



CenCal Health Basic Training Webinar

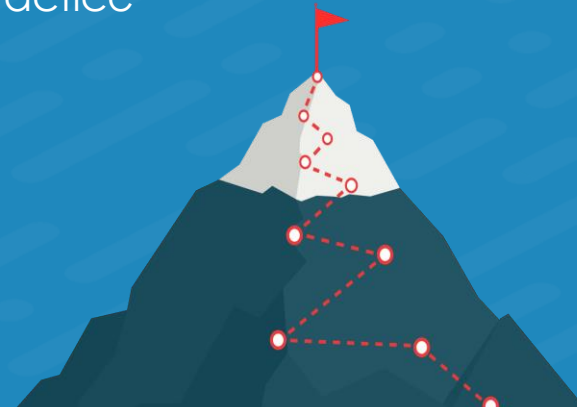
2024



Learning Objectives

By the end of this webinar, participants will be able to:

1. Describe the key rights and responsibilities of members within the healthcare system.
2. Explain the standards for appointment wait times and how they impact member care.
3. Understand the transportation benefits available to members and how to access them effectively.
4. Identify the services provided for cultural and linguistic support, including interpreter services, access to the 24-hour Nurse Advice Line and after-hours care.
5. Gain a high level understanding of the behavioral and mental health services available and their importance in overall member care.
6. Discover and utilize key provider resources and recognize the importance of submitting practice changes and how it affects provider operations and member care.



Overview of CenCal Health

Who is CenCal Health?

1983

Founded in 1983
as Santa Barbara
Regional Health
Authority

2008

Began serving
San Luis Obispo
County in 2008

TWO

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

1st

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

239,237

CenCal Health
Membership
As of July 2024

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



CenCalHEALTH[®]
Local. Quality. Healthcare.

Our Mission, Vision, and Values

Our Mission

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

Our Vision

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

Our Values

- **Compassionate Service**
Serving and advocating for all customers with excellence.
- **Collaboration**
Coming together to achieve exceptional results.
- **Integrity**
Doing the right thing, even and especially when it is hard.
- **Improvement**
Continually improving to ensure our growth, success, and sustainability.

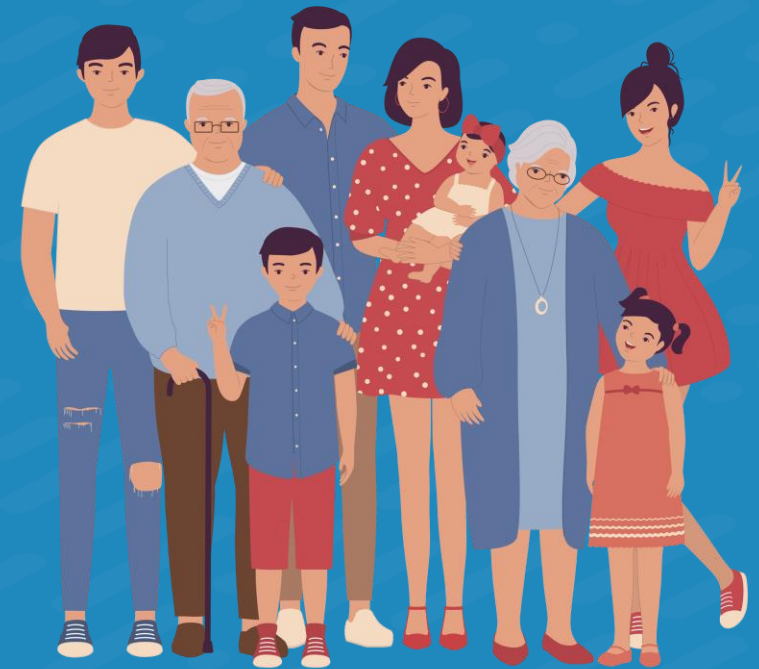
CenCal Health Programs

CenCal Health is a publicly-funded Medi-Cal Managed Care Health Plan. Once a resident is identified as eligible for Medi-Cal, they are automatically enrolled into the CenCal Health Plan for Santa Barbara and San Luis Obispo County low-income residents.

Medi-Cal ensures that children and adults with limited income and resources can receive physical and behavioral health services at little or no cost.

This low-income program includes:

- Families with children
- Foster care children
- Pregnant women
- Childless adults
- Seniors
- Persons with disabilities



Member Eligibility & Benefits

What is Covered California and Medi-Cal?



