



CenCalHEALTH[®]

Local. Quality. Healthcare.

BCBA Behavioral Health Provider New Provider Orientation

Learning Agenda

- Behavioral Health (ABA) Treatment Benefit & Eligibility
- Treatment Initiation Process
- Medi-Cal Benefit's Treatment Plan Requirements
- Authorization Process
- Behavioral Health Forms
- Claims & Billing
- Provider Portal Demonstration
 - Eligibility Verification
 - And more!



Behavioral Health Treatment Eligibility & Benefits

Behavioral Health Treatment Services

Services include:

- Behavioral Interventions
- Cognitive Behavioral Interventions
- Comprehensive Behavioral Treatment
- Language Training
- Modeling
- Natural Teaching Strategies
- Parent/guardian Training
- Pivotal Response Training

The Member must be:

- Medically stable
- Not in need of 24 hour medical/nursing monitoring provided in a hospital or ICF.
- ABA Treatment must be recommended by a physician, psychologist or surgeon on CenCal Health's ABA Recommendation form.



Non-Covered Services:

- Training of staff
- Accompanying the client to appointments or activities (i.e., shopping, medical appointments) except when the identified client has demonstrated a pattern of significant behavioral difficulties during specific activities.
- Transporting the member in lieu of parental transport.
- Assisting the member with academic work, functioning as a tutor, or functioning as an educational aide for the member in school or daycare or at home.
- Provider travel time.
- Transporting parents or other family members.



Non-Covered Services (cont.):

Medi-Cal does not cover the following as BHT services under the EPSDT benefit:

1. Services rendered when clinical benefit is not expected, unless the services are determined to be Medically Necessary.
2. Provision or coordination of respite, day care, or educational services, or reimbursement of a parent, legal guardian or legally responsible person for costs associated under the behavioral treatment plan.
3. Treatment where the sole purpose is vocationally or recreationally based.
4. Custodial care
5. Services, supplies, or procedures performed in a non-conventional setting including but not limited to, resorts, spas, and camps.
6. Services rendered by a parent or legal custodian.
7. Services that are not evidenced-based behavioral interventions.

Recommendation Form

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

- Completed **BHT Recommendation Form** to the Behavioral Health Department can be submitted via CenCal Health Provider Portal or this paper form.

Paper ABA Forms can be submitted:

- Fax 805-681-3070
- Secure File Drop: <https://gateway.cencalhealth.org/form/bh>

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.



Available Online: [cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/](https://gateway.cencalhealth.org/form/bh)

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](https://gateway.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

BHT Provider Authorization Process

Authorization Requirements: Pre-Services



Medi-Cal requires that ABA providers provide services under an approved treatment plan.



ABA requires pre-service authorization-meaning an authorization must be approved prior to starting or providing care for up to 10hrs (H0031) for an FBA.

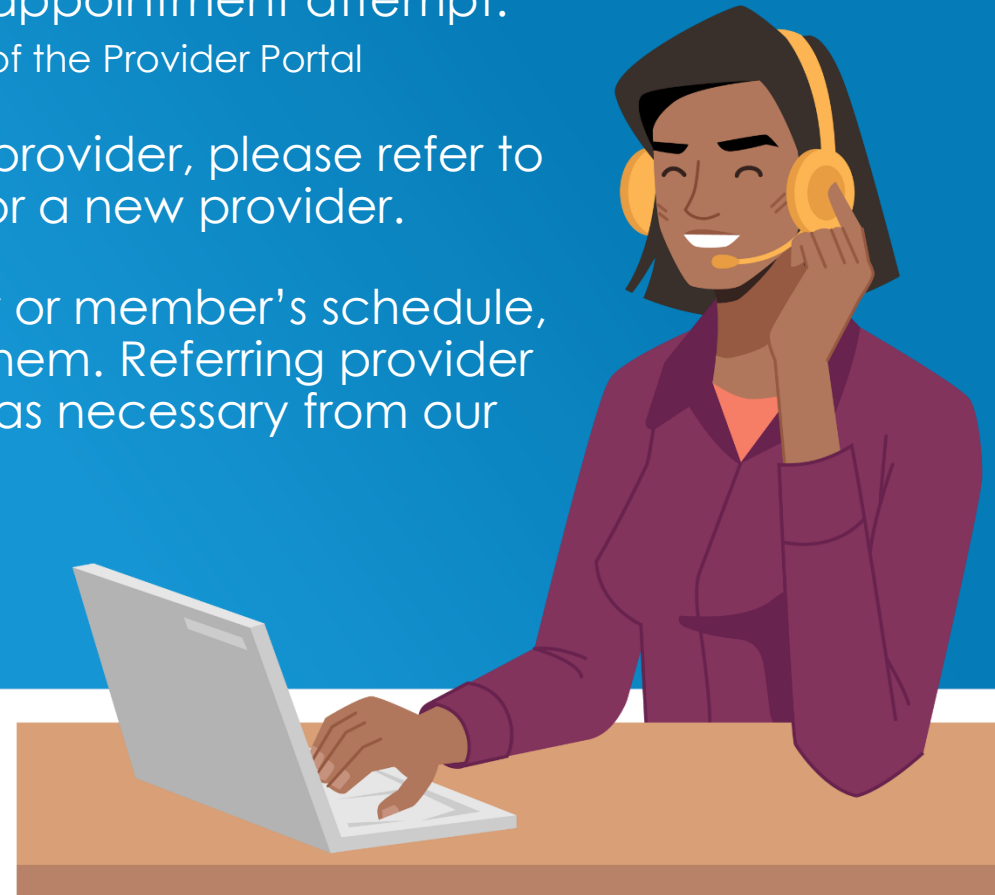


Please submit authorization requests **at least 2 weeks prior** to the authorization ending

Initial Outreach to CenCal Health Member

Upon approval of the referral, please reach out the member within 10 business days to offer an appointment.

- If you are unable to contact the member after 2 attempts, please contact the Referring Provider or PCP to inform them of the appointment attempt.
 - A member's PCP can be located within the Eligibility Screen of the Provider Portal
- If member requests to be re-directed to a different provider, please refer to Referring Provider or PCP to submit a new request for a new provider.
- If you are unable to provide care due to availability or member's schedule, please contact referring provider or PCP to inform them. Referring provider or PCP will submit new request with a new provider as necessary from our Provider Directory.



