
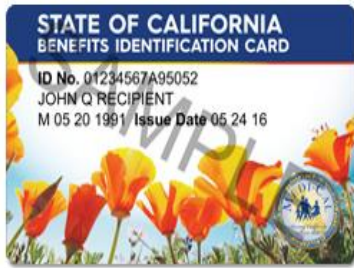



Frequently asked questions & background	How to
<p>WHO IS CENCAL HEALTH AND HOW DO THEY RELATE TO MEDI-CAL:</p> <p>CenCal Health is a State contracted Medi-Cal Managed Care plan which Provides payment for its members in San Luis Obispo and Santa Barbara counties.</p> <p>If a member resides in a different county they may be eligible with another County Managed Care plan.</p> <p>Please check with the Managed Care plan in the county the member resides in for eligibility and guidelines.</p>	<ul style="list-style-type: none"> • The Department of Social Services (DSS) determines eligibility for CenCal Health members. AIM Members eligibility is determined by the designated AIM Program vendor. • SBHI and SLOHI are our two Medi-Cal Plans. Another smaller program administered by CenCal Health is AIM, serving Mothers and Infants during pregnancy up to 60 days after the birth.
<p>WHY IS IMPORTANT TO VERIFY ELIGIBILITY:</p>	<ul style="list-style-type: none"> • Reinforces case management • Avoid possible referral/authorization/claim denials • Identifies instances of member misrepresentation • Eligibility can change from month to month
<p>OBTAIN A COPY OF THE MEDI-CAL BIC & CENCAL HEALTH CARDS:</p> <p>The identification number printed on the members Medi-Cal BIC Card up to the alfa character is identical to the number printed on the members CenCal membership card.</p> <p>This membership card should be used to determine a member's eligibility and we recommend making a copy for your patient records.</p> <p>TIP: <i>Please remember, to verify eligibility as the presentation of the CenCal Health membership card does not guarantee eligibility.</i></p> <p><i>Eligibility is determined on a month to month basis by DSS. For this reason we recommend that you check the member's eligibility on every visit.</i></p>	<div style="text-align: center;">  <p>4050 Calle Real Santa Barbara, CA 93110 Toll Free: 1 (877) 814-1861 CenCalHealth.org</p> <p>Group 110 SB HEALTH INITIATIVE</p> <p>Member Name JENNY JACKOB</p> <p>Primary Care Provider Dr. Jones 805-867-5309</p> <p>Member ID Number 90000000F</p> <p>Nurse Advice Line (24/7) 1-800-524-5222</p> <p>PCN: ASPROD1 GROUP: CEN</p> <p>BIN: 003585</p> </div> <div style="text-align: center; margin-top: 20px;">  <p>STATE OF CALIFORNIA BENEFITS IDENTIFICATION CARD</p> <p>ID No. 01234567A95052 JOHN Q RECIPIENT M 05 20 1991 Issue Date 05 24 16</p> </div>

WHERE DO I VERIFY ELIGIBILITY:

Online Provider Portal
CenCal Health Website:
www.cencalhealth.org

Select Provider Login and sign in with your individual Username and Password

Select 'Check Eligibility'

1. Member ID# or Last Member's last four (4) digits of their SSN
2. Date of Birth (MMDDYYYY format) or Members First/Last Name
3. Date of Service (DOS)
4. Click  icon to submit

Eligible Member = 'Y' Eligible

Non Eligible Member = 'N' Not Eligible

If the member appears to be ineligible with CenCal Health, you can determine their State Medi-Cal eligibility through the CenCal website by selecting 'DHS Check'

1. Confirm the provider # box is populated with the correct NPI number
2. Enter your state provided PIN number
3. Enter the Date of service in (DDMMYYYY format) in the date of service box

Eligibility

Batch Eligibility(New)

Check Eligibility(New)

Member Eligibility

Member ID or Last 4 of SSN (1)

Date of Birth (DOB) (mm/dd/yyyy) (2)

First Name (2)

Last Name

Date of Service (DOS) (3)

Member ID or Last 4 of SSN

Date of Birth

First Name

Last Name

Date of Service (DOS)

Member Info: As Of 09/03/2019 Inquiry Date: 9/3/2019 3:49:18 PM - Confirmation: 301271

Member ID	Name	Sex	Special Case
92923446	TEST1 CENCAL	F	None
Medicare Parts -	HICF	DOB 02/01/1998	Other Carriers 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 805929211	SBHI	09/01/2019 - 09/30/2019	Y		Full	P - PPO/PH/MAO/EPO not otherwise specified
CHCCC - Nipomo 805929211	SBHI	08/01/2019 - 08/31/2019			Full	P - PPO/PH/MAO/EPO not otherwise specified
CHCCC - Nipomo 805929211	SBHI	05/01/2019 - 07/31/2019	Y		Full	P - PPO/PH/MAO/EPO not otherwise specified
CHCCC - Nipomo 805929211	SBHI	04/01/2019 - 04/30/2019	Y		Full	P - PPO/PH/MAO/EPO not otherwise specified
CenCal Health 8778141951	SBHI	03/01/2019 - 03/31/2019	Y		Full	P - PPO/PH/MAO/EPO not otherwise specified