Covered California is the state's health insurance marketplace where Californians can shop for health plans and access financial assistance.

www.coveredca.com/apply/



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

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

New Medi-Cal Eligible Person



Ways to check CenCal Health Member Eligibility

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



- **Call** the Member Services Department (877) 814-1861
- Primary Care Providers, can reference their assigned members on the CenCal Health Provider Portal via the Coordination of Care module

Additional Resources: cencalhealth.org/providers/eligibility



New CenCal Health Members

New Members receive:

- Welcome Packet
- CenCal Health ID card
- Member Handbook & Benefits
- A welcome call from our Health Navigators



Member Rights and Responsibilities

- CenCal Health is required to inform its members of their rights and responsibilities and ensure that members rights are respected and observed. CenCal Health provides this information to members in the Member Handbook upon enrollment, annually in the member newsletters, on CenCal Health website and upon request
- Providers are required to post the members' right and responsibilities in the waiting room of the facility which services are rendered
- Members have the right to:
 - Be treated with respect and dignity by all CenCal Health and provider staff
 - Privacy and to have medical information kept confidential
 - Get information about CenCal Health, our providers, provider services and their member rights and responsibilities
 - Choose a doctor within CenCal Health's network
 - Talk openly with health care providers about medically necessary treatment options, regardless of cost benefits
 - Get information about their medical condition and treatment plan options in a way that is easy to understand

Member Rights and Responsibilities (cont.)

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

Member Benefits Include:

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

Services Covered by Other Agencies:

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



Sensitive Services

All members have the right to confidentiality when receiving sensitive services or family planning services. Adults 18 years and older do not have to go to their PCP for certain sensitive or private care. If the member is a minor under age eighteen, they do not need the consent of their parent or guardian to receive these services. Members may obtain these services with their PCP or directly with any qualified Medi-Cal provider within or outside of the health plan or provider network. Members do not need a referral from their PCP.

Sensitive services include:

- Pregnancy testing and counseling
- Family Planning and birth control
- AIDS/HIV prevention and testing
- Sexually transmitted disease prevention, testing and treatment
- Abortion (ending pregnancy) services and counseling
- Drug and alcohol abuse services and counseling
- Outpatient mental health services and counseling
- Sexual assault services

Family planning services include:

- Birth control (most require a prescription), including:
 - Birth control pills
 - Condoms
 - Contraceptive services, including emergency contraception.
 - Contraceptive implant
 - Diaphragm or cervical cap
 - Depo Provera shot
 - Emergency birth control (also called the morning after pill)
 - Female condom
 - Intra-uterine device (IUD)
 - Spermicides
 - Sterilization (tubal ligation and vasectomy)
- Infertility treatments

Member Access & Appointment Waiting Time Standards

Appointment Time	Standard Time Frame
Non-urgent Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Specialty Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Specialty Care Appointment	Appointment within 15 business days from request
Non-urgent OB/GYN Primary Care Appointment	Appointment within 10 business days from request
Non-urgent Mental Health (non-psychiatry) Outpatient Services Appointment	Appointment within 10 business days from request
Non-urgent Ancillary Services Appointment (for diagnosis or treatment)	Appointment within 15 business days from request
Urgent Care Appointment	<p>Within 48 hours for services that do not require prior approval</p> <p>Within 96 hours for services that do require prior approval</p>
Emergency Care	Immediately
+Primary Care Triage and Screening	Within 30 minutes
Mental Health Care Triage and Screening	Within 30 minutes
Wait Time in Office	Within 30 minutes
After Hours Care	24 hours a day
Telephone Access	24 hours a day

After Hours Care

Members can see a doctor after 5 pm or on weekends for urgent care!

Sometimes, members feel sick or get hurt after their doctor's office has closed. If they feel like they need care and can't wait until their doctor's office is open, here's how members can get care weekdays after 5pm and on weekends:

- Call their assigned PCP doctor's office to see if it offers evening or weekend hours. If so, call to make an appointment or simply walk in.
- If the member's assigned PCP does not offer weekend or evening hours, a member can call one of the PCPs listed on our After Care handout, even if they are not their assigned patient.
 - Members just need to tell them they are calling for urgent care needs and need an after-hours or weekend appointment.
 - Members do not need a referral (permission) from your PCP doctor for After Hours Urgent Care services.



Nurse Advice Line & Health Education Resources

Free Nurse Advice Service
for CenCal Health Members

1-800-524-5222



Available 24 Hours a Day, 7 Days a Week.
Disponible 24 horas al día, 7 días a la semana.

Topics

Videos

Tools



Childhood Leukemia: Working With Your Care Team



Safely Storing and Getting Rid of Medicines



Caring for a Baby With Neonatal Abstinence Syndrome (NAS)



Hemodialysis Access: When Is the Right Time?