Assessment Tools

Medi-Cal requires a review of recent assessments and reports

- Please ensure to complete a minimum of 1 assessment per reporting period.

Data obtained in assessment reports

- Support data triangulation of time studies and observational data.
- Support assessment of the Member's current functioning
- Support evaluation of treatment efficacy

Please consider the member's diagnosis and if the assessment tool is aligned.



Assessment Tools

Assessment Tool	Diagnosis
VB-MAPP	Autism, and people with Language Delays
Vineland	Intellectual and Developmental Disabilities, Autism, ADHD, Post-Traumatic Brain Injury, Hearing Impairment, Dementia/Alzheimer's
PEAK/PCA	Autism (possibly other Developmental Disabilities, most research on this assessment focuses on Autism)
AFLS	Autism or other Developmental Disabilities
ABAS-3	Developmental Delays, Autism, Intellectual Disabilities, Learning Disabilities, Neuropsychological Disorders, Sensory or Physical Impairments
DAYC-2	Developmental Delays
ABLLS-R	Autism or other Developmental Disabilities

Helpful Tips:

- ✓ The BCBA Provider and parent should sign a treatment plan.
- ✓ A parent or guardian must sign all Service Logs for direct care service hours provided.
- ✓ Providers must include the documented use of at least one standardized assessment tool, which is an industry standard assessment.
- ✓ Providers should account for the provision of services that are less than the hours approved by CenCal Health through Service Logs and Progress Reports.
- ✓ Requests for hours above the general standard should be submitted with additional documentation for justification that includes support of the member's individualized treatment plan.



Authorization Extensions

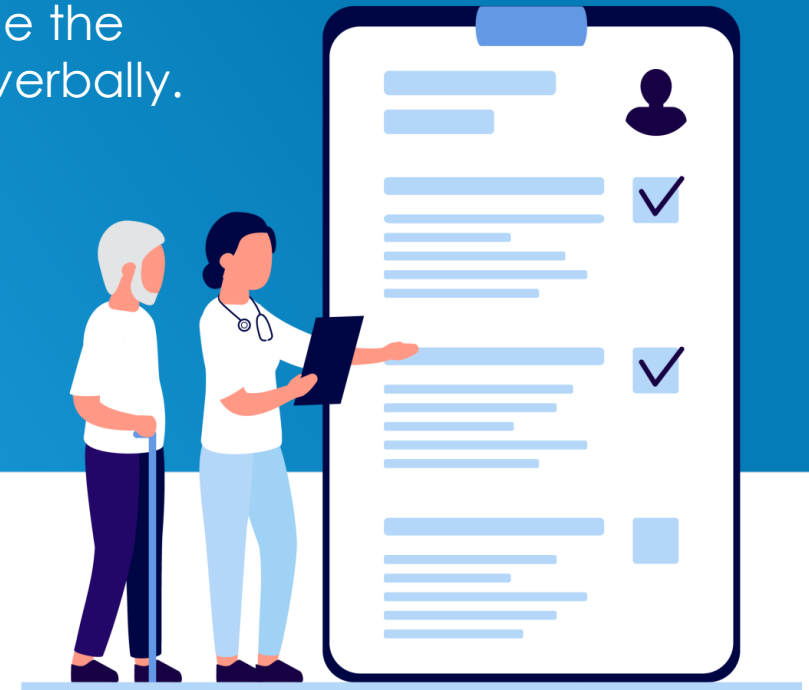
CenCal Health is unable to extend any treatment authorizations beyond 6 months.

- Medi-Cal requires a new treatment authorization every 6 months.

Please submit a revised treatment plan with a new authorization request 2 weeks prior to the current authorization ending.

FBA authorizations are able to be extended for an additional 60 days.

- Please submit your request via fax or secure link and reference the authorization number. These requests can not be accepted verbally.



Post Service Authorizations

If you submit a post service authorization, an authorization for dates of services that occurred in which you did not have an authorization for care, Medi-Cal allows up to 30 days to review.

Please submit these request for authorization separate from dates of service that have NOT occurred.

- This will ensure that the member's care can continue uninterrupted.
- If treatment plan is incomplete, it may not meet for medical necessity.



Authorization Request

Each authorization request must include:

- A UM Authorization form (if submitted by fax or secure link) with all HCPC codes listed
 - Please list on separate lines indirect and direct supervision units requested
- Service Logs
 - Signed by Member or Member's guardian
 - Singed by BCBA/provider
- An updated Treatment Plan or FBA
 - One standardized assessment per review period to triangulate observations with formal data measures
 - **You may use your own progress report template, please ensure it meets the minimum requirements outlined in this presentation.**

Reminder:
Providers can upload
these documents within
the Provider Portal
Authorization Request

Coordination of Care

Care Coordination Responsibilities

Medi-Cal requires ABA providers to ensure care coordination and document care coordination plans that involves:

- The guardian
- School
- State disability Programs
- Other Programs and Institutions

Please ensure documentation in treatment plans is individualized and assess current providers involved in the member's care and the care coordination that will occur to ensure non-duplication of services and collaboration.



CenCal Health Model of Care

CenCal Health's model of care is centered around the PCP directing care for all members; this includes directing referrals to specialty care.

Specialists, like ABA providers, can support member care by coordinating care with the PCP to provide critical information on the members needs such as:

- Mental Health
- Speech
- Occupational Therapy



Functional Behavioral Assessment

FBA and Progress Report Requirements

Minimum Requirements of all FBA's (APL23-010)

Must include:

- A description of the Member's Information-reason for the referral, brief background of information, demographics, the living situation, health and medical information, school information, home information including current services and activities.
- A Clinical Interview
- A Standardized Assessment
- The assessment procedures and results
- The use of evidenced based BHT services that are described in procedures
- Indicate the Member's availability for BHT services. Please include a schedule of parent availability, the member's school schedule, and other activity schedule (if they have any)

FBA and Progress Report Requirements (cont.)

- Clearly show **individualized**, **specific**, **measurable** goals and objectives with **DATES** of when goals are anticipated to be met.
 - Each treatment plan must have a short term and intermediate goal to be met during authorization period requested.
- Short term goals with dates*must be clearly labeled **“Short Term Goals”**
- Intermediate goals with dates*must be clearly labeled **“Intermediate Goals”**
- Long term goals with dates*must be clearly labeled **“Long Term Goals”**



FBA and Progress Report Requirements (cont.)

