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# PROVIDER BULLETIN

A QUARTERLY PUBLICATION FOR PROVIDERS

VOL. 33 NO. 1 • March 2024

## A Message from Our CEO

To meet the evolving goals of Medi-Cal as a whole-person care program with a significant focus on quality and health equity for all, CenCal Health has partnered over the past two years with health and social services organizations to address the social determinants of health. New services are aimed at addressing housing, like housing navigation and deposits, are meant to reduce food insecurity, like medically tailored meals, or address behavioral health needs and addiction, like student behavioral health services and sobering centers. CenCal Health has expanded programs to facilitate the safe recovery from illness, like recuperative care and day habilitation. These locally driven innovations are made possible by the support and participation of our providers and community partners, who are paving the way and transforming care on the Central Coast.



To address local community needs and address the rapid changes within our local environment, CenCal Health is expanding our role and reach to be a strong and enduring partner in Santa Barbara and San Luis Obispo Counties. This includes the development of a Dual Special Needs Plan (D-SNP) to serve Medicare eligible members who also have Medi-Cal coverage. This program, which will begin in January 2026, will offer a choice for members who can benefit from additional care coordination and support. Through this program and many others, the opportunity is before us to expand programs and benefits that support our providers and local community. If you would like to learn more about these programs and services and how you can get involved, please visit [cencalhealth.org/providers/calaim/](https://cencalhealth.org/providers/calaim/) or contact the Provider Relations department at (805) 562-1676.

*Marilee A. Owen*

## Celebrating National Doctors' Day!

In honor of National Doctors' Day on March 30th, CenCal Health extends its heartfelt appreciation to all physician partners, with special commendation to long-standing Central Coast Medical Association member and CenCal Health Board member Dr. Edward Bentley. As a Santa Barbara gastroenterologist, Dr. Bentley has compassionately healed and cared for his patients throughout the decades. Learn more about Dr. Bentley, please reference "Meet our Board of Directors" section of our website at [cencalhealth.org/explore-cencal-health/boardofdirectors/](https://cencalhealth.org/explore-cencal-health/boardofdirectors/)



# Social Determinants of Health (SDOH)

Social Determinants of Health (SDOH), also known as Social Drivers of Health, 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 that affect a wide range of health, functioning, and quality-of-life outcomes and risks. In 2022, CenCal Health received SDOH diagnosis codes for 7,510 members.

**We encourage our provider network to continue collecting SDOH data during each patient appointment and report these codes to CenCal Health.**

Reporting this data will help CenCal Health assess the needs of our membership and determine the level of case management support required to ensure members get the services they need and deserve. Information gathered will also help identify educational material needs and 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 negatively impact members' health!**

## Coding

All network providers should include SDOH codes in their billing so that CenCal Health can better identify member needs. The categories with corresponding Z-code prefixes include problems related to:

- 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**)

For a full list of SDOH codes, please visit: [www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf)

