Provider Portal Claim Entry

Quick Reference Guide Sections

INTRODUCTION

Welcome to the CenCal Health Website www.cencalhealth.org . The Website contains many interactive capabilities such as checking member eligibility, request pre-authorizations, claims billing and report capabilities.

This document contains step-by-step instructions on how to access CenCal Health's interactive portal for Providers, Administrators and Staff. Websites are not static documents they are updated and changed constantly to meet the needs of users, to improve functionality, and to meet nationally recognized standards and regulations in healthcare.

MEMBER ELIGIBILITY & IDENTIFICATION

CenCal Health does NOT determine eligibility and a member's eligibility with CenCal Health can change. Medi-Cal members receive a permanent plastic identification card called a Benefits Identification Card or "BIC" and a CenCal Health Insurance card.

GROUP PLAN IDENTIFICATION KEY
110 Santa Barbara Health Initiative (SBHI) Medi-Cal
1120 San Luis Obispo Health Initiative (SLOHI) Medi-Cal

These card must be used for identification purposes but does not provide proof of eligibility. These cards are issued only once and reissued only when information on the card has changed.

FOR PROVIDERS

There are many ways to access our Provider Portal once you select 'Providers' icon.

POVIDER PORTAL (RESTRICTED)

New User Account Access

This area is "restricted" to authorized users only. New In-Network contracted providers will receive a username and password after they have contacted CenCal Health. For questions on this portal or account access, contact the Web Master at webmaster@cencalhealth.org.

Please appoint a 'Physician/Administrator' for your office as this staff member will manage all user access to the portal and will be responsible for setting your office staff accounts through this portal.

CenCal Health encourages all individual user accounts to be secure and not used by multiple users. CenCal Health will not be held responsible for any erroneous use of a provider user account.

User Account Information Requirements:
- Provider/Organizations Name
- Tax Identification Number
- National Provider Identifier (NPI)
- Physician/Administrator E-mail address (preferred, organizational email address)
- Point of Contact

Portal Log In

Once you click on the icon, you will see the following screen:

First Time Login:
All individual accounts are created by your 'Physician/Administrator' User within your practice. After your account is created, the individual User will login with their email address as their Username, and a temporary password will be provided. The system will prompt the user to create their own individual password.
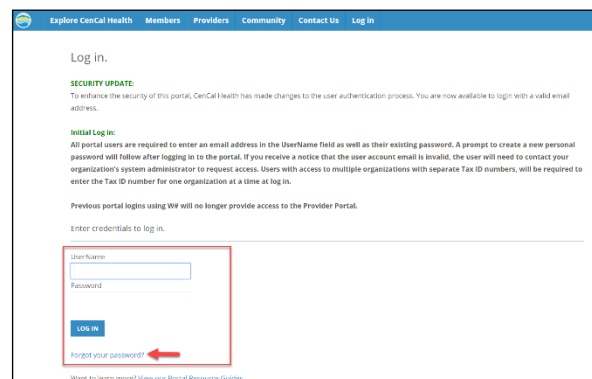
Password Change Policy:
The system will prompt each User to change their password after 180 days of entry.

Password Entry Error or Password Assistance:
If you enter your information after (3) three invalid attempts, the system will lock your account. Your 'Physician/Administrator' can also 'Unlock' your account or provide assistance on creating new accounts.

Forgot your Password?
All Users can reset their password through the 'Forgot your password?' function and the system auto assign a temporary password for access.

Automatic Deactivation Policy:
CenCal Health will automatically deactivate all User accounts if no activity of the portal is utilized after 90days. It is still the responsibility of the Administrative User to deactivate accounts if staff no longer work for your practice.