- Outcome measurement assessment criteria must be clearly stated to measure achievement of behavioral objectives (Should not be copied and pasted).
- Indicate the current level of baseline, the behavior that parent/member is expected to demonstrate including condition under which it must be demonstrated and the mastery criteria.
 - Include Date of introduction
 - Include Specific plan for generalization
 - Include estimated date of mastery
 - Include Progress
 - Indicate any revised or new goals



FBA and Progress Report Requirements (cont.)

The Treatment Plan clearly identifies:

- The service type
- The number of hours to direct care services
- Observation
- Direction
- Guardian training, support and participation needed to achieve the goals and objectives
- Frequency at which the Member's progress is being measured and reported for each individual BHT service provider is responsible for delivering the services
- An individualized transition plan that is specific and measurable (includes a crisis plan)
- Deliver services in a home or community-based setting.
- Include a care coordination plan that involves the Guardian, school, state disability programs, and other programs and institutions, as applicable.

FBA and Progress Report Requirements (cont.)

Request for treatment hours must consider the following when requesting treatment hours:

- Members age
- Parent participation and availability
- School attendance requirements (for homeschooled children) and school schedule
- Other daily activities

Include an individualized exit and discharge plan

Please include specific criteria and anticipated date of discharge

- Date of discharge can be amended with each progress report

Parent Signature and BCBA signatures are Required

- Can be done electronically



Graduation and Fading of Services

- Behavioral Health Treatment services must be faded gradually and systematically over time
- Behavioral Health Treatment providers will complete a transition plan as part of FBA/Progress Report and submit to the CenCal Behavioral Health Department.
 - Please coordinate care with TCRC Case Workers
 - Please develop a transition plan with Member's family.



Supervision Requests

Direct Supervision

- Direct supervision can be requested at the **rate of 2 hours for every 10 hours of direct 1:1 treatment.**
- H0032 can be used for a variety of supervision activities such as (not limited to):
 - Assessment Updates
 - Developing treatment goals
- H0031 are allowed at the initiation of services by new provider.
 - *If a Member's treatment is disrupted for 4 or more months, another FBA will be authorized.*

Indirect Supervision

- Providers can request up to 10 hours of indirect supervision an authorization
 - Requested by BCBA or a mid-level under the supervision of the BCBA.
 - Requests should be proportional to weekly treatment hours and goals.
 - Request on a separate line code from direct supervision.
- Indirect Supervision Activities
 - In-office functional analysis and skills assessment
 - In-office development of goals/objectives and behavioral intervention plans/reports
 - In-office direct staff summary notes
 - In office clinical meetings with both paraprofessionals and parents present

Requests for 2:1 Staffing

Requests for two or more staffing may be covered when one or more non-redirectable destructive behaviors that pose significant risk of harm to the individual or others are present and an appropriate intervention has been chosen and planned.

The request must include the following:

1. Description of the behaviors that pose a significant risk of harm to the Member or others
2. Description of how the plan is to expose the Member to social or environmental stimuli associated with the destructive behavioral (fade out plan) and
3. Description of how the assessment will be conducted in a setting conducive to the safety of the Member and other individuals who may be present (BIP) and
4. The total hours requested should be in proportion to the treatment goals and overall hours requested per week.

Behavioral Health Forms

Online Behavioral Health Provider Resources

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



In This Section

- Providers
- Join Our Network
- Welcome to the Network
- Covid FAQ
- Provider Profile/Practice Changes
- CalAIM
- Search Provider Network
- Provider Portal
- Eligibility
- Authorizations
- Pharmacy
- Claims
- Proposition 56
- Provider Training and Resources
- Care Guidelines
- Social Determinants of Health
- Cultural and Linguistic Resources
- Forms, Manuals and Policies
- Behavioral Health & Mental Health**
- (CCS) Whole Child Model

Mental Health Services & Behavioral Health Treatment

CenCal HEALTH members have access to services addressing mental health and substance use. Coverage and provision of these services are shared between CenCal Health, County Behavioral Health Services and State FFS.

CenCal Health Behavioral Health Department is responsible for Mental Health Benefits for those who are determined to be mild to moderate in impairment. The Behavioral Health Department reviews authorization requests for Behavioral Health Treatment.

Please use the [Behavioral Health Care Coordination Request Form](#) when requesting care coordination for mental health or substance use services.

Outpatient Services

CenCal Health Primary Care Physicians (PCP) are responsible to provide alcohol screening, brief depression screenings, and referrals for treatment. CenCal Health Mental Health Benefits includes; psychotherapy, psychological testing, monitoring of drug therapy, outpatient lab services and psychiatric consultation.

Members can start mental health services (psychotherapy or medication management) by contacting the Behavioral Health Department for assistance in locating a provider.

Members and Primary Care Physicians (PCP) can find a list of providers by location and specialty on the [CenCal Health Provider Directory](#).

Please call the Behavioral Health Provider Line at (805) 562-1600 for questions related to outpatient mental health services or Behavioral Health Treatment (ABA) services. CenCal Health Members can contact The Behavioral Health Department directly through Member Services at (877) 814-1861.

Claims with past date of services see our [Claims section](#)

- Mental Health Provider Content
- Behavioral Health Treatment (ABA) Provider Content**
- Primary Care Provider (PCP) Screening Tools & Resources
- Authorization Resources

ABA Service Hour Log



Member Information

Member Name: Member ID#:

Qualified Autism Service Provider Name:

NPI #: Provider Phone #: Services Provided: Month Year

Date:	Location:	Name & Credential of Person Providing Services	HCPCS Code:	Start Time	End Time	Total Time	Parent/Guardian Signature
		Name: <input type="text"/> NPI #: <input type="text"/>					
		Name: <input type="text"/> NPI #: <input type="text"/>					
		Name: <input type="text"/> NPI #: <input type="text"/>					
		Name: <input type="text"/> NPI #: <input type="text"/>					
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Date:	Location:	Name & Credential of Person Providing Services	HCPCS Code:	Start Time	End Time	Total Time	Parent/Guardian Signature
		Name: <input type="text"/> NPI #: <input type="text"/>					
		Name: <input type="text"/> NPI #: <input type="text"/>					
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		Name: <input type="text"/> NPI #: <input type="text"/>					

I verify that the Behavioral Health Treatment provided by the Qualified Autism Service Provider to my child is listed on this form true, correct, and complete.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Functional Behavioral Assessment Report Intervention Plan



Please submit this form with the Behavioral Health 50-1 Treatment Authorization Request Form

Behavioral Health Department Secure Link: <https://gateway.cencalhealth.org/form/bh>

Behavioral Health Fax: (805) 681-3070

If you have any questions, please contact our Behavioral Health Provider Line (805) 562-1600

I. GENERAL INFORMATION:

First Name: Last Name:
Member DOB: Member ID:
Present Address:
Parent/Guardian: Phone:
Language: Referral Date:
Diagnosis: If undiagnosed (N/A):
Diagnosis MD or Psychologist Name AND Date of Diagnosis:
Report Date: Assessor/Certification:

II. PRESENTING CONCERNS

Write a brief description regarding the presenting concerns and why the Member is seeking ABA Services.