Diabetes in Children: How You Can Support Your Teen

[MORE VIDEOS](#)

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

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

cencalhealth.org/after-hours/

Transportation Benefits

- Non-Medical Transportation (NMT) - For members who are ambulatory needing transportation for medically covered services.
- Non-Emergency Medical Transportation (NEMT) – For members who are non ambulatory needing transportation for medically covered services. Via wheelchair, gurney, ambulance, air.
 - Requires a Physician Certification Statement (PCS) Form and a Prior Authorization.
- Ventura Transit System (VTS) – CenCal Health transportation broker.



Responsibilities of the Primary Care Provider (PCP)

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

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

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

Supply risk assessment, treatment planning, coordination of medically necessary services, referrals, follow up and monitoring of appropriate services, and resources required to meet the needs of the member.

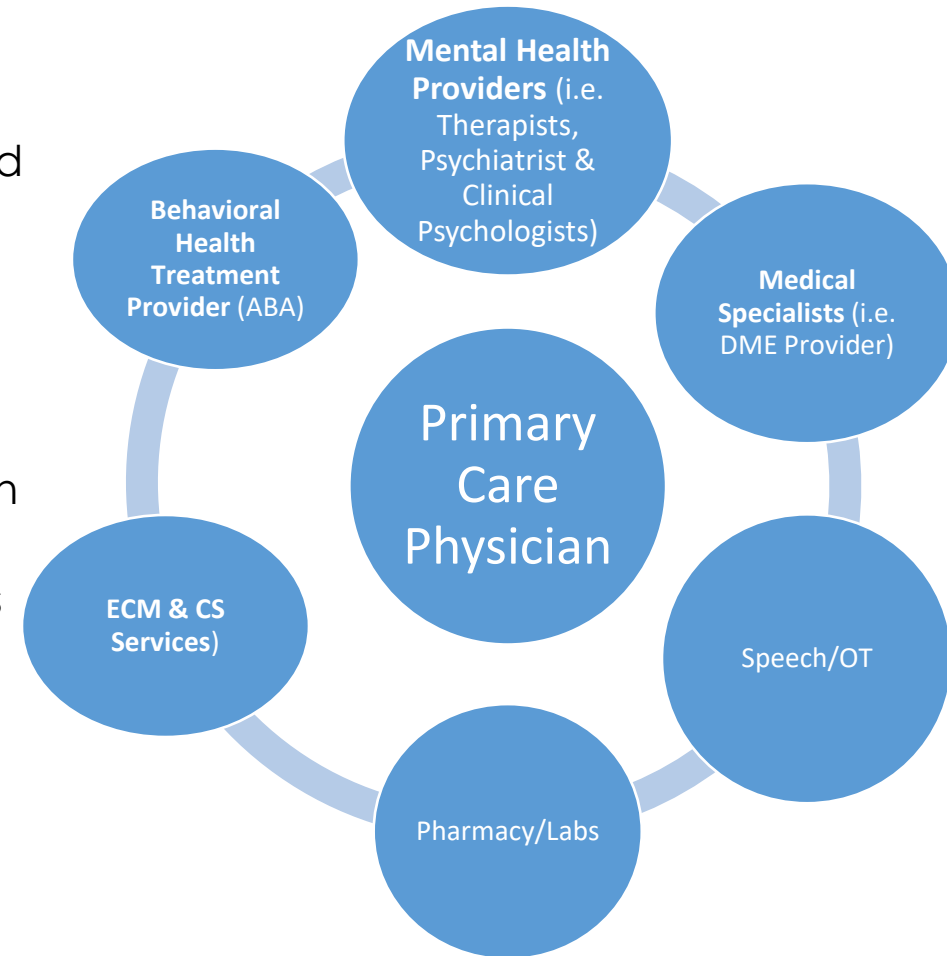
Member Assistance
1 (877) 814-1861



Responsibilities of the Primary Care Provider (PCP)

Coordinate and direct appropriate care for members, including:

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



Advanced Health Care Directive

An Advance Health Care Directive is a written legal document that relates to the provision of health care when a member is incapacitated. Advance Directives detail treatment preferences for any health care decisions when a member is unable to speak for themselves.

Members have the right to have an Advance Directive in place. CenCal Health members should fill out an Advanced Health Care Directive, as it is a simple form that tells doctors and loved ones exactly what type of care a patient wants at the end of their life or if they cannot speak for themselves.

