Agenda

• General Eligibility
• Authorization Overview
  • Referral Authorization Form (RAF)
  • Treatment Authorization Request
  • Pharmacy Forms
  • Radiology Requests
  • Medical Transportation
  • Behavioral Health Authorization

Provider Services Department
(805) 562-1676
providerservices@cencalhealth.org
Online Portal

Staff screen permissions are managed by your Administrator, or Office Manager.

Contact Webmaster at webmaster@cencalhealth.org for new accounts.

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

verifying eligibility for your patients
Ways to check Eligibility

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

• Primary Care Providers, can reference their **Case Management List** on the CenCal Health Provider Portal

• **Call** the Member Services Department  
  (877) 814-1861

Cencalhealth.org/providers/eligibility/
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)
## Eligible Member

### Member Info: As Of 09/03/2019

<table>
<thead>
<tr>
<th>Member ID</th>
<th>92923244G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>TEST1 CENCAL</td>
</tr>
<tr>
<td>DOB</td>
<td>02/01/1990</td>
</tr>
<tr>
<td>Medicare Parts</td>
<td></td>
</tr>
<tr>
<td>Medicare HIC#</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>F</td>
</tr>
<tr>
<td>Special Case</td>
<td>None</td>
</tr>
<tr>
<td>Other Carriers</td>
<td>ANTHEM BLUE CROSS (800) 677-666</td>
</tr>
</tbody>
</table>

**Inquiry Date:** 9/3/2019 3:46:18 PM - Confirmation: 301271

### Eligibility History: Last 12 Months As Of 09/03/2019

<table>
<thead>
<tr>
<th>PCP Name (Phone)</th>
<th>Plan</th>
<th>Date range</th>
<th>Eligible</th>
<th>SOC</th>
<th>Benefits</th>
<th>Other Insurance (COB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHCCC - Nipomo 8559232311</td>
<td>SBHI</td>
<td>09/01/2019 - 09/30/2019</td>
<td>Y</td>
<td>Full</td>
<td>P-PPO/PHP/HMO/EPO not otherwise specified</td>
<td></td>
</tr>
<tr>
<td>CHCCC - Nipomo 8559232311</td>
<td>SBHI</td>
<td>08/01/2019 - 08/31/2019</td>
<td>Y</td>
<td>Full</td>
<td>P-PPO/PHP/HMO/EPO not otherwise specified</td>
<td></td>
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<tr>
<td>CHCCC - Nipomo 8559232311</td>
<td>SBHI</td>
<td>07/01/2019 - 07/31/2019</td>
<td>Y</td>
<td>Full</td>
<td>P-PPO/PHP/HMO/EPO not otherwise specified</td>
<td></td>
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<tr>
<td>CHCCC - Nipomo 8559232311</td>
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<td>06/01/2019 - 06/30/2019</td>
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<tr>
<td>CHCCC - Nipomo 8559232311</td>
<td>SBHI</td>
<td>05/01/2019 - 05/31/2019</td>
<td>Y</td>
<td>Full</td>
<td>P-PPO/PHP/HMO/EPO not otherwise specified</td>
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</tr>
<tr>
<td>CenCal Health 8778141881</td>
<td>SBHI</td>
<td>04/01/2019 - 04/30/2019</td>
<td>Y</td>
<td>Full</td>
<td>P-PPO/PHP/HMO/EPO not otherwise specified</td>
<td></td>
</tr>
<tr>
<td>CenCal Health 8778141881</td>
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<td>Y</td>
<td>Full</td>
<td>P-PPO/PHP/HMO/EPO not otherwise specified</td>
<td></td>
</tr>
</tbody>
</table>

### Services: As Of 09/03/2019

<table>
<thead>
<tr>
<th>Medi-Services (MTD)</th>
<th>Allowed</th>
<th>Used</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Visits (YTD)</td>
<td>18</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>

### Case Management: Last 12 Months As Of 09/03/2019

- **Program:** CM = CenCal Health Case Management
- **Reason:** *Restricted Services - Noted by Eligible Aid Code: Restricted to LTC and Related Services (53)*
- **Case Manager:** There are no Case Managers during the date range provided
Authorizations
Helping your patients when they need it the most
<table>
<thead>
<tr>
<th>Form</th>
<th>Type of Request or Service</th>
<th>Who Can Submit the Request?</th>
<th>Purpose</th>
<th>Processing Timelines for URGENT Request</th>
<th>Processing Timelines for Routine Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Authorization Form (RAF)</td>
<td>Referral from PCP to Specialist, for a Second Opinion, or Standing Referral for extended care</td>
<td>PCP (and occasionally, designated Provider Service Staff)</td>
<td>To determine the medical necessity of a referral to a specialist, tertiary care center or out of network provider.</td>
<td>no later than 3 working days* from the receipt of referral request</td>
<td>within 5 working days but up to 14 calendar days*</td>
</tr>
</tbody>
</table>