III. BEHAVIORS

The behaviors and functional skills to be addressed are:

- | | | | |
|--|--|--|---|
| <input type="radio"/> Non Compliance | <input type="radio"/> Self-injury | <input type="radio"/> Functional Communication | <input type="radio"/> Independent Living Skills |
| <input type="radio"/> Physical Aggression | <input type="radio"/> Elopement | <input type="radio"/> Self-Direction | <input type="radio"/> Safety Awareness |
| <input type="radio"/> Verbal Aggression | <input type="radio"/> Stereotypic Behavior | <input type="radio"/> Social Skills | <input type="radio"/> Food Selectivity |
| <input type="radio"/> Tantrums | <input type="radio"/> Smearing | <input type="radio"/> Hygiene | <input type="radio"/> Other: <input type="text"/> |
| <input type="radio"/> Yelling/Screaming | <input type="radio"/> PICA | <input type="radio"/> Toilet Training | |
| <input type="radio"/> Property Destruction | <input type="radio"/> Self-Help Skills | | |

1

Behavioral Health Treatment Progress Report 6-Month Report/Exit Report



Please submit this form with the Behavioral Health 50-1 Treatment Authorization Request Form and Service Logs

Behavioral Health Department Secure Link: <https://gateway.cencalhealth.org/form/bh>

Behavioral Health Fax: (805) 681-3070

If you have any questions, please contact our Behavioral Health Provider Line: (805) 562-1600

PLEASE SELECT THE REPORT TYPE:

- 6-Month
 Exit
 Other Time Period
 Month

I. GENERAL INFORMATION

First Name: Last Name:
Member DOB: Member ID:
Present Address:
Parent/Guardian: Phone:
Language: Reporting Period:
Diagnosis: If undiagnosed (N/A)
Diagnosis MD or Psychologist Name AND Date of Diagnosis:
Report Date:
Treatment Team: (John Doe, MA, BCBA Jane Doe, B.S., RBT)

REPORT DATE:

CCH ID:

1

Behavioral Health Care Coordination Request Form



This form is for linkage to CenCal Health Mental Health Providers or County Substance Use Treatment Services.

Members may also be referred to [CenCalHealth.org](https://gateway.cencalhealth.org) to locate a provider on our provider directory or contact the Behavioral Health Call Center at (800) 421-2560.

Referring Providers: Please fax this form to the Behavioral Health Department (805) 681-3070 or upload to <https://gateway.cencalhealth.org/form/bh>. Questions? Please call (805) 562-1600

Referring Provider/Agency - Required

Name: Phone:

Email: Fax:

Agency Name:

Member Information

Member has agreed for CenCal Health to outreach to assist Member to obtain an Appointment or Coordinate services with the County (Required)

Please complete individual requests for each family member.

Member Name:

CenCal Health Member ID:

Phone: DoB:

Language: Parent/Guardian:

Is member participating in other community programs (ECM, Whole Person Care, CCS, IOPCM, etc):

Release of Information attached. Required only if referring provider is requesting information on the outcome of a Substance Use Referral with the County Behavioral Health Department.

Member Information (cont.)

Reason for Care Coordination Request:

- Care Coordination Request for Mental Health Services
 - Psychotherapy
 - Medication Management (psychiatry)
- County Department of Behavioral Health Substance Use Services

Brief description of member's needs - Required

Please include if member has previously tried to make an attempt to contact or schedule an appointment with a Mental Health provider.

If you would like to refer a member to Specialty Mental Health Services, please use our **Transition of Care Form**

If you are referring a member for support due to missed appointments, please use our **Member Education Form**.

All forms are located on [CenCal Health's Mental Health Services & Behavioral Health Treatment Page](#)

The Behavioral Health Department supports member engagement in services.

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



Behavioral Health Department Member Education Request Form

Do you have a patient who is a CenCal Health member who is missing appointments, is not complying with treatments, or is not responding to phone calls? We can help. Please complete this form so that a CenCal Health representative can reach out to your patient to provide them with support and education. CenCal Health will provide you with an update upon connecting with your patient.

Please send completed requests to the Behavioral Health Department or by fax (805) 681-3070 or via secure link: <https://gateway.cencalhealth.org/form/bh>.

Questions? Please contact the Behavioral Health Department Provider Line (805) 562-1600.

Request for Member Education

- Missed Appointments
 Treatment Non-Compliance
 No Show/No Call
 Other: _____

Member Information

Member Name: _____
Member ID: _____ Member Phone: _____
Parent/Guardian Name (if applicable): _____

Provider Information

Provider Name: _____ Provider NPI: _____
Provider Address: _____
Provider Email: _____ Provider Phone: _____

Please provide the following information

Has the member been informed and educated prior to this request? Yes No
Has the member identified any social determinant of health issues (housing, food, employment, childcare) that may be a barrier? Yes No

If yes, please complete a [Case Management Referral form](#).

Has the member identified any transportation issues that may be a barrier? Yes No

Will you continue to see member after education and outreach? Yes No

Claims & Billing

- Billing Codes
- Modifiers
- Claims Timelines
- Claims Corrections
- Common Denials
- Provider Portal Denial Overview



Claims & Billing

Once a provider receives confirmation on their effective date with CenCal Health, payment is payable at the contracted rate.

“Clean” claims will be reimbursed within 45 working days of receipt. Clean claims are claims that include all the necessary, accurate and valid data for adjudication.

