is not eligible on date of service



Not all services require a RAF

There are some exceptions to this rule

Services that are exempt from the RAF requirement:

- Special Class Members
- Sensitive Services (Family planning, sexually transmitted diseases appointments, abortion and HIV testing)
- Chiropractic, Acupuncture, Audiology, Physical Therapy (Limited Services requires a Medi-Reservation)
- Emergency Service



cencalhealth.org/providers/authorizations/referrals/

CenCal Health Provider Services

Referral Authorization (RAF) Request Training

www.cencalhealth.org/providers/authorizations/

Treatment Authorization Request (TAR)

A Treatment Authorization Request (TAR) is a prior authorization for a medical service and/or Physician Adminstrated Drug (PAD)

TARs are submitted to CenCal Health by the Requesting Specialist Physician Group that will be providing the service to the member

Prior approval of medical services are required before the medical appointment

Payment may be delayed or denied if the provider renders services without an approved TAR



cencalhealth.org/providers/authorizations/treatment-authorization/

When is a TAR required?

Certain procedures require prior authorization to ensure that requested services are covered. The search tool can be used to determine if a procedure requires prior authorization, frequency, and diagnosis. Enter the Procedure Code and Date of Service. Prior Authorization tool is available at [562-1082](https://procedureauth.cencalhealth.org/). You can also view our [guide](#).

HCPCS/CPT Procedure Code Prior Authorization Requirement Search Tool

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

Code: 99213
Description: Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Time For Code Selection, 20-29 Minutes Of Total Time Is Spent On The Date Of The Encounter
Age Range: 0-999
Service Limit: 1 per day
Frequency Limit: N/A
Diagnosis List: N/A
Result: PROCEDURE CODE DOES NOT REQUIRE PRIOR AUTHORIZATION.
Additional Information: None

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

Authorization is needed to ensure member's medical needs. The search tool can be used to determine if a procedure requires prior authorization, frequency, and diagnosis. Enter the Procedure Code and Date of Service. Prior Authorization tool is available at [562-1082](https://procedureauth.cencalhealth.org/). You can also view our [guide](#).

Medical Management
 Department
 (805) 562 -1082

<https://procedureauth.cencalhealth.org/>

When is a TAR required?

Plan: Medi-Cal | Procedure Code: 27447 | Date of Service: 05/11/2021 | SUBMIT | RESET

Code: 27447
 Description: Arthroplasty, Knee, Condyle And Plateau, Medial And Lateral Compartment W/wo Patella Resurfacing
 Age Range: N/A
 Service Limit: N/A
 Frequency Limit: N/A
 Diagnosis List: N/A

Result: PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION.

Additional Information: None

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

<https://procedureauth.cencalhealth.org/>

Plan: Medi-Cal | Procedure Code: 99213 | Date of Service: 05/10/2021 | Submit | Reset

Code: 99213
 Description: Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making, When Using Time For Code Selection, 20-29 Minutes Of Total Time Is Spent On The Date Of The Encoun
 Age Range: 0-999
 Service Limit: 1 per day
 Frequency Limit: N/A
 Diagnosis List: N/A

Result: PROCEDURE CODE DOES NOT REQUIRE PRIOR AUTHORIZATION.

Additional Information: None

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

CenCal Health Provider Services

50-1 Treatment Authorization Request (TAR) Training

CenCal Health Provider Services

20-1 LTC Request Training

CenCal Health Provider Services

18-1 Inpatient Authorization Request Training

www.cencalhealth.org/providers/authorizations/

Paper Authorization Forms

Utilized by providers that don't have access to the portal

Form Requirements:

- Member Name, ID#, DOB, Age
- Diagnosis Code & ICD-10 Code
- RAF or TAR
 - Referring Provider Group NPI
 - Provider Rendering Service MD NPI# & Group NPI#
 - Office Contact
- 18-1 or 20-1
 - Indicate Inpatient Facility, Outpatient Facility or SNF
 - Effective Dates & Through Date
 - Facility NPI
 - Office Contact
- List all Procedures Requested with CPT or HCPCS, Qty, Units

AUTHORIZATION REQUEST FORM
CenCalHEALTH[®]
Local. Quality. Healthcare.

