



PROVIDER PORTAL USER GUIDE



Google Chrome is the preferred browser of choice for this site

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INTRODUCTION

Welcome to the CenCal Health Website at www.cencalhealth.org! Our online platform offers a wealth of interactive features designed to streamline your experience, including member eligibility checks, pre-authorization requests, claims billing, and reporting capabilities for contracted network providers.

Within this guide, you'll find comprehensive, step-by-step instructions on accessing CenCal Health's interactive portal tailored for Providers, Administrators, and Staff members. It's important to note that websites are dynamic entities, continuously evolving to better serve our users. We regularly update and enhance the platform to ensure it aligns with the latest standards and regulations in healthcare, delivering an optimal experience for all contracted CenCal Health network providers.

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 cards 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.

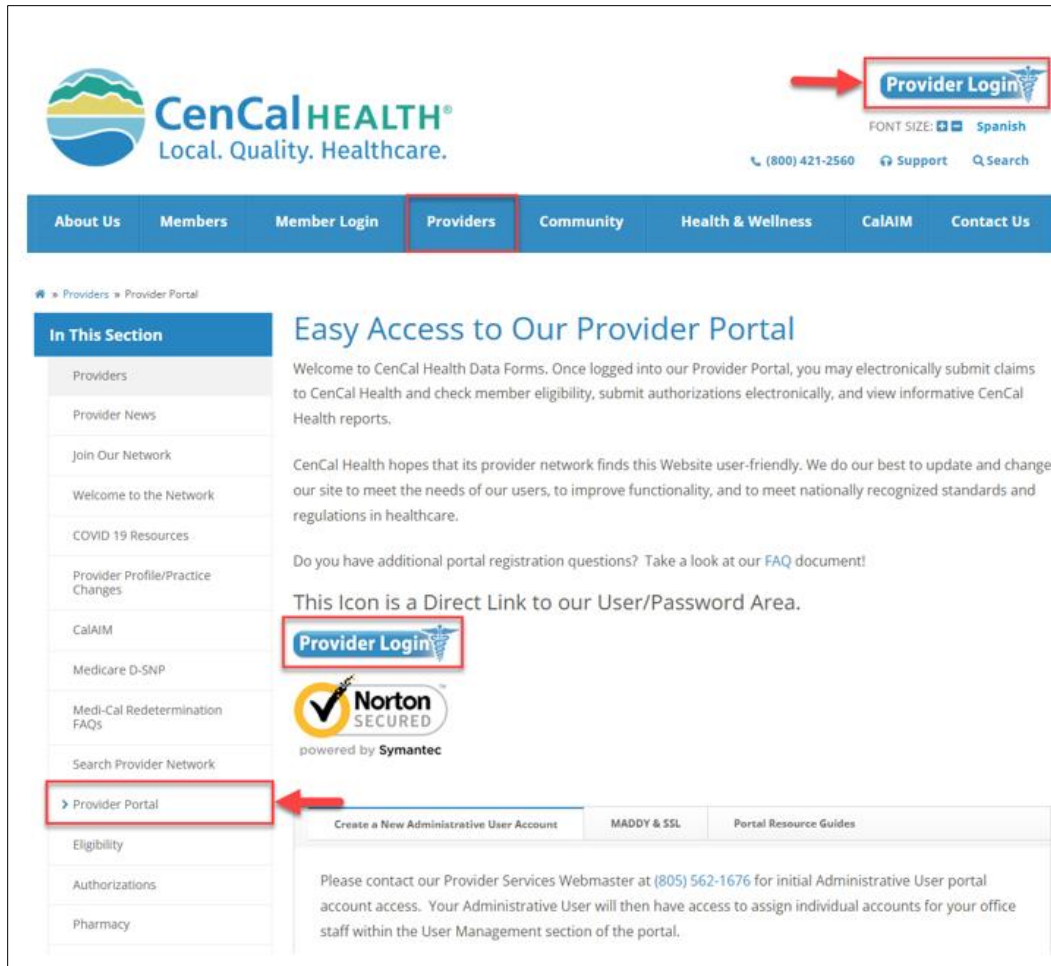
Member eligibility may change, please continue to check member eligibility status prior to rendering services.

FOR PROVIDERS

There are many ways to access the Provider Portal by clicking on the 'Provider Login' icon located on the top right side of our CenCal Health public site. This area is "restricted" to authorized users only. For questions on this portal or account access, contact the Web Master at webmaster@cencalhealth.org.



Provider resources can be found online at www.cencalhealth.org/providers/provider-portal/



The screenshot shows the CenCal Health website interface. At the top, the logo and tagline 'Local. Quality. Healthcare.' are visible. A navigation bar contains links: About Us, Members, Member Login, **Providers**, Community, Health & Wellness, CalAIM, and Contact Us. The 'Providers' link is highlighted with a red box. On the right side of the header, there is a 'Provider Login' button with a red box around it and a red arrow pointing to it from the top right. Below the navigation bar, the 'Providers' section is active, showing a list of links on the left: Providers, Provider News, Join Our Network, Welcome to the Network, COVID 19 Resources, Provider Profile/Practice Changes, CalAIM, Medicare D-SNP, Medi-Cal Redetermination FAQs, Search Provider Network, **> Provider Portal**, Eligibility, Authorizations, and Pharmacy. The 'Provider Portal' link is highlighted with a red box. The main content area is titled 'Easy Access to Our Provider Portal' and contains a welcome message, a statement about the website's user-friendliness, a link to the FAQ document, and a direct link to the User/Password Area. A 'Provider Login' button is also present in the main content area, highlighted with a red box. Below this, there is a Norton Secured logo and a Symantec logo. At the bottom, there are links for 'Create a New Administrative User Account', 'MADDY & SSL', and 'Portal Resource Guides'. A text box at the bottom provides contact information for the Provider Services Webmaster.

POVIDER PORTAL (RESTRICTED)

New User Account Access

New In-Network contracted providers will receive a username and password after they have contacted CenCal Health. For questions on your newly created portal account, please contact the Web Master at webmaster@cencalhealth.org.

Upon new account creation, CenCal Health will ask that the new network provider appoint a 'Physician/Administrator' for your office as this staff member will manage all user access to the portal for your group practice and will be responsible for setting your office staff accounts.

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.

To create a Provider Portal Account for your organization, CenCal Health Webmaster will need the following required information:

- 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 the User has clicked on the  icon, the user will see the following screen:

INITIAL LOG IN:



All portal users are required to enter an email address in the UserName field as well as their existing password. If you receive a notice that the user account email is invalid, the user will need to contact your organization's account manager to request access. Users with access to multiple organizations can choose from a list of accessible IRS#'s after log in.

If you have changes to your Tax ID Number, DBA, or legal business name, please submit a new W-9 to CenCal Health. Please submit this document to CenCal Health's Provider Services Department via fax at (805) 681-3019 or email providerservices@cencalhealth.org.

Enter credentials to log in.

UserName

Password

 Success! 

[LOG IN](#)

[Reset/Create your password?](#)

Want to learn more? [View our Portal Resource Guides](#)
 Please contact webmaster@cencalhealth.org for any questions or if you experience any issues in accessing the portal.

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 the User enters their information after (3) three invalid attempts, the system will lock their account. The assigned 'Physician/Administrator' within your group practice can 'Unlock' the account or provide assistance on creating new password.

Forgot your Password?

All Users can reset their password through the 'Reset/Create 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 their 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 & Billing' module). Please contact your 'Physician/Administrator' within your group organization if a User needs access to additional modules.


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 portal modules available within this restricted site. Please contact your 'Physician/Administrator' should you need access to any of the above screens. If a User does not know who their 'Physician/Administrator' is within their group practice, please email webmaster@cencalhealth.org.

A 'Physician/Administrator' can reference the 'User Management' module for initial account creation steps, password resets, and/or account deactivations.

Provider - PCP	<p>Frontline Healthcare Heroes! CenCal Health wants to help you welcome patients back to care. Click here to download a checklist of things you can do to continue caring for your patients during this unusual time.</p>
Home	<p>If you have changes to your Tax ID Number, DBA, or legal business name, please submit a new W-9 to CenCal Health. Please submit this document to CenCal Health's Provider Services Department via fax at (805) 681-3019 or email providerservices@cencalhealth.org.</p>
Authorization	<p>Data Forms Overview This site requires latest Chrome, Firefox, Safari or Edge. </p>
CALAIM Benefits	<p>Security</p> <p>CenCal Health's Website employs Secure Socket Layer (SSL) technology to ensure that all information transmitted between CenCal Health and your office is encrypted and secure. This security, however, is only as strong as your organization's username and password. Within your organization, only share the account on a need-to-know basis with staff who must access the CenCal Health web site to perform their jobs. Protect sensitive patient information. Let the CenCal Health webmaster know whenever a privileged employee leaves your organization, so that the organization's password can be changed. The CenCal Health webmaster can be contacted at webmaster@cencalhealth.org.</p>
Claims & Billing	<p>Information</p>
Coordination Of Care	<p>Clinical Practice Guidelines</p>
Downloads	<p>CenCal Health recommends following clinical guidelines from state and nationally recognized organizations that utilize best practices for high quality health care. This link will take you to several sources for clinical guidelines for several disease states and screenings.</p>
Electronic Funds Transfer	<p>Preventive Health Guidelines</p>
Eligibility	<p>In alignment with Department of Health Care Services (DHCS) contract provisions, CenCal Health must cover and ensure all preventive and medically necessary diagnostic and treatment services for adult and pediatric members as recommended by:</p>
Medical Pharmacy Management	<p>U.S. Preventive Services Task Force (USPSTF) Centers for Disease Control (CDC) American Academy of Pediatrics (AAP)</p>
PCP Reassignment	<p>Recent updates to the recommendations from these professional organizations are available here. For additional inquiries, please contact Maya Heinert, MD, MBA, Chief Medical Officer, mheinert@cencalhealth.org</p>
Procedure Pricer	<p>Forms & Reports</p>
Quality Care Incentive Program	<p>Electronic Funds Transfer</p>
Quick Reference Guides	<p>Effective January 1, 2014, Electronic Fund Transfers (EFTs) are available through CenCal Health for various payment types. In order to receive EFTs, providers must enroll for the option to receive their payments electronically.</p>
RBM Forms	<p>Claim Forms</p>
Recommendations	<p>Five claim form types are supported: CMS-1500, Medical Supplies, UB-04 and LTC. Click on the claim form type on the left to view the form. Upon submission of the form you will receive a claim control number (CCN) for that claim.</p>
Reports	
User Management	

The details provided below contain step-by-step instructions on how to access CenCal Health's Provider Portal Restricted site with all modules listed in alpha order.

AUTHORIZATION

Authorization
Add/View Authorizations
BH/MH Forms
Procedures Requiring a TAR
Training Tutorials
UM Authorization Download Form

Providers may submit prior authorization requests via the Provider Portal.

Medically Necessary Services are those services determined to be reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury.

Alternatively, providers may choose to fill out the [PDF downloadable Authorization Request Form](#) to the Utilization Management Department.

Please reference the [CenCal Health Provider Manual](#) to determine authorization requirements, review timelines, and more when submitting your request.

Add/View Authorizations


There are six (6) Authorization types that providers can submit online.




- 18-1 Inpatient Request for Extension of Stay in Hospital
- 20-1 LTC Request for Extension of Stay in Hospital
- 50-1 Medical Treatment Authorization Form (TAR)
- Medi-Reservation
- RAF Referrals - Available just for PCPs
- Behavioral Health RAF Referral (RAFB) - Available just for PCPs

The main home screen allows a provider to see a list of authorization types, a hyperlink to view a specific authorization, the status, Requesting Provider, and Servicing Provider.


Users can filter their search by entering the following: Authorization Number (Auth No), Member ID, Member Name, Status (Pended, Approved, Denied), Received Date, Date of Service, or

Decision Date, and then click the  icon to filter the search.

Once filtered, the User may download the file into a CSV by clicking the  icon.

Authorizations Module										
<div> <div>NEW</div> <div>Search Criteria</div> <div>RESET EXPORT</div> </div>										
<div> <div>Requesting Provider</div> <div>Auth No</div> <div>Member ID</div> <div>Member First Name</div> <div>Member Last Name</div> <div>Status</div> </div>										
<div> <div>Select Provider...</div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>										
<div> <div>Received Date</div> <div>Date of Service</div> <div>Decision Date</div> <div>Result Size</div> </div>										
<div> <div></div> to <div></div> <div></div> to <div></div> <div></div> to <div></div> <div>Select...</div> <div>Q</div> </div>										
Auth No	Member ...	Member	Type	Status	Requesting Provider	Servicing Provider	Rec Date	Dec Date	St Date	
 W			50-1	Pending	Central Coast ENT Speci...	Sansum Clinic	07/29/2021	07/29/2021	08/0	
 W			18-1	Pending	Central Coast ENT Speci...	Central Coast ENT Speci...	07/29/2021	07/29/2021	08/0	
 W			18-1	Approved	Coastal Valley Health Ce...	Coastal Valley Health Ce...	07/29/2021	07/29/2021	08/0	

Submit a New Authorization

Click the  icon to submit a new authorization request.

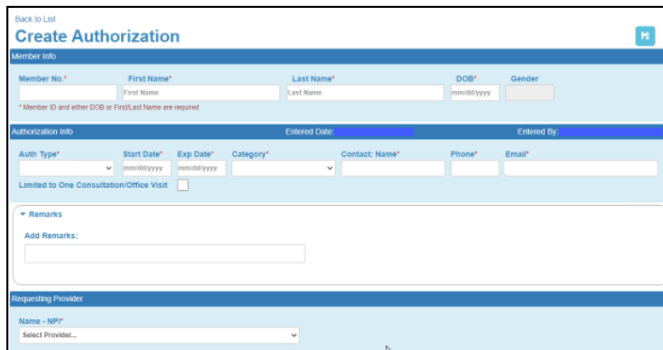


Authorizations Module

NEW Search Criteria RESET EXPORT

Requesting Provider	Auth No	Member ID	Member First Name	Member Last Name	Status
Select Provider...					

