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New Provider Training

Medi-Cal

Learning Objectives

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

1. Receive a high-level overview of member eligibility and the Medi-Cal benefits available
2. Describe the key rights and responsibilities of members within the healthcare system.
3. Explain the standards for appointment wait times and how they impact member care.
4. Understand the transportation benefits and interpreter services available to members and how to access them effectively.
5. Discover and utilize key provider resources and recognize the importance of submitting practice changes and how it affects provider operations and member care.
6. Learn more about authorizations and Claims & Billing resources and timelines

Provider Relations Team

Provider Relations Leadership Team

Cathy Slaughter
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North Santa Barbara & San Luis Obispo County Provider Relations Manager
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South & Central Santa Barbara County Team

Includes Carpinteria, Santa Barbara, Goleta, Santa Ynez, Buellton, and Lompoc

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Includes Orcutt and Santa Maria

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San Luis Obispo County Team

Includes all cities within San Luis Obispo County

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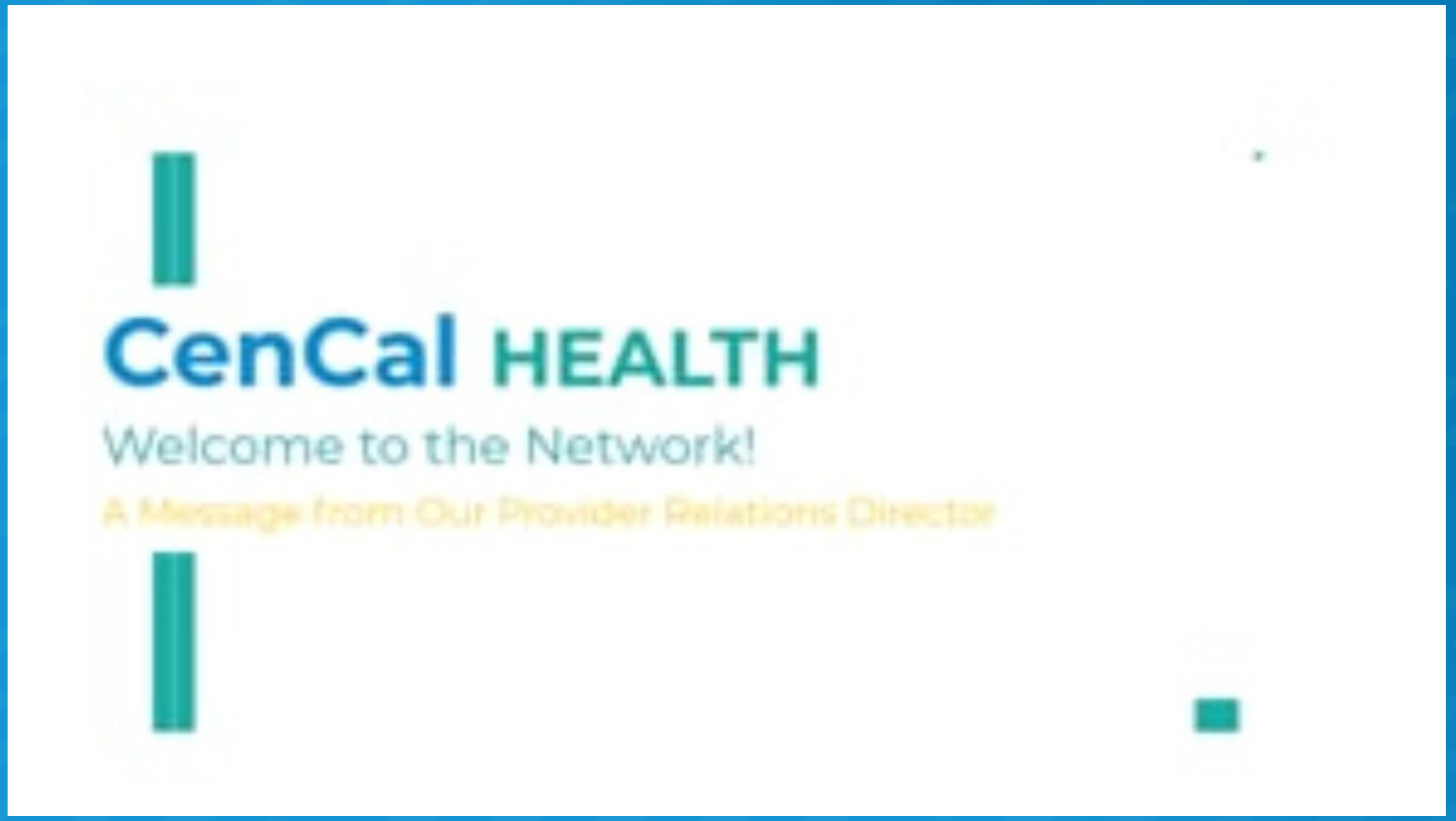
Providers and Office Staff may call our Main Line at 805-562-1676 for assistance

Welcome to the Network!



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Overview of CenCal Health

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Who is CenCal Health?

1983
Founded in 1983 as Santa Barbara Regional Health Authority

1st
First managed care Medi-Cal plan of its type (COHS)

2008
Began serving San Luis Obispo County in 2008

239,237
CenCal Health Membership
As of July 2024

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

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

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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.

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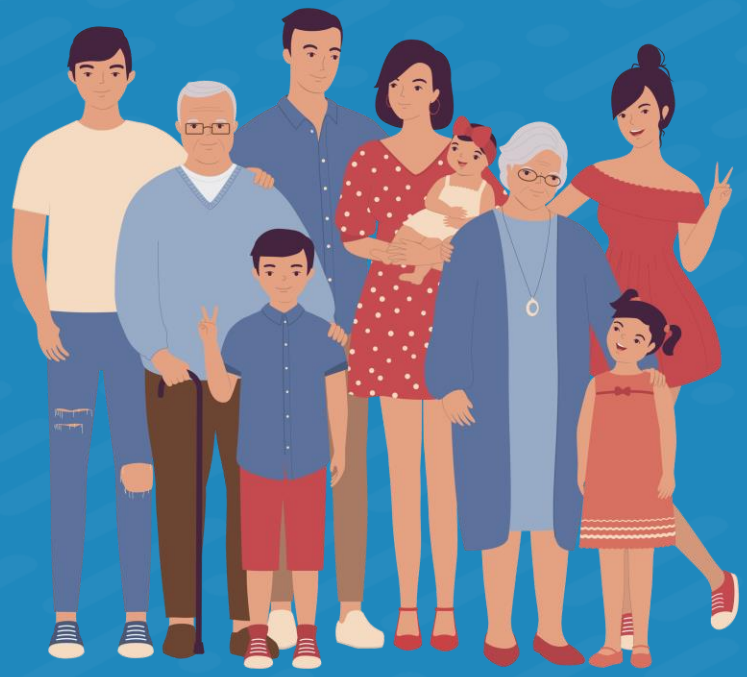
CenCal Health Programs

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



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https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx

Member Eligibility & Benefits

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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.

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New Medi-Cal Eligible Person

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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

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New CenCal Health Members

New Members receive:

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

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https://www.cencalhealth.org/members/member-handbook/

Member Services

Our Member Services Department is a great resource to answer questions, members have about their coverage.

Help with:

- Finding a doctor & scheduling appts.
- Benefit Questions
- Billing Issues
- DME (Durable Medical Equipment
- Filing Complaints/Dissatisfactions & Appeals
- Transportation
- Interpreter Services
- Referrals to CenCal Health's Case Management Team
- Obtaining Referrals and Treatment Authorization Requests
- Continuity of Care
- Provide Eligibility to Providers
- Appointment of Representative Forms

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Hours:

Monday - Friday,
8 a.m. - 5 p.m.

Call:

Toll-free at 1-877-814-1861
(TTY/TDD 1-833-556-2560 or 711)

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

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Additional resources listed in Section B of the Provider Manual

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

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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

Member Access & Appointment Waiting Time Standards

Provider Type	Appointment Type	Timely Access Standard
PCP/Specialist	Urgent Care appointment, no Prior Authorization	48 hours
PCP/Specialist	Urgent Care appointment, requiring Prior Authorization	96 hours
Non-Physician Mental Health Care or SUD Provider	Urgent Care appointment, no Prior Authorization	48 hours
Dental	Urgent Care appointment	72 hours
PCP (Includes OB-GYN acting as PCP)	Non-urgent appointment	10 business days
Specialist (Includes OB-GYN specialty care)	Non-urgent appointment	15 business days
Non-Physician Mental Health Care or SUD Provider	Non-urgent appointment	10 business days
Non-Physician Mental Health Care or SUD Provider	Non-urgent follow-up appointment	10 business days
Ancillary	Non-urgent appointment for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Dental	Non-urgent appointment	36 business days

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After Hours Care

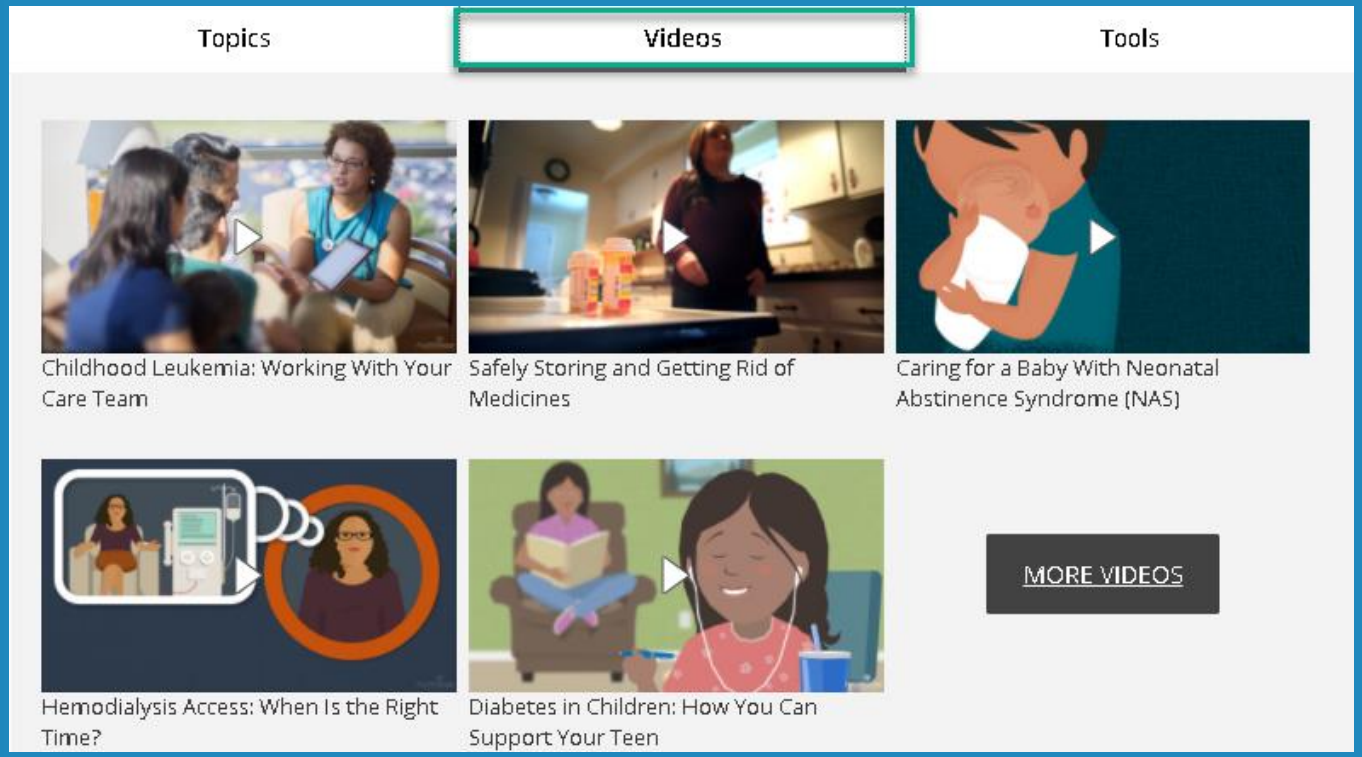
Members can see a doctor after 5 pm or on weekends for urgent care!