URGENT** ROUTINE RETRO* Fax (805) 681-3071 or send via secure link: <https://gateway.cencalhealth.org/form/hs>

*** IN ORDER TO PROCESS YOUR REQUEST, FORM MUST BE COMPLETE AND LEGIBLE ***

** URGENT is only when normal time frame for authorization will be detrimental to patient's life or health; jeopardize patient's ability to regain maximum function; or result in loss of life, limb, or other major bodily function. URGENT requests are addressed within 72 hours.

PATIENT INFORMATION

Patient Name: _____
 Member ID# (CIN): _____ D.O.B.: _____ Age: _____
 Diagnosis: _____ ICD-10: _____

NEW REFERRAL AUTHORIZATION (RAF)

Referring Provider: _____
 MD NPI#: _____ Group NPI#: _____
 Address: _____
 Office Contact: _____
 Phone: _____ Fax: _____
 Is the Referring Provider the PCP? YES NO

Provider Rendering Service (Physician, Facility, Vendor): _____
 MD NPI#: _____ Group NPI#: _____
 Address: _____
 Office Contact: _____
 Phone: _____ Fax: _____
 Is the Rendering Provider CCS Panned? YES NO

FACILITY AUTHORIZATION REQUEST (18-1) & (20-1)

Inpatient Facility Outpatient Facility SNF

Effective Date: _____ Through Date: _____
 Facility NPI: _____ Facility Address: _____
 Office Contact: _____ Phone: _____ Fax: _____

LIST ALL PROCEDURES REQUESTED ALONG WITH THE APPROPRIATE CPT/HCPCS (50-1)

REQUESTED PROCEDURES:	CODE (CPT or HCPCS)	QTY (REQUIRED)	UNITS (REQUIRED)

To prevent delays, please fax all medical documents to support your request with this form.
 4050 Calle Real, Santa Barbara, CA 93110 • (805) 562-1082

Paper Authorization Forms

Submit Via:
Fax Adult (21yrs and older) documentation
 (805) 681-3071
Fax Pediatric (0-20yrs) documentation
 (805) 692-5140

Secure Link <https://gateway.cencalhealth.org/form/hs>

Authorization 'A' number (#) will be generated and faxed to the point of contact listed on the form once a determination is made

Form available:

- <https://www.cencalhealth.org/providers/authorizations/>
- Provider Portal Authorization Section

AUTHORIZATION REQUEST FORM
CenCalHEALTH[®]
Local. Quality. Healthcare.

URGENT** ROUTINE RETRO* Fax (805) 681-3071 or send via secure link: <https://gateway.cencalhealth.org/form/hs>

*** IN ORDER TO PROCESS YOUR REQUEST, FORM MUST BE COMPLETE AND LEGIBLE ***

** URGENT is only when normal time frame for authorization will be detrimental to patient's life or health; jeopardize patient's ability to regain maximum function; or result in loss of life, limb, or other major bodily function. URGENT requests are addressed within 72 hours.

PATIENT INFORMATION

Patient Name: _____
 Member ID# (CIN): _____ D.O.B.: _____ Age: _____
 Diagnosis: _____ ICD-10: _____

NEW REFERRAL AUTHORIZATION (RAF)

Referring Provider: _____
 MD NPI#: _____ Group NPI#: _____
 Address: _____
 Office Contact: _____
 Phone: _____ Fax: _____
 Is the Referring Provider the PCP? YES NO

Provider Rendering Service (Physician, Facility, Vendor): _____
 MD NPI#: _____ Group NPI#: _____
 Address: _____
 Office Contact: _____
 Phone: _____ Fax: _____
 Is the Rendering Provider CCS Panned? YES NO

FACILITY AUTHORIZATION REQUEST (18-1) & (20-1)

Inpatient Facility Outpatient Facility SNF

Effective Date: _____ Through Date: _____
 Facility NPI: _____ Facility Address: _____
 Office Contact: _____ Phone: _____ Fax: _____