Received Date: to Date of Service: to Decision Date: to Result Size: Q



Create Authorization

Member Info

Member No.* First Name* Last Name* DOB* Gender

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

Authorization Info

Auth Type* Start Date* Exp Date* Category* Contact Name* Phone* Email*

Limited to One Consultation/Office Visit ☐

Remarks

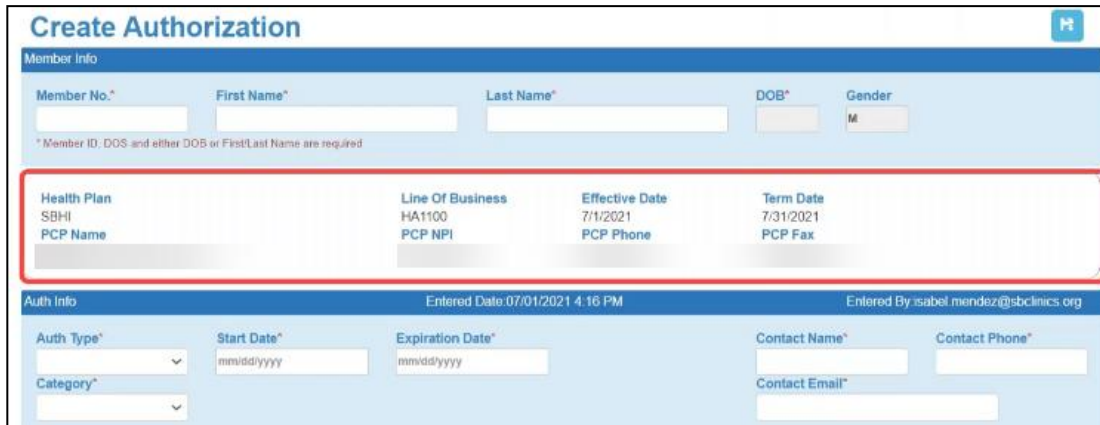
Add Remarks:

Requesting Provider

Name - NPI* Select Provider...

When submitting a new authorization, **the form will require member verification by entering the Member ID#, First/Last Name, or Date of Birth (DOB).**

Member Info: The form will then provide the user with the Member's PCP Group Name, PCP Group NPI#, PCP phone number, PCP fax number, and the member's eligibility effective dates.



Create Authorization

Member Info

Member No.* First Name* Last Name* DOB* Gender

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

Health Plan

SBHI Line Of Business HA1100 Effective Date 7/1/2021 Term Date 7/31/2021

PCP Name PCP NPI PCP Phone PCP Fax

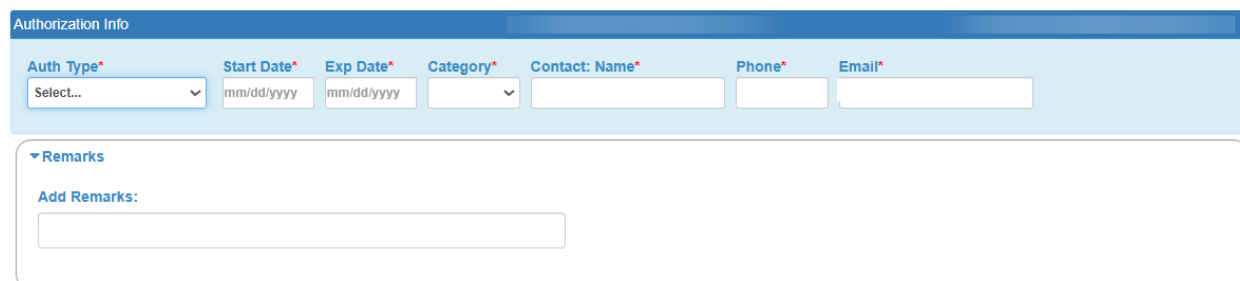
Auth Info

Entered Date 07/01/2021 4:16 PM Entered By isabel.mendez@sbclincs.org

Auth Type* Start Date* Expiration Date* Contact Name* Contact Phone*

Category* Contact Email*

Authorization Info: In this section the User will need to identify the Authorization Type and the form will auto populate with the field requirements.



Authorization Info

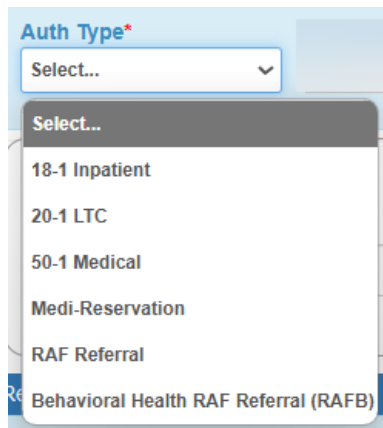
Auth Type* Start Date* Exp Date* Category* Contact Name* Phone* Email*

Select... mm/dd/yyyy mm/dd/yyyy

Remarks

Add Remarks:

Authorization Types



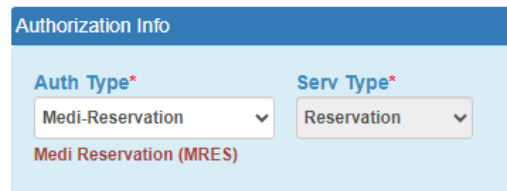
Extension of Stay in Hospital 18-1: Used to determine the medical necessity for admission and for continued acute care and to facilitate a transfer or transition of care. This should be submitted by the Admitting inpatient hospital, rehab clinic, or Long-Term Acute Care (LTAC) facility.

LTC Authorization 20-1: Used to determine the medical necessity for admission and for continued stay in a skilled nursing facility, subacute care, and a congregate living health facility, and should be submitted only by those facilities.

50-1 Medical Treatment Authorization Request (TAR): Submitted by the requesting provider for medical services including physician-administered-drugs, which need to be reviewed for medical necessity and appropriateness of care by CenCal Health.

Medi-Reservation: A two (2) service per month limitation applies to all Limited-Service Providers. Limited-Service Providers consist of Audiologists, and Chiropractic services. Services applied to the two (2) services per month limitation do not require a Referral Authorization Form (RAF) from the member's PCP but must be reserved through the Medi-Reservation process. A confirmation number will auto populate once the service is identified as a 'Reservation', and the form is 'submitted successfully'.

The procedure code on the reservation must match the procedure code on the claim. If the code billed is different than the code reserved, the claim will deny.

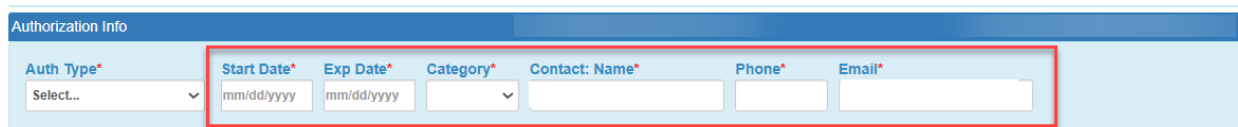


Note: Providers should not reserve a Medi-Reservation service unless certain that the service will be rendered. Providers who do not provide the service must reverse the reservation to allow the member to obtain another service as necessary per the two (2) service per month limitation policy.

RAF Referral: Is only available to a PCP Group and allows them to refer their assigned members to a Specialist for consultation.

Behavioral Health RAF Referral (RAFB): Is only available to a PCP Group and is used to refer their assigned member to a contracted Behavioral Health (ABA) provider, Medication Management, Neuropsychological Testing, Psychological Testing, Psychotherapy request.

Authorization Start Date and Expiration Date



Start Date and Expiration Date: Is required for authorization Review.

Authorization Categories: Will allow the User to determine the following:

- **Pre-service** is a prior authorization.
- **Post-service** would be used for retro authorizations.
- **Concurrent** is used if the member was receiving additional services.
- **Pre-service/Concurrent Urgent** are for urgent requests.

Contact: Name, Phone, Email: The Users contact information will auto populate based off of the users access and will allow CenCal Health Medical Management Department to contact the requestor for additional details (as needed).

Remarks: Allows the user to 'Add Remarks:' specific to the service which is reviewed by CenCal Health's Medical Management Department and/or the referral provider.


If you are submitting a TAR, please provide the RAF# within your medical justification notes.

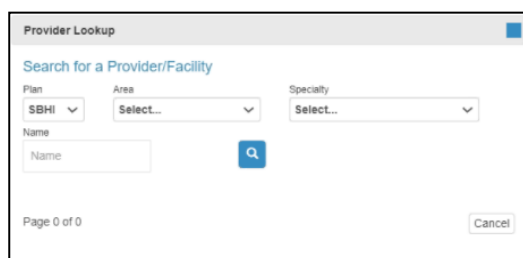


Requesting Provider:

Name-NPI: Within this section, it is the provider group NPI# and if you have multiple NPI#'s associated to your IRS# it will provide you with a list so you can determine what site your member is assigned to.




Servicing Provider/Facility: This section is used when a PCP is referring their member to a specialist. Users can enter a Specialist's NPI#, or search via the  icon.


Provider Lookup: Only available for Auth Type RAF will appear for PCP Provider Groups so the User can search from a list of contracted network CenCal Health Specialists by Plan, Area, and Specialty Type.

Click on the check box circle next to the Provider's NPI# from the list that you would like to refer to, and the providers NPI#, First Name, and Last Name will

auto populate on the form then click the  icon.


The Specialist's **Servicing Provider/Facility Info** address and phone number will populate on the form as additional verification.

Requested Services					
Dx1*	Dx2	Dx3	Dx4	Dx5	Dx6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis Code: Is required in the first Dx1 box, with following diagnostic codes as needed. You may also search by clicking on the  icon and you can search for a list of diagnosis codes.

Line Items							
#	Date(s) of Service*	Service Code	Modifier	Units	Qty*	Charge	
1	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
4	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
6	<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Line Items will populate for the 50-1 Medical TAR form which requires Date(s) of Service, Service Code (procedure code or CPT code), Modifier, Units, Quantity, and Charge (billed charges).

To **submit your authorization**, click on the  icon, and if submitted successfully, the authorization # will populate on the top line in green, and will be placed on the first line item within the home.

[Back to List](#)

Authorization

Authorization W Successfully Submitted

Member

Member No.* Member Name* DOB* Gender*

▼ Coverage Info (Most Recent)



Auth Number: W Received Date: 07/29/2021 4:25 AM Status: Pending

Auth Type*	Start Date*	Exp Date	Category*	Contact: Name*	Phone*	Email*
50-1 Medical	7/1/2021	7/31/2021	Post-service	<input type="text"/>	<input type="text"/>	<input type="text"/>

Upload Attachments

Once you save the details within your authorization, you have the ability to upload attachments for medical justification and supporting documentation so CenCal Health's Medical Management Department can further review.

Follow the steps below to attach your supporting documentation to new authorization requests.

- Enter all pertinent information to your Authorization Form (TAR, RAF, FORM 18-1, 20-1), then click  icon button. If all information submitted is valid, the Attach Button(s) will become visible via the  Attach button icon. If the authorization was not successfully submitted, the Attach Button(s) will not be visible

Back to List

Authorization

Authorization W Successfully Submitted

Member


Member No.* Member Name* DOB* Gender*

▼ Coverage Info (Most Recent)

Auth Number: W Received Date: 07/29/2021 4:25 AM Status: Pending

Auth Type* Start Date* Exp Date* Category* Contact Name* Phone* Email*

50-1 Medical 7/1/2021 7/31/2021 Post-service

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

Attachments for Auth#: W

Back to List | Back to Auth

Files will only be accessible for download for 30 days

Category	Filename	Uploaded By	Upload Date
Add Attachment			

Page 0 of 0

The submitted authorization number will appear on the attachment function. 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: W

Category: ☒ Initial ☐ Additional

Upload File:

Choose File No file chosen

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 authorization.

Click "Choose File" and Select a file to Attach to: W

Category: ☒ Initial ☐ Additional

Upload File:

Choose File Blankfw9.pdf

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

UPLOAD ATTACHMENT Cancel



The document(s) will then be connected to your authorization.

Attachments for Auth#: W

CATEGORY	SUB CATEGORY	SOURCE	FILENAME	DESCRIPTION	CREATED_BY	CREATED_DATE	
		Portal	2019_VV-2_CenCal_Health.pdf			12/15/2020	Download
Initial		Portal-ILI	Blankf9.pdf	Member Notes		12/15/2020	Download

Page 1 of 1

1

- Use the **Download** button to get a copy of the attached document.
- Use the  button to add additional documents.
- Use the browser  back button to return to previous page.

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.

[Print Authorization](#) Providers can print their submitted authorizations for medical records by clicking on the blue printer icon.







[Behavioral Health/Mental Health Forms](#)

Authorization




- Add/View Authorizations
- BH/MH Forms**
- Procedures Requiring a TAR
- Training Tutorials
- UM Authorization Download Form

Mental & Behavioral Health Resources

Mental Health Provider Resources:

-  Behavioral Health Care Coordination Request Form
-  Psychological Testing Pre-Service Authorization Form
-  Neuropsychological Testing Pre-Service Authorization Form
-  Transition of Care Tool for Medi-Cal Mental Health Services

Behavioral Health Provider Resources:

-  Functional Behavioral Assessment Report (Intervention Plan)
-  Behavioral Health Treatment Progress Report (6-Month Report/Exit Report)
-  ABA Service Hour Log

Behavioral Health (ABA) Providers and Mental Health Providers have access to downloadable CenCal Health document resources which can be used to review an authorization request or as a main resource when managing CenCal Health member.

[Procedures Requiring a TAR](#)

Authorization

- Add/View Authorizations
- BH/MH Forms
- Procedures Requiring a TAR**
- Training Tutorials
- UM Authorization Download Form

Certain procedures require prior authorization (i.e. Treatment Authorization Request (TAR)) before the procedure is rendered and reimbursement can be made. An authorization is needed to ensure that requested benefits are medically necessary, do not exceed benefit limits, and are the lowest cost item or service covered by the program which meets the member's medical needs.

The search tool can be used to determine whether a procedure code requires a prior authorization. The tool also provides additional information regarding the procedure code age, service, frequency, and diagnosis code limits/requirements upon claim submission. This additional information is displayed as billable units based on the procedure code description.

HCPSC/CPT Procedure Code - Prior Authorization Requirement Search Tool

Certain procedures require prior authorization (i.e. Treatment Authorization Request (TAR)) before the procedure is rendered and reimbursement can be made. An authorization is needed to ensure that requested benefits are medically necessary, do not exceed benefit limits, and are the lowest cost item or service covered by the program which meets the member's medical needs.

The search tool can be used to determine whether a procedure code requires a prior authorization. The tool also provides additional information regarding the procedure code age, service, frequency, and diagnosis code limits/requirements upon claim submission. This additional information is displayed as billable units based on the procedure code description.

Enter the Procedure Code and Date of Service you are searching, then click Submit. If you do not know the Procedure Code click the magnifying glass to search by procedure code description.

Prior Authorization tool is for TAR requirement only and not Referral Authorization Forms (RAFs). For RAF requirements, please refer to this [site](#) or contact Medical Management at 805-562-1082.

Plan: Medi-Cal | Procedure Code: | Date of Service: 06/11/2021 | **SUBMIT** **RESET**

Enter the Procedure Code and Date of Service you are searching, then click **Submit**. If you do not know the Procedure Code, click the magnifying glass to search by procedure code description.