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



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

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

cencalhealth.org/after-hours/

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Free Transportation Services for Members

Transportation at No Cost to Providers/Members
CenCal Health partners with Ventura Transit Systems (VTS) to provide round-trip transportation for eligible members.

Types of Transportation Services:

1. Non-Medical Transportation (NMT):

- For members without access to transportation
- Rides to Medi-Cal covered medical care
- Uses private or public vehicles

2. Non-Emergency Medical Transportation (NEMT):

- For members with medical conditions where normal transport is unsafe
- Requires a doctor's prescription and authorization (Available through our Provider Portal)
- Includes ambulance, wheelchair, gurney, or air transport
- Door-to-Door service included

Door-to-Door Assistance
"Go to" Trips: Driver assists from your front door to the appointment building

"Return" Trips: Driver assists from the facility lobby to your front door

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Need Help or Want to Schedule a Ride?

- **Member Services:** 1-877-814-1861
  (TTY/TDD: 1-833-556-2560 or 711)
- **To Schedule with VTS:** 1-855-659-4600 (TTY/TDD: 711)

Phone Interpreting Services

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

Step 1 | DIAL

1-800-CALL-CLI or

1-800-225-5254

Step 2 | Choose Language

Provide customer code 48CEN

Provide Provider NPI & Member ID#

Step 3 | Connect

The operator will connect you promptly.

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CERTIFIED LANGUAGES INTERNATIONAL

Video Remote Interpreting Services

Your Customer Code:

→ 48CEN

Your MERFi Wed Address:

→ cencalhp.cli-video.com

Your MERFi Access Code:

→ 48cencalhp

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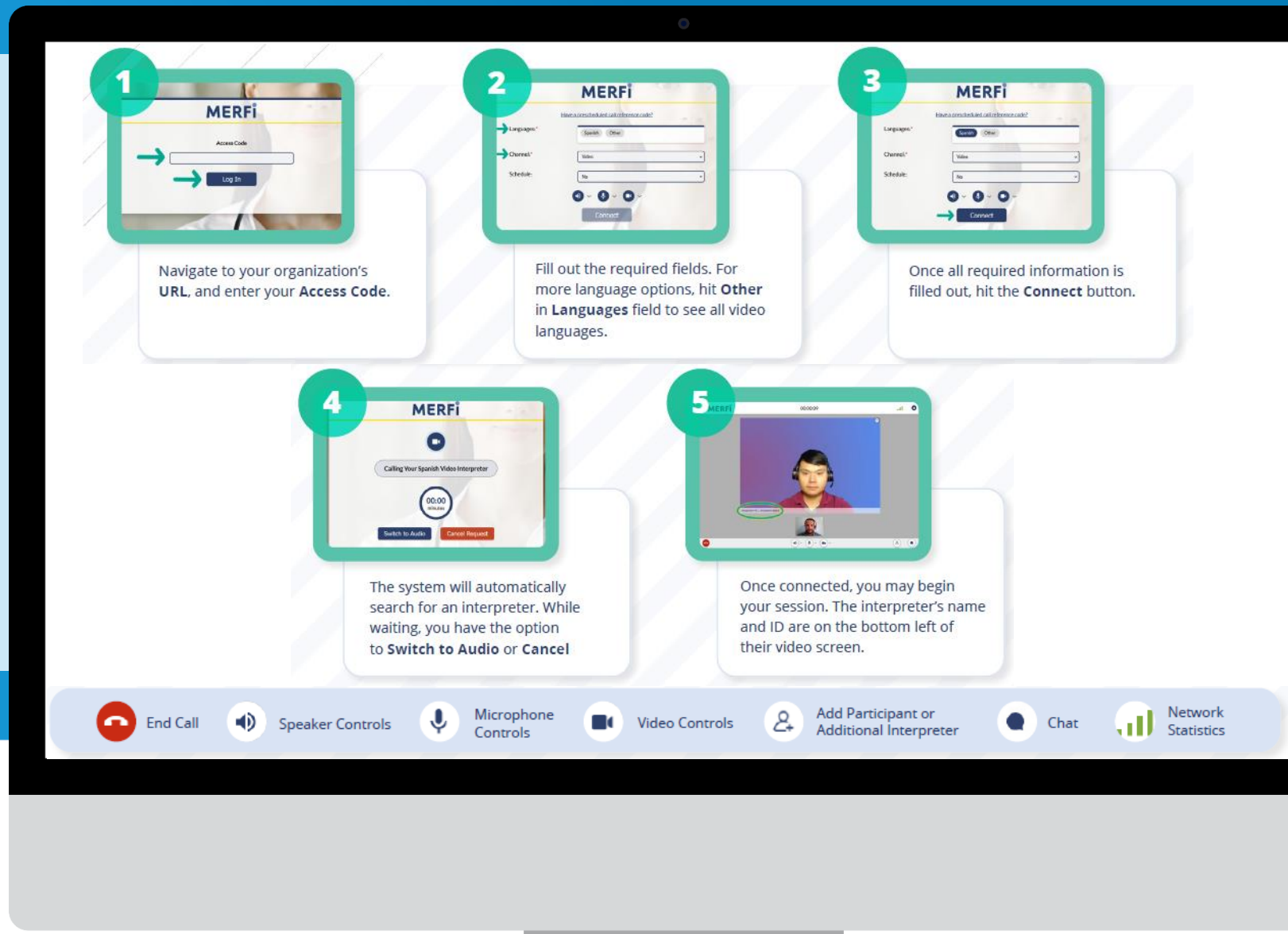

Best Practices for Providing Interpreting Services:

- 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

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- 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.

Website Resources

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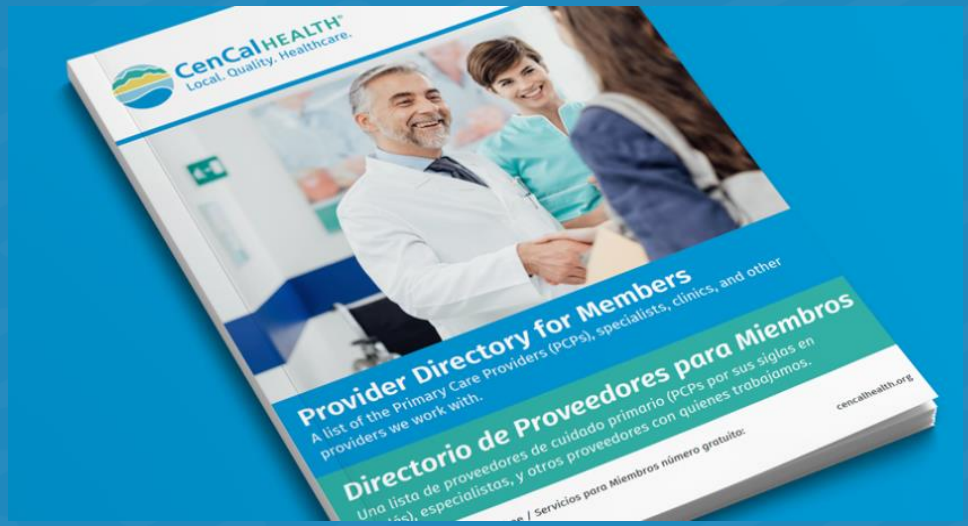
Contracted Provider List Directory

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

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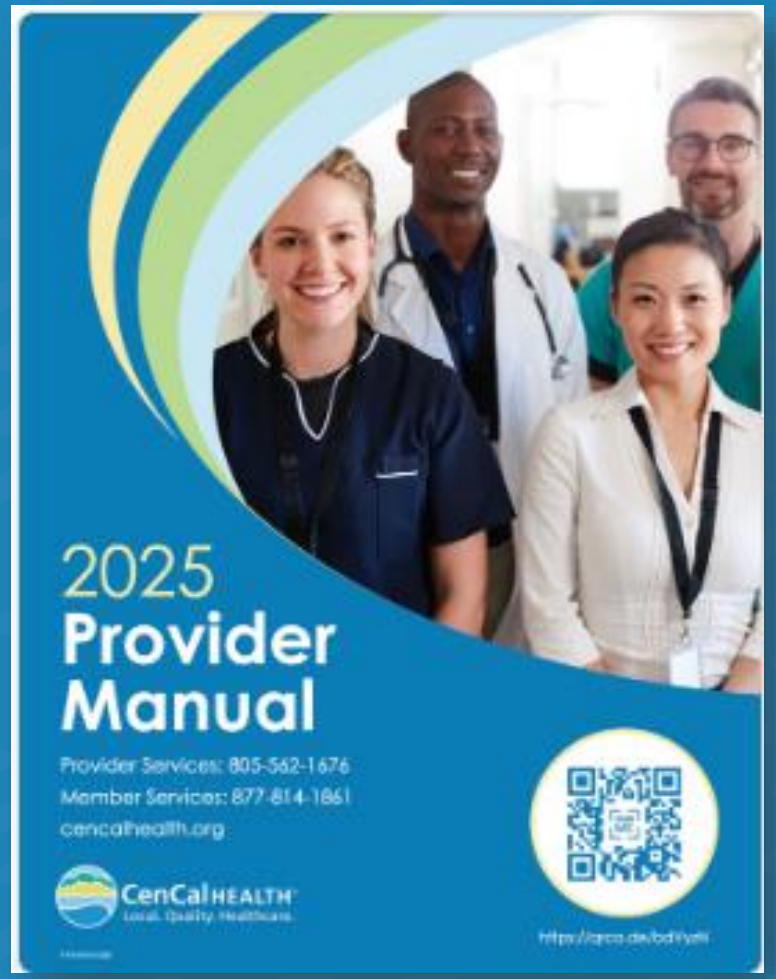
CenCal Health Provider Manual

