

PROVIDER BULLETIN

A QUARTERLY PUBLICATION FOR PROVIDERS
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A Message from Our CEO

Building Stronger Communities, Together

As 2024 comes to a close, I want to thank you for your dedicated efforts to improve the health and wellbeing of the communities we serve. CenCal Health remains committed to partnering with you to enhance access to local, quality healthcare.

The overwhelming support of Proposition 35 by voters in our recent election makes the historic investment in Medi-Cal payments permanent in California, which will support our health care system by dedicating the Managed Care Organization (MCO) tax revenue to the Medi-Cal program. CenCal Health will be working closely with the Department of Healthcare Services (DHCS) on implementation and communicate with local provider partners in the coming months.

Looking ahead, CenCal Health has committed to a \$6 million investment to address access to care on the Central Coast through the Medi-Cal Capacity, Access, and Workforce Development Grant Program, which will begin in 2025. The program is intended to expand capacity by funding initiatives focused on provider recruitment, workforce training and education, and overall provider practice support. For more information, please visit: cencalhealth.org/providers/medi-cal-capacity

We also look forward to enhancing our collaboration with providers as a Dual Eligible Special Needs Plan (D-SNP). This initiative, set to launch in January 2026, will be available as a choice for members, providing eligible members with both Medicare and Medi-Cal benefits through CenCal Health's new program, CenCal Health CareConnect. With more than 75% of local providers committed to the program to date, we continue to engage our local provider community.

Through our Quality Care Incentive Program (QCIP), we continue to recognize healthcare providers who deliver outstanding care to CenCal Health patients and who contribute to better health outcomes. Since March 2022, we have awarded \$35.4 million to primary care partners on the Central Coast, prioritizing the clinical needs of Medi-Cal recipients. QCIP has led to significant improvements in areas such as Behavioral Health, Diabetes Care, Pediatric Care, Respiratory Care, and Women's Health.

Thank you for being a cornerstone of our local health system. We appreciate your partnership.

In gratitude,



Marina Owen, CenCal Health CEO



A MESSAGE FROM OUR CEO

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CenCal Health Holiday Closures

Wednesday, December 25, 2024
(Christmas Day observed)

Wednesday, January 1, 2025
(New Years Day observed)

New Diversity, Equity, and Inclusion (DEI) Training Ahead

CenCal Health is committed to advancing health equity so that our communities thrive and achieve optimal health together.

Training our staff, network providers, subcontractors, and downstream subcontractors on the importance of diversity, equity, and inclusion is a critical component to advancing health equity for our communities. In the first quarter of 2025, CenCal Health will make available a DEI training that provides a comprehensive overview of our member demographics and foundational DEI concepts. Network providers are required to complete the training by December 31, 2025, per DHCS requirements.

The goals of the training are to:

- 1 Improve CenCal Health member outcomes by enhancing access to care, reducing health disparities, and providing better quality of care.
- 2 Increase CenCal Health network providers' ability to engage in culturally responsive care with populations facing systemic disadvantages.
- 3 Expand CenCal Health network providers' understanding of the structural determinants of health and how they shape inequities in health outcomes.



More information about the training will be made available in January 2025. We look forward to your participation in the DEI training.

The training will consist of three topics:

- **Understanding DEI through Health Inequities and Implicit Biases**
This explores CenCal Health's diverse membership and the health inequities impacting our members. It examines barriers to care and explores the impacts of bias, while also offering strategies to effectively address implicit bias.
- **Exploring DEI through the Lens of Cultural Humility and CenCal Health's Diverse Member Population**
This offers valuable insights into the cultural groups within CenCal Health's service area, shedding light on their perspectives and approaches to health and healing. It distinguishes between cultural competency and cultural humility, highlighting how each concept informs approaches to healthcare delivery. Additionally, this module discusses the three tenets of cultural humility and offers guidance on applying cultural humility effectively in healthcare settings.
- **Connecting DEI to the Structural Determinants of Health**
This explores the root causes of health inequities among distinct segments of CenCal Health's membership, with a focus on structural and institutional racism. It also examines the connection between clinical outcomes and structural determinants of health.