LIST ALL PROCEDURES REQUESTED ALONG WITH THE APPROPRIATE CPT/HCPCS (50-1)

REQUESTED PROCEDURES:	CODE (CPT or HCPCS)	QTY (REQUIRED)	UNITS (REQUIRED)

To prevent delays, please fax all medical documents to support your request with this form.
 4050 Calle Real, Santa Barbara, CA 93110 • (805) 562-1082

Authorization Review Timeframe

- **Routine authorizations** will have determination within 5 days, but up to 14 days if additional clinical information is requested
- **Expedited/Urgent authorizations** take about 3 working days. CenCal Health may extend the 3 working days' time period by up to 14 calendar days if there is a need for additional information
 - The request can be downgraded upon initial review if determined non urgent
- **Post Service Requests** will have a 30 day review period

Submitting Medical Justification

Authorizations need supporting documentation for medical justification:

- **NEW Portal Upload Attachments!**
- Fax Adult (21yrs and older) documentation
(805) 681-3071
- Fax Pediatric (0-20yrs) documentation
(805) 692-5140
- Secure File Drop
<https://gateway.cencalhealth.org/form/hs>

Faxing & Secure File Drop Requirements:

- Add a cover page
- Point of Contact Phone/Email Address
- Contact Name
- Department
- Number of pages you are faxing over
- Reference the Auth# on the top of every document



Medical Management Dept.
(805) 562 -1082

Physician-Administered- Drug (PAD) & Pharmacy

Formulary and Forms



Physician Administered Drugs (PADs) on the Medical Benefit

- Physician Administered Drugs (PADs) are submitted directly to CenCal Health for reimbursement
- Certain Physician Administered Drugs require a TAR for coverage
- Requests that are over the codes service limit or outside the diagnosis requirements require a TAR submission
- All code restrictions can be found on the CenCal Health Prior Authorization Search Tool <https://procedureauth.cencalhealth.org/>
- Submission of a 50-1 Medical TAR can be done through the CenCal Health provider portal



CenCal Health Provider Services

Physician-Administered-Drug (PAD) Authorization Request Training



Pharmacy Benefit Medications

- Pharmacy benefit medications are submitted via prescription to a pharmacy
- Reimbursement for the medication will be through the billing pharmacy and MedImpact
- All medications requiring prior authorization would require a MRF submitted to MedImpact
- Medication restrictions can be reviewed using the CenCal Health Pharmacy Formulary



Medical Request Form (MRF)

Authorization form for outpatient prescription drugs fulfilled at a retail pharmacy, specialty pharmacy, or CenCal Health's contracted Home Infusion Network.

Prescriptions for the following require a MRF:

- Formulary PA-Required medications
- Non-Formulary medications
- Brand name drugs, when an equivalent generic is available except for those drugs listed as exemptions
- Drugs not meeting the Code 1 restriction or Step Therapy criteria
- Drugs exceeding the member age, dosing limits, quantity or duration of treatment dispensing limits

Forms can be found on the Provider Portal or Pharmacy webpage
Cencalhealth.org/providers/pharmacy/forms-downloads-fax/



