CenCal Health's vendor, eCHDP will assist practices with the online completion, submission, and management of the PM160. Data entry and submission of PM160 forms may be completed through eCHDP using their online software. Copies of completed PM160 will no longer need to be sent to your local CHDP office for follow-up and referrals for SBHI/SLOHI instead PM160s will be received electronically.

CenCal Health will now be processing the claims; therefore, it is important to note that regardless of periodicity, services performed by a provider other than the assigned PCP will require a RAF for payment. The following vaccines are an exception to requiring a RAF: HPV, Td, TdaP and Hib, Heb B. Non-CHDP covered services are still billed to CenCal Health on a CMS1500 or UB04 claim form.

Claims corrections for CHDP services will be completed by calling your Claims Representative at (805) 562-1083.

For questions, please contact the Provider Services Department at (805) 562-1676.

BREAKING NEWS: Medi-Cal is transitioning to the Bright Futures Periodicity schedule effective July 1, 2016.

The Bright Futures periodicity schedule allows for more visits under CHDP for children who are in the “Early Childhood”, “Middle Childhood” and “Adolescence” categories. The new periodicity schedule will also be available on CenCal Health’s website, at http://www.cencalhealth.org, in the Provider Manual under Primary Care Provider/Referral Provider Obligations.

CenCal Health will begin administering payment of Children’s Health and Disability Prevention (CHDP) services for dates of service on and after July 1, 2016 for all Santa Barbara Health Initiative (SBHI) and San Luis Obispo Health Initiative (SLOHI) members.

Below are a few reminders to assist you in navigating the change:

- CenCal Health's vendor, eCHDP will assist practices with the online completion, submission, and management of the PM160.
- Data entry and submission of PM160 forms may be completed through eCHDP using their online software.
- Copies of completed PM160 will no longer need to be sent to your local CHDP office for follow-up and referrals for SBHI/SLOHI instead PM160s will be received electronically.
- CenCal Health will now be processing the claims; therefore, it is important to note that regardless of periodicity, services performed by a provider other than the assigned PCP will require a RAF for payment.
MENTAL HEALTH SERVICES ARE COVERED BENEFITS

The Affordable Care Act (ACA) expanded mental health services for many patients, including those covered by the Medi-Cal Program. CenCal Health knows that improving access to mental health services positively impacts physical health conditions and the health and well-being of our members.

The mental health services covered by CenCal Health include:

• Individual and group mental health evaluation and treatment (psychotherapy)

• Psychological testing, when clinically indicated to evaluate a mental health condition

• Outpatient services for the purposes of monitoring drug therapy

• Outpatient laboratory, drugs, supplies and supplements (excluding anti-psychotic drugs – covered by the State's Fee-For-Service Program) through our lab and pharmacy network

• Psychiatric consultation and treatment

• Screening, Brief Intervention and Referral to Treatment (SBIRT).

CenCal Health also covers mental health treatment within the scope of the primary care physician practice.

Mental Health services for mild to moderate conditions will continue to be provided through The Holman Group provider network. Members may be referred for mental health services 24 hours a day, 365 days of the year by contacting The Holman Group toll-free at (800) 321-2843. Members may also self-refer by calling The Holman Group directly, The Holman Group will conduct an initial screening, assess the member's condition and arrange for the member to have a face-to-face assessment with the appropriate mental health professional.

The Holman Group continues to coordinate with the County Mental Health Departments for Specialty Mental Health services on the PCP's behalf if it is determined that the member has a severe mental illness. The counties are responsible for treatment of members that meet criteria for Alcohol and Substance Use Disorder Services.

Training is on the horizon with invitations on the way!

CenCal Health will be hosting three seminars in August to review this benefit. We will review the process to refer a member for services, review the Provider Network, and much, much more!

Seminar Locations & Dates for August 2016:
August 23, Santa Barbara, CenCal Health · August 24, San Luis Obispo Embassy Suites · August 25, Santa Maria Historic Inn

For further information, please reference the For Providers- Provider Training and Resources section of CenCal Health’s website at www.cencalhealth.org. If you would like to learn more about the Holman Group, visit their website at www.holmangroup.com.

New Benefits Identification Card (BIC)

Medi-Cal's BIC card is being redesigned in commemoration of Medi-Cal's 50th anniversary. The new design, featuring California poppies, will be provided to newly eligible recipients and recipients requesting replacement cards. There are currently no plans to provide the new card to all eligible members.

As a reminder the BIC card does not guarantee eligibility. It is always important to verify a member’s eligibility, to do so, visit cencalhealth.org or verify through the Medi-Cal website at medi-cal.ca.gov.

For additional questions, please contact your Provider Services Representative at (805) 562-1676.

Claims Corner: Common Denial Issues

CenCal Health would like to help you avoid unnecessary denials, please see the list below of some common denial issues.

1. A newborn can use their mother's identification number for the month of birth and the following month only. On the third month, any billings for the Newborn services should be billed with their own Member Identification Number.

2. Checking the appropriate relationship code box 6 of the CMS-1500 form will avoid unnecessary delays in payment. If the “insured’s Id number” in Box 1a is for the member listed in Box 2, the patient relationship should be marked as “Self”.

3. A recent trend has been identified where the Date of Birth submitted on the claim doesn't match the Member’s Date of Birth in our system. Please verify the Member’s Identification number and Date of Birth prior to submitting your claim or log onto www.cencalhealth.org and review name and date of birth under eligibility.