Plan: Medi-Cal | Procedure Code: 27447 | Date of Service: 06/11/2021 | **SUBMIT** **RESET**

Code : 27447
Description : Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartment W/Wo Patella Resurfacing
Age Range : N/A
Service Limit : N/A
Frequency Limit : N/A
Diagnosis List : N/A
Result : **PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION.**
Additional Information : None

Notes:

- 1) All efforts are made to provide the most current information on the Prior Authorization Search Tool. The results of this tool does not guarantee coverage, payment, or authorization
- 2) Prior authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions, evidence of medical necessity, and other applicable standards during the claim review, including the terms of any applicable provider agreement
- 3) A Referral Authorization Form/Approval does not eliminate the need for a prior authorization
- 4) For additional information on prior authorization submission please visit: [CenCal Health](#) or contact Medical Management at 805-562-1082
- 5) Procedure codes available for purchase and rental, will only show the frequency limit for the purchase, when applicable. Rental limits are based on a rental period of one calendar month unless otherwise stated in the additional information section for that code.







Plan: Medi-Cal | Procedure Code: 99213 | Date of Service: 06/10/2021 | **Submit** **Reset**

Code : 99213
Description : Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires A Medically Appropriate History And/Or Examination And Low Level Of Medical Decision Making. When Using Time For Code Selection, 20-29 Minutes Of Total Time Is Spent On The Date Of The Encoun
Age Range : 0-999
Service Limit : 1 per day
Frequency Limit : N/A
Diagnosis List : N/A
Result : **PROCEDURE CODE DOES NOT REQUIRE PRIOR AUTHORIZATION.**
Additional Information : None

Notes:

- 1) All efforts are made to provide the most current information on the Prior Authorization Search Tool. The results of this tool does not guarantee coverage, payment, or authorization
- 2) Prior authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date of service, benefit limitations/exclusions, evidence of medical necessity, and other applicable standards during the claim review, including the terms of any applicable provider agreement
- 3) A Referral Authorization Form/Approval does not eliminate the need for a prior authorization
- 4) For additional information on prior authorization submission please visit: [CenCal Health](#) or contact Medical Management at 805-562-1082
- 5) Procedure codes available for purchase and rental, will only show the frequency limit for the purchase, when applicable. Rental limits are based on a rental period of one calendar month unless otherwise stated in the additional information section for that code.

Training Tutorials

Authorization	
Add/View Authorizations	 PCP Referral Authorization (RAF) Video Tutorial
BH/MH Forms	 50-1 Medical Video Tutorial
Procedures Requiring a TAR	 18-1 Inpatient Video Tutorial
Training Tutorials	 20-1 Long Term Care (LTC) Video Tutorial
UM Authorization Download Form	 Physician-Administered-Drug (PAD) Authorization Video Tutorial
	 PCP Behavioral Health Referral (RAFB) Video Tutorial

Authorization training tutorial videos are available for micro-learning opportunities for authorization submissions.


UM Authorization Download Form


Authorization	
Add/View Authorizations	<p>Providers have the ability to download the PDF fillable 'Authorization Request Form' to fax and/or send via the secure file drop in the event that you are unable to submit your authorization via the electronic forms. Once received CenCal Health's Medical Management Department will contact the requestor that submitted the form and provide them with the authorization A#, and status of the authorization request.</p> <p>All authorizations submitted via the paper form are viewable via the home screen of the 'Add/View Authorizations' module to review the status.</p>
Procedures Requiring a TAR	
Training Tutorials	
UM Authorization Download Form	

CALAIM Benefits

CALAIM Benefits
ECM Referral Request
Update Provider Capacity

ECM Referral Request: The main home screen allows a provider to see a list of authorization types, a hyperlink to view a specific authorization, the status, Requesting Provider, and Servicing Provider.

Users can filter their search by entering the following: Authorization Number (Auth No), Member ID, Member Name, Status (Pended, Approved, Denied), Received Date, Date of Service, or Decision Date, and then click the  icon to filter the search.

Once filtered, the User may download the file into a CSV by clicking the  icon.

Enhanced Care Management Referrals								
NEW Search Criteria RESET EXPORT								
Ecm No	Member ID	Member First Name	Member Last Name	Status				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Referral Date		Entered Date		Result Size				
<input type="text"/> to <input type="text"/>		<input type="text"/> to <input type="text"/>		Select... <input type="text"/>				
<input type="button" value="Q"/>								
Ecm No	Member ID	Member First N...	Member Last N...	Provider Name	Status	Reason	Referred By	Ref Date

New ECM Referral Request: Enhanced Care Management (ECM) is a new statewide Medi-Cal benefit. The goal of ECM is to provide a whole-person approach to care that addresses the clinical and non-clinical needs of high-need Medi-Cal beneficiaries enrolled in managed care health plans. ECM provides comprehensive care services to specific populations of focus through systemic coordination that is collaborative, interdisciplinary, community-based, high-touch, and person-centered.

Contracted network providers can refer a member through this form for ECM services. This form will walk the User through the criteria required to determine if a member meets one or more Population of Focus areas. Once submitted, CenCal Health will review the request and assign a member to a network ECM provider should they be eligible for services.

Create ECM Referral

[Ecm Summary](#)
RESET

1. Member Info		
Member Med-Cal (CIN) * <input type="text"/>	Member First Name * <input type="text"/>	Member Last Name * <input type="text"/>
Member Date of Birth (MM/DD/YYYY) * <input type="text"/>	Eligible * <input type="text"/>	Age <input type="text"/>
<small>* Member ID and either DOB (8-digit MMDDYYYY format) or First/Last Name are required</small>		
Member managed care plan <input type="text"/>	Management Care Plan Member ID Number <input type="text"/>	
3. Member ECM Eligibility By Population of Focus		
<input type="checkbox"/> Homelessness (POF1) Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with them experiencing homelessness Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness		
<input type="checkbox"/> High Utilization (POF2) At Risk for Avoidable Hospital or Emergency Department (ED) Utilization		
<input type="checkbox"/> SMI/SUD (POF3) Serious Mental Health and/or Substance Use Disorder (SUD) Needs		
<input type="checkbox"/> Individuals Transitioning From Incarceration (POF4)		

☐ Living in Community/At Risk for LTC Institutionalization (POF5)

☐ SNF Transitioning (POF6)
Adult Nursing Facility Residents Transitioning to the Community

☐ Children/Youth Enrolled in CCS or CCS WCM w/ Additional Needs Beyond the CCS Condition (POF7)

☐ Children/Youth Involved in Child Welfare (POF8)

☐ Birth Equity (POF9)

4. ENROLLMENT IN OTHER PROGRAMS AND SERVICES (OPTIONAL)

Please use the optional table below to indicate other programs and services that the Member is receiving under Medi-Cal. Some Medi-Cal services may require coordination with ECM. Because other Medi-Cal services may offer support similar to ECM, Members may be excluded from receiving ECM and these similar services at the same time. The Managed Care Plan will review the information below and make a determination on the Member's eligibility for ECM. The Managed Care Plan is responsible for determining eligibility for ECM, not the referring individual. If there are any other care management or coordination program(s) in which the Member is enrolled, to the extent known to the referring individual, that would require coordination with ECM (such as California Children's Services, Targeted Case Management within Specialty Mental Health Services, etc.) please share additional information in Additional Comments section. **Please leave blank that all elements that do not apply to the extent of your knowledge.**

PROGRAMS

- | | |
|--|---|
| <input type="checkbox"/> Dual Eligible Special Needs Plan (D-SNP) | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Fully Integrated Special Needs Plans (FIDE - SNPs) | <input type="checkbox"/> Program For All Inclusive Care for the Elderly (PACE) |
| <input type="checkbox"/> Multipurpose Senior Services Program (MSSP) | <input type="checkbox"/> Self-Determination Program for Individuals for Individuals with I/DD |
| <input type="checkbox"/> Assisted Living Waiver (ALW) | <input type="checkbox"/> California Community Transitions (CCT) |
| <input type="checkbox"/> Home and Community-Based Alternatives (HCBA) Waiver | <input type="checkbox"/> HIV/AIDS Waiver |

5. Additional Comments

Additional Comments:

6. SUBMISSION INFORMATION & NEXT STEPS

- ☐ By submitting this form, the referring individual attests to the best of their knowledge that the information in the form is correct.
- Please submit the completed ECM Referral Form to the Member's MCP via [insert MCP submission method]. After submission, MCPs will make an ECM authorization decision within five business days. If the Member is eligible, an ECM Provider will reach out to the Member to confirm interest in ECM and enroll in services.

Date

Name

CALAIM Benefits

ECM Referral Request

Update Provider Capacity

[Update Provider Capacity](#): This screen is available to our network CalAIM ECM or CS providers. The home screen will provide the User with a list of services that you are contracted for, and allows the CalAIM Provider Group increase or decrease their member capacity in which they are contracted form.

CALAIM Program Capacity

If you are interested in adding additional Services or Populations of Focus (POF) not listed here. Please contact the Provider Relations Department at 805-562-1676

Size: Find by File Name: ☐ Include End Dated Records

County	Eff Date	End Date	Program	Outreach Capacity	Members Currently Enrolled	Update
SB	01/01/2024		CS - Personal Care & Homemaker Services	10		
SLO	01/01/2024		CS - Personal Care & Homemaker Services	10		
SB	01/01/2024		CS - Respite Services	10		
SLO	01/01/2024		CS - Respite Services	10		
SLO	11/01/2022		ECM - High Utilizers (POF2) - Adult	1	1	
SB	03/11/2023		ECM - High Utilizers (POF2) - Child	0	0	
SB	03/11/2023		ECM - High Utilizers (POF2) - Adult	118	166	
SB	03/11/2023		ECM - Homelessness (POF1) - Child	0	0	



Click the  icon to make edits to your CalAIM Provider Group member capacity.

ECM Program Capacity Update Request: ECM provider groups can only make member capacity updates to the ECM Population of Focus (POF) types in which you are currently contracted for. If additional POF service types are required, please contact the Provider Relations department at 805-562-1676.

Request Capacity Update

****Updated Provider Capacity must be submitted to CenCal before the 3rd Monday of the current month to receive updated capacity on your Monthly MIF File**

*Contact Name

*Contact Email

*Contact Phone

County

SLO

Program Name

ECM - High Utilizers (POF2) - Adult

Current Total Capacity

1

Updated Total Capacity

*Accepting CenCal Referrals?

N

Apply this to the following city

***Enter additional cities separated with a comma.**

Contact Name/Contact Email/Contact Phone: Requesting User will need to add this information so CenCal Health can contact this individual for additional questions or concerns related to this request.

County/Program Name/Current Total Capacity: These fields are non-editable information this is the current data listed for your organization.

Updated Total Capacity: The User can enter the total member capacity number in which they would like to receive and manage ECM member care.

***Accepting CenCal Referrals?:** (Y/N) This field allows the User to change the accepting status to let CenCal Health if they are open to additional referrals or closed to additional referrals. This field is a required entry field.

Apply this to the following City: This field allows the User to enter additional cities in which they are accepting ECM members within this Population of Focus (POF). Additional cities entered will need to be separated with a comma (i.e. Santa Barbara, Santa Maria, Lompoc)

***Remarks**
Please provide any additional information or details that you believe would be helpful for CenCal Health to know when submitting this request.

SAVE

***Remarks:** This field allows the User to enter additional information related to this request to provide additional information or details that you believe would be helpful for CenCal Health to know when submitting this request. This field is a required entry field.

To submit this request, click the  icon.

Community Support (CS) Service Capacity Update Request: Community Supports service provider groups can only make member capacity updates to the CS service types in which you are currently contracted for. If additional service types are required, please contact the Provider Relations department at 805-562-1676.

Request Capacity Update

****Updated Provider Capacity must be submitted to CenCal before the 3rd Monday of the current month to receive updated capacity on your Monthly MIF File**

*Contact Name	*Contact Email	*Contact Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

County	SLO
Program Name	CS - Personal Care & Homemaker Services
Current Total Capacity	10
Updated Total Capacity	<input type="text"/>
Accepting CenCal Referrals?	<input type="text" value="v"/>
Apply this to the following city	<input type="text"/>

***Enter additional cities separated with a comma.**

Contact Name/Contact Email/Contact Phone: Requesting User will need to add this information so CenCal Health can contact this individual for additional questions or concerns related to this request.

County/Program Name/Current Total Capacity: These fields are non-editable information this is the current data listed for your organization.

Updated Total Capacity: The User can enter the total member capacity number in which they would like to receive and manage ECM member care.

Accepting CenCal Referrals?: (Y/N) This field allows the User to change the accepting status to let CenCal Health if they are open to additional referrals or closed to additional referrals.

Apply this to the following City: This field allows the User to enter additional cities in which they are accepting ECM members within this Population of Focus (POF). Additional cities entered will need to be separated with a comma (i.e. Santa Barbara, Santa Maria, Lompoc)

*Remarks
Please provide any additional information or details that you believe would be helpful for CenCal Health to know when submitting this request.
<input type="text"/>

***Remarks:** This field allows the User to enter additional information related to this request to provide additional information or details that you believe would be helpful for CenCal Health to know when submitting this request. This field is a required entry field.



To submit this request, click the  icon.

CalAIM Capacity Update Request Status: The request will then appear on the main CalAIM Capacity home screen and will identify the status of your request at the bottom in blue.

CALAIM Capacity Update Requests

Case ID	Submit Date	Effective Date	County	Program(s)	Current Capacity	Updated Capacity	Status
202504101	04/10/2025	01/01/0001	SLO	ECM - High Utilizers (POF2) - Adult	1	20	New

Status Types:

New: New Request

In Progress: In review with CenCal Health











Closed: Request review completed

The individual that submitted the request will get a notification or the status update for new or in progress requests.

Capacity Request History: If the User would like to see a history of capacity changes, click the 'Include End Dated Records' check box.

If you are interested in adding additional Services or Populations of Focus (POF) not listed here. Please contact the Provider Relations Department at 805-562-1676

Size: 10 Find by File Name:  ☒ Include End Dated Records

County	Eff Date	End Date	Program	Outreach Capacity	Members Currently Enrolled	Update
SB	01/01/2024		CS - Personal Care & Homemaker Services	10		
SLO	01/01/2024		CS - Personal Care & Homemaker Services	10		
SB	01/01/2024		CS - Respite Services	10		
SLO	01/01/2024		CS - Respite Services	10		
SB	11/01/2022	03/10/2023	ECM - High Utilizers (POF2) - Child	21	10	
SB	06/27/2022	10/31/2022	ECM - High Utilizers (POF2) - Child	15	10	
SLO	11/01/2022		ECM - High Utilizers (POF2) - Adult	1	1	
SB	03/11/2023		ECM - High Utilizers (POF2) - Child	0	0	
SLO	10/01/2022	10/31/2022	ECM - High Utilizers (POF2) - Child	1	1	
SB	03/11/2023		ECM - High Utilizers (POF2) - Adult	118	166	

CLAIMS & BILLING

Claims Module Dashboard

Claims & Billing

Add/View Claims

Claim Status Report

Explain Code

Payment History

Prop 56 Report

Training Tutorials

Claims Module

NEW
Search Criteria
RESET
EXPORT

Billing Provider
Select Provider...