FAX To (805) 685-7781 <small>Member Member Under 18</small>				CenCal Health Medical Request Form (MRF)	
Member Name (Please Print)		Extended? By Member/Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Entry's Last: <input type="checkbox"/> <input type="checkbox"/>	
Member Address		D.O.B.		Member Phone No.	
PCP Name		Is patient Med-Cal eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Patient Status: <input type="checkbox"/> Home <input type="checkbox"/> Short & Care <input type="checkbox"/> MHCIC <input type="checkbox"/> Acute Hospital	
Prescriber Name		Specialty		Phone No.	
DEA #		Med-Cal No.		NPI #	
Mailing Address (e-mail Address)		Pharmacy Name (e-mail Address)		FAX No.	
REQUESTED MEDICATION INFORMATION					
Drug Name (Strength mg/ml) Dosing schedule					
Diagnosis					
Duration of therapy (1 month, etc. Indicate)					
Medication length of therapy (1 month, etc. Indicate)					
R2D-10 Codes:					
Please explain why you are requesting the use of this medication:					
Previous Medications Tried:					
Medication / Strength			Outcome of Medication Tried		
TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.					
Signature of Physician or Provider: _____ Date: _____					
CenCal Health Staff Use Only					
Provider: you request to: <input type="checkbox"/> Approve as requested <input type="checkbox"/> Approve as modified <input type="checkbox"/> Denied <input type="checkbox"/> Deferred					
Date: _____ Comments/Explanation: _____					
Approver's Signature: _____					
Approved Units: _____ NDC/PBM/GPI: _____ Quantity: _____ Specific Services Requested: _____					
Authorization is valid for services provided from: _____ Date: _____ to: _____ Date: _____					
<small>NOTE: AUTHORIZATION DOES NOT GUARANTEE PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE RENDERING SERVICE.</small>					
<small>8050 Calf Rd, Santa Barbara, CA 93110 (805) 421-2545, Ext. 1000 Direct Dial (805) 562-1080 www.cencalhealth.org</small>					

Contact MedImpact for status update requests
 (800) 788-2949

Pharmacy Formulary



- Formulary is a list of covered outpatient drugs for our CenCal Health members
- The brand names shown in the formulary print/web searchable are non-formulary when an equivalent generic is approved by the FDA
- Selected OTC (Over The Counter) items are covered under CenCal Health and require a valid written prescription
- CenCal Health's Formulary (PDF and web searchable format) is available on CenCal Health's website

Alphabetical Search
 ABCDEFGHIJKLMNOPQRSTUVWXYZ

Brand & Generic Name Search
 Search

Therapeutic Class Search

- Antihistamine Drugs
- Anti-Infective Agents
- Antineoplastic Agents
- Antioxins, Immune Glob, Toxoid
- Autonomic Drugs
- Blood Formation, Coagulation

View Searchable Formulary



<https://www.cencalhealth.org/providers/pharmacy/formulary/>

CenCal Health's Specialty Pharmacy

Optum provides members with high cost medications that treat chronic and complex diseases with a comprehensive approach in medication management, and patient education



All Specialty medications require a Medical Request Form (MRF)

A complete list of Specialty medications are listed online at <https://www.cencalhealth.org/providers/pharmacy/specialty-pharmacy/>

For questions regarding Specialty Medications call Pharmacy Services at (805) 562-1080 or Optum Specialty directly at (855) 427-4682



Pharmacy Services Changes in 2022



Medi-Cal Rx Transition will be implemented by DHCS on January 1, 2022.

Additional details can be found directly on the Medi-Cal Rx website: <https://medi-calrx.dhcs.ca.gov/home/> and on www.cencalhealth.org/providers/pharmacy/

What's changing?

- All pharmacy benefits billed by a pharmacy on a pharmacy claim will be carved out of CenCal Health and be the responsibility of the state and their pharmacy benefit administrator, Magellan

What's remaining the same?

- All pharmacy benefits billed on a medical or institutional claim by a pharmacy or any provider (i.e. Physician-Administered-Drugs) will be the responsibility of CenCal Health

Radiology Benefit Manager



This program applies to the following outpatient services:

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

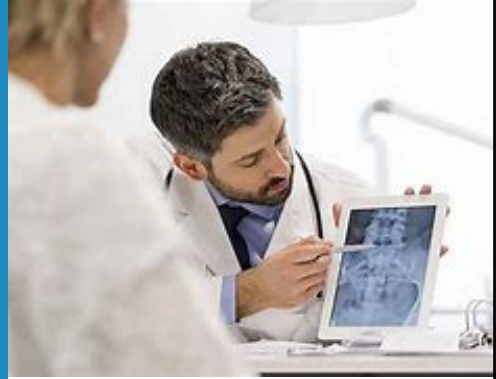
Exceptions:

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



Clinical Information Required

- Imaging study(ies) being requested, with current CPT codes
- Presumptive diagnosis or "rule out" with current ICD-10 codes
- Patient's signs and symptoms, listed in some detail, with severity and duration
- Any treatments that have been tried, including dosage and duration for drugs, and dates for other therapies
- Any other information that the provider believes will help in evaluating the request; this may include physical exam findings, prior medical history, etc.



cencal.careportal.com/



Contact Care to Care

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

Fax 1 (888) 717-9660

Web: cencal.careportal.com



Grievance & Appeals

Authorization & RBM High Tech Imaging Requests

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

Medical Request Form (MRF)

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



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

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

Medical Transportation Services

Transportation is managed by Ventura Transit System (VTS) to and from medically necessary services, such as doctor appointments, specialty mental health, substance use disorder, dental, pharmacy pick up, medical supply pick up and more.

There are two transportation criteria's:

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



CenCalHEALTH NON EMERGENCY MEDICAL TRANSPORTATION (NEMT) REQUIRED JUSTIFICATION			
<small>NEMT services require Prior Authorization, except when the NEMT service is medically necessary for a discharge to home or a SNF, or for a transfer to another facility. CenCal Health must review and approve NEMT services BEFORE the member schedules a pick-up with VTS. Incomplete or inaccurate forms may cause delays and/or denials. CenCal Health may take up to fourteen (14) calendar days to review and process NEMT requests. This PCS Form is not required for Non-Medical Transportation (NMT) services. Completed and signed forms must be promptly submitted to CenCal Health, Utilization Management (UM) Department via fax or uploaded securely through our Secure File Drop:</small>			
<ul style="list-style-type: none"> • CenCal Health UM Fax: 805-681-3071 • CenCal Health's Secure File Drop Link: https://transfer.cencalhealth.org/filedrops 			
Patients information:			
First Name:	Last Name:	Date of Birth:	
CenCal Member ID #:	Phone Number:		Caregiver Name:
Address:		City:	State:
City:		State:	Zip:
Caregiver Phone Number:			
Patient currently mobilizes via:			
<input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other (describe):			
NEMT PROVIDER CERTIFICATION, JUSTIFICATION & SIGNATURE REQUIRED			
<small>Disclaimer: CenCal Health is required to authorize the lowest cost type of NEMT services that is adequate for the member's medical needs.</small>			
NEMT Vehicle Type (please check one):			
Ambulance: <input type="checkbox"/> Basic Life Support (BLS) <input type="checkbox"/> Advanced Life Support (ALS)		<input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van <input type="checkbox"/> Air Ambulance	
NEMT Anticipated Duration:			
Start Date:	End Date:	<input type="checkbox"/> 30 Days	<input type="checkbox"/> Six (6) Months <input type="checkbox"/> 12 Months
ICD-10 Code(s):			
Diagnosis:			
Justification: Provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles. Include medical, behavioral health, or the physical condition that prevents ordinary means of public transportation.			
Provider Information:			
Provider's Full Name (Print):			
Title:	Provider NPI:		
Phone Number:	Fax Number:	Email:	
Certification Statement: This form must be signed by the physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentist, podiatrist, mental health or substance use disorder provider responsible for providing care to the member and responsible for determining medical necessity of transportation consistent with the			

Cencalhealth.org/provider/authorizations/

Behavioral Health Treatment (BHT)

Behavioral Health Treatment (BHT) are behavioral interventions and include modalities services such as Applied Behavior Analysis (ABA). This benefit is managed by The Holman Group

CenCal is responsible for covering BHT services for children under age 21 who present with behavioral deficits or excesses due to a developmental or neurological condition, e.g. Autism, Cerebral Palsy, intellectual disabilities, etc.