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



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providers/forms-manuals-policies/provider-manual

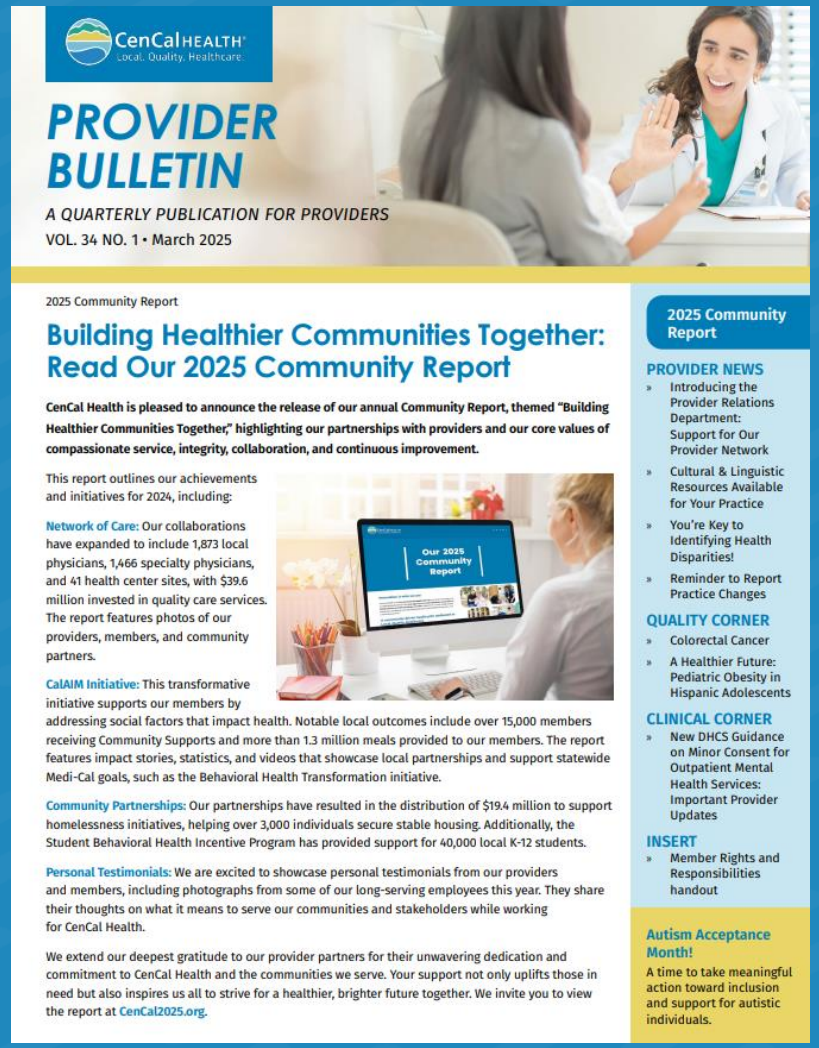
We value communication

CenCal Health shares provider news to keep contracted providers, contractors, and subcontractors informed of Medi-Cal updates, CenCal Health campaigns, resources on regulatory requirements, and more.

Sent via 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.



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PROVIDER BULLETIN

A QUARTERLY PUBLICATION FOR PROVIDERS

VOL. 34 NO. 1 • March 2025

2025 Community Report

Building Healthier Communities Together: Read Our 2025 Community Report

CenCal Health is pleased to announce the release of our annual Community Report, themed "Building Healthier Communities Together," highlighting our partnerships with providers and our core values of compassionate service, integrity, collaboration, and continuous improvement.

This report outlines our achievements and initiatives for 2024, including:

Network of Care: Our collaborations have expanded to include 1,873 local physicians, 1,466 specialty physicians, and 41 health center sites, with $39.6 million invested in quality care services. The report features photos of our providers, members, and community partners.

CalAIM Initiative: This transformative initiative supports our members by addressing social factors that impact health. Notable local outcomes include over 15,000 members receiving Community Supports and more than 1.3 million meals provided to our members. The report features impact stories, statistics, and videos that showcase local partnerships and support statewide Medi-Cal goals, such as the Behavioral Health Transformation initiative.

Community Partnerships: Our partnerships have resulted in the distribution of $19.4 million to support homelessness initiatives, helping over 3,000 individuals secure stable housing. Additionally, the Student Behavioral Health Incentive Program has provided support for 40,000 local K-12 students.

Personal Testimonials: We are excited to showcase personal testimonials from our providers and members, including photographs from some of our long-serving employees this year. They share their thoughts on what it means to serve our communities and stakeholders while working for CenCal Health.

We extend our deepest gratitude to our provider partners for their unwavering dedication and commitment to CenCal Health and the communities we serve. Your support not only uplifts those in need but also inspires us all to strive for a healthier, brighter future together. We invite you to view the report at CenCal2025.org.

2025 Community Report

PROVIDER NEWS
- Introducing the Provider Relations Department: Support for Our Provider Network
- Cultural & Linguistic Resources Available for Your Practice
- You're Key to Identifying Health Disparities!
- Reminder to Report Practice Changes

QUALITY CORNER
- Colorectal Cancer
- A Healthier Future: Pediatric Obesity in Hispanic Adolescents

CLINICAL CORNER
- New DHCS Guidance on Minor Consent for Outpatient Mental Health Services: Important Provider Updates

INSERT
- Member Rights and Responsibilities handout

Autism Acceptance Month!

A time to take meaningful action toward inclusion and support for autistic individuals.

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cencalhealth.org/providers/provider-bulletin-newsletter

Q&A with CenCal Health

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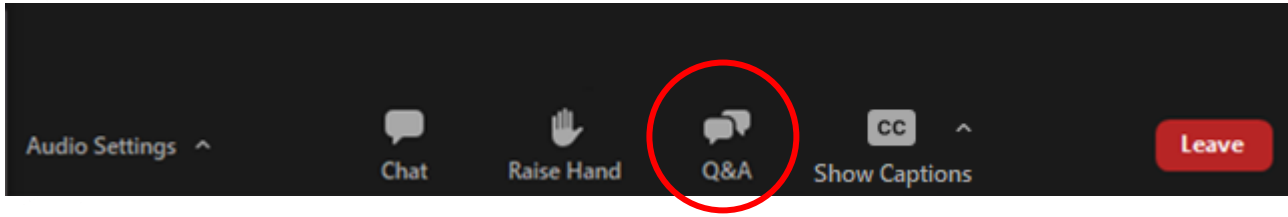
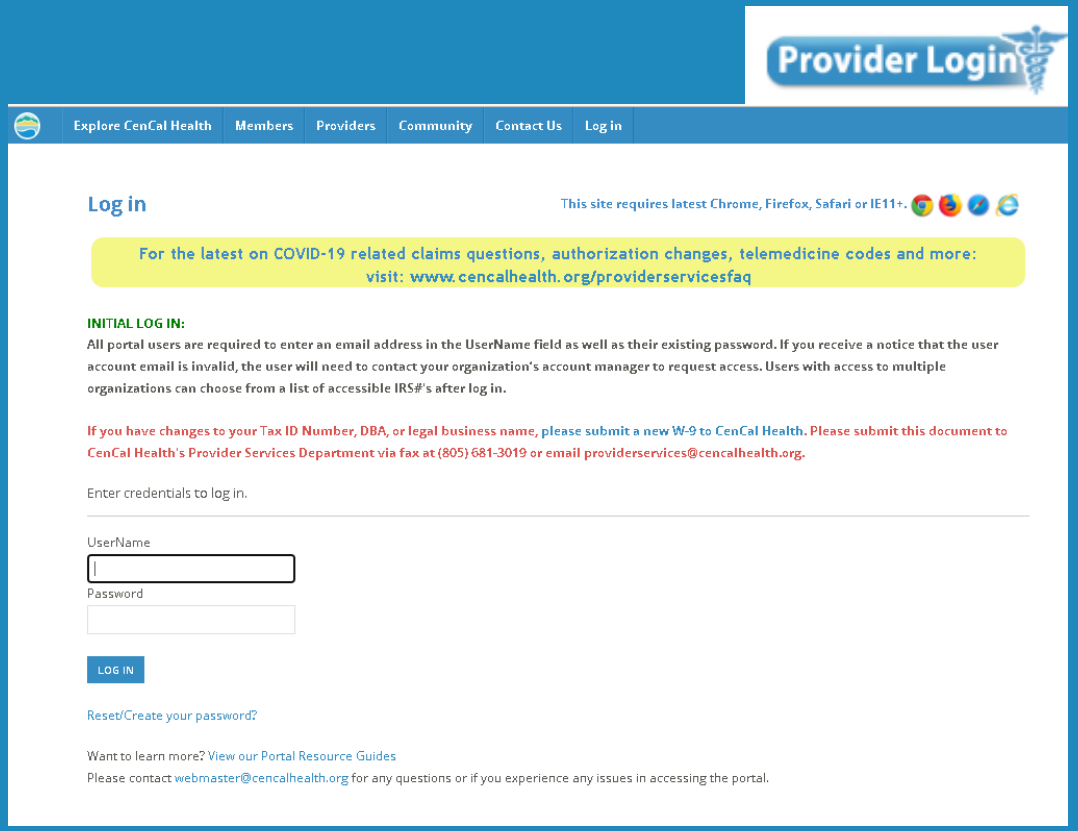


Provider Portal Restricted Site

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



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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 & Billing Entry
- EFT (Read Access Only)
- Training Videos