CCN

Member ID

Member First Name

Member Last Name

Date of Service
MM/DD/YYYY to MM/DD/YYYY

EOP Date
MM/DD/YYYY to MM/DD/YYYY

Patient#

EOP Status
Select...

Result Size
Select...

Q

*Hover over grid header labels to reveal additional search and sort features.

CCN	Billing NPI	Member ID	Member Name	Patient#	Total Billed	Total Paid	EOP Status	DOS	EOP Date	DN Status
20221					\$435.90		Processing	03/24/2022		0
20221					\$158.58		In Review	03/24/2022		0
20221					\$322.55		Processing	03/24/2022		0

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:

CCN

2021117029

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. RESET EXPORT

Submit a CMS-1500 Claim

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

Claims Module

NEW
Search Criteria
RESET
EXPORT

Billing Provider
Select Provider...

CCN

Member ID

Member First Name

Member Last Name

Date of Service
MM/DD/YYYY to MM/DD/YYYY

EOP Date
MM/DD/YYYY to MM/DD/YYYY

Patient#

Status
Select...

Result Size
Select...

Q

You will then be taken to Health Insurance 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.

P PR PPUG 20250801 E

Member / Patient Information

Member No.*	Member Name*	DOB*	Gender	Relationship	MRN/Account No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Self	<input type="text"/>

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

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.

Relationship

- Self
- Self
- Child

Coverage Info (Most Recent) allows the user to view the members 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Provider/Billing Information

Billing Provider NPI*			Taxonomy		
Select Provider...			<input type="text"/>		
Referring Provider NPI	Name	Specialty	Service Facility NPI	Name	Specialty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Information


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

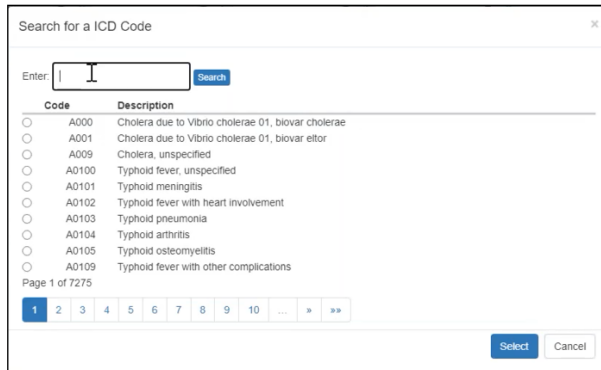
Add the approved authorization number to the 'Auth No.', Share of Cost (SOC), Anesthesia Start/Stop Time, Delay Reasons (is used to report a reason for timely filing delay to avoid claims reduction within your payment), and Patient No. (is for the group to add their internal patient number for this encounter) 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.

Claim Information

ClaimType*	Auth No.	SOC	Chrg Amt	Anesthesia Start/Stop Time	Delay Reason	Patient No.
Select...	<input type="text"/>	0.00	0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reserved For Local Use-Remarks						
<input type="text"/>						
Diagnosis Codes:*						
A	<input type="text"/>	B	<input type="text"/>	C	<input type="text"/>	D
E	<input type="text"/>	F	<input type="text"/>	G	<input type="text"/>	H
I	<input type="text"/>	J	<input type="text"/>	K	<input type="text"/>	L

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.




Search for a ICD Code

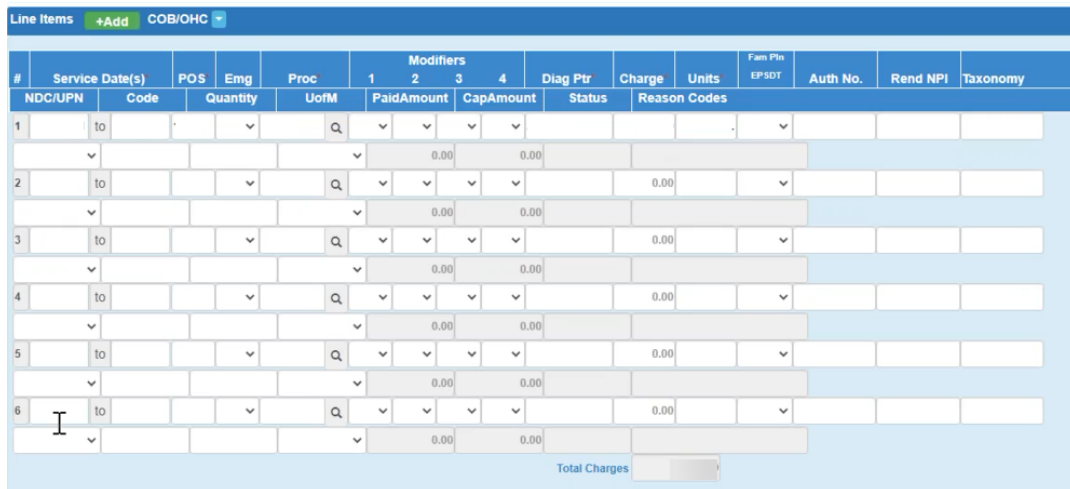
Enter:


Code	Description
<input type="radio"/> A000	Cholera due to <i>Vibrio cholerae</i> 01, biovar <i>cholerae</i>
<input type="radio"/> A001	Cholera due to <i>Vibrio cholerae</i> 01, biovar <i>eltor</i>
<input type="radio"/> A009	Cholera, unspecified
<input type="radio"/> A0100	Typhoid fever, unspecified
<input type="radio"/> A0101	Typhoid meningitis
<input type="radio"/> A0102	Typhoid fever with heart involvement
<input type="radio"/> A0103	Typhoid pneumonia
<input type="radio"/> A0104	Typhoid arthritis
<input type="radio"/> A0105	Typhoid osteomyelitis
<input type="radio"/> A0109	Typhoid fever with other complications

Page 1 of 7275

...


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



Line Items  COB/OHC

#	Service Date(s)	POS	Emg	Proc	Modifiers				Diag Ptr	Charge	Units	Fam Pln EP5DT	Auth No.	Rend NPI	Taxonomy
					1	2	3	4							
NDC/UPN	Code	Quantity	UoM	PaidAmount	CapAmount	Status	Reason Codes								
1	to														
						0.00	0.00								
2	to									0.00					
						0.00	0.00								
3	to									0.00					
						0.00	0.00								
4	to									0.00					
						0.00	0.00								
5	to									0.00					
						0.00	0.00								
6	to									0.00					
						0.00	0.00								
Total Charges															



Line Items  COB/OHC

#	Service Date(s)	POS	Emg	Proc	Modifiers				Diag Ptr	Charge	Units	Fam Pln EP5DT	Auth No.	Rend NPI	Taxonomy
					1	2	3	4							
NDC/UPN	Code	Quantity	UoM	PaidAmount	CapAmount	Status	Reason Codes								
1	to														
						0.00	0.00								

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.



Line Items  COB/OHC


#	Service Date(s)	POS	Emg	Proc	Modifiers				Diag Ptr	Charge	Units	Fam Pln EP5DT	Auth No.	Rend NPI	Taxonomy
					1	2	3	4							
NDC/UPN	Code	Quantity	UoM	PaidAmount	CapAmount	Status	Reason Codes								
1	to														
						0.00	0.00								

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.

#	Service Date(s)	POS	Emg	Proc	Modifiers				Diag Ptr	Charge	Units	Fam Pin EP/SOT	Auth No.	Revd NPI	Taxonomy
NDC/UPN	Code	Quantity	UofM	PaidAmount	CapAmount	Status	Reason Codes								
EOB Date	Allowed	Deductible	Coinsurance	Paid	Billed	Non-Covered	Adjusted	Denied							
1	to	1													
					0.00	0.00									
mm/dd/yyyy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00			

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 the required fields have been entered.

Health Insurance Claim Form - Professional




Claim Created Successfully

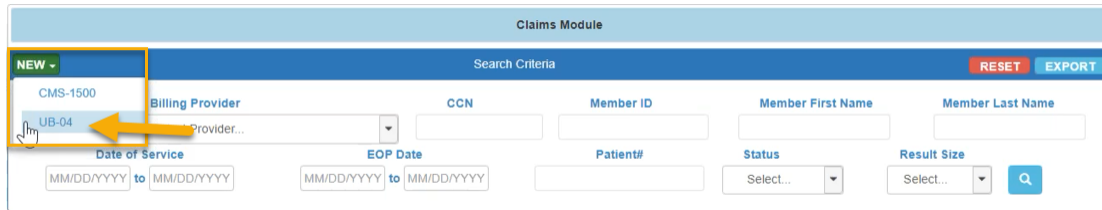
Once successfully submitted, we highly recommend that you scroll down and view the 'Status' of each Line-Item Box to see if any areas have a denied 'DN' reason code or invalid/missing Rendering NPI#.

Line Items + Add COB/OHC															
#	Service Date(s)	POS	Emg	Proc	Modifiers				Diag Ptr	Charge	Units	Fam Pin EP/SOT	Auth No.	Revd NPI	Taxonomy
NDC/UPN	Code	Quantity	UofM	PaidAmount	CapAmount	Status	Reason Codes								
1	11/1/2021 to 11/2/2021	11		99214					A,B	150.00	1				
		0			0.00	0.00	DN	SE-RENDERING PROVIDER # IS MISSING OR INVALID - CONTACT PROVIDER SERVICES; 94-RENDERING NUMBER INVALID, CONTACT PROVIDER SERVICES DEPARTMENT 1-800-421-2560 EXT 1676;							

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



The screenshot shows the 'Claims Module' dashboard. At the top left, there is a 'NEW' button with a dropdown arrow. A yellow box highlights this button, and an orange arrow points to the 'UB-04' option in the dropdown menu. The dashboard also features a 'Search Criteria' section with fields for Billing Provider, CCN, Member ID, Member First Name, Member Last Name, Date of Service, EOP Date, Patient#, Status, and Result Size. There are 'RESET' and 'EXPORT' buttons at the top right.

You will then be taken to Health Insurance 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 screenshot shows the 'Member / Patient Information' form. It includes fields for Member No., Member Name, DOB, Gender, Relationship, and MRN/Account No. A red asterisk indicates that the Member ID and either DOB or First/Last Name are required. The Relationship dropdown menu is highlighted with a blue box.

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.



The close-up shows the 'Relationship' dropdown menu with options: Self, Self, and Child. The first 'Self' option is selected.

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



The screenshot shows the 'Coverage Info (Most Recent)' section. It displays a table with columns: Health Plan, Line Of Business, Effective Date, Term Date, PCP Name, PCP NPI, PCP Phone, and PCP Fax. The data shown is for Health Plan SLOHI, Line Of Business HA1200, Effective Date 11/1/2021, Term Date 11/30/2021, and PCP Name.

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.



The screenshot shows the 'Provider/Billing Information' form. It includes fields for Billing Provider, Taxonomy, Admitting NPI, Name, Specialty, Attending NPI, Operating NPI, and Patient No. The form is designed to allow users to enter provider details and view associated information.


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.

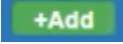
Choose from a list of Admit Source, Inpatient Status, Condition Code, and Value Codes.


Claim Information									
Claim Type*	Bill Type*	Admit Date	Admit Hr	Discharge Hr	Admit Type	SOC	Patient No.		
Select..		mm/dd/yyyy				0.00			
Admit Source		Inpatient Status		Condition Codes:					
Occurrence Codes:									
Code	Date	Code	Date	Code	Date	Code	Date	Code	Date
▼	mm/dd/yyyy	▼	mm/dd/yyyy	▼	mm/dd/yyyy	▼	mm/dd/yyyy	▼	mm/dd/yyyy
Value Codes:									
Code	Amount	Code	Amount	Code	Amount	Code	Amount	Code	Amount
▼	0.00	▼	0.00	▼	0.00	▼	0.00	▼	0.00

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	Q	B	Q	C	Q
G	Q	H	Q	I	Q
M	Q	N	Q	O	Q
Principle Procedure:					
Code	Date	Code	Date	Code	Date
	mm/dd/yyyy		mm/dd/yyyy		mm/dd/yyyy

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  icon to add 6 more-line items to this claim for a total of 12.

COB/OHC											
Line Items  COB/OHC											
#	Service Date(s)	Rev Code	Proc	Modifiers				Charge	Units	Auth No.	
NDC/UPN	Code	Quantity	UofM	1	2	3	4	Status		Reason Codes	
1	I to		Q	Q	▼	▼	▼	▼	0.00		
	▼			▼	0.00	0.00					
2	to		Q	Q	▼	▼	▼	▼	0.00		
	▼			▼	0.00	0.00					
3	to		Q	Q	▼	▼	▼	▼	0.00		
	▼			▼	0.00	0.00					
4	to		Q	Q	▼	▼	▼	▼	0.00		
	▼			▼	0.00	0.00					
5	to		Q	Q	▼	▼	▼	▼	0.00		
	▼			▼	0.00	0.00					
6	to		Q	Q	▼	▼	▼	▼	0.00		
	▼			▼	0.00	0.00					

#	Service Date(s)	Rev Code	Proc	Modifiers				Charge	Units	Auth No.	
NDC/UPN	Code	Quantity	UofM	1	2	3	4	Status		Reason Codes	
1	I to		Q	Q	▼	▼	▼	▼	0.00		
	▼			▼	0.00	0.00					

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

#	Service Date(s)	Rev Code	Proc	Modifiers				Charge	Units	Auth No.
				1	2	3	4			
	NDC/UPN	Code	Quantity	UofM	PaidAmount	CapAmount	Status	Reason Codes		
1	to									
					0.00	0.00				

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.

#	Service Date(s)	POS	Emg	Proc	Modifiers				Diag Ptr	Charge	Units	Fam Pin EPSDT	Auth No.	Rend NPI	Taxonomy
					1	2	3	4							
	NDC/UPN	Code	Quantity	UofM	PaidAmount	CapAmount	Status	Reason Codes							
	EOB Date	Allowed	Deductible	Coinsurance	Paid	Billed	Non-Covered	Adjusted	Denied						
1	to	1													
					0.00	0.00									
mm/dd/yyyy		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

COB/OHC

Line Items **+ Add** **COB/OHC**

COB/OHC

EOB Date	Billed	Allowed	Deductible	Coinsurance	Paid	Not Cvr'd	Adjustment	Denied
mm/dd/yyyy								

*Values can only be entered at header OR line

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.