User Screen Role Access:
All interactive features are listed along the left column of the page and are specific to each 'User Role' (i.e. if you submit claims you should see the 'Claims Entry'). Please contact your 'Physician/Administrator' within your organization if you need access to specific roles so you can have them added to your interactive tab.
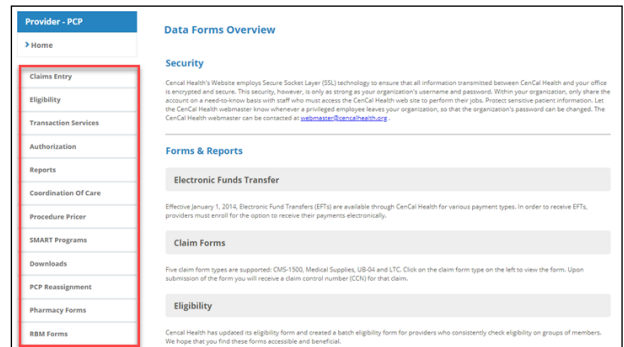
Multi-User Access:
Users could have 'multi-user' access for more than one group (i.e. third party billers that have access to more than one IRS#). In this instance, the User will be able to toggle to each specific IRS# they are assigned to by clicking the IRS drop down box.
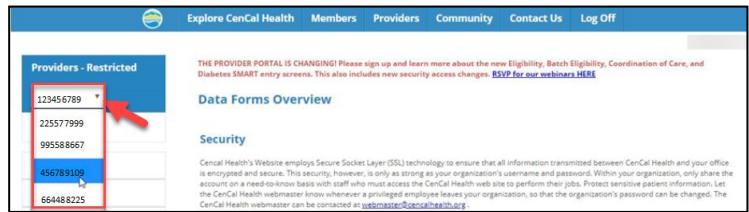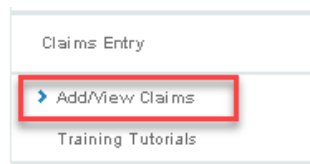

DATA FORMS OVERVIEW HOME PAGE

The screen above indicates all active forms available on the portal. Please contact your Physician/Administrator should you need access to any of the above screens. The details provided below contain step-by-step instructions on how to access CenCal Health's interactive portal.

CLAIMS ENTRY
Claims Module Dashboard

There are two different types of claim forms that are supported on the Website: CMS-1500, and UB-04 Form.

Once you submit your claim you will receive a **Claim Control Number (CCN)**. Every CCN is a unique identifier for each claim submitted to CenCal Health. The CCN consists of the date the claim is received (e.g. 20050309), the provider type (e.g. 02 is medical), the claim type (e.g. 88 is a Medi-Medi crossover claim), and a sequence number. For website submitted claims, the claim type is 09.
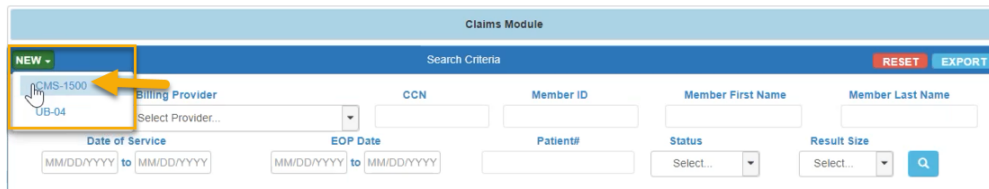
Here is an example of a CCN once submitted to CenCal Health:

The main dashboard allows you to search for a specific claim using any field on any combination of fields at the top of your screen, and the list will sort based off of your search filter after you click the icon. You can click the following icons to reset the dashboard, or export your filter to a downloadable CSV file.

Submit a CMS-1500 Claim

Click the icon from the main dashboard to submit a CMS1500 claim form.

You will then be taken to Health Insuracnce Claim Form – Professional.
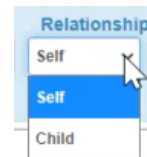
To maneuver through the screen use your Tab key. Shift + Tab will allow you to move back one box. If you enter the data elements incorrectly the screen will populate with an error message in red.

Member/Patient Information: Please enter the Member ID# and either the Date of Birth (DOB) or the First/Last Name of the member. The Name and gender will auto populate.

The Relationship drop down is used if you are billing for a newborn (up to the first 2 months of life) under the mother's Member ID#.

MRN/Account No. is available for your own internal account tracking.

Coverage Info (Most Recent) allows the user to view the members current member eligibility details and assigned Primary Care Provider (PCP) Group.