To implement your right to have an Advance Directive in place, CenCal Health has a free, simple, and member-friendly form that is available on our website. Members can print it out, complete the form, and sign it. Then, they should give copies to their doctor(s), family, and/or friends. This will make sure that the member's values and choices are met.

Advanced Health Care Directive information can be found online at <https://www.cencalhealth.org/health-and-wellness/>. Enter the "Search" feature and type "Advance Directives" to learn about this process.

If members cannot print the online form, CenCal Health can send them a free copy by contacting CenCal Health's Health Education Request Line at (800) 421-2560 ext. 3126.

Behavioral Health & Mental Health Benefits

Mental Health Benefit

Mental health services are a covered benefit and may be provided by:

- A Primary Care Physician
- A mental health practitioner employed by a CenCal Health contracted FQHC
- A mental health practitioner contracted with the CenCal Health



Mental Health Benefit: Non-Specialty Mental Health Services

CenCal Health covers Non-Specialty Mental Health Services, which include:

- Mental health evaluation and treatment including individual, group, and family psychotherapy and dyadic behavioral health services
- Psychological and neuropsychological testing
- Outpatient services for the purpose of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies, and supplements

Mental Health Benefit-Carve Out

Level of Impairment	Mild	Moderate	Severe
Benefit	Non-Specialty Mental Health Services	Non-Specialty Mental Health Services	Specialty Mental Health Services (SMHS)
MCP/MHP	CenCal Provider	CenCal Provider	County Provider

Eligibility

Members who meet the following criteria are eligible:

- Members aged 21 years and over with **mild to moderate distress** or **impairment** from a mental health disorder.
- Members under the age of 21, to the extent otherwise eligible for services through **EPSDT**, regardless of level of distress or impairment or the presence of a diagnosis
- Members of any age with potential mental health disorders not yet diagnosed



Preventive Services & Early, Periodic Screening, Diagnosis and Testing (EPSDT)

CenCal Health providers are required to ensure the provision of all screening, preventive and medically necessary diagnostic and treatment services for Members under 21 years of age required under the Early and Periodic Screen, Diagnosis and Treatment (EPSDT) benefit described in Title 42 of the United States Code section 1396d(r) and W&I Code section 14132(v).

The benefits covered under EPSDT are key to ensuring children and youth receive:

- Appropriate preventive medical
- Dental
- Vision
- Hearing
- **Mental health, substance use disorder**
- **Developmental and specialty services**
- Medically necessary services to address any defects, illnesses or conditions identified.



[Click here to download](#) the Medi-Cal for Kids & Teens Provider Training, scan this QR code or go to cencalhealth.org/providers/provider-training-resources/

Referral and Authorization

The following Mental Health services require preauthorization:

- Psychological Testing
- Neuropsychological Testing

The following Mental Health services are open access for members:

- Psychotherapy
- Medication Management

Mental Health Open Access

Members may be referred to therapy or psychiatry:

1

Contacting the Behavioral Health Call Center at (800) 421-2560 to obtain names and numbers of available providers.

2

Referred to the provider directory at CenCalHealth.org to find an available mental health provider.

3

Providers may complete a Behavioral Health Care Coordination Form and submit to the Behavioral Health Department for outreach and assistance to obtain an appointment with a contracted provider.

Mental Health Screening Referral

- Members may be referred, with appropriate consent, for mental health services using the Behavioral Health Care Coordination form to the Behavioral Health Department at (805) 681-3070.
- Members do not require a referral or authorization to access mental health services. Members may also contact the Behavioral Health Call Center at (800) 421-2560 to obtain names and numbers of available providers.
- Members may also be referred to Case Management Services.

Behavioral Health Treatment Benefit & Eligibility

Behavioral Health Treatment (ABA) Benefit & Eligibility

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

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

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

- Under 21 years of age consistent with EPSDT guidelines
- Medically Stable
- Not in need of 24-hour nursing
- Not in an Intermediate Care Facility

The Member has a recommendation that BHT services are medically necessary by a Physician, Psychologist or Surgeon.


ABA Recommendation

Providers who recommend BHT services as medically necessary should submit a:

- Completed **BHT Recommendation Form** to the Behavioral Health Department.

Consistent with All Plan Letter 20-010, Responsibilities of Behavioral Health Treatment Coverage for Members Under the Age of 21:

- An Autism Spectrum Disorder diagnosis is not required
- A Comprehensive Developmental Evaluation is not required.

ABA Recommendation Form 

This form is designed to meet the Department of Health Care Services (DHCS) requirement for a medical necessity recommendation for behavioral health treatment (BHT) or applied behavioral analysis (ABA) services. A physician or licensed psychologist should complete this form. This is not a referral for authorization.