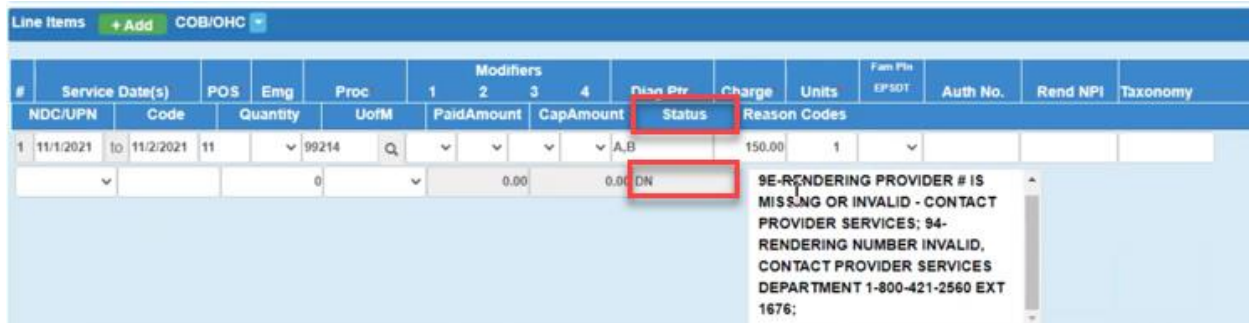
You will also see that the 'Claim Created Successfully' once all the required fields have been entered.


[Back to List](#)

Health Insurance Claim Form - Institutional

Claim Created Successfully

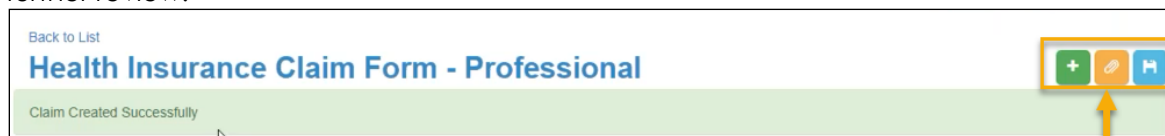
Once successfully submitted, we highly recommend that you scroll down and view the 'Status' of each Line-Item Box to see if any areas have a denied 'DN' reason code or invalid/missing Rendering NPI#.




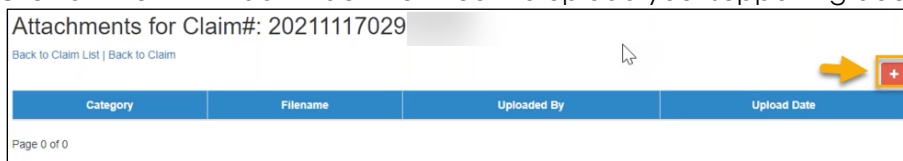
In this case, the user can correct the claim and click the save  icon to save your corrections. The claim number will remain the same.


Upload Attachments

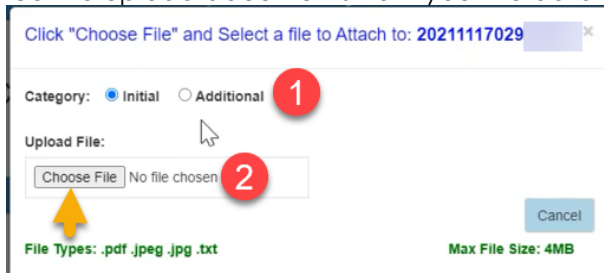
Once you save the details within your claim, you have the ability to upload attachments for further review.





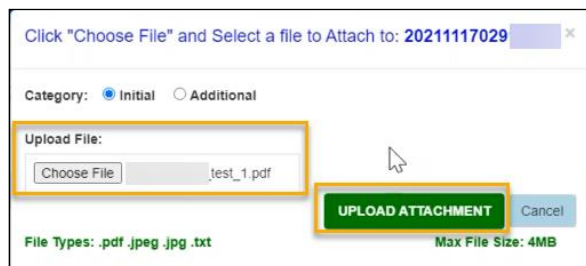
Click on the  Add Attachment icon to upload your supporting documents.




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



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



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 30 days 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.

Claims Module

NEW +

Search Criteria

RESET EXPORT

Billing Provider: Select Provider... CCN: Member ID: Member First Name: Member Last Name:

Date of Service: MM/DD/YYYY to MM/DD/YYYY EOP Date: MM/DD/YYYY to MM/DD/YYYY Patient#: Status: Result Size:

*Hover over grid header labels to reveal additional search and sort features.

CCN	Billing NPI	Member ID	Member Name	Patient#	Total Billed	Total Paid	Status	DOS	EOP Date
20211117029					\$239.00	\$0.00	Processing	11/15/2021	
20211115024					\$355.98	\$150.75	Processing	11/13/2021	
20211115024					\$559.25	\$0.00	Processing	11/13/2021	
20211115024					\$236.78	\$0.00	Processing	11/13/2021	

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.

Claims Module

NEW +

Search Criteria

RESET EXPORT

Billing Provider: Select Provider... CCN: Member ID: Member First Name: Member Last Name:

Date of Service: MM/DD/YYYY to MM/DD/YYYY EOP Date: MM/DD/YYYY to MM/DD/YYYY Patient#: EOB Status: Result Size:

*Hover over grid header labels to reveal additional search and sort features.

CCN	Billing NPI	Member ID	Member Name	Patient#	Total	Status	DOS	EOP D.
-----	-------------	-----------	-------------	----------	-------	--------	-----	--------

EOB Status dropdown menu:

- Provider Review Req
- Select...
- In Review
- Processing
- Finalized
- Provider Review Req

COORDINATION OF CARE



This is an online tool for Primary Care Providers to review their practice and manage the care their members are receiving.

Each report is grouped with appropriate member data and allow for individual 360 member information upon clicking on individual Member ID#.

Coordination Of Care

Provider Select Provider...

Month/Year Aug-2019 Q

Select your Provider Number

Select month/year of member report data

Indicate your provider number and Month/Year in which you would like your practice reports to appear.

Practice Summary

The cover screen will automatically start with the Practice Summary tab.

Current Case Load Distribution & Past Three-Month Trends

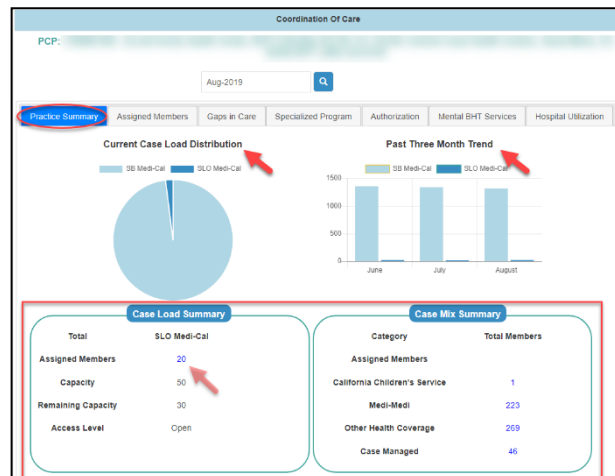
Here you can see how many members your practice has under the SB Medi-Cal & SLO Medi-Cal program, and the past three-month trends under each program assigned to your practice.

Case Load Summary

Assigned Members: Indicates the quantity of assigned members, under each plan ID (SB Medi-Cal, and SLO Medi-Cal) assigned to your practice within that date range.

Capacity: Indicates the total amount of members, under each plan ID (SB Medi-Cal, and SLO Medi-Cal), you want to manage within that date range.


Remaining Capacity: Indicates how many additional members your practice can add to your capacity list.



Access Level: EPO (Established Patients Only) & Auto Assign, under each plan ID (SB Medi-Cal, and SLO Medi-Cal) assigned to your practice within that date range.

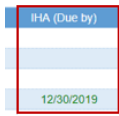
Case Mix Summary

This box indicates a total amount of members the practice is assigned to, in the California Children's Services (CCS) program, Medi-Medi members, have Other Health Coverage, and are under Case Management.

- ❖ Helpful Tip: You can click additional Member Assigned details if a number on this screen is indicated in blue.
- ❖ Helpful Top: The additional tabs below allow the user to export to CSV report by clicking on  icon.

Assigned Members

Displays all your assigned members with 'Continuous' care, '**New**' assigned members in green. This report also identifies which members are due for their IHA visits.



Click on the 'Show Reassigned only' button for a list of members that are no longer assigned to your practice and to see a list of ineligible members indicated in red.

PCP:

Aug-2019 Q


Practice Summary Assigned Members Gaps in Care Specialized Program Authorization Mental BHT Services Hospital Utilization +

☐ Show Reassigned only

Member ID	Member Na.	Plan	Language	Eligibility S.	Special Case	OHC	Address	ISA (Ou
2	SB Med-Cat	English	Continuous	N				
9	SB Med-Cat	English	Continuous	N				
9	SB Med-Cat	English	Continuous	N				
9	SB Med-Cat	Spanish	Continuous	N				
9	SB Med-Cat	English	Continuous	N				
9	SB Med-Cat	English	Continuous	Y				
9	SB Med-Cat	English	Continuous	N				
2	SB Med-Cat	Spanish	Continuous	Y				
9	SB Med-Cat	English	Continuous	Y				
9	SB Med-Cat	Spanish	Continuous	N				
9	SB Med-Cat	English	Continuous	N				
9	SB Med-Cat	Spanish	Continuous	Y				
9	SB Med-Cat	English	Continuous	N				
9	SB Med-Cat	English	Continuous	Y				
9	SB Med-Cat	Spanish	Continuous	N				
9	SB Med-Cat	English	Continuous	N				

Member ID: green "New" red "Inteligible"

Total Members: 1325 Total Rows: 1325

All columns can be filtered per your needs, and export to a csv download by clicking on the  icon.

Specialized Program

The purpose of this tab is to view all members assigned to them and see which program the member is case Managed under. The report indicates the CM Reason, Begin Date, End Date, and Case Manager Name.

The screenshot shows the 'Specialized Program' tab selected. The table contains the following data:

Member ID	Member Name	Team	Program	Clinical Reason	Begin Date	End Date	Care Manager
1	SE Medi-Cal	TCRC			09/01/2007	07/31/2014	N/A
2	SE Medi-Cal	TCRC			08/01/2010	09/02/2011	N/A
3	SE Medi-Cal	CM	(C) SNP-to		03/22/2018		Rosemary M
4	SE Medi-Cal	TCRC	Active		06/01/2016	06/30/2019	N/A
5	SE Medi-Cal	TCRC	Active		09/01/2007	07/31/2014	N/A
6	SE O Medi-Cal	PHO-CM		Early Support	09/28/2017		Leira Buckert
7	SE Medi-Cal	TCRC			06/01/2013	03/31/2014	N/A
8	SE Medi-Cal	TCRC	Active		05/31/2017	06/30/2018	N/A
9	SE Medi-Cal	TCRC	Active		06/01/2016	06/30/2018	N/A
10	SE Medi-Cal	TCRC	Active		06/01/2016	06/30/2018	N/A
11	SE Medi-Cal	TCRC	Active		06/01/2016	06/30/2018	N/A
12	SE Medi-Cal	TCRC	Active		06/01/2016	06/30/2018	N/A
13	SE Medi-Cal	TCRC	Active		08/01/2014	05/31/2016	N/A
14	SE Medi-Cal	TCRC			10/01/2010	03/31/2011	N/A
15	SE Medi-Cal	TCRC	Active		06/01/2016	06/30/2019	N/A
16	SE Medi-Cal	TCRC	Active		12/21/2007	06/30/2019	N/A
17	SE Medi-Cal	PHO					

At the bottom right, the summary statistics are: Total Members: 53, Total Rows: 133.

Authorization Utilization

Purpose is to allow Primary Care Physicians (PCP) to manage their assigned member's referral visit and check the status of each authorization and provide follow-up care as needed. 'Visit Complete' is pulled from claims data received by CenCal Health.

Coordination of Care									
PCP: _____									
Aug 2019									
<div> <div>Practice Summary</div> <div>Assigned Members</div> <div>Gaps in Care</div> <div>Specialized Program</div> <div>Authorization</div> <div>Mental Health Services</div> <div>Hospital Utilization</div> </div>									
Member ID	Member	Auth #	Status	Claim	Referral Provider Name	Start Date	End Date	Plan	
2	RI	Approved	N	Amory Grande Commu	06/07/2019	09/04/2019	58 Mod		
3	RI	Approved	N	Duany Health	06/07/2019	09/04/2019	58 Mod		
4	RI	Approved	N	Marion Regional Medical	06/07/2019	09/04/2019	58 Mod		
5	WV	Approved	N	Pacific Central Coast H	06/23/2019	09/23/2019	55 Mod		
6	WV	Approved	N	Santa Maria Specialty H	06/23/2019	09/23/2019	58 Mod		
7	A	Approved	N	USC University Hospital	01/23/2019	01/24/2020	58 Mod		
8	A	Approved	N	USC Kenneth Norris Jr	01/23/2019	01/24/2020	58 Mod		
9	A	Cancel	N	USC Kenneth Norris Jr	01/23/2019	01/24/2020	58 Mod		
10	A	Approved	N	USC Case Medical Group	01/23/2019	01/24/2020	58 Mod		
11	A	Approved	N	USC University Hospital	01/09/2019	12/31/2019	58 Mod		
12	RI	Modified	N	USC University Hospital	01/09/2019	10/06/2019	58 Mod		
13	WV	Approved	N	House East Clinic	03/21/2019	09/21/2019	58 Mod		
14	WV	Approved	Y	Red Sea Pharmacy	08/31/2016	08/16/2019	58 Mod		
15	WV	Approved	N	USC Physical Therapy Inc	01/24/2019	03/31/2019	58 Mod		
16	A	Approved	N	Ventura Transit System	07/03/2019	07/01/2020	58 Mod		
17	RI	Approved	N	Pueblo Radiology Medic	07/03/2019	08/30/2019	58 Mod		

Hospital Utilization

Emergency Room (ER) Utilization data is based on what is reported to CenCal Health through the real-time ER data feeds by only the following in-network hospitals: Cottage Health System, Catholic Healthcare West, and Lompoc District Hospital and claims feed. As a result, this report may not reflect all ER visits for your assigned members.