Provider/Billing Information allows the user to pull from a list of Billing Provider NPI#'s associated to the IRS#, enter Taxonomy, Referring Provider NPI, and Service Facility NPI. All areas in grey will populate once those details are entered.
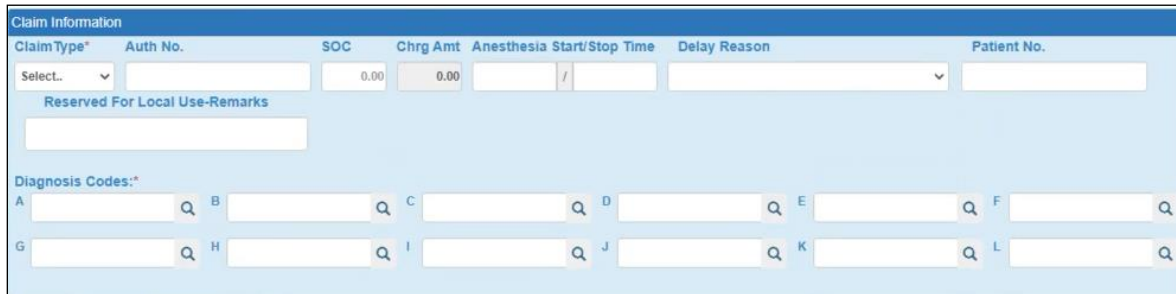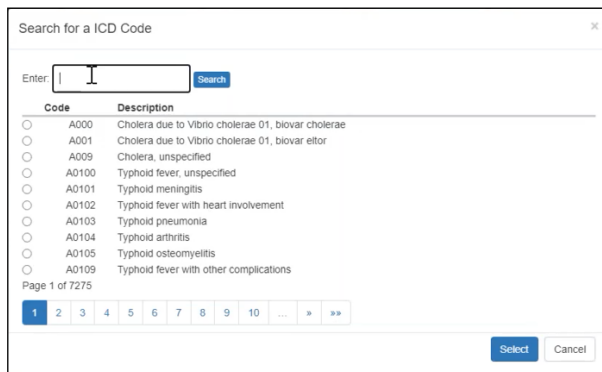

Claim Information

Claim Type Options: Physician, Vision, Allied, Medi-Medi or MH/BHT.

Add the approved authorization number to the 'Auth No.', Share of Cost (SOC), Anesthesia Start/Stop Time, Delay Reasons (is used to report a reason for timely filing delay to avoid claims reduction within your payment), and Patient No. (is for the group to add their internal patient number for this encounter) field if applicable. The 'Reserved For Local Use-Remarks' box can be used to enter any additional information to help with processing the claim in addition to a corrected claim, newborn claim, or a mid-level provider NPI#.

The Charged Amount (Chrg Amt) will be greyed out and is calculated based off the 'Line Item' details.

Diagnosis Codes are required and the user can manually enter the code, or click on the icon to search from a list of codes. The code will then populate on the form once you click select.

Line Items allows the user to enter 6 lines of service. To add more, click the [+Add] icon to add 6 more line items to this claim for a total of 12.

The first row allows you to enter the Service Date(s), Place of Service (POS), an Emergency claim 'Y' indicator, Procedure CPT code, Modifiers, Diagnosis Pointers (Diag Ptr) is required to be separated with a ',' comma if you have more than one. Input the Charge amount (which will be calculated at the bottom of the form under Total Charges), Units, if this is for Family Planning Services, Auth No., Rendering Provider NPI#, and Taxonomy Code.

The second row allows you to enter the NDC/UPN, Code, Quantity, and Units of Measurement (UofM). The Paid Amount, and Cap Amount will auto populate on the screen.

If a member has Other Health Coverage (OHC), you can add those details by clicking the [COB/OHC] icon and a third line in blue will populate for entry.

Click on the submit [H] icon to send the claim to CenCal Health for processing.

Once you have submitted your claim, the 3 icons will be available at the top right after submission.

 Add icon allows you to enter a new claim

 Paper clip icon allows you to upload attachments

 Allows the user the save changes if you made edits to the claim

You will also see that the 'Claim Created Successfully' once all of the required fields have been entered.

Health Insurance Claim Form - Professional

Claim Created Successfully

Once successfully submitted, we highly recommend that you scroll down and view the 'Status' of each Line Item Box to see if any areas have a denied 'DN' reason code or invalid/missing Rendering NPI#.

In this case, the user can correct the claim, and click the save **icon to save your corrections. The claim number will remain the same.**

Submit a UB-04 Claim

Click the icon from the main dashboard to submit a UB-04 claim form.

You will then be taken to Health Insuracnce Claim Form – Institutional.

Member/Patient Information: Please enter the Member ID# and either the Date of Birth (DOB) or the First/Last Name of the member. The Name and gender will auto populate.

The Relationship drop down is used if you are billing for a newborn (up to the first 2 months of life) under the mother's Member ID#.

MRN/Account No. is available for your own internal account tracking.