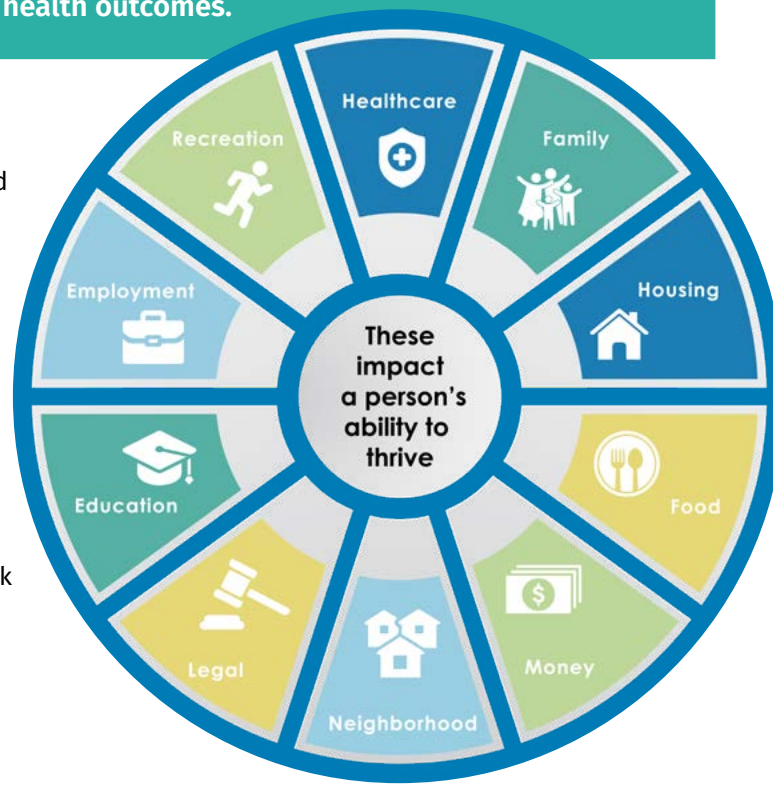
## Practice Transformation

- 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.

If you would like to make a case management referral, please visit CenCal Health's website:

[www.cencalhealth.org/providers/case-management/](http://www.cencalhealth.org/providers/case-management/)

For additional questions, please contact the Population Health team at [populationhealth@cencalhealth.org](mailto:populationhealth@cencalhealth.org).



# 2023 Population Health Management Strategy Explained

Annually, CenCal Health updates its Population Health Management (PHM) Strategy and Program Description to ensure members have access to a more equitable, coordinated, and person-centered approach to healthcare that prioritizes prevention.

CenCal Health developed a PHM Strategy informed by the plan’s Population Needs Assessment (PNA). The PNA process has evolved to foster stronger engagement with local health departments and community stakeholders to better understand the medical and social needs of Medi-Cal recipients and the communities in which they live.

**CenCal Health’s PHM Program aims to achieve better health outcomes and health equity so that members can live longer, healthier, and happier lives. CenCal Health’s PHM Strategy defines how program services are delivered or offered, providing a framework for a comprehensive plan to assess and meet the needs of the plan’s membership while also providing a structure for establishing activities that meet PHM goals.**

## Key Components

CenCal Health integrates PHM across the organization through the coordination of multiple programs and services, such as Community Support programs, the Wellness and Prevention program, Disease Management, the Whole Child Model program, and Care Management into one seamless system. In doing so, this creates efficiencies to improve health outcomes and advance health equity. CenCal Health uses its annual PNA to identify issues that can contribute to health disparities. The PNA delineates the strategies CenCal Health will implement to address and mitigate identified disparities.

### The domains that encompass CenCal Health’s PHM Framework are:

1. PHM Strategy and PNA
2. Gathering Member Information
3. Understanding Risk
4. Providing Services and Supports

CenCal Health’s comprehensive PHM strategy addresses four areas of focus with specific goals for identified populations, the timeframe, type of intervention, and data source.

### The four areas include:

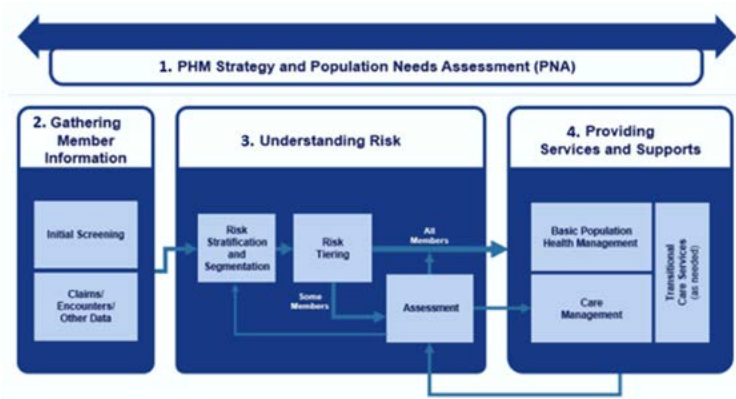
1. Keeping members healthy
2. Managing members with emerging risks
3. Ensuring patient safety or outcomes across settings
4. Managing members with multiple chronic illnesses

Support for PHM programs includes staff from various departments and team units.

## Impact

PHM Program activities are integrated into CenCal Health’s Quality Improvement and Health Equity Transformation Program (QIHETP), which defines the process of continuous improvement in the quality of clinical care and services, health equity, patient safety, and member experience provided by CenCal Health and its contracted provider network. It supports CenCal Health’s organizational goals, establishes statewide priorities, and identifies community needs.