Coordination Of Care

PCP: [Search Bar]

Aug-2019 [Search Icon]

Practice Summary | Assigned Members | Gaps in Care | Specialized Program | Authorization | Mental BHT Services | **Hospital Utilization**

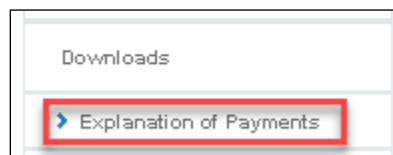
Emergency Room (ER) Utilization data is based on what is reported to CenCal Health through the real-time ER data feeds by only the following in-network hospitals: Cottage Health System, Catholic Healthcare West, and Lompoc District Hospital and claims feed. As a result, this report may not reflect all ER visits for your assigned members.

Member ID	Member No.	Plan	# of ER Visits	Primary Diagnosis	Admit Type	Admit Date	Provider
91		SB Medi-Cal	0	Intervertebral disc...	Emergency	07/09/2019	Marian
91		SB Medi-Cal	0	Spinal stenosis, c...	Elective	06/27/2019	Deanc...
91		SB Medi-Cal	0	Schizoaffective d...	Urgent	01/06/2019	Sherm...
91		SB Medi-Cal	0	Displaced commi...	Trauma Center	04/24/2019	Marian
91		SB Medi-Cal	0	Transient cerebr...	Emergency	02/12/2019	Marian
91		SB Medi-Cal	0	Single liveborn inf...	Newborn	08/01/2019	Marian
91		SB Medi-Cal	0	Mild hyperemesis...	Urgent	01/16/2019	Marian
91		SB Medi-Cal	0	Morbid (severe) d...	Elective	11/20/2018	Marian
91		SB Medi-Cal	0	Gram-negative se...	Emergency	02/23/2019	Marian
91		SB Medi-Cal	0	Matern care for fo...	Elective	11/15/2018	Marian
91		SB Medi-Cal	0	Single liveborn inf...	Newborn	11/15/2018	Marian
91		SB Medi-Cal	0	Other chest pain	Urgent	12/10/2018	Marian
91		SB Medi-Cal	0	Third oculomotor...	Emergency	03/27/2019	Marian
91		SB Medi-Cal	0	Hypertensive urg...	Emergency	04/20/2019	Santa I
91		SB Medi-Cal	0	Disease of intest...	Elective	12/13/2018	Marian
91		SB Medi-Cal	0	Displaced commi...	Emergency	12/15/2018	Marian

Total Members: 106 Total Rows: 155

DOWNLOADS

Explanation of Payments






The Explanation of Payment (EOP) is a notice of payment to claim payments. When providers submit a claim, you will receive an EOP that explains the payment and any adjustment(s) made to a payment during the adjudication of claims. Explanation of

Payment (EOP) files allows providers to download their EOP Report. Once you determine the

EOP file, click the  Download icon.

EOP Files

Search by File Name [Search Icon]

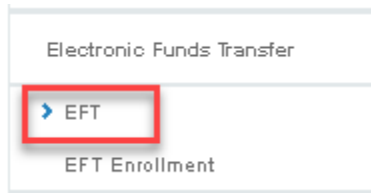
File Name	Upload Date ▲	File Size	Download
eop_...pdf	2/27/2018 11:16:08 AM	73.58K	
eop_...pdf	2/27/2018 11:16:08 AM	6.05K	
eop_...pdf	2/27/2018 11:16:08 AM	14.3K	

The EOP report provides justification for the payment. The explain codes in the EOP help you identify any additional action you may need to take (For example, some explain codes may indicate that you need to resubmit the claim with corrected information).

RECIPIENT NAME				RECIPIENT ID#	CLAIM#	MED.REC#			PATIENT ACCT#			
FROM DOS	THRU DRUG#	PROC	MOD RX#	QTY/ DAYS	BILLED AMOUNT	ALLOWED AMOUNT	OTHER COVERAGE	PATIENT LIABILITY	INTEREST AMOUNT	PAYMENT AMOUNT	LINE	EXPLAIN CODES

The EOP will be available on the provider portal for up to 18 months; therefore, the Providers can access a copy of historical payment EOPs as needed.

ELECTRONIC FUNDS TRANSFER (EFT)




Electronic Funds Transfer

EFT

EFT Enrollment




Electronic Fund Transfers (EFT) is a method of a weekly payment offered by CenCal Health to our participating contracted providers. EFT automatically credits all payments due for healthcare services performed directly to your savings or checking account. This payment method replaces issuing a paper check for various payment types.


To enroll into Electronic Funds Transfer, please contact Provider Services at (805) 562-1676. If Financial Institution information changes, or you receive payment failure, or for general questions, please notify CenCal Health via email at eff@cencalhealth.org or contact our Finance Department at (805) 562-1081.

For additional information go to www.cencalhealth.org/providers/claims and reference the 'Electronic Funds Transfer' tab. Once enrolled specific staff assigned to this screen permission, they will have the ability to view Active ☒ accounts and past deactivated accounts. Assigned provider staff, have the ability to view more details via the  icon.

EFT Account

Active ☒

NPI	NAME	BANK NAME	ACCOUNT(EFT) STATUS	REP	ACTIONS
			VERIFIED	No Rep Code	
			VERIFIED	No Rep Code	
			VERIFIED	No Rep Code	

The next screen allows the provider to edit the point of contact and email address via the  icon. In addition, the screen allows you to view the EFT enrollment date, Bank, Routing Number, Account Number, Account Type, Bank Enroll Date (DT), Bank Short Name, Account Holder (Provider Group Name), and Account Status.

In addition, this screen will indicate Payment Types, Bank Name associated to that payment type, a list of those how modified the account, and the modified date. If edits are made to this account, the CenCal Health Finance Department will be in direct connection with all point of contacts prior to approving the edits.

[Back to List](#)

Provider

EFT ENROLL DATE: 06/00/2020



CONTACT: EMAIL:


Bank(s)

Active ☒

BANK NAME	BANK OF AMERICA	BANK ENROLL DT	
ROUTING NUMBER		BANK SHORT NAME	
ACCOUNT NUMBER		ACCOUNT HOLDER	
ACCOUNT TYPE	CHECKING	ACCOUNT STATUS	VERIFIED

BANK 1 of 2



Payment Configuration

PMT. TYPE	BANK NAME	MODIFIED BY	MODIFIED DATE
EOP			06/00/2020
INC			12/11/2020
CAP			12/11/2020

ELIGIBILITY

Eligibility
Batch Eligibility
Check Eligibility
Share of Cost

[Check Eligibility](#)


This system only looks within CenCal Health's member/subscriber database for the eligibility. CenCal Health does NOT determine eligibility and a member's eligibility with CenCal Health can change.

Member Eligibility

Member ID or Last 4 of SSN	Date of Birth	First Name	Last Name	Date of Service (DOS)
Member ID / Last 4 of SSN	DOB (mm/dd/yyyy)	First Name	Last Name	

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

Required Filters

1. Enter the Member's nine (9) digit ID Number **or** Last four (4) numbers of Member's social security number (SSN)
2. Enter Date of Birth **or** Member's First Name/ Last Name
3. Enter Date of Service (DOS) current or past date in the format mm/dd/yyyy
4. Click  'Check Eligibility' icon

❖ Tip: Click the 'reset'  icon to refresh your search

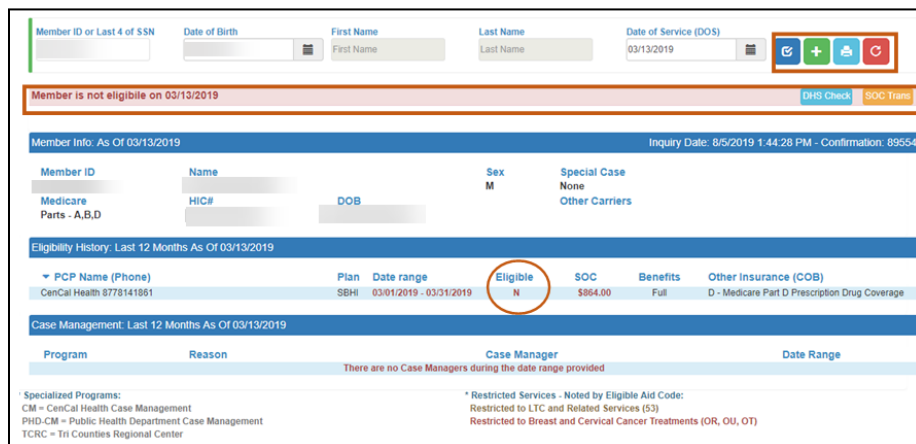
This is a screen example of a member that is eligible with CenCal Health with the 'Y' indicator within the Date range. The screen will also identify Other Carriers and Medicare Parts ABCD as their primary health carrier (Medi-Cal is always second payer if they have a primary insurance plan) and identify if the member has a Share of Cost associated to their Medi-Cal benefit.

Member Info: As Of 08/02/2019				Inquiry Date: 8/5/2019 1:19:47 PM - Confirmation: 89550			
Member ID	Name	Sex	Special Case				
Medicare	HIC#	DOB	None				
Parts - A,B,D			Other Carriers	HUMANA INSURANCE COMPANY (800) 281-691			
Eligibility History: Last 12 Months As Of 08/02/2019							
PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)	
CenCal Health 8778141861	SBHI	08/01/2019 - 08/31/2019	Y	\$999.00	Full	D - Medicare Part D Prescription Drug Coverage	
Services: As Of 08/02/2019							
Medi-Services (MTD)	Allowed	Used	Remaining				
PT Visits (YTD)	2	0	2				
				Click to submit Medi-Reservation			
Case Management: Last 12 Months As Of 08/02/2019							
Program	Reason	Case Manager	Date Range				
There are no Case Managers during the date range provided							
<p>* Specialized Programs:</p> <p>CM = CenCal Health Case Management</p> <p>PHD.CM = Public Health Department Case Management</p> <p>TCRC = Tri Counties Regional Center</p> <p>* Restricted Services - Noted by Eligible Aid Code:</p> <p>Restricted to LTC and Related Services (53)</p> <p>Restricted to Breast and Cervical Cancer Treatments (OR, OU, OT)</p>							

Primary Care Provider (PCP) Name (Phone) drop down indicates last (12) twelve months of eligibility as of the date of service entry.

Eligibility History: Last 12 Months As Of 08/02/2019							
PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)	
CenCal Health 8778141861	SBHI	08/01/2019 - 08/31/2019	Y	\$999.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	07/01/2019 - 07/31/2019	Y	\$999.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	06/01/2019 - 06/30/2019	Y	\$999.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	05/01/2019 - 05/31/2019	Y	\$864.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	04/01/2019 - 04/30/2019	Y	\$864.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	03/01/2019 - 03/31/2019	N	\$864.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	01/01/2019 - 12/31/2018	Y	\$864.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	12/01/2018 - 12/31/2018	Y	\$864.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	11/01/2018 - 11/30/2018	Y	\$999.00	Full	D - Medicare Part D Prescription Drug Coverage	
CenCal Health 8778141861	SBHI	05/01/2018 - 10/31/2018	Y	\$999.00	Full	D - Medicare Part D Prescription Drug Coverage	

If you have a non-eligible member, you will see a red 'N' listed under 'Eligibility' and you can 'Check with DHS' directly by clicking on the orange box above.



Member ID or Last 4 of SSN: [] Date of Birth: [] First Name: [] Last Name: [] Date of Service (DOS): 03/13/2019

Member is not eligible on 03/13/2019 [DHS Check](#) [SOC Trans](#)

Member Info: As Of 03/13/2019 Inquiry Date: 8/5/2019 1:44:28 PM - Confirmation: 89554

Member ID	Name	DOB	Sex	Special Case
Medicare Parts - A,B,D	HIC#	DOB	M	None Other Carriers

Eligibility History: Last 12 Months As Of 03/13/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141851	SBH	03/01/2019 - 03/31/2019	N	\$864.00	Full	D - Medicare Part D Prescription Drug Coverage

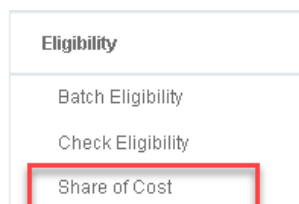
Case Management: Last 12 Months As Of 03/13/2019

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)

Share of Cost (Soc)



Eligibility

- Batch Eligibility
- Check Eligibility
- Share of Cost**

A Share of Cost also known as SOC is a monthly dollar amount which a patient is required to pay before they become eligible with Medi-Cal and CenCal Health. We are not involved with determining this dollar amount, it is based on criteria supplied by the member to their Eligibility Worker at Department of Social Services. SOC patients are considered 'cash pay' patients until the SOC is met.

every month and members will need to pay prior to becoming eligible for benefits. If a provider collects a payment prior to rendering service, it is their responsibility to clear the members share of cost (SOC) directly with DHCS.

It is especially important to clear the SOC as soon as members are seen. In some circumstances, members will see other specialists in the same day or try and pick up their prescriptions, please print this receipt for the member for proof of payment.



DHCS Medi-Cal Providers

Home Transaction Services

Login Medi-Cal

User ID: [] Password: [] [Login](#)

[Services Available](#) [Login Help](#)

A red 'Member is not eligibility' indicator will appear if a member is not eligible. The User can then check eligibility with 'DHC Check' [DHS Check](#) and/or clear the members share of cost through the 'SOC Trans' [SOC Trans](#) icon which is a direct link to DHCS login page to clear a members SOC.

Batch Eligibility

Eligibility

Batch Eligibility

Check Eligibility



Share of Cost

Batch Eligibility is used to verify eligibility for several Members. All provider types have access to this function and is not limited to Primary Care Physicians (PCP). The purpose of this screen is to allow providers to create files of members that are seen in their office on a regular basis, and view their eligibility within one file (i.e., CCS Members, Other Health Coverage Members, etc.)

To create a new batch, click the 'New Batch'  icon, and create your file name.

Batch Member Eligibility



Batch:

Create a new batch file




To review an 'Existing Batch' click on the drop-down box to locate the file.

Batch Member Eligibility

Batch:






Existing Batch Files



To add a member, click the green '+'  icon, and an additional row will be added.




Enter the Member ID, Name (Last, First), Date of Birth (DOB), and click the save  icon. You will then see the eligibility status of the member you manually enter, and/or add from the eligibility screen.

Batch Member Eligibility

Batch:











+ Add Member  Date: 08/23/2019 UPDATE DOB

	Members Id	Name (Last, First)	Plan	DOB	Sex	DOS	Elig	COB/MCcare	SOC	PCP
	91		SBHI		F	08/23/2019	Y		\$0	Childrens Medical
	91		SLOHI		F	08/23/2019	Y		\$1848	CenCal Health
	9C		SBHI		M	08/21/2019	Y		\$999	CenCal Health




The member will then be added to the list and list their eligibility status.