Coverage Info (Most Recent) allows the user to view the member's current member eligibility details and assigned Primary Care Provider (PCP) Group.

▼ Coverage Info (Most Recent)

Health Plan	Line Of Business	Effective Date	Term Date
SLOHI	HA1200	11/1/2021	11/30/2021
PCP Name	PCP NPI	PCP Phone	PCP Fax

Provider/Billing Information allows the user to pull from a list of Billing Provider NPI#'s associated to the IRS#, enter Taxonomy, Admitting NPI, Attending NPI, and Operating NPI. All areas in grey will populate once those details are entered.

Provider/Billing Information

Billing Provider*	Taxonomy	Admitting NPI	Name	Specialty
Select Provider...				
Attending NPI	Name	Specialty	Operating NPI	Name	Specialty

Claim Information allows the user to select from a Claim Type (Physician, Inpatient, Outpatient, Medi-Medi, and LTC). Choose from a list of Bill Types, enter the Service From/Thru Dates, Admit Date, Admit HR, Discharge Hr, Admit Type (Emergency, Elective, Newborn, Trauma, and Information Not Available), SOC and Patient No. (used for the group to add their internal patient number for this encounter) field if applicable.

Choose from a list of Admit Source, Inpatient Status, Condition Code, and Value Codes.
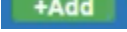

Claim Information

Claim Type*	Bill Type*	Admit Date	Admit Hr	Discharge Hr	Admit Type	SOC	Patient No.
Select..		mm/dd/yy				0.00	

Admit Source | Inpatient Status | Condition Codes:

Occurrence Codes:
| Code | Date | Code | Date | Code | Date | Code | Date | Code | Date | Code | Date | Code | Date | Code | Date |

Value Codes:
| Code | Amount | Code | Amount | Code | Amount | Code | Amount | Code | Amount | Code | Amount | Code | Amount |

Clam (Additional) enter Authorization No, DRG Code, Admit Dx, Delay Reasons (if applicable), and Remarks.

Claim (Additional)

Authorization No.	DRG Code	Admit Dx	Delay Reason	Remarks

Diagnosis Codes/POA Indicator:*
A | B | C | D | E | F
G | H | I | J | K | L
M | N | O | P | Q | R

Principle Procedure:
| Code | Date | Code | Date | Code | Date | Code | Date | Code | Date | Code | Date |

Diagnosis Codes are required and the user can manually enter the code, or click on the icon to search from a list of codes. The code will then populate on the form once you click select.

Line Items allows the user to enter 6 lines of service. To add more, click the **+Add** icon to add 6 more line items to this claim for a total of 12.

The first row allows you to enter the Service Date(s), Revenue Code, Procedure Code, Modifiers, Charge Amount, Units, Authorization No.

The second row allows you to enter the NDC/UPN, Code, Quantity, and Units of Measurement (UofM). The Paid Amount, and Cap Amount will auto populate on the screen.

If a member has Other Health Coverage (OHC), you can add those details by clicking the **COB/OHC** icon and a third line in blue will populate for entry.

It can also be added to the header level by clicking on the COB/OHC dropdown arrow.

Click on the submit icon to send the claim to CenCal Health for processing.

Once you have submitted your claim, the 3 icons will be available at the top right after submission.

 Add icon allows you to enter a new claim

 Paper clip icon allows you to upload attachments

 Allows the user the save changes if you made edits to the claim

You will also see that the 'Claim Created Successfully' once all of the required fields have been entered.

Back to List
Health Insurance Claim Form - Institutional
Claim Created Successfully

Once successfully submitted, we highly recommend that you scroll down and view the 'Status' of each Line Item Box to see if any areas have a denied 'DN' reason code or invalid/missing Rendering NPI#.

In this case, the user can correct the claim, and click the save **icon to save your corrections. The claim number will remain the same.**

Upload Attachments

Once you save the details within your claim, you have the ability to upload attachments for further review.

Back to List
Health Insurance Claim Form - Professional
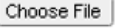Claim Created Successfully

Click on the [+] Add Attachment icon to upload your supporting documents.

Attachments for Claim#: 20211117029

Back to Claim List | Back to Claim

| Category	Filename	Uploaded By	Upload Date

Page 0 of 0

Follow the steps to indicate the Category type (Initial, or Additional), and then click [Choose File] icon to upload documents from your file data source.