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

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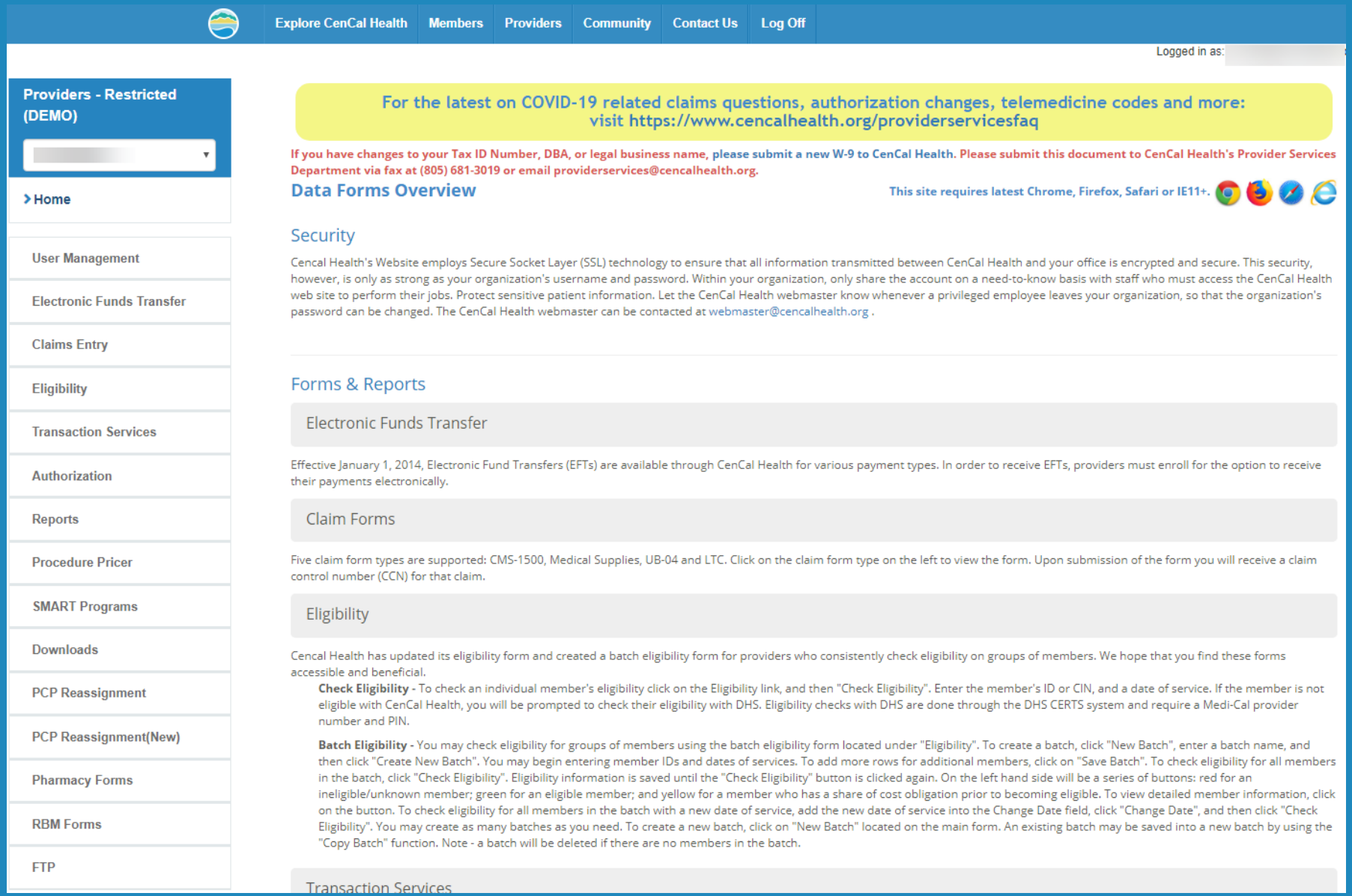

Medi-Cal Eligible Person

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).

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Ways to check Eligibility

CenCal Health Provider Portal:

- Member Eligibility Screen
- Member Eligibility Batch Report

Additional Resources: cencalhealth.org/providers/eligibility

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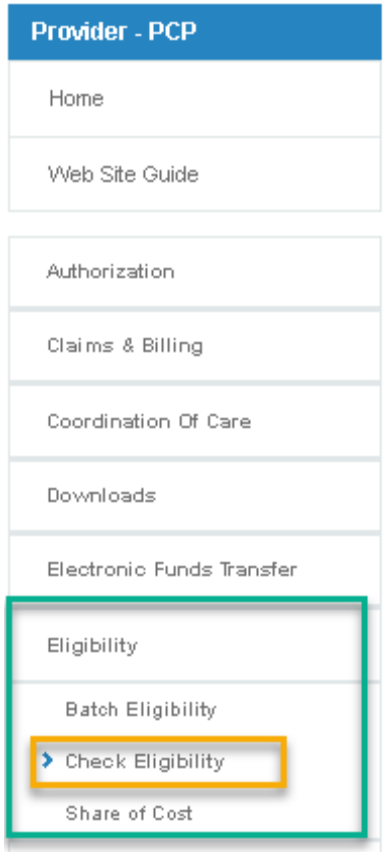
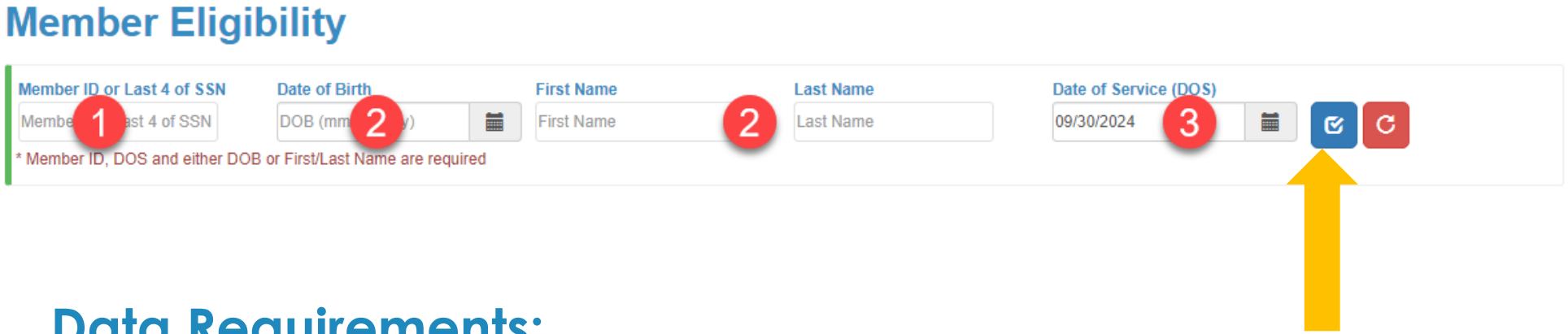
Online - Provider Portal Eligibility Check





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)

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Member Eligibility

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

First Name | Last Name | 09/30/2024

* 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	HIC#	DOB	Risk Tier	Other Carriers	Redetermination Date
Parts -		2012	Pediatric - Low Tier		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

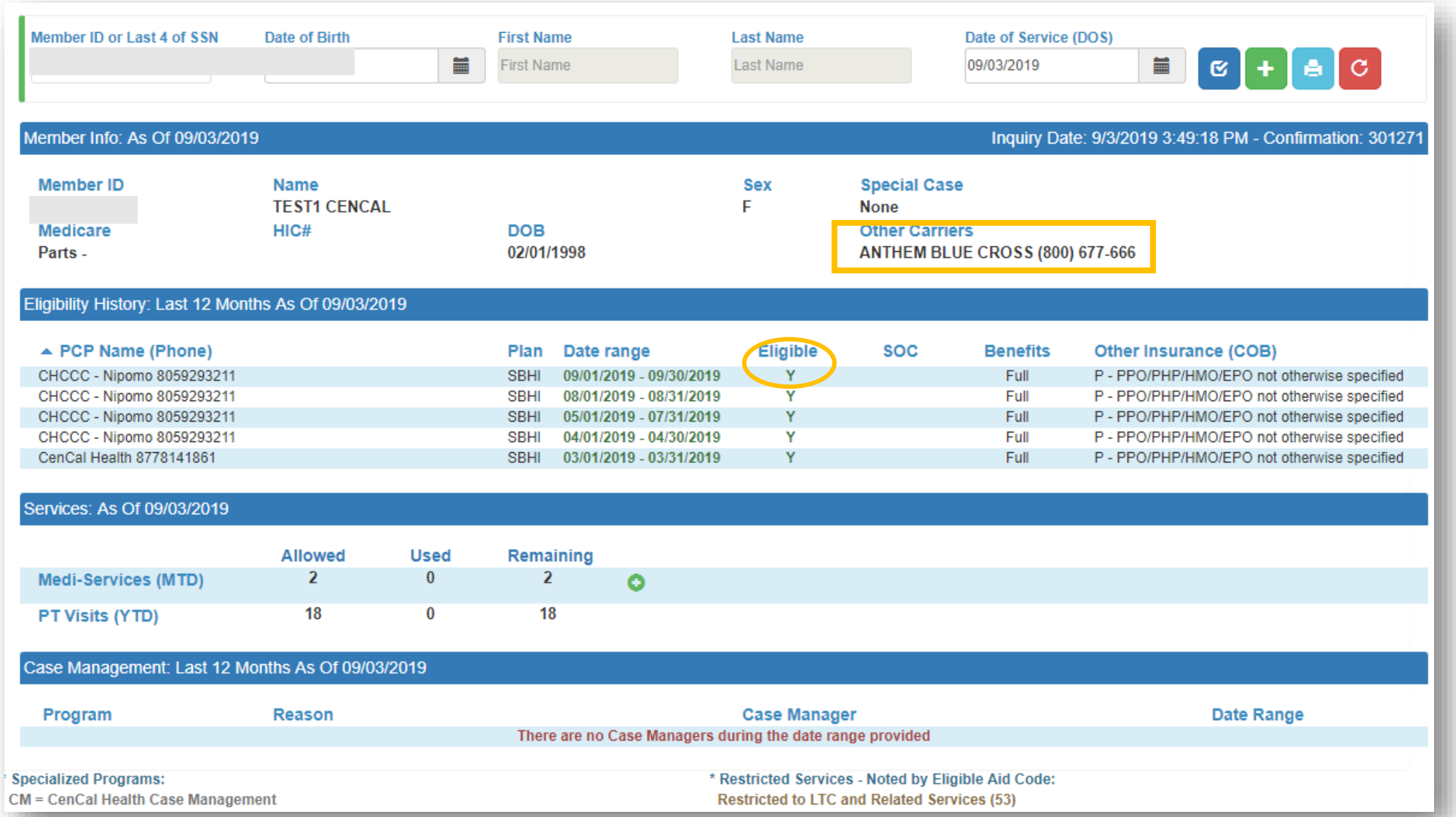
Check Eligibility

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)

First Name | Last Name | 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
	TEST1 CENCAL	F	None

Medicare	HIC#	DOB	Other Carriers
Parts -		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