**Treatment Authorization Request (TAR)** Located below are three (3) different TAR form types

<table>
<thead>
<tr>
<th>Form</th>
<th>Type of Request or Service</th>
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<th>Processing Timelines for Routine Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-1</td>
<td>Procedures, DME, Hospice, Home Health, <strong>Elective</strong> admission request</td>
<td>The provider of service, e.g. DME vendor, Home Health agency. <strong>ALERT: Make sure MD has signed the order.</strong></td>
<td>To determine the medical necessity of a requested service. Including Physician-Administered-Drugs (PADs)</td>
<td>no later than 3 working days* from the receipt of request for service</td>
<td>within 5 working days but up to 14 calendar days*</td>
</tr>
<tr>
<td>18-1</td>
<td>Inpatient: acute, LTAC, Rehab. Concurrent or Retro review.</td>
<td>Admitting hospital or LTAC facility</td>
<td>To determine the medical necessity of continued acute care and to facilitate a transfer/transition of care</td>
<td>within 24 hours of admission notification or concurrent review (denial or modification, e.g. lower level of care), notify the treating provider/facility</td>
<td></td>
</tr>
<tr>
<td>20-1</td>
<td>SNF, Subacute, CLHF</td>
<td>Admitting facility, hospital discharging member, PCP for Community to SNF Placements</td>
<td>To determine the medical necessity of continued stay in skilled nursing facilities (SNF), subacute, and congregate living health facilities (CLHF)</td>
<td>within 24 hours of admission notification and based on subsequent concurrent review timelines (denial or modification, e.g. lower level of care), notify the treating provider/facility</td>
<td></td>
</tr>
</tbody>
</table>

*Can extend up to an additional 14 calendar days with an issuance of a NCA “delay.”
Authorization Types (continued)

<table>
<thead>
<tr>
<th>FORM</th>
<th>Type of Request or Service</th>
<th>Who Can Submit the Request?</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Request Form (MRF)</td>
<td>Outpatient prescription drugs fulfilled at a retail pharmacy, specialty pharmacy, or CenCal Health’s contracted Home Infusion Network</td>
<td>Required by the ordering provider</td>
<td>Prior authorization for pharmaceutical agents not on the CenCal Health Formulary</td>
</tr>
<tr>
<td>Care To Care Radiology Authorizations</td>
<td>Outpatient services for PET, MRI, MRA, CT, CTA, Nuclear Cardiology Studies</td>
<td>Initiated by the ordering provider, and required for rendering facility</td>
<td>Care To Care prior authorization for high-tech imaging services</td>
</tr>
<tr>
<td>VTS Medical Transportation Physician Certification Form (PCF)</td>
<td>Non-Emergency Medical Transportation (NEMT)</td>
<td>Required by requesting physician</td>
<td>Prior authorization for non emergency medically necessary transportation services</td>
</tr>
<tr>
<td>Holman Group PCP Referral Form</td>
<td>Outpatient services for members impacted by mild to moderate mental health conditions and Behavioral Health Treatment (BHT)</td>
<td>Members Assigned PCP</td>
<td>Pre-service authorization to The Holman Group</td>
</tr>
</tbody>
</table>

[cencalhealth.org/providers/authorizations/]
Referral Authorization Form (RAF)

- RAFs allow Primary Care Physicians (PCPs) to refer their assigned members to an 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.
Not all services require a RAF

There are some exceptions to this rule

Services that are exempt from the RAF requirement:

• Special Class Members
• Sensitive Services (Family planning, sexually transmitted diseases appointments, abortion and HIV testing)
• Chiropractic, Audiology, Physical Therapy (Limited Services)
• Emergency Service

cencilhealth.org/providers/authorizations/referrals/
Online RAF

- The From Date - Thru Date
- PCP’s NPI number
- PCP’s Assigned Member ID Number
- Reason for Referral
- Enter the Referral Provider Specialist (Searchable tool available or enter their NPI number)
- SUBMIT
Treatment Authorization Request (TAR)

- A Treatment Authorization Request (TAR) is a prior authorization for a medical service and/or physician administrated drug.