QUALITY CORNER

Collecting Social Drivers of Health (SDOH) Data

Social Drivers of Health (SDOH) are the nonmedical factors that influence an individual's health outcomes.

These are the conditions into which people are born, live, learn, work, play, worship, and age, and the wider set of systems shaping daily life. CenCal Health is committed to addressing differences in SDOH to improve health outcomes, enhance quality of life, and catalyze progress toward health equity.

We encourage our provider network to continue collecting SDOH data during each patient appointment and report SDOH Z-codes to CenCal Health. By reporting this data, CenCal Health can better assess the needs of our membership and determine the level of case management support that is required to ensure members get the services they need and deserve. Information gathered will also help identify educational material needs and determine the creation of programs to assist in managing member risk through whole person care approaches.

You are key to helping CenCal Health identify health disparities and their root causes that are negatively impacting members' health!

If you would like to make a case management referral, please visit CenCal Health's website: cencalhealth.org/providers/case-management/

For additional questions, please contact the Population Health team at populationhealth@cencalhealth.org.

For additional information about SDOH, please visit the U.S. Centers for Disease Control and Prevention (CDC) website: www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html

Coding

- Education and literacy (Z55)
- Employment and unemployment (Z56)
- Occupational exposure to risk factors (Z57)
- Housing and economic circumstances (Z58/Z59)
- Social environment (Z60)
- Upbringing (Z62)
- Primary support group, including family circumstances (Z63)
- Certain psychosocial circumstances (Z64)
- Other psychosocial circumstances (Z65)

Tips

- Create a workflow to ensure an SDOH assessment during each patient's appointment.
- Code all documented conditions that coexist at the time of the visit and that affect patient care treatment or management.
- Document SDOH codes in the patient's medical record.
- Coders can utilize SDOH documentation from social workers, community health workers, case managers, and nurses.

Scan the QR Code!

Please reference the Department of Health Care Services (DHCS) Priority SDOH Codes by scanning the QR code or visiting: qrco.de/PkRv7



CHDP Transitions to Medi-Cal for Kids & Teens: Access Clinical Training Resources & Certification Today!

On July 1, 2024, the Childhood Health and Disability Prevention Program (CHDP) transitioned to align with the state of California's CalAIM goals and initiatives, marking an important milestone in the state's efforts to streamline healthcare services for children and teens.

As authorized by Senate Bill 184, this transition was designed to reduce administrative complexities, improve care coordination, and standardize services through the integration of managed care plans (MCPs), including CenCal Health. The transition maintains CHDP's core mission: to provide preventive health, vision, hearing, and dental screenings for children and teens under the age of 21, with training responsibilities now managed by CenCal Health.

We encourage provider staff to explore the newly available training resources that focus on key aspects of preventive care, including:

- Vision and hearing screenings
- Fluoride Varnish Training
- BMI Screenings

These resources are designed to help healthcare professionals identify health concerns early, support healthy development, and ensure children and teens receive the care they need to thrive.

After completing the training, provider staff should submit a Clinical Training Acknowledgment Form as proof of completion. Once submitted, CenCal Health will provide a Certificate of Completion for your records.

Key Services Retained in the Transition

It's important to note that several key services from the CHDP program have been preserved under the Medi-Cal for Kids & Teens initiative, including:

- Presumptive eligibility enrollment
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Childhood Lead Poisoning Prevention Program (CLPPP) activities
- Health Care Program for Children in Foster Care (HCPCFC)

To access the training resources and get started with certification, please visit CenCal Health's website: cencalhealth.org/providers/care-guidelines/medi-cal-for-kids-teens-services/

We recommend that all provider staff complete the training as soon as possible to stay aligned with program updates and ensure continuity of care for children and teens in your practice.



Accessing Enhanced Care Management (ECM) for CenCal Health Members Transitioning from Incarceration

Enhanced Care Management (ECM) is a vital program designed to provide intensive, personalized care management for CenCal Health members through a Lead Care Manager (LCM). The LCM coordinates a comprehensive range of services, including physical and behavioral health, long-term care, oral health, and support addressing social determinants of health. CenCal Health collaborates closely with community-based organizations and healthcare providers experienced in assisting individuals in these vulnerable populations.