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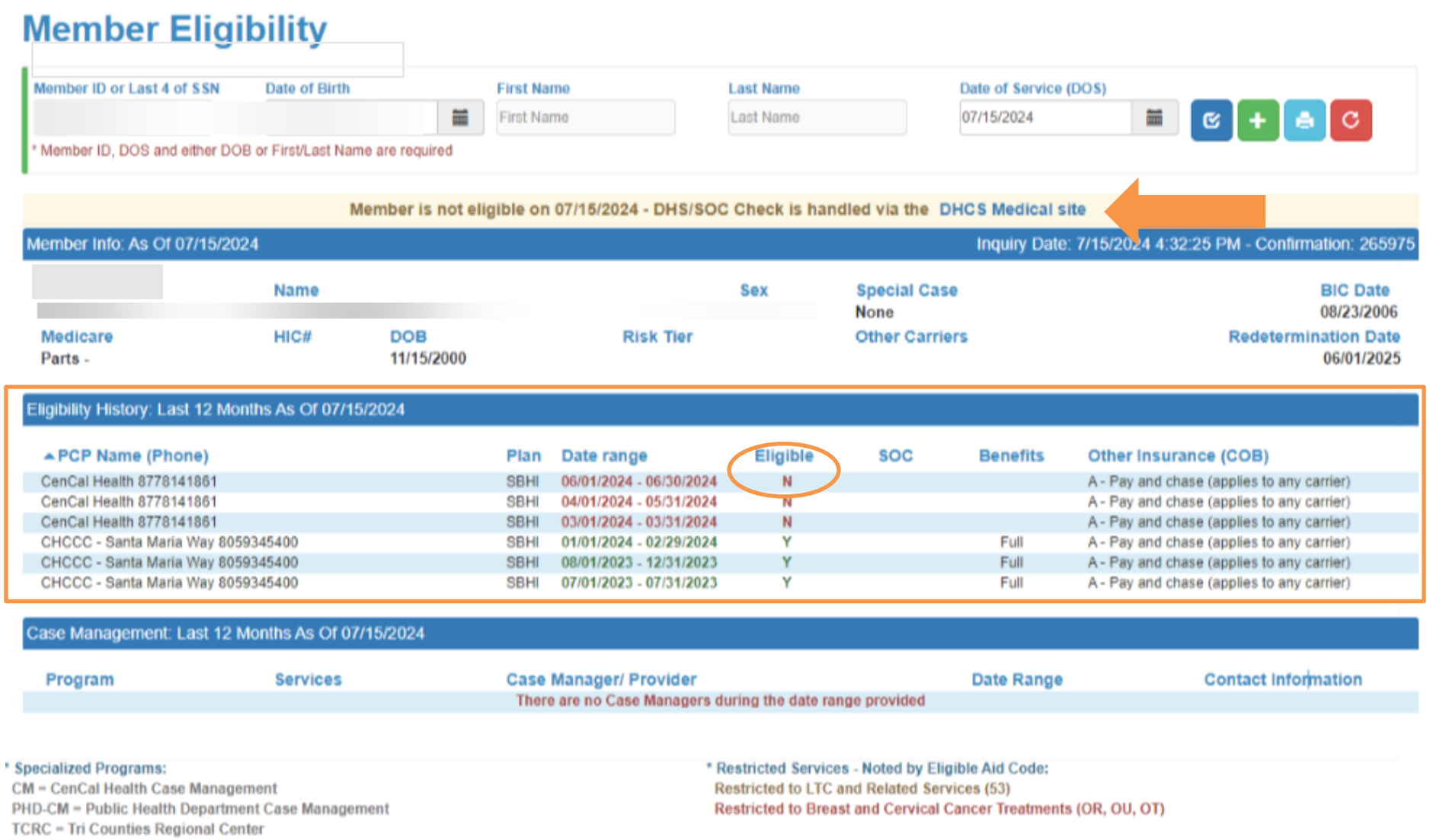
Non Eligible Member – Check DHCS



Member Eligibility

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

First Name | Last Name | 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	HIC#	DOB	Risk Tier	Other Carriers	Redetermination Date
Parts -		11/15/2000			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)

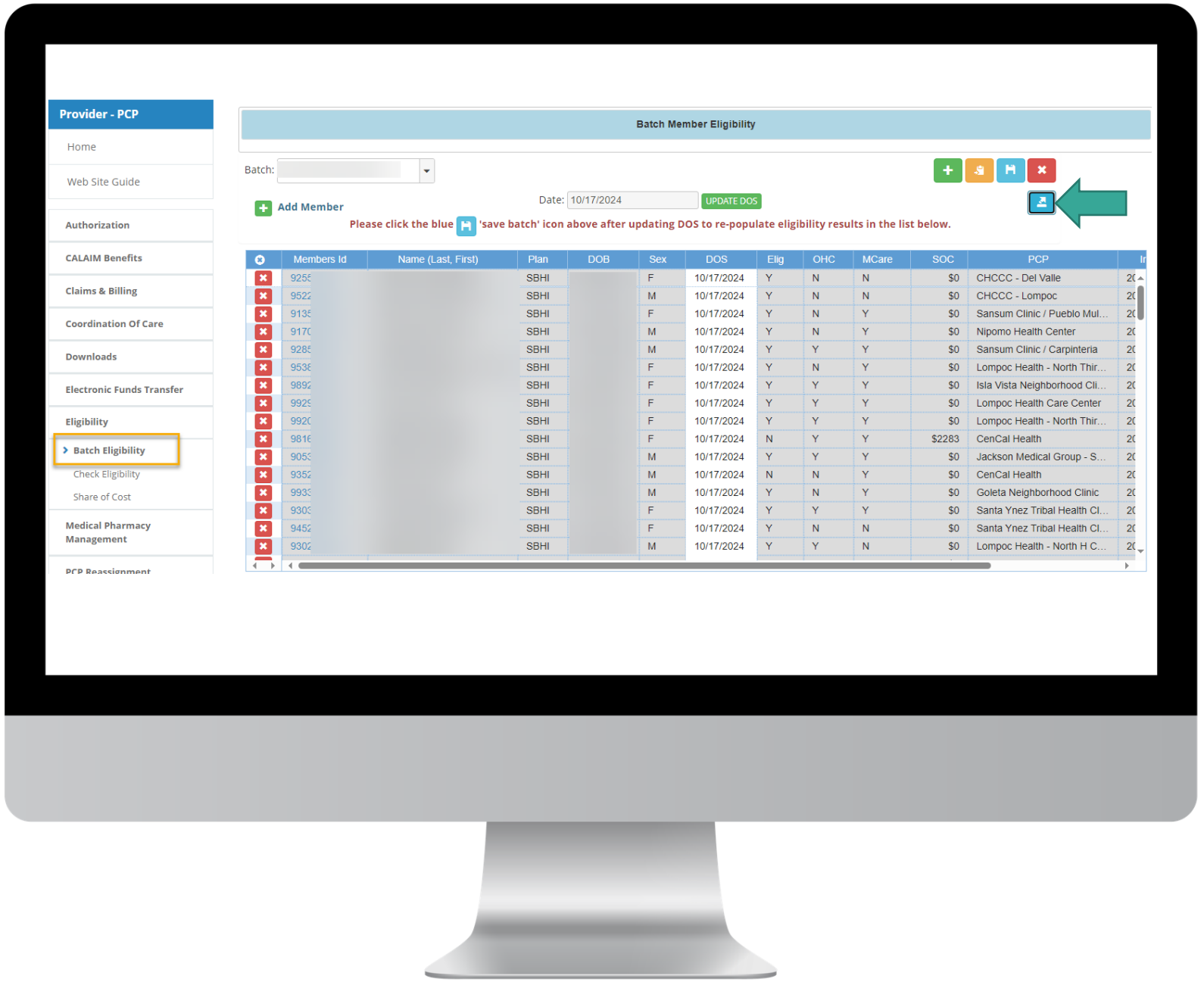
Check a direct link to DHCS Medi-Cal Portal https://secure.medi-cal.ca.gov/mcwebpub/login.aspx

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



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Referrals & Authorizations

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Authorization Types

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

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Form	Type of Request or Service	Who Can Submit the Request?	Purpose	Processing Timelines for URGENT Request	Processing Timelines for Routine Request
Referral Authorization Form (RAF)	Referral from PCP to Specialist, for a Second Opinion, or Standing Referral for extended care	PCP (and occasionally, designated Provider Service Staff)	To determine the medical necessity of a referral to a specialist, tertiary care center or out of network provider.	no later than 72 hours * from the receipt of referral request	within 5 working days but up to 14 calendar days*
Behavioral Health Referral (RAFB)	Recommendation from a qualified provider) for Behavioral Health Treatment (ABA) services	Physician, Psychologist or Surgeon	To recommend the member for Behavioral Health Treatment (ABA) services.	no later than 72 hours * from the receipt of referral request	within 5 working days but up to 14 calendar days*
Treatment Authorization Request (TAR) Located below are three (3) different TAR form types					
50-1	Procedures, DME, Hospice, Home Health, Outpatient mental health, Behavioral Health Treatment, **Elective** admission request	The provider of service, e.g., DME vendor, Home Health agency. **ALERT: Make sure MD has signed the order.**	To determine the medical necessity of a requested service.	no later than 72 hours * from the receipt of request for service	within 5 working days but up to 14 calendar days*
18-1	Inpatient: acute, LTAC, Rehab. Concurrent	Admitting hospital or LTAC facility	To determine the medical necessity of continued acute care and to facilitate a transfer/transition of care	within 72 hours of admission notification and receipt of supporting clinical documentation or concurrent review (denial or modification, e.g., lower level of care), notify the treating provider/facility	
20-1	SNF, Subacute, CLHF	Admitting facility, hospital discharging member, PCP for Community to SNF Placements	To determine the medical necessity of continued stay in skilled nursing facilities (SNF), subacute, and congregate living health facilities (CLHF)	within 72 hours of admission notification, receipt of supporting clinical documentation and based on subsequent concurrent review timelines (denial or modification, e.g., lower level of care), notify the treating provider/facility	

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

Referral Authorization Form (RAF)

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

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

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

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RAF Exceptions

Referral Authorization Form (RAF) is required for all CenCal Health members; however, there are a few exceptions to this rule.

Services that are exempt from the RAF requirement:

- First month of eligibility assigned to CenCal Health as Special Class and/or Members residing in Long Term Care
- Sensitive Services (Family planning, sexually transmitted diseases appointments, abortion and HIV testing)
- Emergency Services
- Mental Health psychotherapy
- Mental Health Medication Management Services
- Psychological and Neuropsychological Testing for an underlying Mental Health condition.

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cencalhealth.org/providers/authorizations/referrals/

Referral Authorization (RAF) Portal Demo

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RAF Video Tutorial
https://vimeo.com/1014447849/5e70596105?ts=0&share=copy

Treatment Authorization Request (TAR)

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

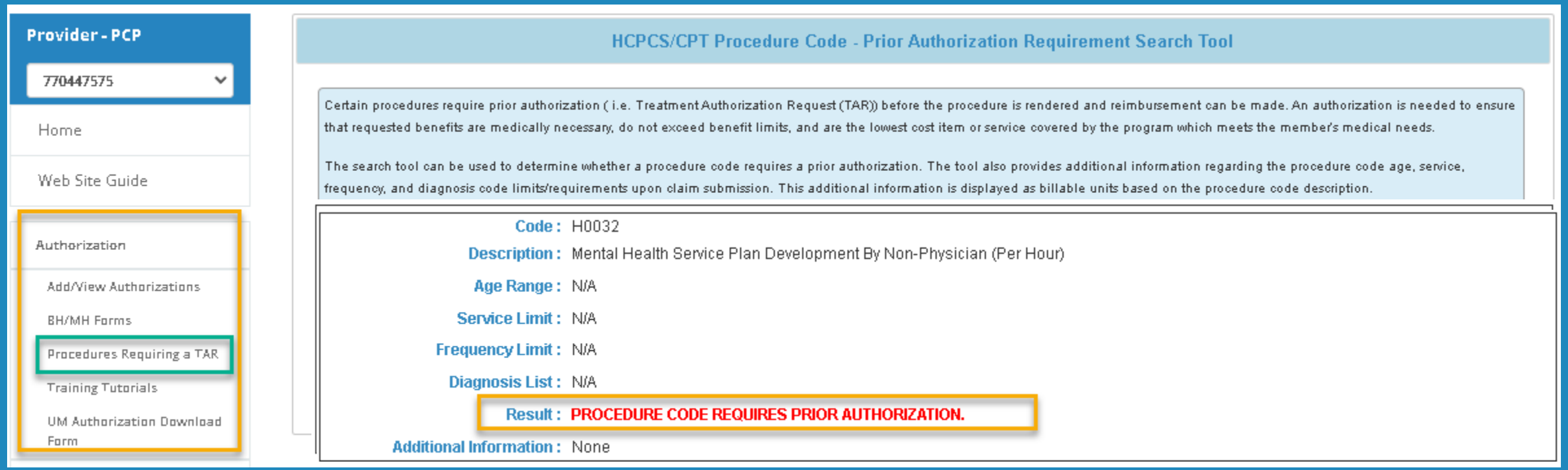
TARs are submitted to CenCal Health by the Requesting Specialist Physician Group that will be providing the service to the member

Prior approval of medical services are required before the medical appointment

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

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

When is a TAR required?