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

- Providers are advised to obtain an approval prior to rendering services.

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

CenCal Health
Not all services require a TAR

Before rendering a service, it is advised that you determine if a TAR is required

- Enter Procedure Code
- Enter Key Words

Medical Management Department
(805) 562-1082

cenCal health.org/providers/authorizations/treatment-authorization/
Online 50-1 TAR

1. The From Date - Thru Date
2. Providers NPI number
3. Member ID Number
4. Diagnosis
5. Patient Status
6. Medical Justification
7. Service Code/Modifier/Units of Service/Quantity

SUBMIT

After you click submit, your TAR# will auto populate at the top of the form
Online 18-1 TAR

1. The Admit Date
2. ER Admit indicator (If in hospital)
3. Provider Group NPI#
4. Member ID#
5. Days In facility
6. Type
7. Discharge Date
8. Current Diagnosis
9. Admitting Diagnosis
10. Notes for condition requiring extension
11. Consultation Details

After you click submit, your TAR# will auto populate at the top of the form
Online 20-1TAR

1. Admin Type (Initial, Re-Auth, Transfer)
2. Facility (Skilled Nursing Care, ICF, Subacute)
3. Providers Group NPI#
4. Member ID#
5. Admit Date
6. Benefit Expiration/Request From – Request To Date
7. Diagnosis
8. Additional Details

SUBMIT

After you click submit, your TAR# will auto populate at the top of the form.
Authorization Status

1. Choose the members health Plan
2. Provider NPI#
3. Member# (Optional)
4. Date Range

Click ‘Submit Form’ to view Report.
Authorization Status (additional check)

- Check your email for a status reply and Authorization #
- Go to a blank RAF Form
  1. Enter the RAF#
  2. Click ‘Query’
- Print form, and schedule appointment
Pending Authorizations need supporting documentation for medical justification:

- Fax Adult (21yrs and older) documentation
  (805) 681-3071
- Fax Pediatric (0-20yrs) documentation
  (805) 692-5140
- Secure File Drop
  [https://transfer.cencalhealth.org/filedrop/hs](https://transfer.cencalhealth.org/filedrop/hs)

Additional Requirements:

- Add a cover page
- Phone/Email Contact Information
- Direct phone line
- Department
- Number of pages you are faxing over
- Reference the TAR# on the top of every document

Authorization Assistance call (805) 562-1082
• Formulary is a list of covered outpatient drugs for our CenCal Health members

• The brand names shown in the formulary print/web searchable are non-formulary when an equivalent generic is approved by the FDA

• Selected OTC (Over The Counter) items are covered under CenCal Health and require a valid written prescription

• CenCal Health’s Formulary (PDF and web searchable format) is available on CenCal Health’s website

https://www.cencalhealth.org/providers/pharmacy/formulary/
Medical Request Form (MRF)

Authorization form for outpatient prescription drugs fulfilled at a retail pharmacy, specialty pharmacy, or CenCal Health’s contracted Home Infusion Network.

Prescriptions for the following require a MRF:

• Formulary PA-Required medications
• Non-Formulary medications
• Brand name drugs, when an equivalent generic is available except for those drugs listed as exemptions
• Drugs not meeting the Code 1 restriction or Step Therapy criteria
• Drugs exceeding the member age, dosing limits, quantity or duration of treatment dispensing limits

Forms can be found on the Provider Portal or Pharmacy webpage Cencalhealth.org/providers/pharmacy/forms-downloads-fax/

Contact MedImpact for status update requests
(800) 788-2949
Drug/Disease State specific MRF forms that must be completed for prior authorization consideration

• Hepatitis C MRF
• Synagis MRF: Throughout RSV season, this specific form is required for any Synagis request

https://www.cencalhealth.org/providers/pharmacy/forms-downloads-fax/
CenCal Health’s Specialty Pharmacy

CenCal Health provides comprehensive specialty pharmacy services through Diplomat Specialty Pharmacy

• Diplomat provides members with high cost medications that treat chronic and complex diseases with a comprehensive approach in medication management, and patient education

• All Specialty medications require a MRF

• A complete list of Specialty medications are listed online at https://www.cencalhealth.org/providers/pharmacy/specialty-pharmacy/