CenCal Health offers (3) three easy and convenient ways to bill:

1. CenCal Health Provider Portal
2. Electronic via EDI Team edi@cencalhealth.org
3. Paper Mailing
CenCal Health
PO Box 948
Goleta, CA 93116-0948



CMS – 1500 Paper Claim Form Sample

1

2

3

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA WELLING OTHER
(Medicare) (Medicaid) (ID#DoCo) (Member Clr) (ID#) (ID#) (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
OUT, LUKE

3. PATIENT'S BIRTH DATE (MM DD YY) SEX
10 23 79 M

4. INSURED'S I.D. NUMBER (For Program in Item 1)
9000000000111

5. PATIENT'S ADDRESS (No., Street)
1234 JELLY BEAN COURT

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (Current or Previous) YES NO
b. AUTO ACCIDENT? PLACE (State) YES NO
c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED: _____ DATE: _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED: _____ DATE: _____

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (AMP) (MM DD YY) QUAL. 15. OTHER DATE (MM DD YY) QUAL.

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (FROM MM DD YY TO MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17A. NAME, 17B. NPI)

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (ZNE) ICD Ind. 0
A. **D1D1D1D** B. **D2D2D2D** C. L. D. L. E. L. F. L. G. L. H. L. I. L. J. L. K. L. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE (From MM DD YY To MM DD YY) B. PLACE OF SERVICE (EMG) C. D. PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) (Explain Unusual Circumstances) MODIFIER E. DIAGNOSIS POINTER F. CHARGES G. D. I. L. J. RENDERING PROVIDER ID. #

10	05	18	22	XXXXX	XX	625 00	1	NPI

25. FEDERAL TAX I.D. NUMBER (SSN, EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. health care only) YES NO

28. TOTAL CHARGE \$ **625 00** 29. AMOUNT PAID \$ **400 00** 30. Ref for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials) (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
Polly Ester DATE 10/30/18

32. SERVICE FACILITY LOCATION INFORMATION
BOB'S MEDICAL CLINIC
1234 ANYWHERE STREET
CHERRY CITY CA 543212345

33. BILLING PROVIDER INFO & PH # (916) 861-4539
CLARA FIE
343 MAIN STREET
CHERRY CITY CA 543212345

SIGNED: **Polly Ester** DATE 10/30/18 a. **1234567890** b. **1234567890** c. **1234567890**

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

CMS-1500 Claim Form

- What is a claim?**

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

<https://www.cencalhealth.org/providers/claims/>



Provider Portal Claims Module



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

Logged in as:

Provider

- Home
- Web Site Guide

Authorization

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

Claims Module

NEW - Search Criteria RESET EXPORT

Billing Provider Select Provider... ▾	CCN <input type="text"/>	Member ID <input type="text"/>	Member First Name <input type="text"/>	Member Last Name <input type="text"/>
Date of Service MM/DD/YYYY to MM/DD/YYYY	EOP Date MM/DD/YYYY to MM/DD/YYYY	Patient# <input type="text"/>	EOB Status Select... ▾	Result Size Select... ▾

*Hover over grid header labels to reveal additional search and sort features.

CCN	Billing NPI	Member ID	Member Name	Patient#	Total Billed	Total Paid	EOB Status	DOS	EOP Date
2022120					\$249.00		Processing	12/01/2022	
2022120					\$337.00		Processing	12/01/2022	
2022120					\$353.00		Processing	12/01/2022	
2022120					\$164.00		Processing	12/01/2022	

Claims Status Report



Explore CenCal Health

Members

Providers

Community

Contact Us

Log Off

Logged in as:

Provider - PCP

Provider Name

From Date (MM/DD/YYYY)*

Thru (MM/DD/YYYY)*

Render Prov NPI (Optional)

Entry Date (MM/DD/YYYY)*

Member ID(Optional)

Proc/Drug/Rev(Optional)

Plan(Optional) 110 --- Santa Barbara Health Ini

Paid(Optional)

DN --- Deniable, DY --- Denied, N

Navigation icons: Home, Back, Forward, Refresh, Zoom (100%), Save, Print



Claim Status Report

() | Plan Type - ALL | Pay Section - ALL | DOS - thru

- (Select All)
- DN --- Deniable
- DY --- Denied
- NR --- Not Ready
- PY --- Paid
- PN --- Payable
- *N --- Pended
- RE --- Raw Electronic

Authorization

Claims & Billing

Add/View Claims

Claim Status Report

Explain Code

Payment History

Training Tutorials

Total Claim Detail Lines: 0 Final Totals: Billed Amount: \$ Paid Amount: \$

Page 1 of 1

Billing Codes

HCPCS Codes H0031 and H0032 are based off 15-minute incremental billing.

For Example: quantity of 1 = 15 minutes, quantity of 2 units = 30 minutes, quantity 3 units = 45 minutes etc.

Continue use of HCPCS codes as they currently are:

- H2014-15 minutes
- H2019-15 minutes
 - Clinical Care Guidelines state that most pediatric members will benefit up to 25 hours a week of ABA
 - Requests of more than 25 hours, requires clinical justification of enhanced ABA care.
- S5111-per session
 - Requested by session and not hourly
 - Service limit is 2 a day
 - Requests should be aligned with goals
 - Please indicate how parent training will be utilized to meet goals in treatment plan
- T1014 - 1 minute

Providers **no** longer need to indicate modifiers on authorization requests.

Please continue to submit modifiers on all claims

Modifiers

Modifiers should be used as stated in your Contract Amendment:

- HO for QASP Professional/BCaBA
- HM for QASP Paraprofessional/RBT

Billing Tips:

- When billing services for BCBA (QASP, QAS Provider, QAS Level 3) a modifier is **not** required
- When billing services for ABCBA/BCaBA (QASPRO, QAS Professional, QAS Level 2) use modifier HO
- When billing services for RBT (QASPARA, QAS Paraprofessional, QAS Level 1) use modifier HM

Providers **no** longer need to indicate modifiers on authorization requests.