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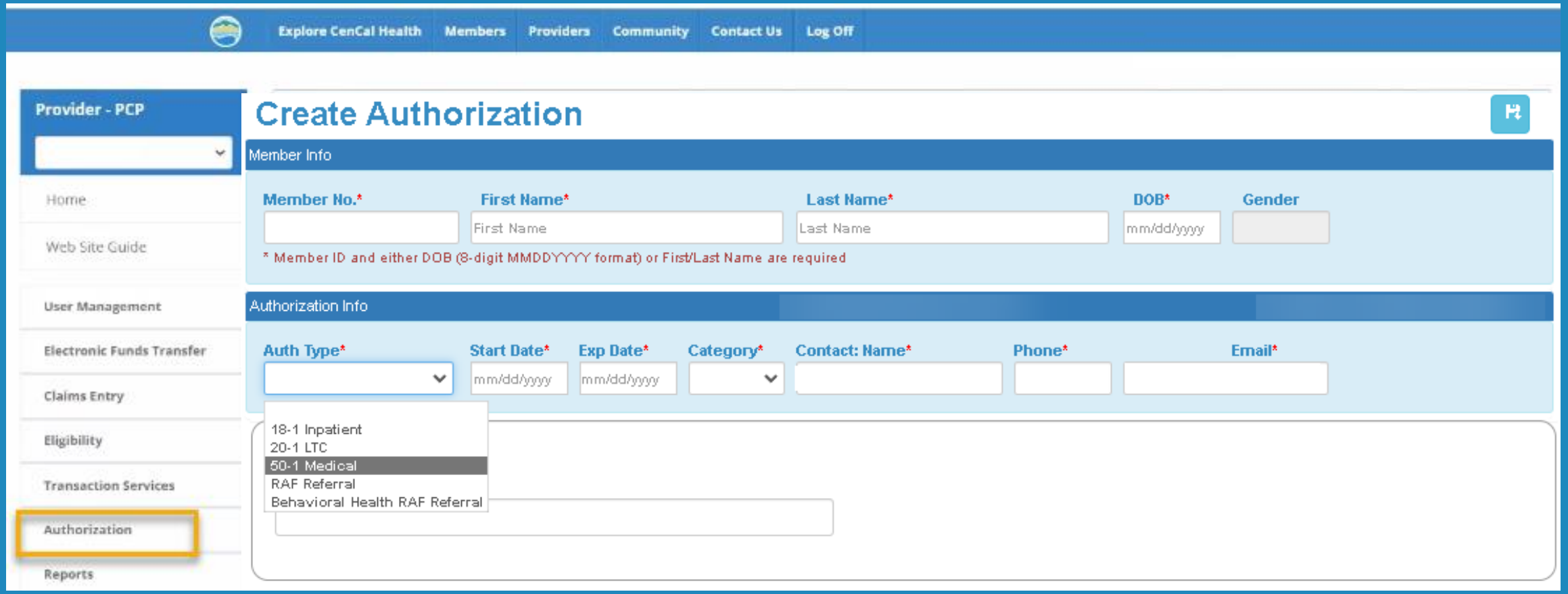
Medical Management Department
(805) 562 -1082

Authorization Screen Example



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50-1 Treatment Authorization Request (TAR) Portal Demo

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Authorization Request Video Tutorial
https://vimeo.com/1014472592/3fcb0daca8?share=copy

Paper Authorization Forms

New Utilization Management Authorization Download Form can be used for providers that don't have access to our portal, and when a contracted PCP wants to refer to an out of network provider

Form Requirements:

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

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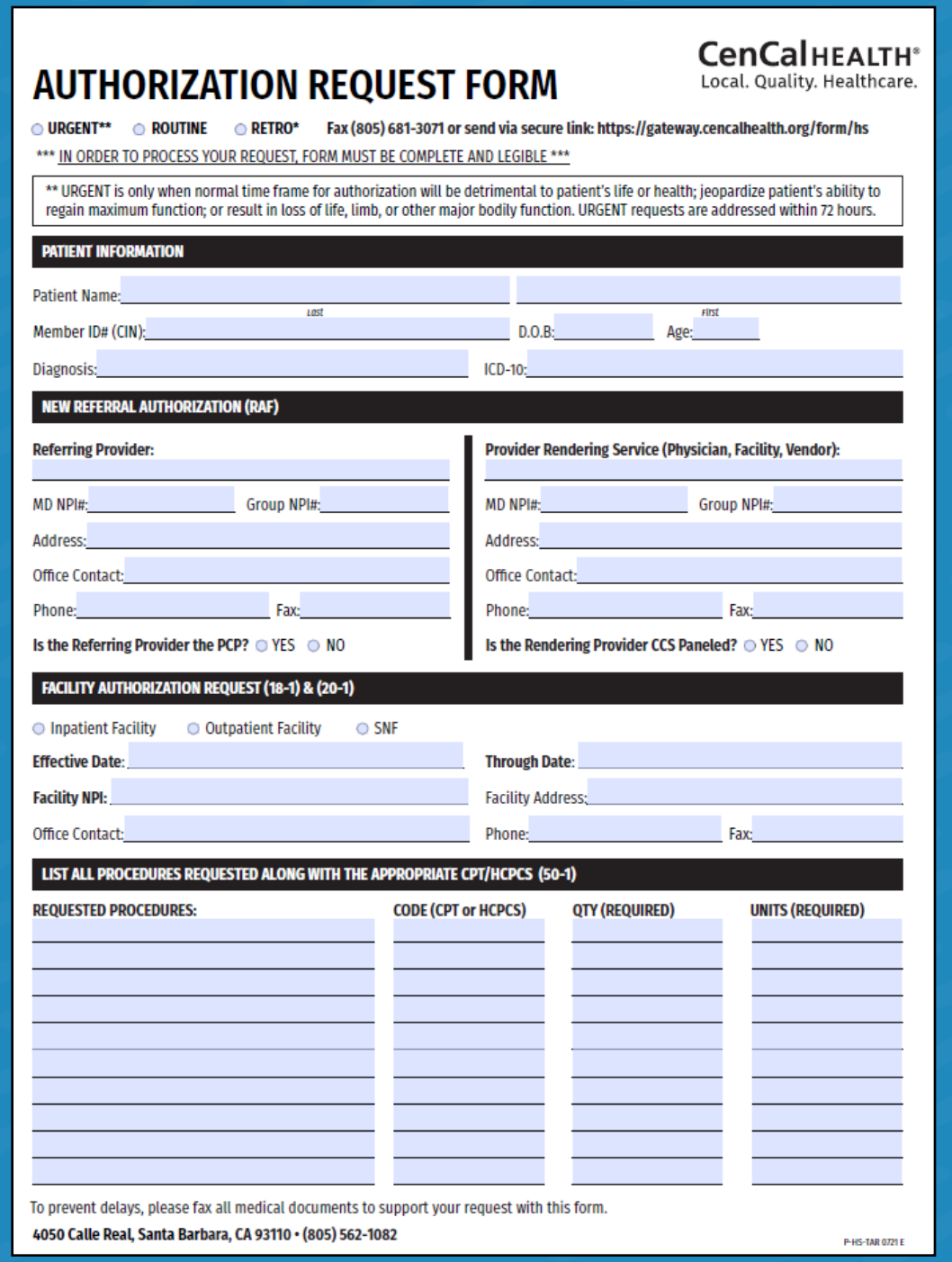

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AUTHORIZATION REQUEST FORM

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

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

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

PATIENT INFORMATION

Patient Name: _____ (Last) _____ (First)

Member ID# (CIN): _____ D.O.B: _____ Age: _____

Diagnosis: _____ ICD-10: _____

NEW REFERRAL AUTHORIZATION (RAF)

Referring Provider:

MD NPI#: _____ Group NPI#: _____

Address: _____

Office Contact: _____

Phone: _____ Fax: _____

Is the Referring Provider the PCP? ○ YES ○ NO

Provider Rendering Service (Physician, Facility, Vendor):

MD NPI#: _____ Group NPI#: _____

Address: _____

Office Contact: _____

Phone: _____ Fax: _____

Is the Rendering Provider CCS Paneled? ○ YES ○ NO

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

○ Inpatient Facility ○ Outpatient Facility ○ SNF

Effective Date: _____ Through Date: _____

Facility NPI: _____ Facility Address: _____

Office Contact: _____ Phone: _____ Fax: _____

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

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

To prevent delays, please fax all medical documents to support your request with this form.

4050 Calle Real, Santa Barbara, CA 93110 • (805) 562-1082

P-HS-TAR 0721 E

Submit Paper Authorization Forms & Medical Justification Notes

Fax Adult (21yrs and older) documentation
(805) 681-3071
Fax Pediatric (0-20yrs) documentation
(805) 692-5140
Secure Link https://gateway.cencalhealth.org/form/hs

Attach within Provider Portal

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

Form available:

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

Faxing & Secure File Drop Requirements:

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

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Authorization Review Timeframe

Routine authorizations will have determination within 5 working days, but up to 14 calendar days if additional clinical information is requested.

Expedited/Urgent authorizations are processed no later than 72hours from the receipt of referral request.

- The request can be downgraded upon initial review if determined non urgent.

Post Service Requests will have a 30 day review period.