For questions or to request a copy, please contact [qualityteam@cencalhealth.org](mailto:qualityteam@cencalhealth.org).



# 2023 Population Health Management Strategy Explained (cont.)

## Cervical Cancer Screening

Cervical cancer screening is a critically important screening in women that checks for abnormal cells in the cervix that could become cancerous. Screening may include Pap tests, testing for the human papillomavirus (HPV), or both. The National Cancer Institute reports that there were an estimated 13,960 new cases of cervical cancer in 2023. The earlier cervical cancer is caught, the better the chances of survival.

### Clinical Guidelines

The American College of Obstetricians and Gynecologists (ACOG) recommends the following guidelines based on a patient’s age and health history:

Age Range	Screening Recommendation
21-29	Have a <b>Pap test alone every 3 years</b> . HPV testing alone can be considered for women 25-29, but Pap tests are preferred.
30-65	<b>Choose one of three options:</b> <ul style="list-style-type: none"> <li>• Have a Pap test and an HPV test (co-testing) every 5 years</li> <li>• Have a Pap test alone every 3 years</li> <li>• Have an HPV test alone every 5 years</li> </ul>
65 or older	Screening is not needed if the patient has no history of cervical changes and either three negative Pap test results in a row, two negative HPV tests in a row, or two negative co-test results in a row within the past 10 years. The most recent test should have been performed within the past 3 or 5 years, depending on the type of test.

Source: [www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines](http://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines)

### Best Practices

The American College of Obstetricians and Gynecologists (ACOG) recommends the following guidelines based on a patient’s age and health history:

- Screening must still be performed even if a patient has been vaccinated against HPV.
- Screening may need to be performed even if a patient has had a hysterectomy and their cervix was not removed. If the cervix was removed, ensure the medical record documentation reflects the patient had a “total hysterectomy” with the date/year in which it occurred.
- More frequent screening may be needed for individuals who:
  - » Have human immunodeficiency virus (HIV)
  - » Have a weakened immune system
  - » Have a history of cervical cancer
  - » Were exposed to diethylstilbestrol before birth
- Document the date of the last screening and the results of the findings in the patient’s medical record.
- Patients not due for cervical cancer screening should still see their doctor regularly for birth control counseling, vaccinations, prenatal care, and other needed health screenings.

### Quality Care Incentive Program (QCIP)

CenCal Health’s value-based Quality Care Incentive Program (QCIP) offers an incentive to primary care practitioners (PCPs) in accordance with established guidelines for cervical cancer screenings.

The following CPT codes may be used:

**PAP TEST:** 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175

**HPV TEST:** 87624, 87625

For additional QCIP details, please visit [www.cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/](http://www.cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/).

### Practice Transformation

- Ensure that the patient's Pap and HPV information, including date and result, are charted and document the findings through corresponding billing and coding.
- Create a recall system to check the status ahead of all visits. Talk with your patients about the importance of these screenings as cancer prevention and provide additional educational materials.
- Utilize the Gaps In Care list available on the QCIP dashboard in the Provider Portal to perform outreach calls to help schedule appointments and/or text reminders.
- Timeliness of claims submission is highly encouraged as the list of members due for a cervical cancer screening in the QCIP report will be updated monthly using real-time claims data.

Health education materials are available through the CenCal Health Online Health Library.

### Share CenCal Health's award-winning "Know More: HPV" member educational videos:

- English: [www.youtube.com/watch?v=WuMZDoOB71g](https://www.youtube.com/watch?v=WuMZDoOB71g) & Spanish: [www.youtube.com/watch?v=yOhZzN985K4](https://www.youtube.com/watch?v=yOhZzN985K4)

Beginning in 2024, Wellness and Prevention education mailers will be sent to members overdue for various aspects of care, including cervical cancer screening. A sample version of the Wellness and Prevention mailers will be sent to all PCPs soon. Please help reinforce the information provided in these mailers. For member health education materials, please contact the Health Promotion team at [healtheducation@cencalhealth.org](mailto:healtheducation@cencalhealth.org), or for QCIP questions, please contact the Population Health team at [qcip@cencalhealth.org](mailto:qcip@cencalhealth.org).

