

# Frequently Asked Questions (FAQ) about Eligibility

## 1. Does CenCal Health Determine Member Eligibility for its Medi-Cal (SBHI & SLOHI), PP2, Healthy Families, IHSS and Healthy Kids Members?

No, SBHI and SLOHI eligibility is determined by DSS (Department of Social Services) and/or each county's Social Security Administration. **PP2** member eligibility is determined by the designated AIM Program vendor, and the **Healthy Families** member eligibility is determined by the Managed Risk Medical Insurance Board vendor in Sacramento. Members can complete a mail in their applications or apply via e-application. **IHSS** member eligibility is determined by their employer, the Public Authority.

CenCal Health has introduced two new programs for the San Luis Obispo and Santa Barbara Counties. Healthy Kids of San Luis Obispo is offered through the Children's Health Initiative of San Luis Obispo which also determines eligibility. Healthy Kids of Santa Barbara is offered in collaboration with the Santa Barbara Healthy Kids Coalition and the Doorway to Health Foundation. CenCal Health will determine eligibility for these applicants.

CenCal Health has a Member Services Department that provides education directed to members, assists members with PCP selection, addresses member's concerns or complaints, and assists providers with eligibility verification.

## 2. What are Medi-Cal (SBHI & SLOHI) Special Class Members?

Approximately 5% of SBHI and SLOHI members are not case managed for various reasons. As such, they are designated as "Special Class" in which CenCal Health is the case manager for these members. Members who are Special Class can be seen by any SBHI/SLOHI provider who is willing to see them. They should be considered fee-for-service, and although they do not require Referral Authorization Forms (RAFs), they will require Authorization Requests when applicable.

Categories for Special Class include members whom:

- ◆ first month eligibility
- ◆ are eligible on a retroactive basis,
- ◆ reside in long-term care facilities (skilled nursing or institutions for the developmentally disabled),
- ◆ have met their share-of-cost obligation,
- ◆ hospice
- ◆ reside out of county,
- ◆ are qualified under the Genetically Handicapped Persons Program

If a provider has a SBHI or SLOHI member on his/her case management list that is eligible for Special Class category, please inform CenCal Health of the situations listed above *before* the 20th of the month. The member can be removed from the PCP's case management list by the first of the following month and reassigned to the appropriate Special Class Category. Please make your request for a change in status as soon as

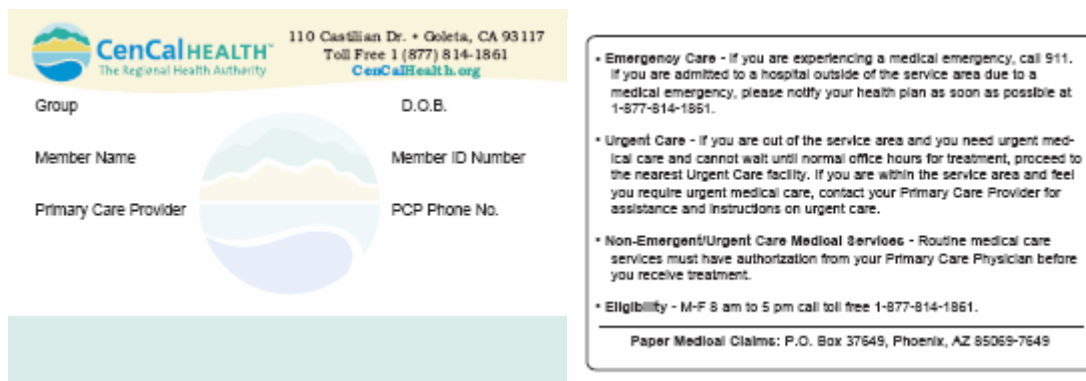
you are aware of a member qualifying for such a change so that CenCal Health can facilitate this change for both the PCP and the member.

Who to Contact for Special Class Changes:

- ◆ For those members that move to a skilled nursing facility by the first day of the month, and are expected to remain there for more than 30 days, for members who have a confirmed diagnosis of renal failure, for members that have moved out of county, and for members who are eligible for an organ transplant, inform the **Member Services Department** at extension 1001.

### 3. Are CenCal Health members' issued Insurance ID cards?

Yes, they are. Members of all programs administered by CenCal Health receive a CenCal Health Identification Card, as shown below. The program under which the member is covered is indicated by the group listed. Other information printed on the card includes member name, ID number, DOB, PCP name and PCP phone number. These cards are issued only once, and reissued only when information on the card changes. These cards are intended only to be a means of identification. **They are not to be considered proof of eligibility.**



Additionally, in 1994 DHS began implementation of a new permanent, plastic ID card for all Medi-Cal members called the “Benefits Identification Card” or BIC.

The BIC is a permanent card which does not provide proof of eligibility simply because a member has it. Providers must *access* eligibility information using the information on this card through one of the various options made available.

County Social Services Departments also have the ability to issue immediate need cards when an emergency exists and the member is unable to wait for the State to issue a BIC. These cards differ in appearance from the BIC but are used for the same purpose. Like the BIC, they do not indicate that the member is eligible and should be used to access eligibility information through one of the various options made available.



#### **4. How do I verify member eligibility?**

There are two options by which providers can access CenCal Health eligibility information. These include:

##### **For Medi-Cal (SBHI and SLOHI) Members**

###### **[www.cencalhealth.org](http://www.cencalhealth.org)**

You can verify eligibility for SBHI and SLOHI members as well as State Medi-Cal members through our website. Once you are in our website, go to "For Providers Only". (Note: You must have a password to get into this area. You can e-mail the [Webmaster@cencalhealth.org](mailto:Webmaster@cencalhealth.org) for a password so you can gain access to this secure area. Be sure to include the contact person's name and phone number, and the provider number. Be prepared to give the provider's Tax Identification Number when you are called.)