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Claims & Billing

- Billing Guidelines
- Ways to Submit a Claim to CenCal Health
- Additional Claims Information

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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 30 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

Submitting a paper claim on the CMS-1500 Form

Arrows on the claim form highlight the following areas:

1. Member Info
2. Diagnosis codes (at least one code required)
3. Service lines, including:
    - Date of service (DOS)
    - Place of Service (POS)
    - Procedure code
    - Modifiers
    - Billed Amount
    - Number of Units
4. Billing Provider Information
    - Provider Group NPI#
    - Service Address
    - Billing Address)

For more claim information and submission guidelines:
https://www.cencalhealth.org/providers/claims/

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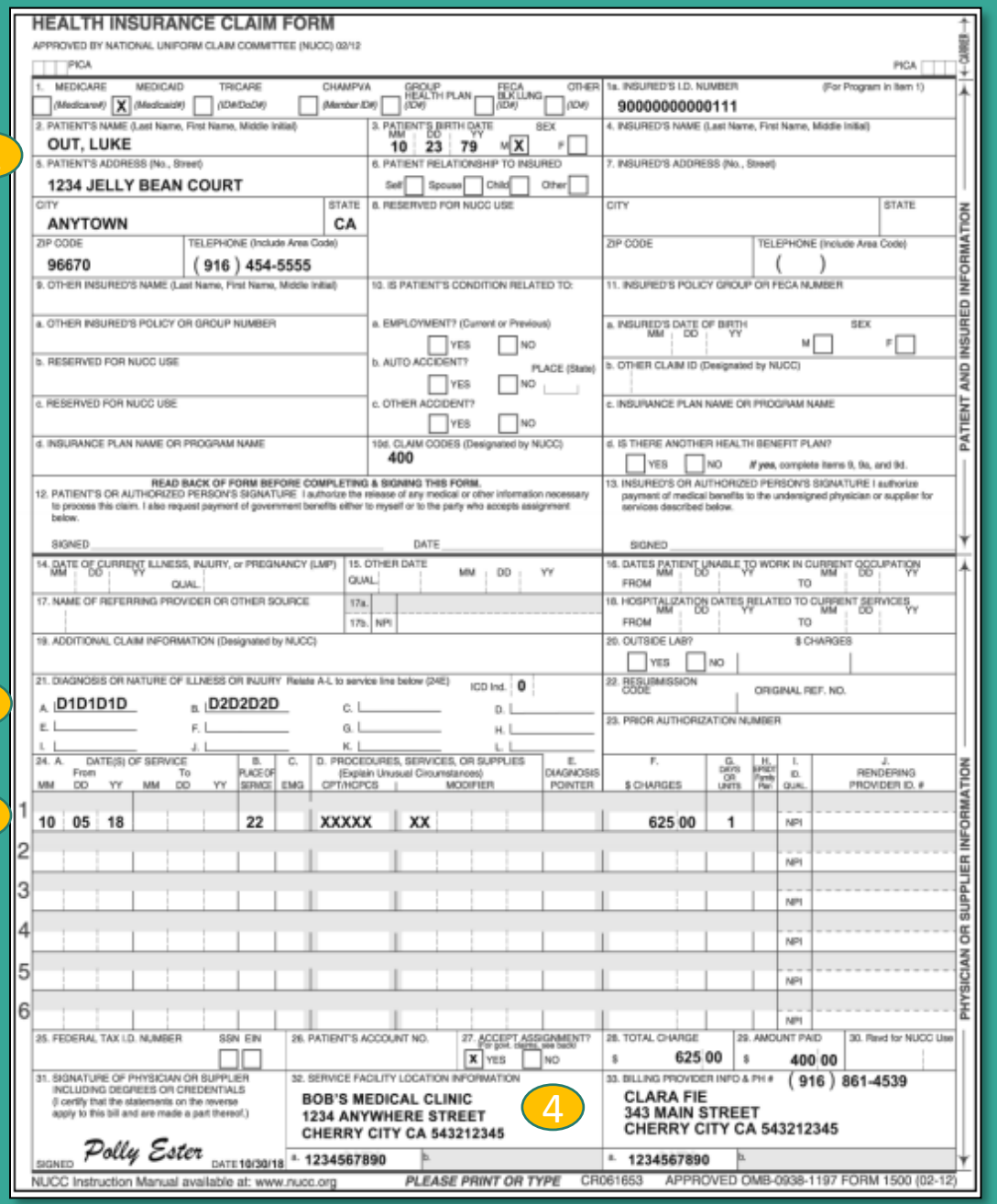
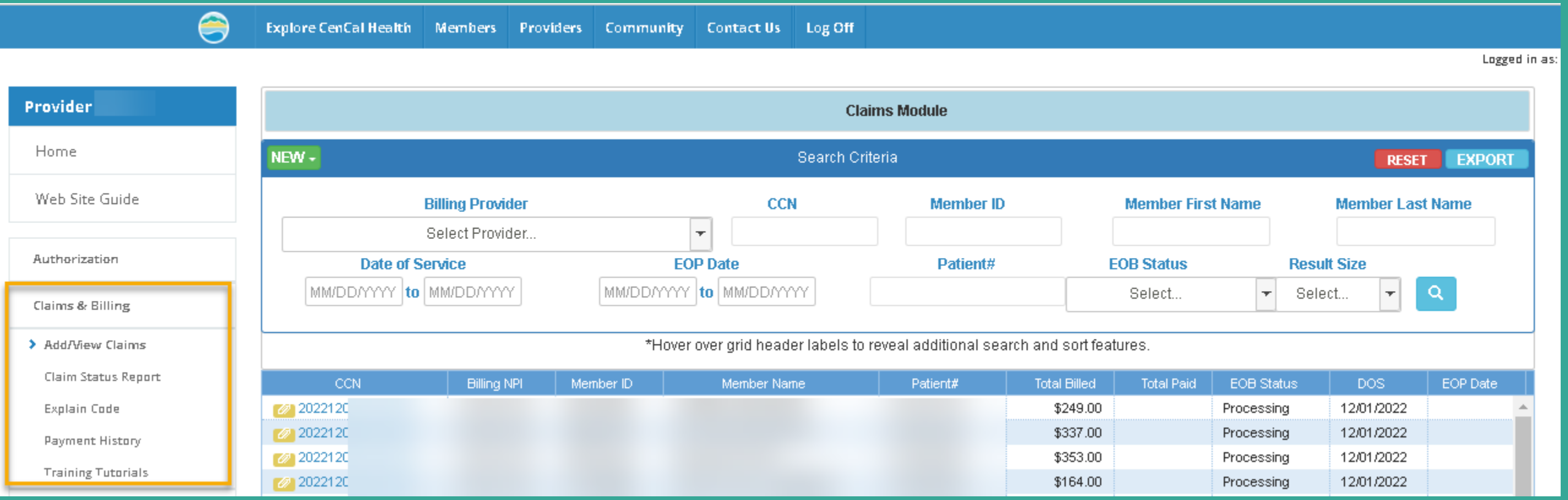


Provider Portal Claims Module



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Claims Main Dashboard Video Tutorial
https://vimeo.com/1001281895/55f79b00ff?share=copy

CMS-1500 Claims & Billing Portal Demo

Claims CMS-1500 Video Tutorial
https://vimeo.com/1001282395/f0a65374dd?share=copy

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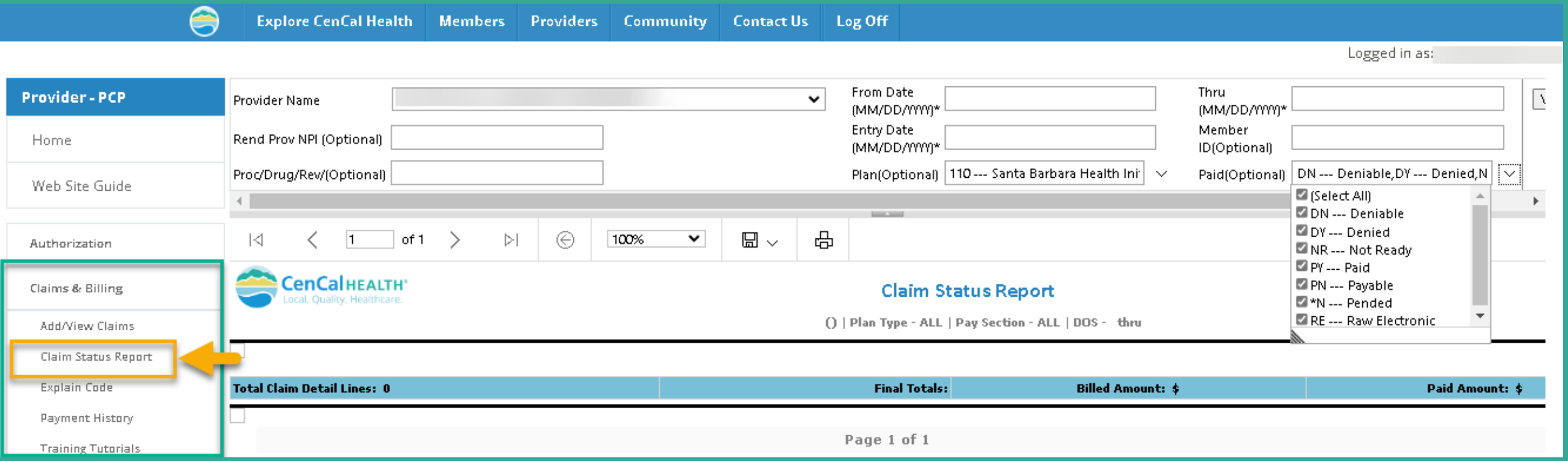
Claims Status Report



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Claims Status Report Video Tutorial
https://vimeo.com/1000475826/b7c06e5b66?share=copy

Timely Filing Guidelines

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Original Claim Reduction in Reimbursement Policy

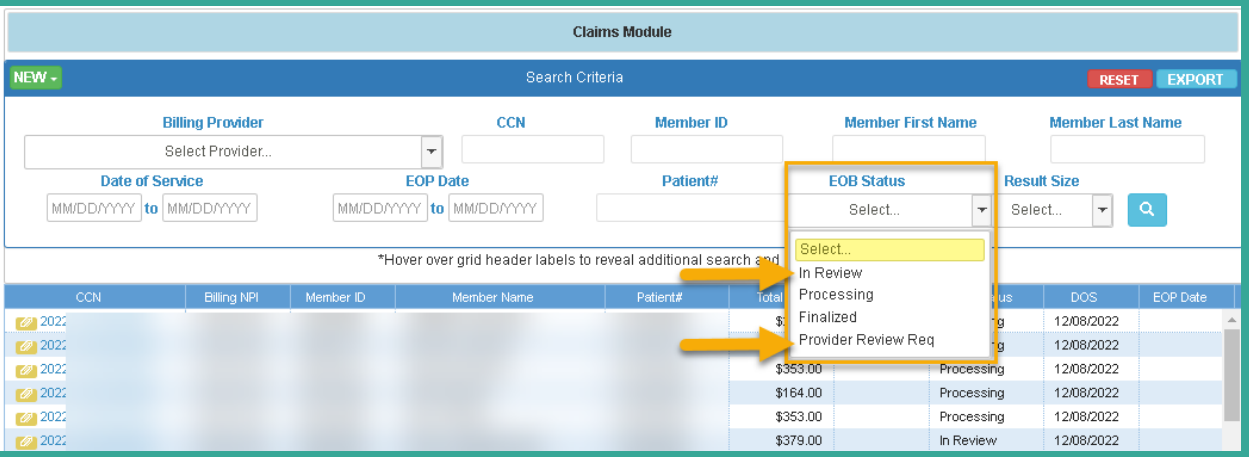
- Payable claims received **within 6 months** from the date of service will receive 100% of the CenCal/Medi-Cal allowed amount, unless otherwise noted per special contract or OTA.