Please continue to submit modifiers on all claims

Billing Guidelines/Tips

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

Timely Filing Guidelines



Original Claim Reduction in Reimbursement Policy

- Payable claims received **within 6 months** from the date of service will receive 100% of the CenCal/Medi-Cal allowed amount, unless otherwise noted per special contract or OTA.
- Payable claims received within the **7th to the 9th month will be reduced by 25%** and receive 75% of the CenCal/Medi-Cal allowed amount, unless otherwise noted per special contract or OTA. **(1B explain code)**
- Payable claims received within the **10th to the 12th month will be reduced by 50%**. Payment will be 50% of the CenCal/Medi-Cal allowed amount, unless otherwise noted per special contract or OTA. **(1C explain code)**

Original Claims received beyond 1 year from date of service will be denied. Delay reason codes and supporting documentation per Medi-Cal guidelines can be submitted for review.

Claim Correction Requirements

Claims Module

NEW - Search Criteria [RESET] [EXPORT]

Billing Provider: Select Provider... CCN: Member ID: Member First Name: Member Last Name:

Date of Service: MM/DD/YYYY to MM/DD/YYYY EOP Date: MM/DD/YYYY to MM/DD/YYYY Patient#: EOB Status: Select... Result Size: Select... [Search]

*Hover over grid header labels to reveal additional search and

CCN	Billing NPI	Member ID	Member Name	Patient#	Total	Status	DOS	EOP Date
2022							12/08/2022	
2022							12/08/2022	
2022					\$353.00	Processing	12/08/2022	
2022					\$164.00	Processing	12/08/2022	
2022					\$353.00	Processing	12/08/2022	
2022					\$379.00	In Review	12/08/2022	

- When a claim's EOB status is "In review, or processing; corrections can be made on the portal. Simply click the blue hyperlink, make the corrections and save. Changes can be seen immediately.
- Claims that have an EOP status of "Finalized" are no longer eligible to be corrected on the portal. These claims are finalized and A new claim submission will need to be submitted for processing.

Coding for Social Drivers of Health (SDOH)

Why is it important?

Helps identify health disparities, and their root causes, that are negatively impacting our members' health.

Categories

1. Education/literacy
2. Employment
3. Occupational exposure to risk factors
4. Housing and economic circumstances
5. Social environment
6. Upbringing
7. Primary support group, including family circumstances
8. Psychosocial circumstances

Code	Description
Z55.0	Illiteracy and low-level literacy
Z58.6	Inadequate drinking-water supply
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
Z59.1	Inadequate housing (lack of heating/space, unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.41	Food insecurity
Z59.48	Other specified lack of adequate food
Z59.7	Insufficient social insurance and welfare support
Z59.811	Housing instability, housed, with risk of homelessness
Z59.812	Housing instability, housed, homelessness in past 12 months
Z59.819	Housing instability, housed unspecified
Z59.89	Other problems related to housing and economic circumstances
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

For more resources and a full list of codes go to: www.cencalhealth.org/providers/social-determinants-of-health/

Claims & Billing

www.cencalhealth.org/providers/claims/

The screenshot shows the Cencal Health website's navigation bar with links for Explore CenCal Health, Members, Providers (highlighted), Community, Health & Wellness, and Contact Us. A search bar is located on the right. The main content area is titled "Your Gateway to Claims" and includes a description of the Claims Team's services. A sidebar on the left lists various claim-related topics. Three promotional boxes are present: "CHECK CLAIM STATUS", "Weekly EOP Payment Schedule", and "Claims Assistance Contact Us". At the bottom, a navigation bar offers options for claim submission: ELECTRONIC, CENCAL HEALTH WEBSITE, PAPER, and ELECTRONIC FUND TRANSFER (EFT).

[Providers](#) > [Claims](#)

In This Section

- Providers
- > Claims**
 - Getting Started: Eligibility Verification
 - Billing Claims
 - Checking Claim Status
 - FAQs and Common Denials
 - Corrections, Disputes & Appeals
 - HIPAA: Code Conversions
 - Claims Corner
 - Claims Training Tools

Your Gateway to Claims

The Claims Team is dedicated to supporting our Provider Community through our excellent customer service. Our goal is to adjudicate your claims in an accurate, timely and efficient manner using highly-trained and dedicated employees. We are here and ready to help!

Submit a Claim Now

Still using paper to submit claims? CenCal Health makes it easy for you to submit a claim. We have three ways to do so. Faster, easier, and direct.

Please choose from one of the three tabs below.

CenCal Health strongly recommends submitting claims electronically. This allows faster payment with clean claims.

Claims Payment

CenCal Health now offers an easy and convenient way to view your Explanation of Payment (EOP) via the Provider Portal. Click [here](#) for more information.

CHECK CLAIM STATUS

[VIEW](#)

Weekly EOP Payment Schedule

[VIEW](#)

Claims Assistance Contact Us

(805) 562-1083
Mon-Fri, 8:30am-4pm

[ELECTRONIC](#) [CENCAL HEALTH WEBSITE](#) [PAPER](#) [ELECTRONIC FUND TRANSFER \(EFT\)](#)

Availability Updates

Please ensure to keep your provider directory listing up to date by:

- Contact Provider Services to update your organizations availability
- Using the “See a Problem” link on your listing
- Contact the Behavioral Health Department to update your organization’s or provider(s) availability

Search For Physicians Search For Behavioral Health Search For Facilities Search For Other Providers Search For Medical Groups Search For Pharmacies Select Language |

Searching for Behavioral Health

Map Satellite

Results per page: 5

Your search found 33 Groups.

Clinic (Mixed Specialty)

NP: [Redacted]
Continued Program: Medi-Cal
See a problem? Click here to let us know.

Age Range: 0-999 Telehealth: In Person Only Treatment Setting: Clinic Home Based Community Based

Address: [Redacted]
Hours of Operation:
Mon: 08:00 AM - 05:00 PM
Tue: 08:00 AM - 05:00 PM
Wed: 08:00 AM - 05:00 PM
Thu: 08:00 AM - 05:00 PM
Fri: 08:00 AM - 05:00 PM

Service Area: Carpinteria | Goleta | Santa Barbara
Website: www.aba-network.com

Normal Hours: [Redacted]
After Hours: [Redacted]

Accessibility: No Information

Appointment Availability
Morning
Afternoon
None

Accepting New SB County Patients: Yes
Accepting New SLO County Patients: Yes

Language(s) Spoken	Clinical Staff	Office Staff
English	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spanish	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sign Language	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tagalog	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Skilled Medical Interpreter: Language Line Available

Providers
Michelle Couler

Behavioral Health Department Contact Information

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



Questions



Provider Portal Demonstration

The **Provider Portal** is an online resource that has many valuable functions. It's a secure way to transfer information between CenCal Health and our contracted providers.