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### Colorectal Cancer

March is Colorectal Cancer Awareness Month. The Centers for Disease Control and Prevention (CDC) report colorectal cancer as the fourth most common cancer in men and women and the fourth leading cause of cancer-related deaths in the United States. Treatments work best when detected early. Screening can find precancerous polyps (abnormal growths) in the colon or rectum that can be removed before they progress into cancer.

### Best Practices

- The American Cancer Society recommends those at average risk get screened starting at age 45 once every 10 years.
- Those at higher risk of developing colon cancer should get screened earlier and more frequently, as recommended.
- Provide patients with educational material on lifestyle factors that may contribute to an increased risk of colorectal cancer, including a family history assessment.
- Inform patients on the difference between a stool test and tests that look inside the colon and the recommended frequency of each.
- Discuss colon and rectal cancers that return after treatment or that spread to other parts of the body.

### Practice Transformation

- Ensure the patient's colorectal cancer screening, including date and result, are charted, and document the findings through corresponding billing and coding.
- Create a system to check the status of these screenings ahead of patient visits.
- Provide health educational materials to reinforce the importance of colorectal cancer screenings.

Additional recommendations published by the United States Preventative Services Taskforce (USPSTF) can be found here: [www.uspreventiveservicestaskforce.org/uspstf/index.php/recommendation/colorectal-cancer-screening#bootstrap-panel--6](https://www.uspreventiveservicestaskforce.org/uspstf/index.php/recommendation/colorectal-cancer-screening#bootstrap-panel--6)

**CPT Code:** 45378, 81528, 82270, 99384 thru 9938 • **ICD-10-CM Diagnosis Codes:** Modifier 33 may be used

### Health Education

Health education materials are available through the CenCal Health Online Health Library and can be found here: [www.cencalhealth.org/health-and-wellness/](https://www.cencalhealth.org/health-and-wellness/)

Beginning in 2024, Wellness and Prevention mailers will be sent to members due for various aspects of care, including overdue colorectal cancer screenings for members. Primary Care Practitioners will receive a flyer version of each member mailer. We highly encourage clinical staff's participation in reinforcing the information on each mailer to increase awareness of the importance of preventive health.

For health education and promotion questions, please email [healtheducation@cencalhealth.org](mailto:healtheducation@cencalhealth.org).

Please contact the Population Health team for questions and additional support at [populationhealth@cencalhealth.org](mailto:populationhealth@cencalhealth.org).

## ABA Providers: Care Coordination Plans

Medi-Cal's minimum requirement for treatment plans includes a care coordination plan that involves the guardian, the school, state disability programs, and other programs and institutions, as applicable.

When submitting ABA treatment plans to CCH for authorization, please specify your plan to support the member's care with other providers, including, at a minimum, the referring primary care physician.

It is recommended that the care coordination plan include the providers, what will be shared, and how often the care coordination activities will occur.

The behavioral treatment plan must identify the Medically Necessary services covered by Medi-Cal to be provided in each community setting in which treatment is medically indicated. This includes on-site services during school hours and/or remote school sessions, as well as effective coordination with the Local Educational Agency (LEA).

If you are providing services in the school and the member has an IEP or IFSP, please submit a copy of the IEP/IFSP with your authorization request. Some school districts may require the parent/guardian to request this copy directly from the special education office.

In addition, please remember to submit authorization requests at least fourteen (14) days and not more than thirty (30) days prior to the authorization expiring.

ABA services require pre-authorization. If you are not authorized to see the member, please contact the Member's PCP to submit an initial recommendation (ABA Recommendation) to start services.

**Not sure who the member's PCP is?**  
Refer to the Provider Portal Member Eligibility screen!

## Mental Health Providers: Members May Self-Refer

**Medi-Cal's Mental Health Benefit allows members to contact any network provider for an initial assessment and indicated/medically necessary treatment. Screening, referral, or prior authorization is not required.**

If a mental health clinician determines that the member needs a higher level of care, please complete the DHCS-required Transition of Care tool and submit the form directly to CenCal Health's Behavioral Health Department. Upon receipt of a Transition of Care tool, CenCal Health will:

- Assist the member in obtaining an assessment intake appointment with the County.
  - » Following the scheduled appointment with the County, CenCal Health will follow up with the member regarding their attendance and assist with rescheduling as needed.
- Advise the referring provider of the County's decision. Please continue to provide care for the member until any transition of care to a new provider is completed.