For providers, correctional facilities, and community organizations, facilitating access to ECM for CenCal Health members who are transitioning from incarceration, especially those who have done so within the last 12 months, is crucial. ECM ensures that members are connected to essential services outlined in their discharge plans, such as housing, transportation, and follow-up care with primary healthcare providers. By doing so, we help improve health outcomes and support successful reintegration into the community.

Eligibility for ECM for formerly incarcerated adults, as defined by the Department of Health Care Services (DHCS), includes:

- **Adults aged 21 and older** who have transitioned from incarceration or are in the process of doing so within the past 12 months and have one or more of the following conditions:
 - » Mental illness
 - » Substance Use Disorder (SUD)
 - » Chronic or non-chronic clinical conditions (e.g., hepatitis C, diabetes)
 - » Intellectual or developmental disability
 - » Traumatic brain injury
 - » HIV/AIDS
 - » Pregnancy or postpartum
- **Members under 21** who have transitioned from incarceration within the last 12 months are automatically eligible for ECM services without additional requirements.

To refer a CenCal Health member to ECM services, please complete the ECM Referral Form and select the appropriate populations of focus. The referral can be submitted via the methods indicated on the form. Each referral will be reviewed, and eligible members will be assigned to an ECM provider for outreach. Importantly, members retain the right to enroll in or decline ECM services at any time.

CenCal Health offers a dedicated team to assist with phone referrals and inquiries about the ECM referral process. This team is available Monday through Friday, 8 a.m. to 5 p.m., at 805-562-1698. Additionally, our Justice-Involved Liaison is here to support care coordination efforts. This liaison can help with questions regarding CenCal Health services, including prior authorization, Community Supports, non-emergency medical transportation, primary care provider assignments, and network providers. Responses to after-hours or weekend inquiries will be provided within one business day.

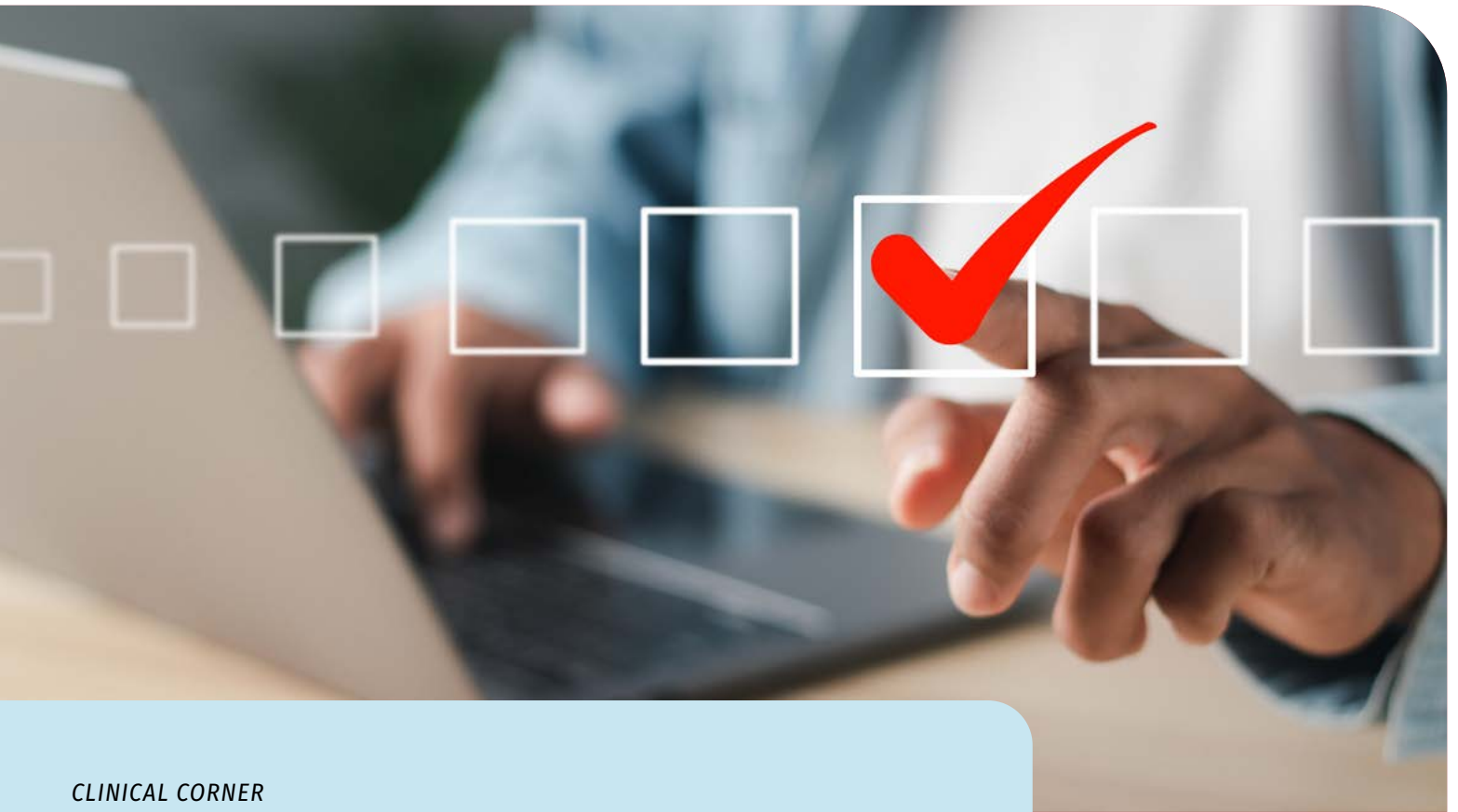
CenCal Health's Justice-Involved Point of Contact:

Blanca Zuniga, Associate Director of Care Management and Justice-Involved Liaison

- **Phone:** 805-685-9525, ext. 1691
- **Email:** Bzuniga@cencalhealth.org

By working together, we can ensure that CenCal Health members successfully navigate their transition from incarceration and access the care they need for a healthier future. Thank you for your commitment to supporting these individuals in our community! For more information about ECM and the services we provide, please visit our website at cencalhealth.org/explore-cencal-health/calaim/ or call 805-562-1676.





CLINICAL CORNER

Clinical Criteria for Utilization Management Decisions

CenCal Health applies objective and evidence-based criteria and considers individual circumstances and the local delivery system when determining the medical appropriateness of health care services.

CenCal Health's Utilization Management (UM) has written UM decision-making criteria that are objective and based on medical evidence. CenCal Health involves appropriate practitioners in developing, adopting, and reviewing criteria and updates the criteria when appropriate.

Please refer to policy MM-UM22, Clinical Criteria for Utilization Management Authorization Decisions for detailed information and to view the list of clinical guidelines adopted by CenCal Health. This policy is located on the CenCal Health website: cencalhealth.org/providers/forms-manuals-policies/policies-procedures/

To request a copy of the UM criteria, providers may call CenCal Health at 877-814-1861 Monday through Friday to have the criteria mailed or faxed to them.



Essential Tips for Clean Claims Processing

Whether you're new to claims processing or looking for a few helpful tips, you've come to the right place! We are committed to ensuring that you have the resources you need to bill correctly, get paid promptly, and avoid billing our members directly.

What Is a Clean Claim?

Billing a *clean claim* means submitting a claim that includes all the required information and documentation needed for processing the first time. By submitting clean claims, you can avoid delays and get faster payment for the services you've provided. This includes submitting any supplemental documentation necessary for the payer to review the services rendered.