Staff screen permissions are managed by Administrator, or Office Manager

Unable to see these banner permissions? Contact your Portal Administrator or email



The screenshot shows the Provider Portal login interface. At the top, there is a navigation bar with links for 'Explore CenCal Health', 'Members', 'Providers', 'Community', 'Contact Us', and 'Log in'. Below the navigation bar, the page title is 'Log in'. A yellow banner contains the text: 'For the latest on COVID-19 related claims questions, authorization changes, telemedicine codes and more: visit: www.cencalhealth.org/providerservicesfaq'. Below the banner, there is a section titled 'INITIAL LOG IN:' with the following text: 'All portal users are required to enter an email address in the UserName field as well as their existing password. If you receive a notice that the user account email is invalid, the user will need to contact your organization's account manager to request access. Users with access to multiple organizations can choose from a list of accessible IRS#'s after log in.' Below this text, there is a red warning message: 'If you have changes to your Tax ID Number, DBA, or legal business name, please submit a new W-9 to CenCal Health. Please submit this document to CenCal Health's Provider Services Department via fax at (805) 681-3019 or email providerservices@cencalhealth.org.' Below the warning message, there is a form with the following fields: 'Enter credentials to log in.', 'UserName' (with a text input field), and 'Password' (with a text input field). Below the form, there is a blue 'LOG IN' button. Below the button, there is a link: 'Reset/Create your password?'. At the bottom, there is a footer with the text: 'Want to learn more? View our Portal Resource Guides. Please contact webmaster@cencalhealth.org for any questions or if you experience any issues in accessing the portal.'



Key documentation on CenCal Health's Website
www.cencalhealth.org/providers/provider-portal/

Online Portal

Contracted CenCal Health Providers have access to:

- Eligibility
- Batch Eligibility
- Authorizations
- Claim Entry
- EFT (Read Access Only)
- Training Videos

Printable Portal User Guide:
[Cencalhealth.org/portal/provider-portal/](https://cencalhealth.org/portal/provider-portal/)



Explore CenCal Health Members Providers Community Contact Us Log Off

Logged in as: _____

Providers - Restricted (DEMO)

▼

> Home

User Management

Electronic Funds Transfer

Claims Entry

Eligibility

Transaction Services

Authorization

Reports

Procedure Pricer

SMART Programs

Downloads

PCP Reassignment

PCP Reassignment(New)

Pharmacy Forms

RBM Forms

FTP

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

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

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

Security

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

Forms & Reports

Electronic Funds Transfer

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

Claim Forms

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

Eligibility

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

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

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

Transaction Services

New Medi-Cal Eligible Person



Damaged, lost or stolen CenCal Health card? CenCal Health can send a new card to the member at no cost to you. Call Member Services at 1-877-814-1861 (TTY/TDD 1-833-556-2560 or 711).

Ways to check Eligibility

CenCal Health Provider Portal:

- Member Eligibility Screen
- Member Eligibility Batch Report

Additional Resources: cencalhealth.org/providers/eligibility



Online - Provider Portal Eligibility Check

Provider - PCP

- Home
- Web Site Guide
- Authorization
- Claims & Billing
- Coordination Of Care
- Downloads
- Electronic Funds Transfer
- Eligibility**
 - Batch Eligibility
 - Check Eligibility**
 - Share of Cost

Member Eligibility

Member ID or Last 4 of SSN	Date of Birth	First Name	Last Name	Date of Service (DOS)
Member ID or Last 4 of SSN 1	DOB (mm/dd/yyyy) 2	First Name 2	Last Name	09/30/2024 3

* Member ID, DOS and either DOB or First/Last Name are required



Data Requirements:

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

Member Eligibility

Member ID or Last 4 of SSN Date of Birth First Name Last Name Date of Service (DOS)

* Member ID, DOS and either DOB or First/Last Name are required



Member Info: As Of 09/30/2024

Member ID	Name	Sex	Special Case	BIC Date
		F	None	05/28/2019
Medicare Parts -	HIC#	DOB	Risk Tier	Other Carriers
		2012	Pediatric - Low Tier	
				Redetermination Date
				06/01/2025

Eligibility History: Last 12 Months As Of 09/30/2024





PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CHCCC - Templeton 8055426700	SLOH	09/01/2024 - 09/30/2024	Y		Full	H - Multiple plans comprehensive
CHCCC - Templeton 8055426700	SLOH	08/01/2024 - 08/31/2024	Y		Full	H - Multiple plans comprehensive
CHCCC - Templeton 8055426700	SLOH	06/01/2024 - 07/31/2024	Y		Full	H - Multiple plans comprehensive
CHCCC - Templeton 8055426700	SLOH	02/01/2024 - 05/31/2024	Y		Full	H - Multiple plans comprehensive
CHCCC - Templeton 8055426700	SLOH	01/01/2024 - 01/31/2024	Y		Full	H - Multiple plans comprehensive
CHCCC - Templeton 8055426700	SLOH	11/01/2023 - 12/31/2023	Y		Full	H - Multiple plans comprehensive
CHCCC - Templeton 8055426700	SLOH	10/01/2023 - 10/31/2023	Y		Full	H - Multiple plans comprehensive
CHCCC - Templeton 8055426700	SLOH	09/01/2023 - 09/30/2023	N		Full	H - Multiple plans comprehensive

Services: As Of 09/30/2024

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

Case Management: Last 12 Months As Of 09/30/2024

Program	Services	Status	Case Manager/ Provider	Date Range	Contact Information
There are no Case Managers during the date range provided					

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

Eligible Member - With Other Health Carriers

Member ID or Last 4 of SSN: Date of Birth: First 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	Name	Sex	Special Case
<input type="text"/>	TEST1 CENCAL	F	None
Medicare Parts -	HIC#	DOB	Other Carriers
		02/01/1998	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

	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)

Other Health Coverage

CenCal Health is always the payer of last resort. If the member has Other Health Coverage (OHC) or Medicare, you must bill the member's primary insurance first and then CenCal Health as secondary. Providers should confirm members coverage on the eligibility screen to ensure CenCal Health is the primary payer.

There are specific CPT or HCPCS codes that are listed on the Medicare or OHC Non-Covered list, therefore are payable by CenCal Health without the primary payer's denial. Below is a link to the Medi-Cal manual with more information on those codes.