Click "Choose File" and Select a file to Attach to: **20211117029**

Category: ● Initial ○ Additional (1)

Upload File:

[Choose File] No file chosen (2)

Cancel

File Types: .pdf .jpeg .jpg .txt   Max File Size: 4MB

Once the document is chosen, the screen will indicate file name, and the UPLOAD ATTACHMENT icon button will appear once a file has been selected for upload. Click UPLOAD ATTACHMENT to save the document to the claim.

Click "Choose File" and Select a file to Attach to: **20211117029**

Category: ● Initial ○ Additional

Upload File:

[Choose File] test_1.pdf

UPLOAD ATTACHMENT   Cancel

File Types: .pdf .jpeg .jpg .txt   Max File Size: 4MB

The document(s) will then be connected to your claim. Use the [+] button to add additional documents.

Attachments for Claim#: 20211117029

Back to Claim List | Back to Claim

[+]

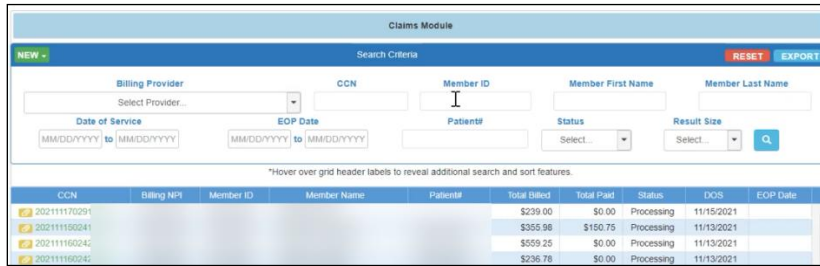| Category	Filename	Uploaded By	Upload Date
Initial	test_1.pdf	authTest@cencalhealth.org	11/17/2021

Back to List

Health Insurance Claim Form - Professional

Member / Patient Information

Member No.*	Member Name*	DOB*	Gender	Relationship	MRN/Account No.
			F	Self	

All files will only be accessible for download for 30days from the created date, and will show as 'Not Available' on the list above once it hits the 30 day mark. CenCal Health staff will still have access to view internally.

When you are finished entering your claims, you may select the Back to Claim List option on the upper left side of the screen to return to the dashboard.
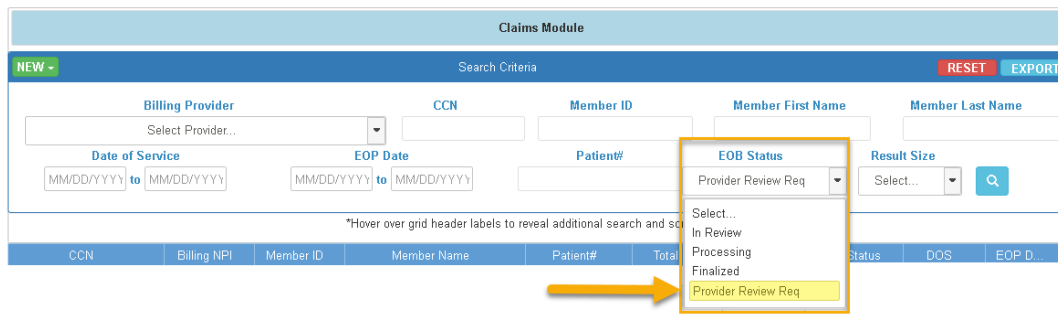
View Denied Claims

Users can view a group of Denied (DN) line items within each claim from the main dashboard. Click on the 'EOB Status' drop down, and choose the 'Provider Review Req' filter.

The dashboard will then populate each individual claim that needs further review with a denied (DN) line item.

CONTACT US

If you need to give access to a separate user that have multiple accounts with other provider groups (e.i. Billers that bill for multiple providers), have questions or would like additional training please reference our website at www.cencalhealth.org/providers/provider-portal/ or email CenCal Health's Web Master at webmaster@cencalhealth.org

Behavioral Health Department (805) 562-1600
- Behavioral Health Treatment (ABA) & Mental Health Treatment Inquiries
- Member Case Management

Claims Department (805) 562-1083
- Claims Customer Service Support
- Claims & Billing Training
- Claims Grievances and Appeals

Provider Services Department (805) 562-1676
- Provider Portal Technical Issues
- Provider Practice Changes
- Contract & Credentialing Inquiries
- New Provider Orientation & Portal Demonstrations
- Provider Training