Batch Member Eligibility

Batch: 

+ Add Member Date: 08/23/2019 UPDATE DOB

	Members Id	Name (Last, First)	Plan	DOB	Sex	DOS	Elig	COB/MCcare	SOC	PCP
	91		SBHI		F	08/23/2019	Y		\$0	Childrens Medical
	91		SLOHI		F	08/23/2019	Y		\$1848	CenCal Health
	9C		SBHI		M	08/21/2019	Y		\$999	CenCal Health

To delete a member from the list, click on the red box  icon, and then click save .

Batch Member Eligibility

Batch: CCS Members + + + ×

+ Add Member Date: 08/23/2019 UPDATE DOS

	Members Id	Name (Last, First)	Plan	DOB	Sex	DOS	Elig	COB/MCARE	SOC	PCP
×	91		SBHI		F	08/23/2019	Y		\$0	Childrens Medical
×	91		SLOHI		F	08/23/2019	Y		\$1848	CenCal Health
×	90		SBHI		M	08/21/2019	Y		\$999	CenCal Health

Batch Member Eligibility

Batch: CCS Members + + + ×

+ Add Member Date: 08/23/2019 UPDATE DOS

	Members Id	Name (Last, First)	Plan	DOB	Sex	DOS	Elig	COB/MCARE	SOC	PCP
×	91		SBHI		F	08/23/2019	Y		\$0	Childrens Medical
×	91		SLOHI		F	08/23/2019	Y		\$1848	CenCal Health
×	90		SBHI		M	08/21/2019	Y		\$999	CenCal Health

- + Create a new Batch
- + Create a new Batch copy an existing Batch File
- + Please click this icon after updating DOS to populate eligibility results in main list
- × Delete Batch File
- + Export to CSV File

If you make changes to this screen, the Warning box will appear.

- ✓ Save Changes
- ⚠ Do not save changes, or cancel request
- × Cancel request

Warning ×

Would you like to save your changes?

✓ ⚠ ×

Adding Member to Batch File from Individual Eligibility Screen

After viewing a member's individual eligibility, you may add the member to a Batch File via the + icon. The member information will then auto populate to the file you want them added to by clicking the Add Member icon.

Member Eligibility

Member ID or Last 4 of SSN Date of Birth First Name Last Name Date of Service (DOS) + + + ×

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

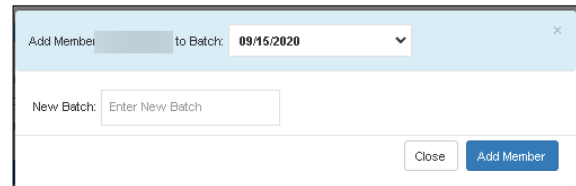
Member Info: As Of 03/28/2022 Inquiry Date:

Member ID	Name	DOB	Sex	Special Case	BIC Date
Medicare	HIC#	DOB	M	None	
Parts -				Other Carriers	

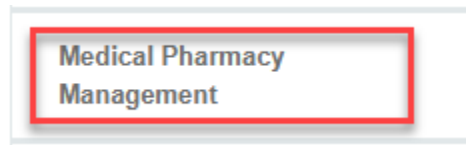
Eligibility History: Last 12 Months As Of 03/28/2022

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
Sansum Clinic - Pueblo Multi-Specialty Clinic 8056817500	SBHI	03/01/2022 - 03/31/2022	Y		Full	N - None

The user will then have to determine what Batch File you would like to add it to, or create a new Batch file and click 'Add Member'



Medical Pharmacy Management



CenCal Health and the Pharmacy Services Team are responsible for a variety of activities including, but not limited to oversight of clinical pharmacy adherence, Drug Utilization Review (DUR) and all utilization management associated with pharmacy services (Physician-

Administered-Drug) billed on a medical and institutional claim.

CenCal Health defines the utilization management of Physician-Administered-Drugs on the medical benefit as Medical Pharmacy Management.

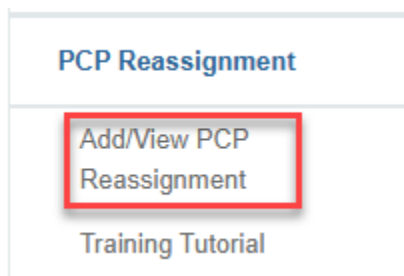
Effective January 1, 2022, CenCal Health members obtain their Medi-Cal pharmacy benefit through the Department of Health Care Services (DHCS) under a program called Medi-Cal Rx.

All pharmacy claims should be submitted directly to its pharmacy benefit manager (PBM), Magellan Medicaid Administration, Inc. Magellan will provide a comprehensive suite of administrative services as directed by DHCS, which include claims management/adjudication, prior authorization, utilization management, and customer/support. Medi-Cal Rx is responsible for administering the following when billed by a pharmacy on a pharmacy claim:

- Covered Outpatient Drugs, Physician-Administered-Drugs (PADs)
- Medical Supplies
- Enteral Nutritional Products

Additional information regarding Medi-Cal Rx can be found [here](#). For additional assistance, contact Medi-Cal Rx Customer Service Center at (800) 977-2273 or you can send an email or chat [here](#). You may also want to visit the [Medi-Cal Rx Communication](#) page for any upcoming bulletins and news. For any provider inquiries regarding the Medi-Cal Rx Reimplementation Plan, call the CenCal Health Pharmacy Department at (805)562-1080.

PCP REASSIGNMENT REQUESTS



On occasion, a Primary Care Physician (PCP) may encounter a situation that warrants a request to have a patient reassigned to a new PCP. Within the home module, PCP's can view submitted cases, Request Dates, Status, and Reason for reassignment.

Case Management Reassignment

NEW
Search Criteria
RESET EXPORT

Provider
Member ID
Case Id
Request Date Range
Status

to

Case Id	Provider NPI	Provider Name	Member ID	Member Name	DOB	Request...	Status	Reason
09122						09/12/2023	Approved	Member Non-compliance ...
09122						09/12/2023	Approved	Member Non-compliance ...
09122						09/12/2023	Approved	Member Non-compliance ...
09122						09/12/2023	Approved	Member Non-compliance ...
09122						09/12/2023	Approved	Member Non-compliance ...
09122						09/12/2023	Approved	Member Non-compliance ...

On the main home screen within this module, PCP Providers Groups can filter their search by entering Member ID, Case Id, Request Date Range, and Status. Click the **EXPORT** icon to download the search filter to a CSV file.

[Submit a New Reassignment Request](#): To submit a new request for an assigned member, click the **NEW** icon directly on the home screen module.

The form will require point of contact information so CenCal Health can contact you directly if additional details are required.

PCP Reassignment Module

Contact Info
Case Id :
Status :

Provider*
Name*
Email*
Phone Number*

Member Info

Requested Date*
☐ Additional Family Members

Member Id	Date of Birth	Member Name	Plan
<input type="text"/>			

Case Details

Reason*

Notes*

Member Info: Member ID# is required and the members DOB, Name, and Plan will auto populate on the form. If you have additional family members associated to this member, click ☐ Additional Family Members box and please enter their member ID information.

Case Details: Choose from the list of Reasons as to why you are reassigning this member.

Reason*

Select Reason...

- Select Reason...
- Inappropriate Assignment by CenCal Health
- Language / Cultural Barriers
- Member Abusing ER Services
- Member Abusive / Threatening / Disruptive
- Member age is outside our contractual age range
- Member Demanding Referrals / Self Directing Care / Circumventing Case Management

Each reason will require additional details for review and/or additional date requirements.

Reason*

Language / Cultural Barriers

* CenCal provides language services, and providers are responsible for providing interpretation and for being culturally competent. Please describe how you are unable to meet these requirements.

Notes*

SAVE **RESET** **BACK**

Click 'Save' to submit your request, 'Reset' to reset the form, or 'Back' to go back to the Member Reassignment home screen module.

Requests will be reviewed by the Provider Services Department and the main point of contact listed on the form may contact you for additional clarification prior to reaching a decision. Requests submitted after the 10th of one month through the 9th of the next month are processed by the cut-off date (9th day of each month at 4pm).

PCPs may return to the website after the request has been processed to verify the status of the request.

The member's new assignment becomes effective the first day of the month following the cut-off date. The PCP who requested the reassignment continues to be responsible for the member's care until the new assignment is in effect.

If you do not have Portal access, please call Provider Services at (805) 562-1677 for further instructions.

PROCEDURE PRICER



CenCal Health hopes you find this reimbursement rate information for various procedure codes useful. The reimbursement rates are the latest in CenCal Health's database for contracted providers who do not have special contracts covering the procedure codes.



Procedure Pricer

CenCal Health hopes you find this reimbursement rate information for various procedure codes useful. The reimbursement rates are the latest in the CenCal Health's database for contracted providers who do not have special contracts covering the procedure codes. The use of modifiers with the procedure codes will affect the reimbursement rates. In some cases, the member's age and status can also influence the rate. There are many variables in the calculations, and so as a practical matter we can only provide the basic rate. In addition, CenCal Health reserves the right to retroactively or prospectively change the rates, and the rates may be affected retroactively or prospectively by State changes in the basic Medi-Cal rates.

Procedure Pricer

Plan*

Claim Category*

Provider*

Select...

Select...

Select Provider...

Eff Date*

End Date*

Proc/Drug*

Modifier

Quantity*

Place Of Service*

Age*

Anesth Start

Anesth Stop

04/14/2025

04/15/2025

1

Select...

0

CCS Approved? ☐

Allowable:

PRICE IT

RESET

Disclosure

This procedure pricer displays 100% of the Medi-Cal allowable for the codes that you entered. Please refer to your specific contract language for your reimbursement rate and adjust the displayed rate to match your contract. For example: if your contracted rate is for 90% of the Medi-Cal allowable, the amount provided by the procedure pricer would need to be reduced by 10%.

The use of modifiers with the procedure codes will affect the reimbursement rates. In some cases, the member's age and status can also influence the rate. In addition, CenCal Health reserves the right to retroactively or prospectively change the rates, and the rates may be affected retroactively or prospectively by State changes to the basic Medi-Cal rates.

After completing the necessary fields, click the  icon and a price will appear in the field labeled **Allowable**.

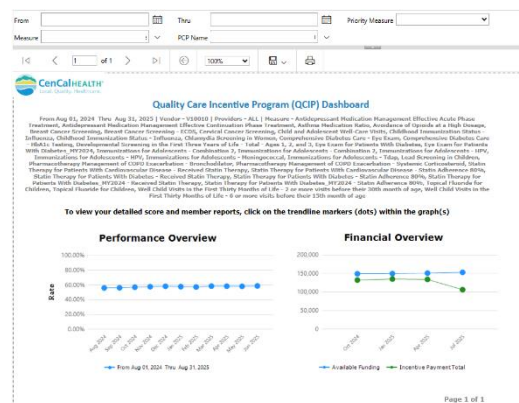
This is the current allowable for that particular procedure on that date of service. You may also receive messages like "not a benefit," "modifier required", or "manual pricing" in that field.

IMPORTANT REMINDER: Providers should always bill CenCal Health with their usual and customary charged amounts and not the allowable that appears on this screen or their EOBs. We are constantly changing and updating our data, including reimbursement rates, and you could short-change yourself.

Quality Care Incentive Program

Quality Care Incentive
Program Dashboard is

Program Dashboard is a snapshot trended view of both a PCP's overall program performance and their overall financial performance. This page can be filtered by timeframe, Priority Measure, and PCP Name should an organization have multiple sites connected to their organization.




[Financial Overview](#) displays each PCP's trended incentive payments as well as the trended incentive funding available to them. It includes:

The PCP's trended financial payments performance which can be filtered by:

- PCP Location as applicable
- Time-frame

The PCP's financial payment performance by quarter is reflected on the trend line, and payment amounts can be displayed by hovering over the trend line marker.

- Each trend line marker can be clicked on to display that quarter's payment detail on the Quality Care Incentive Program Payment Scoring Detail screen.
- Quality Care Incentive Program Payment Scoring Detail includes:
 - Incentive Date
 - Vendor ID
 - Provider NPI



Quality Care Incentive Program (QCIP) Payment - Incentive Detail

Incentive Provider Member Detail Incentive Month - January | Provider

Incentive Date	Provider NPI	Total Incentive Payment	Member ID	Member Name	Member DOB	Measure Name	MEMBER TRIGGERED
01/01/2025	193	4566.84	90			Cervical Cancer Screening	Y
01/01/2025	193	4566.84	90			Cervical Cancer Screening	Y
01/01/2025	193	4566.84	90			Cervical Cancer Screening	N
01/01/2025	193	4566.84	90			Breast Cancer Screening - ECDS	Y
01/01/2025	193	4566.84	90			Cervical Cancer Screening	Y
01/01/2025	193	4566.84	90			Cervical Cancer Screening	Y

[Performance Report Summary](#)

This report helps clinic staff identify members who are due for a service and obtain the necessary member information for outreach and appointment reminders.

Provider Summary by Measure								
PCP	Domain*	Measure	Members in Measure	Met*	Not Met*	Rate	Variance	CenCal Rate
	Diabetes Care	Comprehensive Diabetes Care - Eye Exam	2	0	2	0.00%	-53.82%	53.82%
	Diabetes Care - Summary		2	0	2	00.00%	-53.82%	53.28%
	Pediatric Care	Child and Adolescent Well-Care Visits	2,333	1,522	811	65.24%	9.71%	55.53%
		Childhood Immunization Status - Influenza	162	84	78	51.85%	-5.80%	57.65%
		Immunizations for Adolescents - Combination 2	136	33	103	24.26%	-20.48%	44.75%
		Immunizations for Adolescents - HPV	136	33	103	24.26%	-23.00%	47.26%
		Immunizations for Adolescents - Meningococcal	136	89	47	65.44%	-16.62%	82.06%
		Immunizations for Adolescents - Tdap	136	119	17	87.50%	-3.17%	90.67%
		Lead Screening in Children	162	60	102	37.04%	-25.88%	62.92%
		Well Child Visits in the First Thirty Months of Life - 2 or more visits before their 30th month of age	179	143	36	79.89%	0.35%	79.54%
		Well Child Visits in the First Thirty Months of Life - 6 or more visits before their 15th month of age	121	83	38	68.60%	9.09%	59.51%

The first column indicates PCP name or location name, followed by the domain of care and measure name.

The report indicates the number of eligible members within each measure. Each measure has specific guidelines and criteria that aid in determining its eligible population, also known as the denominator. While each measure has its own criteria, different aspects of care are reviewed to determine if a member falls in a measure's eligible population. Some measures' eligible

population is driven by age and gender, while others may be driven by diagnosis and event type.

Next is the number of members met, meaning how many of the members within the measure have received the service. This is also referred to as the numerator. The next column represents the number of members who have NOT met the measure. You'll notice that these numbers are [blue](#). These are clickable links to a report that provides a list of members who have or have not met the measure.