- Services are usually provided in the member's home
- Members may be receiving services from Regional Center and/or CCS, but these services are not a pre-requisite for BHT services
- BHT requires a pre-service authorization to The Holman Group from a members PCP



REFERRAL FORM

Member's Name: _____ Date: _____
 Member's Phone Number: _____
 Member's CenCal ID Number: _____ DOB: _____
 Referring Provider Name: _____
 Office Telephone Number: _____ Fax Number: _____
 If patient is 18 or younger, write name of legal guardian: _____
 Language Preferred: _____
 Service(s) Requested:
 Medication Management Psychological Testing/ Assessment Counseling Services
 Behavioral Health Treatment (ABA) – Children > 21 Other
 Presenting Symptoms/ Behaviors Resulting in Request for Referral:

 Member Preferences:
 Recent (last 6-months) suicide attempts or psychiatric hospitalizations: Yes No
 Recent (last 6-months) incidents of violence towards family or in the community: Yes No
 Description:
 Substance Use: Yes No
 Currently Using:
 History of Use:
 Pertinent Medical Information: _____

Please fax any of the following information, if available, to (818)704-4252:

- Psychological Assessments or Results of Well-Child Assessment & Screenings
- Medication list of current medication
- Information regarding psychotropic medication prescribed and failed in the last 12-months
- Psychiatric Assessment or last two (2) progress notes
- Last treatment notes that provide supporting information for this referral request
- Signed Release of Information Form

Referral Form v.1
 Creation Date: 02/12/2019
 The Holman Group
 Page 1 of 1

cencalhealth.org/providers/behavioral-health

BHT Contacts & Grievances

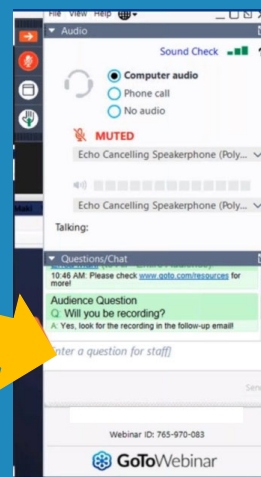
- Provider & Member Questions and Pre Service Authorization contact The Holman Group (800) 321-2843
- Provider Grievances (805) 562-1677
- For escalated issues Members may contact the CenCal Health Member Services Department Directly at (877) 814-1861



Questions?

Please type your question through the 'Question' box

We will answer them now!



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



Online Resources

Providers > Authorizations

In This Section

- Providers
- Authorizations**
 - Radiology Benefit Manager
 - Referrals
 - Treatment Authorization

Authorizations

CenCal Health cares about the members we serve and believes in processing authorizations in a timely manner. It is important for providers to understand the difference between referrals, treatment authorization requests and other types of authorizations that may be required and how to obtain each one.

Coming Soon! New Online Portal Authorization Forms

We are excited to announce the launch of four new electronic Authorization Forms within the Provider Portal that will go live in August. The new forms will require member validation for security, the consolidation of four online forms (RAF, TAR, 18-1, and 20-1) into one user friendly platform and the ability to view one main dashboard within the home screen so staff can see the status of authorizations submitted to a Specialist and CenCal Health. To see the upcoming enhancements, [click here to watch the Provider Portal Authorization video tutorial](#) so your staff is aware of these new features prior to the change in August.

In addition, we have launched our new HCPCS/CPT Procedure Code - Prior Authorization Requirement Search Tool to see if a TAR is required before the procedure is rendered and reimbursement can be made.

Providers can register for our upcoming Authorization Overview Webinar to learn more about these new features and ask questions during Q&A with our CenCal Health Medical Management Team on August 19 from 10 a.m. - 11:30 a.m.

- Referral Authorization Form (RAF) >
- Treatment Authorization Request (TAR) >



Reference Material:
www.cencalhealth.org/providers/authorizations/

Contact Us:

- **Medical Management (805) 562-1082**
 - Authorization Questions/Concerns
- **Provider Services Department (805) 562-1676**
 - Portal Error Screen Issues
 - Provider Information Changes
 - Training
- **Pharmacy Services (805) 562-1080**
 - PAD & MRF Questions
 - Medi-Cal Rx Transition
- **Member Services (877) 814-1861**
 - Member related general questions



Conclusion

General CenCal Health Eligibility

Authorization Overview

- Authorization Forms (RAF, 50-1, 18-1, 20-1)
- PAD Requests & Pharmacy Forms
- Radiology Requests
- Medical Transportation Authorization
- Behavioral Health Authorization