Please submit this completed form via secure link at <https://gateway.cencalhealth.org/form/bh> or by fax at (805) 681-3070.

ALL SECTIONS MUST BE COMPLETE FOR SUBMISSION AND TO BE ACCEPTED

MEMBER INFORMATION

Full Name:

D.O.B: Age: Phone Number:

Member ID: Preferred Language:

Diagnosis or Provisional Diagnosis:

EVALUATING PROVIDER INFORMATION *Only a Physician, Surgeon or Clinical Psychologist May Refer a Member for ABA

Provider Name:

License Type: Primary Care Physician Psychiatrist Psychologist Other (M.D./D.O.)

Street Address:

City: State: Zip:

Office Phone Number: Office Fax Number:

Must Answer YES in order to proceed. If you've answered **NO** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

1) Is Member under 21 years of age? YES NO

2) Is Member medically stable? YES NO

Must Answer NO in order to proceed. If you've answered **YES** to any of the questions, please contact BH Provider Line at (805) 562-1600 before sending.

Does Member have a need for 24 hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities? YES NO

Is ABA treatment assessment recommended? YES NO

Has family/caregiver chosen a BHT/ABA Agency? YES NO Provider Name:

If no, refer to BH Call Center at (877) 814-1861 or cencalhealth.org to identify a preferred provider before sending.

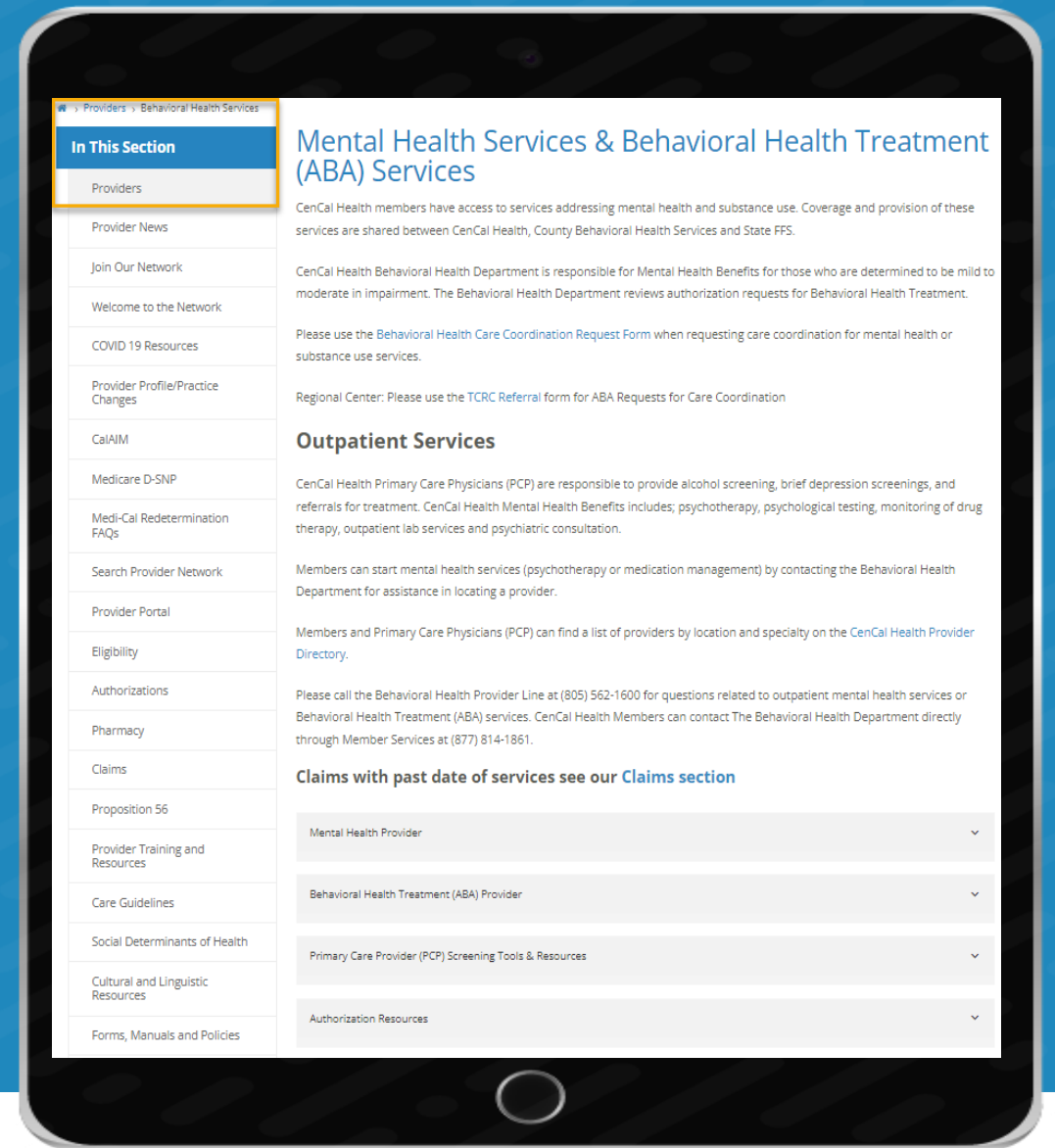
Provider Signature: Date:

This recommendation is good for 6 months from the date of signature.
For providers with questions, contact the Behavioral Health Provider Line at (805) 562-1600
For members with questions, contact the Behavioral Health Call Center at (877) 814-1861



Online Mental Health & Behavioral Health Provider Resources

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



Contact Us: Behavioral Health Dept.

Behavioral Health Call Center Member line
1-877-814-1861

Behavioral Health Call Center Provider Line
(805) 562-1600

BH Department Fax Line
(805) 682-5117

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

CenCal Health Pediatric Case Management
(805) 562-1082



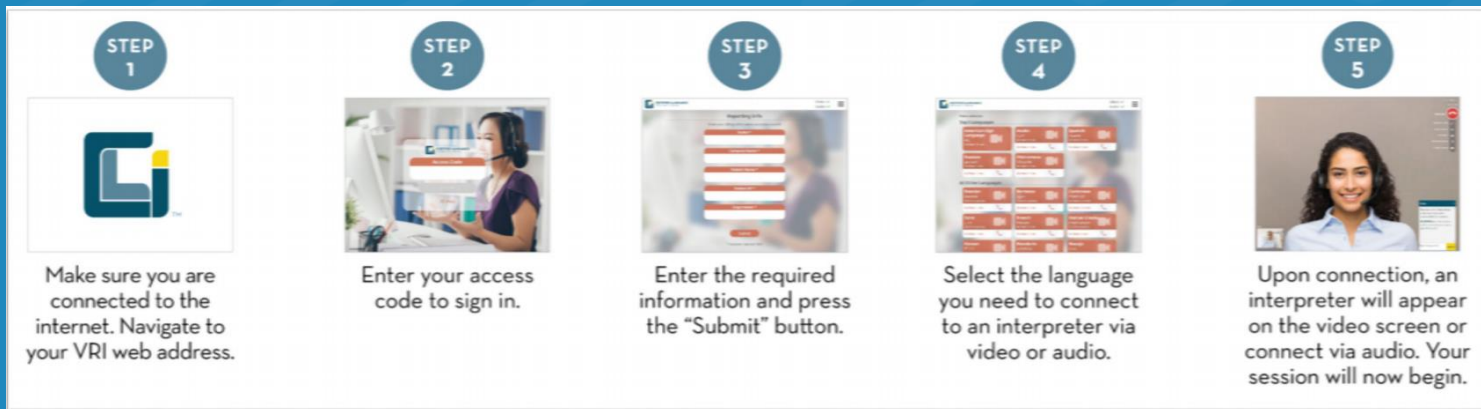
Interpreter Services



Phone & Video Remote Interpreting Services

Follow these quick and easy steps to connect to a telephonic and video interpreter in more than 200 languages

Dial the toll-free number: 1 (800) 225-5254
Provide operator customer code: 48CEN



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

Best Practices for Providing Interpreting Services:

- It's the responsibility of the provider to request interpreter services, **not the Member** and appointments should remain scheduled
- Providers should continue to use “Voice-only” Interpreting (telephone service) whenever possible
- Avoid using family, friends or minors as interpreters
- Provider(s) should supply their own device (laptop, tablet, phone etc.) for these services. CenCal Health will not provide these devices

- Do not use a member's phone for video or phone interpreting services
- Do not pre-schedule video interpreting services in advance as appointments may change
- Add a color or letter code to the patient's chart, noting that they need an interpreter. Designate a code or color for each language
- Add a question on your patient registration form or in your practice management system. Not only will you know when a patient is scheduled that he or she will need an interpreter, you will also be able to track how many patients you have who speak a particular language and how often they are seen.