### New Referrals

CenCal Health would like to know if you have the availability to accept new clients in your practice. Providers may contact our team with changes to their availability by calling our Behavioral Health call center at (805) 562-1600, or you can reach us at our **NEW** email address at [Behavioralhealth\\_referrals@cencalhealth.org](mailto:Behavioralhealth_referrals@cencalhealth.org).

Once you email our team, a CenCal Health team member will respond and provide referral(s). Please confirm receipt of any referral(s) and provide the initial appointment date and time. This will allow us to ensure a closed-loop referral process for all mental health care coordination requests.

### Psychologists

Please check out CenCal Health's new template for Psychological Evaluations. Psychologists who receive referrals to complete Psychological Evaluations are encouraged to utilize this template that provides directions on how to coordinate care for members based on findings and recommendations of the Psychological Evaluation. Psychological Evaluations do not require a referral or pre-authorization from CenCal Health. All contracted Psychologists should bill one (1) Unit of 90791. If a provider requires more than one (1) Unit of 90791 to complete a psychological evaluation, please submit a TAR with your clinical justification.

**Don't Forget!** Please keep your availability updated. You can contact the Provider Relations department at [psrgroup@cencalhealth.org](mailto:psrgroup@cencalhealth.org) or email the Behavioral Health Department at [BHProviderUpates@cencalhealth.org](mailto:BHProviderUpates@cencalhealth.org). If you have availability in your practice to accept new clients, please contact our Call Center at (805) 562-1600 to ensure your provider directory listing is updated.

# Referring Your Member for ABA Treatment?

Please check out our **New ABA Referral Form (formerly the RAFB)**. Providers (psychologists, physicians, psychiatrists, and surgeons) can complete and refer the Member for ABA treatment. Members who meet the criteria will be referred to complete a **Functional Behavioral Assessment** to determine the severity of behaviors.

CenCal Health supports members in choosing their ABA provider. Please work with your member to identify a preferred ABA Provider by referencing our Contracted Provider Director at <https://providir.cencalhealth.org/>. Please ensure you are checking with that provider first to see if they offer the services in the primary language of the member and their family, serve the area the member lives in, and serve the member's age group. In addition, it is important to ensure that the provider can accept the referral.

Some ABA providers prefer you call first to check if they can serve school-age children, who primarily need afternoon appointments for ABA treatment due to attending school during the morning/afternoon.

CLAIMS CORNER

## LTC Code and Claim Form Conversion: LTC Accommodation Code to Revenue Code, Value Code, and Value Code Amount Crosswalk

Effective 2024, the Department of Health Care Services (DHCS) replaced the use of Long Term Care (LTC) Local Accommodation Codes with a combination of National Uniform Billing Committee (NUBC) Revenue Codes, Value Codes, and Value Code Amounts for LTC services.

The crosswalk is intended to illustrate the relationship between the local Accommodation Codes and the comparable NUBC codes. Please reference <https://qrco.de/beo2mE> for this list.

### Notable Revenue Code, Value Code, and Value Code Amount Differences

The single local Accommodation Code will be replaced by three NUBC billing codes: Revenue Code, Value Code 24 (Medicaid Rate Code), and Value Code Amounts (Designated State Level Medicaid Rate Code).

Due to slight differences between the UB-04 claim form and electronic 837I transaction, the UB-04 and 837I Value Code Amount (Designated State Level Medicaid Rate Code) data entry format has been added for reference.

**Refer to the forthcoming UB-04 and 837I billing instructions for detailed information on how to use these data elements to bill for LTC services.**

For crosswalk conversions, reference <https://qrco.de/beo2mE> for the LTC Code and Claim Form Conversion: LTC Accommodation Code to Revenue Code, Value Code, and Value Code Amount Crosswalk or scan the QR code.

Providers may also watch a quick LTC Training video at [www.cencalhealth.org/providers/provider-training-resources/provider-training-library/](http://www.cencalhealth.org/providers/provider-training-resources/provider-training-library/)

For additional questions, please contact the Claims department at (805) 562-1083.