Other Health Coverage (OHC): CPT HCPCS Codes

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/othhlthcpt.pdf>

Medicare Non-Covered Services: CPT Codes

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/medinoncpt.pdf>

Medicare Non-Covered Services: HCPCS Codes

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/medinonhcp.pdf>

Non Eligible Member – Check DHCS

Member Eligibility

Member ID or Last 4 of SSN: Date of Birth: First Name: Last Name: Date of Service (DOS): 07/15/2024

* Member ID, DOS and either DOB or First/Last Name are required

Member is not eligible on 07/15/2024 - DHS/SOC Check is handled via the [DHCS Medical site](#)

Member Info: As Of 07/15/2024

Inquiry Date: 7/15/2024 4:32:25 PM - Confirmation: 265975

Name	Sex	Special Case	BIC Date
		None	08/23/2006
Medicare Parts -	HIC#	DOB	Risk Tier
		11/15/2000	
Other Carriers	Redetermination Date		06/01/2025

Eligibility History: Last 12 Months As Of 07/15/2024

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SBHI	06/01/2024 - 06/30/2024	N			A - Pay and chase (applies to any carrier)
CenCal Health 8778141861	SBHI	04/01/2024 - 05/31/2024	N			A - Pay and chase (applies to any carrier)
CenCal Health 8778141861	SBHI	03/01/2024 - 03/31/2024	N			A - Pay and chase (applies to any carrier)
CHCCC - Santa Maria Way 8059345400	SBHI	01/01/2024 - 02/29/2024	Y		Full	A - Pay and chase (applies to any carrier)
CHCCC - Santa Maria Way 8059345400	SBHI	08/01/2023 - 12/31/2023	Y		Full	A - Pay and chase (applies to any carrier)
CHCCC - Santa Maria Way 8059345400	SBHI	07/01/2023 - 07/31/2023	Y		Full	A - Pay and chase (applies to any carrier)

Case Management: Last 12 Months As Of 07/15/2024

Program	Services	Case Manager/ Provider	Date Range	Contact Information
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)

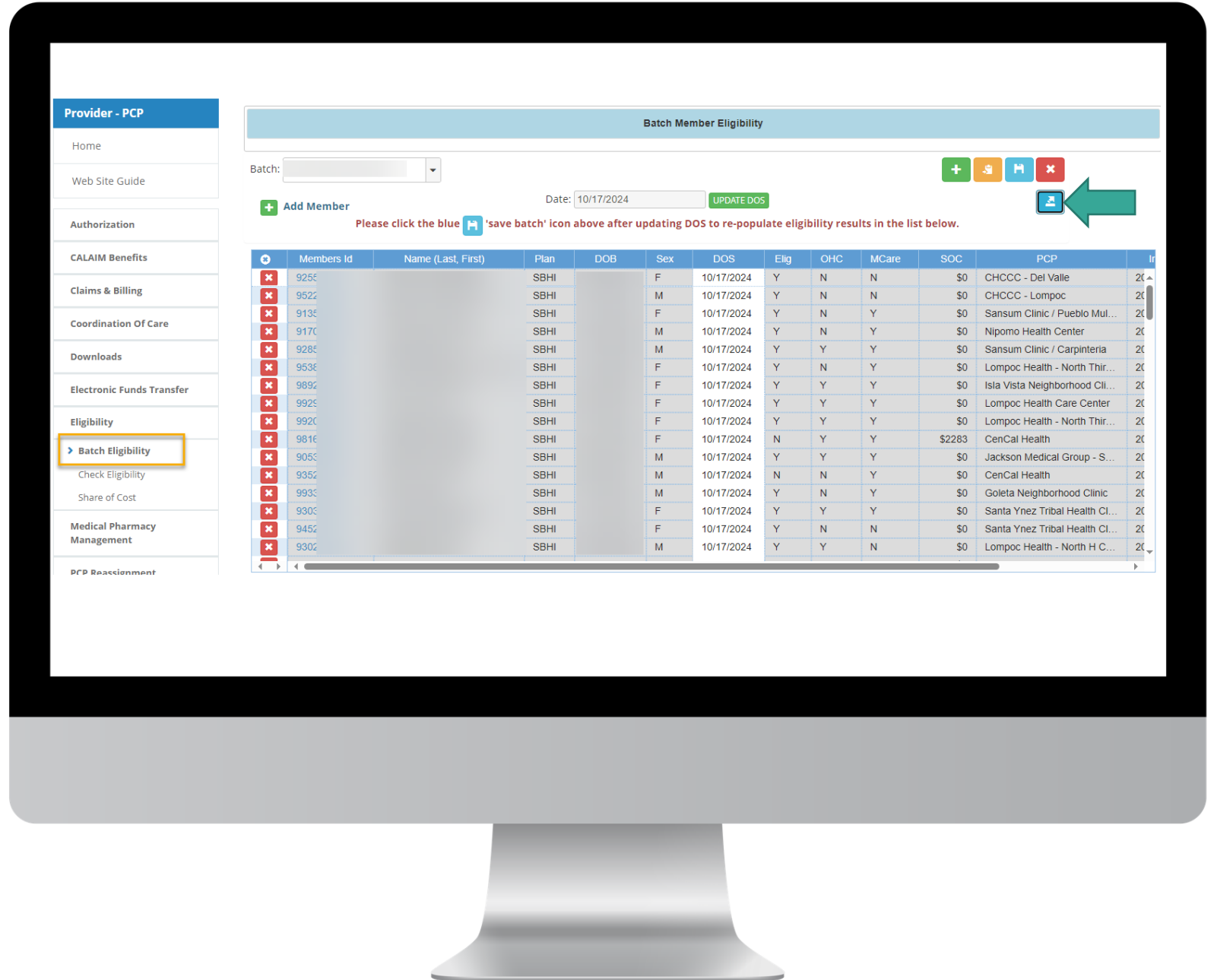
Check a direct link to DHCS Medi-Cal Portal
<https://secure.medi-cal.ca.gov/mcwebpub/login.aspx>

Batch Member Eligibility

Allows providers to see a group of CenCal Health members all within one report which includes:

- Eligibility Status
- Other Health Coverage (OHC)
- Medicare coverage
- And more!

 Downloadable to CSV file





CenCal HEALTH[®]
Local. Quality. Healthcare.