Talking Points with Members

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

- Offer our point chart and see what their language of choice is to determine a members language of choice
- Video Remote Interpreting (VRI) allows a member to point to the language they speak



Alternative Format Selections (AFS)

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

Below are descriptions of each format:

a. Large print: Large (20-point) size Arial font

b. Audio CD: Provides the ability to listen to recordings of member materials on CD (files will be encrypted)

c. Data CD: This allows for member materials in electronic format to be accessible on CD in their format .pdf, .xlsx, .txt, .docx, etc. (files will be encrypted)

d. Braille: Uses raised-dots that can be read with fingers

Members can also request material in the AFS format via the application system at <https://afs.dhcs.ca.gov/> or call the Medi-Cal Help Line at (833) 284-0040.

Please direct members to these resources as needed or contact CenCal Health's Member Services Department at: (877) 814-186 if you have additional questions or concerns.

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

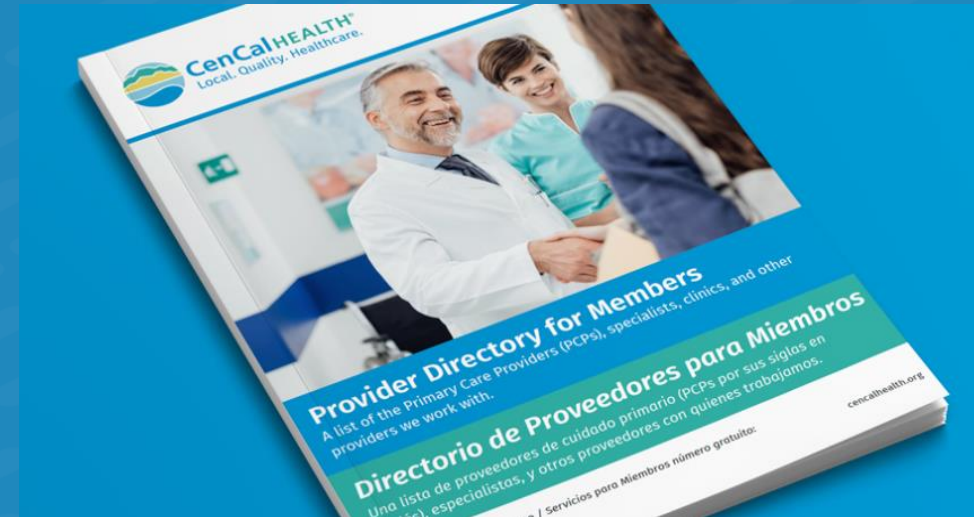
Website Resources

Contracted Provider List Directory

Provider Directory allows members to search for In-Network physicians, hospitals, clinics, Behavioral & Mental Health and CalAIM contracted providers with CenCal Health.

Important Tips:

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



Provider Relations Department (805) 562-1676 or email psrgroup@cencalhealth.org
cencalhealth.org/members/provider-directory-for-members/
cencalhealth.org/providers/provider-profile-and-practice-changes

CenCal Health Provider Manual

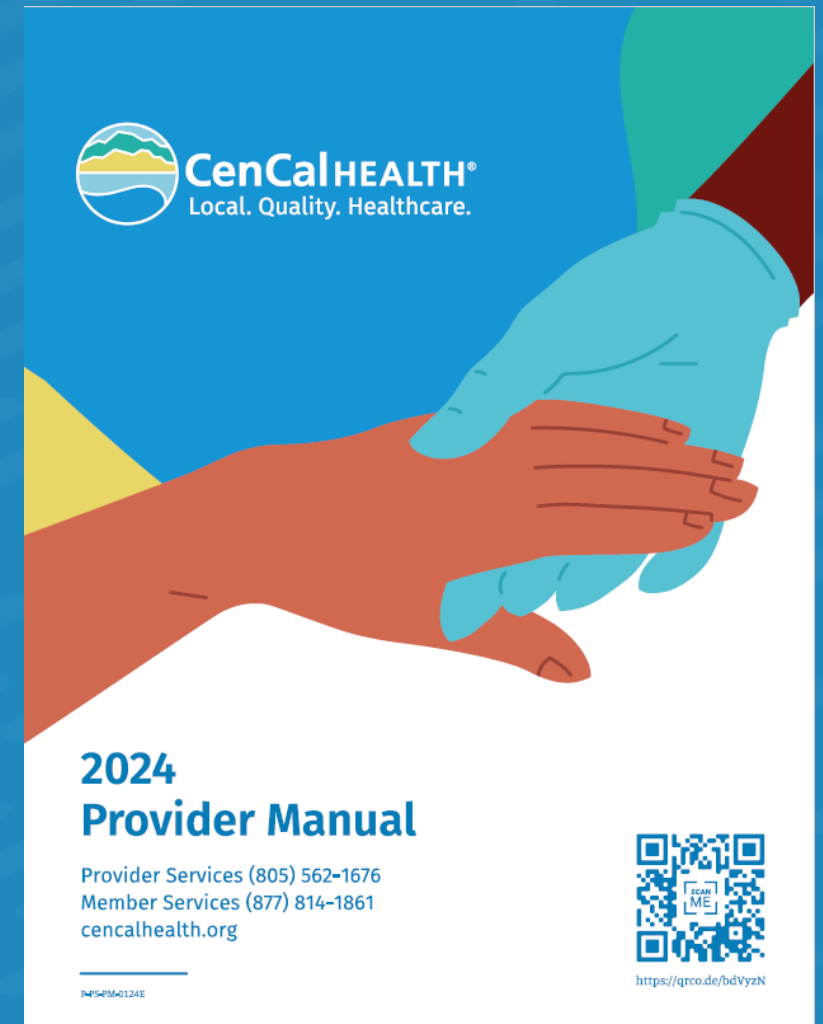
CenCal Health Provider Manual is intended as a tool that describes operational policies and procedures and as a reference guide for CenCal Health's providers and their staff.