SCAN THIS QR CODE



# CenCal Health Member Rights & Responsibilities



## These are the Rights of a CenCal Health Member:

1. To be treated with respect and recognition of their dignity, giving due consideration to the Member's right to privacy and the need to maintain confidentiality of the Member's protected health information (PHI) and private information (PI).
2. To be provided with information about CenCal Health's organization, its practitioners and providers, Member rights and responsibilities, and all services available to Members.
3. To be able to choose their Primary Care Provider (PCP) within CenCal Health's network unless the PCP is unavailable or is not accepting new patients.
4. To participate with practitioners in decision making regarding their health care, including the right to refuse treatment.
5. To submit grievances, either verbally or in writing, about CenCal Health, providers, care received, and any other expression of dissatisfaction not related to an Adverse Benefit Determination.
6. To request an appeal of an Adverse Benefit Determination within 60 calendar days from the date on the notice of Adverse Benefit Determination (NABD) and how to continue benefits during the in-plan appeal process through the State Fair Hearing, when applicable.
7. To request a State Fair Hearing, including information on the circumstances under which an expedited State Fair Hearing is available.
8. To receive interpretation services and written translation of critical informing materials in their preferred threshold language, including oral interpretation and American Sign Language.
9. To have a valid Advance Directive in place and an explanation to Members of what an Advance Directive is.
10. To have access to family planning services, sexually transmitted disease services, from a provider of their choice, without referral or prior authorization, either in or outside of CenCal Health's network. To have Emergency Services provided in or outside of CenCal Health's network, as required pursuant to federal law.
11. To have access to Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Service Facility (IHS) Programs outside of CenCal Health's network, pursuant to federal law.
12. To have access to, and receive a copy of, their medical records, and request that they be amended or corrected, as specified in 45 CFR sections 164.524 and 164.526.
13. To change Medi-Cal managed care plans upon request, if applicable.
14. To access Minor Consent Services.
15. To receive written Member informing materials in alternative formats, including braille, large size print no smaller than 20-point font, accessible electronic format, and audio format upon request and in accordance with 45 CFR sections 84.52(d), 92.102, and 42 CFR 438.10.
16. To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
17. To receive information and/or have a candid discussion on available treatment options and alternatives that are appropriate and medically necessary and presented in a manner appropriate for the Member's condition and ability to understand available treatment options and alternatives, regardless of cost or benefit coverage.
18. To freely exercise these Member rights without retaliation or any adverse conduct by CenCal Health, subcontractors, downstream subcontractors, Network Providers, or the State.
19. To make recommendations regarding CenCal Health's Member rights and responsibilities policy.

## Member Responsibilities

### CenCal Health members have these responsibilities:

1. To learn how to use the CenCal Health plan and supply information (to the extent possible) that CenCal Health and its practitioners and providers need in order to provide the best care possible.
2. To follow plans, treatment plans, and instructions for care that they have agreed to with their practitioners.
3. To understand their health problems and participate in developing a mutually agreed-upon treatment plan and goals to the degree possible.
4. To cooperate with their providers and treat their providers and CenCal Health staff with courtesy and respect.
5. To always present their CenCal Health ID card when getting services.
6. To help CenCal Health keep correct records by providing timely information regarding changes in address, family status, and other health care coverage.
7. To notify CenCal Health as soon as possible if a provider bills them inappropriately.

# Provider Bulletin Update

CenCal Health is now publishing quarterly Provider Bulletins in March, June, September, and December, in addition to monthly digital Bulletins!

CenCal Health will continue providing time-sensitive information to our provider network through other means of communication, including emails, the CenCal Health website, and in person during provider visits.

To ensure you receive important updates, sign up today by scanning the QR code or provide your email address online at [cencalhealth.org/providers/provider-bulletin-newsletter/](https://cencalhealth.org/providers/provider-bulletin-newsletter/).



## New Private Member Accounts Available to Adult Members

CenCal Health now offers all members (18+) a secure Member Portal Account upon registration at [www.cencalhealth.org](https://www.cencalhealth.org). The Member Portal allows members to update their mailing address, phone number, and demographic information.

It also allows them to view important health appointment reminders, view their assigned PCP information or change their PCP, see authorization and billing history, complete important forms online, like annual Health Risk Assessment Surveys, and more!

Help members register today!  
<https://memberportal.cencalhealth.org>



### 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/](https://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/](https://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.