- 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



- 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.

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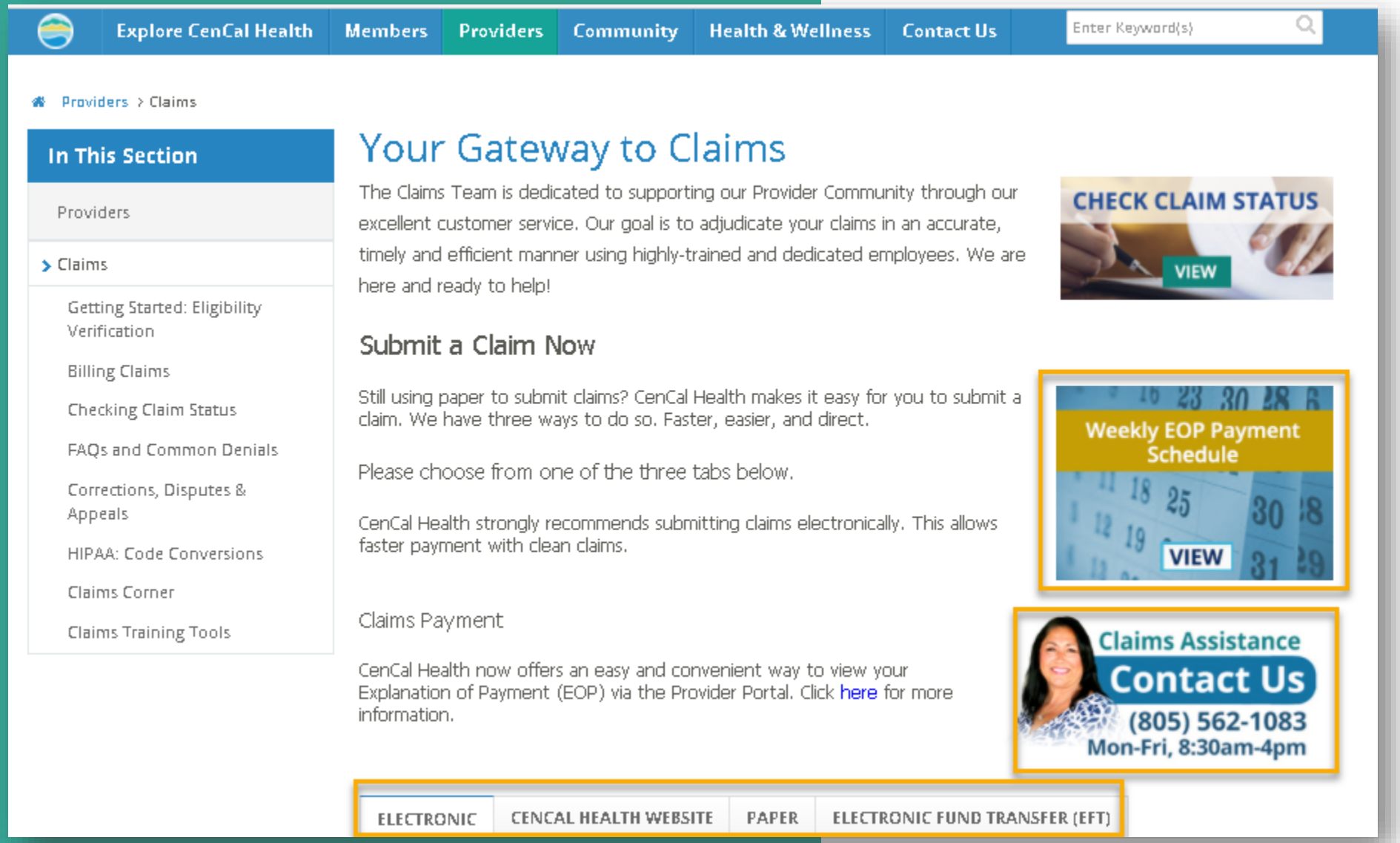
Claims & Billing

www.cencalhealth.org/providers/claims/



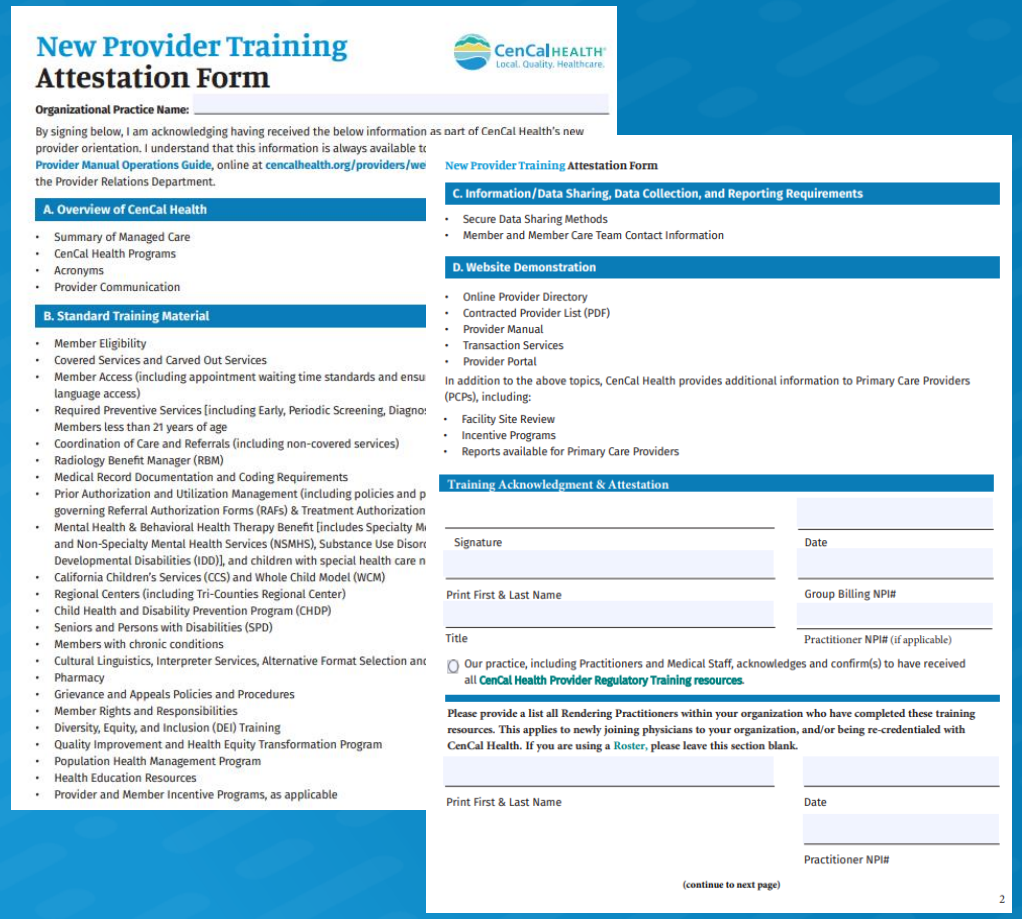
New Provider Training Attestation Form

This concludes your NPO training which provided education and training material required to operate in full compliance with CenCal Health's Medi-Cal Managed Care Program.

A CenCal Health Provider Manual and training resources are made available to our providers during onboarding and is inclusive of a full review of CenCal Health policy requirements.

New Provider Orientation Training Resources:
cencalhealth.org/providers/welcome-to-the-network/

For additional training, questions or inquires please contact your Provider Relations Representative or call 805-562-1676



New Provider Training Attestation Form

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Organizational Practice Name: _____

By signing below, I am acknowledging having received the below information as part of CenCal Health's new provider orientation. I understand that this information is always available to **Provider Manual Operations Guide**, online at **cencalhealth.org/providers/we** the Provider Relations Department.

A. Overview of CenCal Health

- Summary of Managed Care
- CenCal Health Programs
- Acronyms
- Provider Communication

B. Standard Training Material

- Member Eligibility
- Covered Services and Carved Out Services
- Member Access (including appointment waiting time standards and ensu language access)
- Required Preventive Services [including Early, Periodic Screening, Diagnos Members less than 21 years of age
- Coordination of Care and Referrals (including non-covered services)
- Radiology Benefit Manager (RBM)
- Medical Record Documentation and Coding Requirements
- Prior Authorization and Utilization Management (including policies and p governing Referral Authorization Forms (RAFs) & Treatment Authorization
- Mental Health & Behavioral Health Therapy Benefit [includes Specialty M and Non-Specialty Mental Health Services (NSMHS), Substance Use Disor Developmental Disabilities (IDD)], and children with special health care n
- California Children's Services (CCS) and Whole Child Model (WCM)
- Regional Centers (including Tri-Counties Regional Center)
- Child Health and Disability Prevention Program (CHDP)
- Seniors and Persons with Disabilities (SPD)
- Members with chronic conditions
- Cultural Linguistics, Interpreter Services, Alternative Format Selection and
- Pharmacy
- Grievance and Appeals Policies and Procedures
- Member Rights and Responsibilities
- Diversity, Equity, and Inclusion (DEI) Training
- Quality Improvement and Health Equity Transformation Program
- Population Health Management Program
- Health Education Resources
- Provider and Member Incentive Programs, as applicable

New Provider Training **Attestation Form**

C. Information/Data Sharing, Data Collection, and Reporting Requirements

- Secure Data Sharing Methods
- Member and Member Care Team Contact Information

D. Website Demonstration

- Online Provider Directory
- Contracted Provider List (PDF)
- Provider Manual
- Transaction Services
- Provider Portal

In addition to the above topics, CenCal Health provides additional information to Primary Care Providers (PCPs), including:

- Facility Site Review
- Incentive Programs
- Reports available for Primary Care Providers

Training Acknowledgment & Attestation

Signature _____ Date _____

Print First & Last Name _____ Group Billing NPI# _____

Title _____ Practitioner NPI# (if applicable) _____

○ Our practice, including Practitioners and Medical Staff, acknowledges and confirm(s) to have received all **CenCal Health Provider Regulatory Training resources.**

Please provide a list all Rendering Practitioners within your organization who have completed these training resources. This applies to newly joining physicians to your organization, and/or being re-credentialed with CenCal Health. If you are using a Roster, please leave this section blank.

Print First & Last Name _____ Date _____

Practitioner NPI# _____

(continue to next page)

2

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CenCal Health Regulatory Provider Trainings
www.cencalhealth.org/providers/provider-regulatory-training/


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