Services: As Of 09/03/2019

Medi-Services (MTD)	Allowed	Used	Remaining
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)

Member ID or Last 4 of SSN

Date of Birth

First Name

Last Name

Date of Service (DOS)

Member is not eligible on 09/02/2019 **DHS Check** **DOS Date**

Member Info: As Of 09/02/2019 Inquiry Date: 9/4/2019 10:06:15 AM - Confirmation: 301275

Member ID	Name	Sex	Special Case
96450588E	TEST4 CENCAL	M	None
Medicare Parts -	HICF 6TAGEH1KT73	DOB 09/01/1946	Other Carriers

Eligibility History: Last 12 Months As Of 09/02/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141951	SBHI	09/01/2019 - 09/30/2019	Y	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	07/01/2019 - 08/31/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	05/01/2019 - 06/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	04/01/2019 - 04/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	03/01/2019 - 03/31/2019	Y	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	02/01/2019 - 02/28/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	01/01/2019 - 01/31/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	11/01/2018 - 12/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141951	SBHI	04/01/2018 - 03/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage

Case Management: Last 12 Months As Of 09/02/2019

Program	Reason	Case Manager	Date Range
CM	(CM) Neurological (CVA, TBI, ALS, HK, dementia/Alz)	Maureen R	07/01/2019 - 08/31/2019

Specialized Programs: M - CenCal Health Case Management
HD,CM - Public Health Department Case Management
CRC - 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 (DR, OU, OT)

Reset Form **DHS Member Eligibility**

Provider#

Pin#

Member ID

Date of Birth

Issue Date

Date of Service 4

Check with DHS Reset Form

What are Medi-Cal (SBHI & SLOHI) Special Case Members?

Members who are Special Case can be seen by any SBHI/SLOHI provider without a Referral authorization form (RAF). These members should be considered as fee-for-service and are considered to be more medically fragile (i.e. organ transplant, or Renal Dialysis members).

Special Case Members will be assigned to CenCal Health and it will appear under the Primary Care Section of the member's eligibility if they are a special class member.

As stated above, if this is the case, this member does not need to obtain a RAF to see a specialist, and allows members open access to the network.

TIP:

It is important to check this each month as the member can be moved out of this class.

Categories for Special Class include:

- The First month of eligibility with CenCal Health
- Resident in a long-term care facility (skilled nursing or institutions for the developmentally disabled)
- Have met their share-of-cost
- Hospice
- Resides out of county
- Are qualified under the Genetically Handicapped Persons Program (GHPP)

BY PHONE

By Phone call CenCal Health's Member Services Department at (877) 814-1861 Option 3

Call State Medi-Cal EDS at 1 (800) 541-5555

Member ID or Last 4 of SSN: [] Date of Birth: [] First Name: [] Last Name: [] Date of Service (DOS): 09/18/2019

*Member ID, DOS and either DOB or First/Last Name are required

Member Info: As Of 09/10/2019 Inquiry Date: 9/10/2019 1:51:33 PM - Confirmation: 357362

Member ID	Name	Sex	Special Case
[]	[]	[]	LTC

Medicare Parts - A,B,D

Eligibility History: Last 12 Months As Of 09/10/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SLOH	09/01/2019 - 09/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	09/01/2019 - 09/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	09/01/2019 - 09/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	04/01/2019 - 04/30/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	02/01/2019 - 03/31/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	01/01/2019 - 01/31/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	10/01/2018 - 12/31/2018	Y	Full	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	09/01/2018 - 09/30/2018	Y	Full	Full	D - Medicare Part D Prescription Drug Coverage

Services: As Of 09/10/2019

	Allowed	Used	Remaining
Medi-Services (MTD)	2	0	2
PT Visits (YTD)	18	0	18

Case Management: Last 12 Months As Of 09/10/2019

Program	Reason	Case Manager	Date Range
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)

Member Info: As Of 09/18/2019 Inquiry Date: 9/18/2019 3:23:09 PM - Confirmation: 434754

Member ID	Name	Sex	Special Case
[]	[]	F	CCS Member

Medicare Parts -

Eligibility History: Last 12 Months As Of 09/18/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
Lompoc Health Care Center 8057376400	SBH	09/01/2019 - 09/30/2019	Y	Full	N - None	

Services: As Of 09/18/2019

	Allowed	Used	Remaining
Medi-Services (MTD)	2	0	2
PT Visits (YTD)	18	0	18

Case Management: Last 12 Months As Of 09/18/2019

Program	Reason	Case Manager	Date Range
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)