Key Areas to Focus on When Submitting Claims

1. Invoices: Common Pitfalls and How to Avoid Them

Invoices are often the root cause of claim denials or delays, especially for Durable Medical Equipment (DME), outpatient services, and Ambulatory Surgery Centers (ASC) claims. Providers frequently encounter issues with missing or unlabeled invoices. To ensure your claims are processed without delay, follow this **Invoice Checklist**:



Clear Labeling of Pricing Documentation:

Is your pricing documentation clearly labeled? For claims with multiple line items, such as supplies, devices, implants, or other items, each item should be labeled with the invoice or MSRP (Manufacturer's Suggested Retail Price). This can be done using line-item numbers (e.g., Line 1A, Line 1B) or by CPT codes. Without proper labeling, your claim could be rejected for incomplete documentation.



Required Documentation:

Non-contracted providers for DME claims must include both MSRP and the invoice. Contracted DME providers are required to submit either the MSRP or the invoice. For outpatient implant claims, the manufacturer's invoice showing the unit price is necessary. You can submit these documents via paper claim or securely through our Provider Portal (for contracted providers). For detailed instructions on how to submit through the portal, visit [CenCal Health Claims Portal](#).



Authorization Requirements:

If your claim requires prior authorization, ensure that you have obtained it before submitting the claim. If you missed obtaining authorization before billing, you may submit a retroactive authorization request up to one year from the date of service. To check if authorization is required, use our online [Authorization Tool](#) at [Procedure Authorization Tool](#).

2. Billing Best Practices: Avoiding Common Mistakes

Understanding the timelines and guidelines for submitting claims is crucial for ensuring your claims are paid promptly and accurately. Here are some key points to keep in mind:

- **Timely Submissions and Late Claims:** CenCal Health accepts original claims up to one year from the date of service. However, claims submitted after six months are subject to a 25% reduction in reimbursement, and claims submitted after 10 months will have a 50% reduction.
- **Corrected Claims:** Corrected claims should be submitted based on the EOP (Explanation of Payment) date, not the date of service.
- **Eligibility Verification:** If the member has other health coverage (e.g., Medicare, commercial insurance), you'll need to submit the Explanation of Payment (EOP) from the primary insurer to ensure proper coordination of benefits. If the primary insurance has paid more than CenCal Health's allowable amount, no further payment will be issued, and your claim will be processed at \$0, with explanation code 14 indicating payment was affected by the primary insurance.
- **Modifiers and NCCI Edits:** Don't forget to apply the correct surgical and unbundling modifiers to your claims. For example, modifiers such as AG, 51, and 50 are required for claims involving services or procedures in the 10000-69999 CPT code range. Additionally, unbundling modifiers like 59, XE, and 91 may be necessary to avoid denials for inclusive services. For detailed information on National Correct Coding Initiative (NCCI) edits, visit [CMS NCCI Edits](#).

If you have any questions or need further assistance, our Claims Customer Service team is just a phone call away. Don't hesitate to **contact us at 805-562-1083. We're here to help!**

Provider Bulletin Update



CenCal Health is committed to keeping our provider network informed with important updates.

We publish quarterly Provider Bulletins every March, June, September, and December, along with monthly digital Bulletins to ensure you stay up-to-date on the latest developments.

In addition, we regularly send out Provider News Flash notifications and announcements to communicate urgent and regulatory updates.

To make sure you never miss out on critical information, sign up today by scanning the QR code or visit our online resources at cencalhealth.org/providers/provider-bulletin-newsletter/.



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Important numbers:

- Provider Services: 805-562-1676
- Claims Services: 805-562-1083
- Pharmacy Services: 805-562-1080
- Health Services: 805-562-1082
- Member Services: 877-814-1861
- Behavioral Health: 805-562-1600



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Reminder to Report Practice Changes



We want to share a friendly reminder to submit any changes to your availability so we can keep our Provider Directory updated with the most current information about your practice.

Updates include any changes to your address or phone number, your ability to see new members, and any physician staffing changes at your practice.

Please reference the Provider Directory online at www.cencalhealth.org/providers/search-provider-network/ to view your details for accuracy.

To update your information, providers may go to www.cencalhealth.org/providers/provider-profile-and-practice-changes/ for documentation requirements and ways to submit to CenCal Health.

Please contact the Provider Relations department at 805-562-1676 with any documentation questions or concerns.