It contains basic information on:

- how to work with CenCal Health through provider enrollment
- provider responsibilities
- claims and billing
- Eligibility
- authorization guidelines.

Medi-Cal Manual link:

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications>



[providers/forms-manuals-policies/provider-manual](https://cencalhealth.org/providers/forms-manuals-policies/provider-manual)

We value communication


CenCal Health shares provider news to keep contracted providers, contractors, and subcontractors informed of Medi-Cal updates, CenCal Health campaigns, resources on regulatory requirements, new programs, benefit changes, claims information, clinical updates, pharmacy updates, Behavioral Health & Mental health updates, educational opportunities, and more.

Sent in the mail to contracted providers quarterly (March, June, September, December) and monthly via email.

Sign up today to receive electronic notifications!

Provider Relations Representatives also perform outreach calls, emails and visits.





PROVIDER BULLETIN

A QUARTERLY PUBLICATION FOR PROVIDERS
VOL. 33 NO. 3 • SEPTEMBER 2023

PROVIDER NEWS

- Med-Cal Redetermination Update
- All residents regardless of immigration status can apply now
- DHCS annual medical audit coming in October
- Report suspected health care fraud directly to CenCal Health

CLINICAL CORNER

- MY2023 MCAS quality measures available
- Medi-Cal babies must be lead tested at 12 and 24 months
- Improve quality scores through patient education
- Reminder: Initial Health Assessments required during initial PCP visit
- Non-Emergency Medical Transportation Physician Certification Form

HEALTH PROMOTION UPDATES

- Preventive Health Guidelines are now in your Provider Portal
- 2023 Population Needs Assessment results available

CaAIM CORNER

- Social Determinants of Health (SDOH) screenings encouraged
- Community Supports programs are growing!
- Members transitioning from incarceration soon to be eligible for Enhanced Care Management

BEHAVIORAL HEALTH & MENTAL HEALTH UPDATES

- Benefits now include Dyadic Services
- ABA Recommendation doesn't require Autism Spectrum Diagnosis

PROVIDER NEWS


Med-Cal Redetermination Update

The Department of Health Care Services has released a new, public Medi-Cal Continuous Coverage Unwinding Dashboard, containing by-county results.

Data displayed include new enrollments, ex parte renewals, monthly renewals processed as well as still in-process, and more.

DHCS plans to revise the data monthly. Overall, June renewal disenrollment rate averaged 21% across our counties, which mirrors the state's average. June and July members who were disenrolled due to not returning their packages still have 90 days (called the "cure" period) to submit it! If submitted within 90 days after disenrollment, DSS will process and retroactively re-enroll a beneficiary if determined eligible. This means a beneficiary doesn't need to start the application process from scratch.

DHCS expects the retention rates to increase between 3-4% percent during the "cure" period, which was the historical rate prior to COVID.



The dashboard allows a viewer to view specific data by county.

Disenrollments can occur for a variety of unpreventable reasons, including no longer qualifying, moving out of the area, deceased members, and others. However, the state has determined that June's disenrollments were overwhelmingly due to "procedural reasons," the majority of which are unreturned packages. CenCal Health is actively engaged with the Department of Social Services to identify members within their 10-day grace period and 90-day post-non-response disenrollment period for possible retroactive re-enrollments.

You can also scan the QR code to view the state's dashboard by opening your mobile phone's camera & point it to this QR code then click the link.