###### **CenCal Health's Eligibility Staff**

A representative of the Member Services Department can provide information for all Medi-Cal eligible members; this option simply requires that the provider call with the member ID number or if ID number is unavailable the members' name and birth date. Be prepared to give the provider's identification number (PIN).

##### **Medi-Cal Eligibility Verification options available through EDS**

Note: Options for eligibility verification currently made available by EDS do not take into account the need for SBHI and SLOHI providers to determine the PCP. PCP affiliation is important as Referral Authorization Forms (RAFs) from the PCP are needed for most specialist services.

###### **EDS' Point of Service (POS) Devices (BLACK BOX)**

Some providers may have been eligible to receive this device free of charge from DHCS. CenCal Health does not recommend that providers acquire this device if they mainly serve SBHI and SLOHI members as the POS device will not provide the member's PCP.

**EDS' CERTS Software**

Claims and Eligibility Real Time System (CERTS) PC software is supplied free of charge from EDS for providers who use a personal computer. CERTS will not provide the name of the PCP for SBHI and SLOHI members.

**EDS' Automated Eligibility Verification Service (AEVS)**

AEVS (800/456-2387) is a free telephone service provided by EDS for Medi-Cal providers. AEVS requires the use of a Personal Identification Number (PIN). AEVS will not provide the name of the PCP of SBHI and SLOHI members.

**For PP2, Healthy Families, IHSS and Healthy Kids Members:****www.cencalhealth.org**

You can verify eligibility for CenCal Health **PP2**, Healthy Families, IHSS and Healthy Kids members through our website. You will need the member's ID number from the card and your date of service. Once you are in our website, go to "For Providers Only". (Note: You must have a password to get into this area. You can e-mail the [Webmaster@cencalhealth.org](mailto:Webmaster@cencalhealth.org) for a password so you can gain access to this secure area. Be sure to include the contact person's name and phone number, and the provider number. Be prepared to give the provider's Tax Identification Number when you are called.)

**CenCal Health's Eligibility Staff**

A representative of the Member Services Department can provide information for all CenCal Health **PP2**, Healthy Families, IHSS and Healthy Kids eligible members; this option simply requires that the provider call with the member ID number or if ID number is unavailable the members' name and birth date. Be prepared to give the provider's identification number (PIN).

**REMINDER! Always verify eligibility status prior to treatment!**

All providers are urged to verify member eligibility and PCP affiliation (or Special Class status) prior to rendering services if at all possible. This will serve to:

- Reinforce case management.
- Avoid possible referral/authorization/claims problems;
- Identify instances of member misrepresentation;

**5. What are Aid Codes? (Applicable to SBHI and SLOHI only)**

An "aid code" is the two-digit number, which indicates the aid category under which a person is eligible for Medi-Cal services. Aid codes are created by the Department of Health Care Services, not CenCal Health. The list of aid codes changes as new qualifications for aid become effective or obsolete. A complete list of aid codes and the benefits they afford a member can be found in the Medi-Cal Provider Manual.

**6. What are EXCLUDED Aid Codes?**

Some aid codes for members in Santa Barbara and San Luis Obispo Counties are not reimbursed by CenCal Health, but rather by EDS, as the State does not have enough historical data on which to base the rates they would pay to CenCal Health. These are

referred to as “excluded aid codes.” When verifying eligibility, if a member has an ‘excluded’ aid code, you will receive DHCS eligibility information. Services rendered to those members with an excluded aid code must be billed to EDS. Any necessary prior authorization for elective services (Authorization Requests) should not be submitted to CenCal Health on behalf of these members, but to the Medi-Cal Field Office, as indicated in the Medi-Cal Provider Manual.

Note: We eventually hope to integrate these members into CenCal Health’s programs!

## **7. What if I see a Medi-Cal member that is not SBHI or SLOHI?**

Members who receive their Medi-Cal eligibility from counties *outside* Santa Barbara and San Luis Obispo may obtain covered medical services from any Medi-Cal certified provider. These members are considered fee-for-service when seeking medical care outside their county of responsibility.

You may have occasion to treat these members if they are temporarily visiting relatives, or have permanently moved here from another county and are awaiting transfer of their Medi-Cal case to the CenCal Health service area, which usually takes 60-90 days after they have contacted their eligibility worker.

Reimbursement will be made through EDS at prevailing Medi-Cal fee-for-service rates. Such services must be submitted on the appropriate claim forms to EDS, or to other appropriate payers as indicated through eligibility verification (refer to your Medi-Cal Provider Manual for information on these other payers).

## **8. Is a CenCal Health member eligible to see a doctor out of county?**

If a member is outside of the health plan’s service area (Santa Barbara and San Luis Obispo Counties) and needs medical services, they are instructed to call their PCP unless it is an emergency or urgent situation. If it is an emergency or urgent situation, they may go to the nearest urgent care facility or emergency room or call 911. If the hospital determines that it is not an emergency, the member is instructed to call his/her PCP. A member’s PCP must authorize (with a RAF) any medical care that is not an emergency. For **Medi-Cal** members, the physician must be Medi-Cal\* certified in order to be reimbursed by CenCal Health.

\*Out of State providers need to be Medicaid certified.