For questions regarding Specialty Medications call Pharmacy Services at (805) 562-1080 or Diplomat Specialty directly at (877) 319-6337
Pharmacy Authorization Form (PAF)

• Pharmacy benefits includes a maximum of seven (7) prescriptions per calendar month

• Specific indications that are preemptively exempt from the 7-prescription-limit (i.e. Diabetes and asthma medications)

• A PAF is a form that exempts a member from the monthly prescription limit of 7-prescriptions per month

Fax Numbers for Forms
(805) 685-7781
- CenCal Health Medical Request Forms (MRF)
- Universal Prior Authorization Form
- All other Forms

(805) 964-0367
- Pharmacy Authorization Forms (PAF)
Radiology Benefit Manager
The ordering physician’s office must contact Care to Care to request an authorization prior to ordering a high-tech imaging service.

This program applies to the following outpatient services:

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Computed Tomography (CT)
- Computed Tomography Angiography (CTA)
- Nuclear cardiology studies

Exceptions:

- Imaging studies performed in conjunction with emergency room services
- Inpatient Hospitalization
- Urgent Care Centers
- Intra-Operative procedures are excluded from the high-tech imaging consultation requirement
- Imaging study consultations for members who have other health care coverage are excluded
Clinical Information Required

- Imaging study(ies) being requested, with current CPT codes
- Presumptive diagnosis or “rule out” with current ICD-10 codes
- Patient’s signs and symptoms, listed in some detail, with severity and duration
- Any treatments that have been tried, including dosage and duration for drugs, and dates for other therapies
- Any other information that the provider believes will help in evaluating the request; this may include physical exam findings, prior medical history, etc.
Contact Care to Care

Phone 1 (888) 318-0276, Mon. – Fri 5am – 5pm (Pacific Standard Time)

Fax 1 (888) 717-9660

Web: cencal.careportal.com
Grievance & Appeals

TAR & RBM High Tech Imaging Requests
• Submitted within 90 calendar days from the decision date
• Need copy of original TAR and denial notification
• Letter stating why denial should be overturned
• Supporting Documentation
• For RBM pre-service authorizations call Member Service 1 (877) 814-1861, and post service requests to Health Services (805) 562-1082

Medical Request Form (MRF)
• Submitted within 60 calendar days from decision date
• Copy of original or modified MRF
• Letter stating why denial should be overturned

CenCal Health
Health Services Department
4050 Calle Real
Santa Barbara, CA 93117

CenCal Health
Pharmacy Services Department
4050 Calle Real
Santa Barbara, CA 93117
Medical Transportation Services

Transportation is managed by Ventura Transit System (VTS) to and from medically necessary services, such as doctor appointments, specialty mental health, substance use disorder, dental, pharmacy pick up, medical supply pick up and more.

There are two transportation criteria’s:

- Non-Medical Transportation (NMT)
- Non-Emergency Medical Transportation (NEMT)
  
  o A Physician Certification Form (PCF) authorization is required prior to service and requested/sIGNED off by the requesting physician.

Cencalheal.org/provider/authorizations/
Behavioral Health Treatment (BHT)

Behavioral Health Treatment (BHT) are behavioral interventions and include modalities services such as Applied Behavior Analysis (ABA). This benefit is managed by The Holman Group.

CenCal is responsible for covering BHT services for children under age 21 who present with behavioral deficits or excesses due to a developmental or neurological condition, e.g. Autism, Cerebral Palsy, intellectual disabilities, etc.

- Services are usually provided in the member’s home
- Members may be receiving services from Regional Center and/or CCS, but these services are not a pre-requisite for BHT services
- BHT requires a pre-service authorization to The Holman Group from a members PCP

[Referral form image]

cencalhealth.org/providers/behavioral-health
BHT Contacts

Provider Questions/Pre Service Authorization
The Holman Group, Provider Relations Dept.
(800) 321-2843

Provider Grievances
Sheila Thompson, Provider Services Manager
CenCal Health at (805) 562-1677

Members Questions
The Holman Group at (800) 321-2843

For escalated issues Members may contact the CenCal Health Member Services Department Directly at (877) 814-1861

Amanda Pyper, MA, MPA LMFT
Behavioral Health Program Manager
(805) 685-9525 Extension 1972
apyper@cencalhealth.org
Questions?
Conclusion

• General Eligibility
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