

CenCal Health currently serves approximately 178,306 residents in our service area of Santa Barbara and San Luis Obispo counties. The Department of Social Services and Social Security Administration, using income and property guidelines, determine Medi-Cal eligibility. Eligible Medi-Cal members are automatically inscribed into our program by the State of California.

What services does CenCal Health's Member Services Department provide?

Members Services assist members with the following:

- Understanding how the Health Plan works
- Selecting a Primary Care Provider (PCP)
- Finding a specialist
- Benefit education
- Filing a complaint or appeal
- Arranging interpreter services
- Scheduling appointments
- Replacing Health Plan identification cards

REMINDER: Always verify a member's eligibility status prior to treatment!

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

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

Who are Medi-Cal (SBHI & SLOHI) Special Class Members?

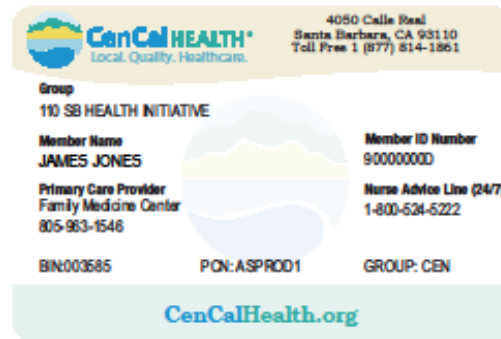
Members who are Special Class can be seen by any SBHI/SLOHI provider who is willing to see them. Special Class members should be considered fee-for-service. Special Class Members will be assigned to CenCal Health; therefore, they do not require Referral Authorization Forms (RAFs), they may require Authorization Requests when appropriate.

Categories for Special Class include:

- The first month of eligibility
- Members that reside in long-term care facilities (skilled nursing or institutions for the developmentally disabled)
- Members who have met their share-of-cost
- Members in Hospice
- Members that reside out of county
- Members that are eligible under the Genetically Handicapped Persons Program
- Members that are eligible under the Breast and Cervical Cancer Treatment Program

Are CenCal Health members issued ID cards?

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



The State also issues a permanent, plastic ID card for all Medi-Cal members called the “Benefits Identification Card” or BIC. Currently there are two versions of the BIC that members may present (see examples below).

The BIC is a permanent card, which does not provide proof of eligibility. Providers must verify eligibility information using the information on this card through one of the various options made available



How do I verify member eligibility?

Providers can access CenCal Health eligibility information using two options.

Via CenCal Health Website: www.cencalhealth.org

You can verify eligibility for CenCal Health members as well as State Medi-Cal members through our website. First, the provider must have an active web account. To create a web account, contact providerservices@cencalhealth.org. Once you are logged into the restricted 'For Providers' section, click the Eligibility tab on the left hand side, enter the CenCal Health Member ID and date of service. If the member is not eligible through CenCal Health, you have the option to check with DHS for further eligibility information.

Via CenCal Health's Member Services Department: Toll Free Number (877) 814-1861, option 3.

A representative of the Member Services Department can provide information for CenCal Health eligible members. Be prepared to give the provider identification number (PIN or NPI).

Medi-Cal Eligibility Verification options available through the State

Note: Options for eligibility verification currently made available by the State do not take into account the need for SBHI and SLOHI providers to verify a member's PCP. PCP affiliation is important, as Referral Authorization Forms (RAFs) from the PCP are needed for most specialty services.

Automated Eligibility Verification Service (AEVS)

AEVS (800) 456-2387 is a free telephone service provided by the State for Medi-Cal providers. AEVS requires the use of your Provider Identification Number (PIN).

What are Aid Codes?

An aid code is the two digit alphanumeric number, which is used to assist in identifying the types of services for which Medi-Cal recipients are eligible.

What if I see a Medi-Cal member that is not enrolled in SBHI or SLOHI?

CenCal Health is a State contracted Medi-Cal Managed Care plan which delivers care in San Luis Obispo and Santa Barbara counties. If a member resides in a different county, they may be eligible with another County Managed Care plan. Please check with the Managed Care plan in the county the member resides for eligibility and guidelines. If the member is eligible with State Medi-Cal, you can bill Affiliated Computer Systems (ACS) following State Medi-Cal guidelines.

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, emergency room or call 911. For non-urgent issues, a member's PCP must authorize (with a RAF) any medical care. It is the Provider's responsibility to check eligibility and obtain a RAF from the assigned PCP. Providers must be Medi-Cal* certified in order to be reimbursed.

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