For practice transformation purposes, we encourage you to designate an individual at your practice to download these reports regularly to inform member outreach.

The last three columns are rate, variance, and the CenCal Rate. The rate is specific to the individual provider's performance rate and is calculated by dividing the total members in the measure by the members who **have** met the measure.

Variance is the difference between the individual provider's performance rate and the CenCal Rate. Please note that the CenCal Rate represents the average performance of all participating QCIP providers for that measure. Both the Variance and CenCal Health rates are informational only and are not used for payment calculations. Rather, they are used as a point of comparison and may highlight areas for improvement.

[Lead Testing Opportunity Report](#)

Identifies members who are missing required blood lead tests at ages 1 and/or 2 and includes the date they turn 6, as well as the timeframe for completing lead risk assessments per state guidelines.

Lead Testing Opportunity Report																
PCP Name	Member ID	Member First Name	Member Last Name	Member Age (Years)	Gender	Member Sex	Guardian First Name	Guardian Last Name	Guardian Language	Guardian Home Phone	Member Address	Member City	Member State	Member Zip	Next Member Turn 1 year	Next Member Turn 2 years
	412	Hispanic	Male	20.61	Hispanic	Female	English								4/29/2025	4/23/2026
	738	Hispanic	Female	57.04	White	Male	English								11/14/2025	9/12/2026
	51.87	Other	Female	16.22	Other	Female	English								10/25/2025	9/5/2027
	18.77	Hispanic	Male	25.90	Hispanic	Male	English								3/9/2026	5/14/2029

[Well Baby Opportunity Report](#)

Lists children under 15 months who are due for upcoming well-child visits, based on the AAP and Bright Futures Periodicity Schedule. It includes the number of visits remaining and the date the child turns 15 months to support timely outreach.

Vendor Legal Name	PCP Assigned	Member ID	Member First Name	Member Last Name	Member DOB	Member Age (MO/DA)	Member Race	Member Ethnicity	Subscriber First Name	Subscriber Last Name	Home Phone	Address	City	State	Zip	Language	Qualified Visits Date	Qualified Visits	Behind Schedule	Remaining Visits	Date Member Turns 15 Mos
						5.41	Hispanic									English	05/15/2025, 06/02/2025	2	Y	4	5/18/2026
						5.41	Hispanic									English	05/15/2025, 06/02/2025	2	Y	4	5/18/2026
						8.58	Hispanic									English	02/12/2025, 04/23/2025, 07/08/2025	3	Y	3	2/14/2026

[Program Support](#)

CenCal Health's Population Health is available to provide PCPs with orientations on CenCal Health's quality measures, strategies to maximize PCP data reporting, and sharing of best practices to help PCPs maximize service utilization consistent with prevailing evidence-based treatment and preventive health guidelines. Please email populationhealth@cencalhealth.org for more resources or education.

RADIOLOGY BENEFIT MANAGER (RBM)

RBM Forms
Provider Fact Sheet
RadConsult Procedure
RadConsult Helpful Tips
Clinical Information Form

The Radiology Benefit Manager (RBM) process enhances the quality of services delivered to patients and reduces unnecessary radiation associated with advanced diagnostic imaging.

CenCal Health has been focusing on provider consultations and patient safety as a means to ensure appropriate utilization of high-tech imaging. CenCal Health selected PREMIER a URAC accredited as our new partner effective June 1, 2015. The goal is to improve our Radiology Benefit Management (RBM) program for high-tech imaging to enhance the quality of services delivered to patients and reduce unnecessary radiation associated with advanced diagnostic imaging.

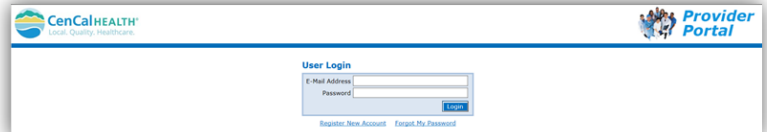
Applicable Services

This program applies to the following outpatient services:

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Computed Tomography (CT)
- Computed Tomography Angiography (CTA)
- Nuclear cardiology studies



The ordering physician's office must contact PREMIER to request an authorization prior to ordering a high-tech imaging service. Based on clinical information from the physician's office, PREMIER will then make consultative determinations using the clinical guidelines published on their website.



The image shows the login interface for the CenCalHEALTH Provider Portal. It includes the CenCalHEALTH logo, a 'User Login' section with fields for 'E-Mail Address' and 'Password', and a 'Login' button. Below the login fields are links for 'Register New Account' and 'Forgot My Password'. The 'Provider Portal' logo is in the top right corner.

Requests can be submitted via phone, fax or through PREMIER's Care Portal

<https://login.careportal.com/>

*Authorizations are valid for 90 days from the date of the consultation

Expectations

Imaging studies performed in conjunction with emergency room services, inpatient hospitalization, urgent care centers, or intra-operative procedures are excluded from the high-tech imaging consultation requirement. Imaging studies for members who have other health care coverage are excluded from the consultation process requirement.

RECOMMENDATIONS

Recommendations
CHW
DOULA
DOULA (Postpartum followup)
Transportation (PCS)
Transportation
Recommendation Training
Video
View Benefit
Recommendations


The Recommendations module allows CenCal Health to review request submitted for Community Health Worker (CHW) services, Doula services, and Transportation services covered by CenCal Health.

Community Health Worker Recommendation: To request Community Health Worker (CHW) services covered by CenCal Health, a completed recommendation form is required to be submitted for a CHW to be able to render services.

This form is required for authorization, and can be submitted by a licensed physician of the healing arts.

Providers can also use the [CHW Recommendation fillable form](#) outside of this Provider Portal restricted site.

A CHW Supervising Provider(s) is required to retain a copy of this recommendation form in the member file.

**Community Health Worker (CHW)
Supervising Provider Service Recommendation Form**

CenCalHEALTH®
 Local. Quality. Healthcare.

To request Community Health Worker (CHW) services covered by CenCal Health, a completed recommendation form is required to be submitted for a CHW to be able to render services. This recommendation form can be submitted by fax (805) 681-3071 or sent via secure link at <https://gateway.cencalhealth.org/form.htm>

Important reminders:

- This form is not a request for authorization. Use the Authorization Request Form for Additional Units to request authorization for CHW services beyond 12 units of service (or 8 units for Asthma Prevention) in a calendar year.
- Members currently enrolled in CenCal Health's Enhanced Care Management (ECM) benefit are not eligible to receive CHW services.
- A CHW Supervising Provider(s) is required to retain a copy of this recommendation form in the member file.

FIELDS ARE MANDATORY

PATIENT INFORMATION:

Member ID# (CIN)*: First Name*: Last Name*:
 Birth Date*: mm/dd/yyyy Age: 0
 Date of Recommendation*: 04/14/2025 ICD-10 Code(s)/Diagnosis:

CHW SUPERVISING PROVIDER (CHW ORGANIZATION) INFORMATION:

CHW Supervise Provider*: Select ...
 Name*:
 NPI*:
 Street*: City*:
 State*: Zip*:
 Contact name*: Email*:
 Phone*: Fax:

RECOMMENDING PROVIDER INFORMATION:

Name *:
Group NPI# *:
Street *:
State *:
Phone *:
Title *:
City *:
Zip *:
Email *:
Select...

THE RECOMMENDING PROVIDER HAS DETERMINED THAT THIS MEMBER MEETS MEDICAL NECESSITY FOR CHW SERVICES BASED ON THE FOLLOWING CHECKED BOXES:

CHECK AT LEAST ONE (1) OF THE BOXES IN THIS SECTION.

- ☐ Diagnosis of one or more chronic health (including behavioral health) conditions or a suspected mental disorder or substance use disorder that has not yet been diagnosed.
- ☐ Beneficiary expressed need for support in health system navigation or resource coordination services.
- ☐ Need for recommended preventive services.
- ☐ Presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition).
- ☐ Positive adverse childhood events (ACEs) screening.
- ☐ Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.
- ☐ Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity.
- ☐ One or more visits to a hospital emergency department within the previous six months.
- ☐ One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization.
- ☐ One or more stays at a detox facility within the previous year.
- ☐ Two or more missed medical appointments within the previous six months.

FOR CHW VIOLENCE PREVENTION SERVICES (CHECK IF APPLICABLE):

- ☐ Violently injured as a result of community violence.
- ☐ At significant risk of experiencing violent injury as a result of community violence.
- ☐ Has experienced chronic exposure to community violence.

FOR ASTHMA EDUCATION AND IN-HOME ENVIRONMENTAL TRIGGER ASSESSMENTS (CHECK IF APPLICABLE):

- ☐ CHW meets qualifications for asthma education and home assessments per DHCS Asthma Prevention Services Medi-Cal Provider Guide.
- ☐ Score of 19 or lower on the Asthma Control Test.
- ☐ Asthma-related emergency department visit or hospitalization or two instances of sick or urgent care asthma-related visits in the past 12 months.

Submit Print Page Reset

CenCal Health's Utilization Management review team will receive this request and review for authorization and initiate utilization with a network CHW provider.

Doula Recommendation: To request Doula services covered by CenCal Health, a completed recommendation form is required to be submitted for a contracted network Doula provider to be able to render services.

If all information entered is complete, this submitted recommendation form will approve a doula to render one initial prenatal visit; eight visits during the prenatal period, including up to one year after pregnancy; support during labor and delivery, miscarriage, or abortion; and two extended postpartum visits.

Doula Services Recommendation Form

Support for healthy pregnancies and follow-up care

To request doula services covered by CenCal Health, members need a recommendation from a licensed provider. Recommendations can be submitted by filling out and submitting this form, by fax (805) 681-3071 or via secure link at <https://gateway.cencalhealth.org/forms/hls>

If all information entered is complete, this submitted recommendation form will approve a doula to render one initial prenatal visit; eight visits during the prenatal period, including up to one year after pregnancy; support during labor and delivery, miscarriage, or abortion; and two extended postpartum visits.

If you are a licensed provider - By providing this recommendation for doula services, you acknowledge that the CenCal Health member would benefit from non-clinical doula services in addition to appropriate clinical care. A recommendation is not the same as a referral, prescription, or medical order.

If you are a doula provider - You must retain the record of a licensed provider's recommendation for each member prior to the initiation of their doula care; the record must be stored in a manner consistent with HIPAA requirements. Prior approval of this recommendation form is required prior to service; once this form is submitted it can be referenced on the [CenCal Health Provider Portal](#) with a recommendation confirmation number. Please add this recommendation number to all billed claims.

*FIELDS ARE MANDATORY

PATIENT INFORMATION:

Member ID# (CIN) *:	<input type="text"/>	First Name *:	<input type="text"/>	Last Name *:	<input type="text"/>
Birth Date *:	<input type="text" value="mm/dd/yyyy"/>	Age:	<input type="text" value="0"/>	Date of Recommendation *:	<input type="text" value="04/14/2025"/>
ICD-10 Code(s)/Diagnosis:	<input type="text"/>	Licensed Provider Title *:	<input type="text"/>		

LICENSED PROVIDER RECOMMENDATION REQUEST:

☐ Check this box if the recommending provider is Dr. Karen Mark, M.D., MPH

Recommending Licensed Provider Name and Specialty *:		Group NPI# *:	<input type="text"/>
Street *:	<input type="text"/>	City *:	<input type="text"/>
State *:	<input type="text" value="Select..."/>	Zip *:	<input type="text"/>
Email *:	<input type="text"/>		
Office Contact Name *:	<input type="text"/>	Office Phone *:	<input type="text"/>
		Office Fax:	<input type="text"/>

DOULA PROVIDER RECOMMENDATION:

Doula Provider *:	<input type="text"/>	Group NPI# *:	<input type="text"/>
Street *:	<input type="text"/>	City *:	<input type="text"/>
State *:	<input type="text" value="Select..."/>	Zip *:	<input type="text"/>
Email *:	<input type="text"/>		
Office Contact Name *:	<input type="text"/>	Office Phone *:	<input type="text"/>
		Office Fax:	<input type="text"/>

*Under the doula benefit, Medi-Cal defines a "licensed provider" as a physician or other licensed practitioner of the healing arts, including nurse midwives, nurse practitioners, licensed midwives, and behavioral health providers, acting within their scope of practice under state law. The recommending licensed provider does not need to be enrolled in Medi-Cal or be a network provider within the beneficiary's managed care plan. Under Medi-Cal, a beneficiary who is pregnant within the past year, and would either benefit from doula services or who requests doula services, would meet the medical necessity criteria for a recommendation for doula services. For more information, visit www.dhcs.ca.gov.

CenCal Health's Utilization Management review team will receive this request and review for authorization and initiate utilization with a network CHW provider.

Transportation (PCS) Recommendation: Non-Emergency Medical Transportation (NEMT) services require Prior Authorization. CenCal Health must review and approve NEMT services BEFORE the member schedules a pick-up with the Transportation Provider. Incomplete or inaccurate forms may cause delays and/or denials.

Physician Certification Statement (PCS) for Non Emergency Medical Transportation (NEMT)

NEMT services require Prior Authorization. CenCal Health must review and approve NEMT services BEFORE the member schedules a pick-up with the Transportation Provider. Incomplete or inaccurate forms may cause delays and/or denials.

Disclaimer: CenCal Health is required to authorize the lowest cost type of NEMT services that is adequate for the member's medical needs.

*FIELDS ARE MANDATORY

User: eginder@cencalhealth.org

PATIENT INFORMATION:

Last Name*:	<input type="text"/>	First Name*:	<input type="text"/>	Birth Date*:	<input type="text" value="mm/dd/yyyy"/>
CenCal Health ID* #:	<input type="text"/>	Authorization Number (Optional):	<input type="text"/>	Phone Number*:	<input type="text" value="000-000-0000"/>
Address*:	<input type="text"/>			Caregiver Name*:	<input type="text"/>
Patient currently mobilizes via*:	<div><input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other</div>				

NEMT VEHICLE TYPE (PLEASE CHECK ONE):

Ambulance Transport*:	<div><input type="checkbox"/> Basic Life Support <input type="checkbox"/> Advanced Life Support <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Specialty Care</div>	Vehicle Type*:	<div><input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</div>
-----------------------	--	----------------	---

***NEMT Anticipated Duration (Maximum Duration is 12 months) ***

Start Date*:	<input type="text" value="mm/dd/yyyy"/>	End Date*:	<input type="text" value="mm/dd/yyyy"/>
Is this related to Major Organ Transplant*:	<div><input type="radio"/> Yes <input type="radio"/> No</div>	ICD-10 Code(s)/Diagnosis*:	<input type="text"/>

Justification: Provide specific physical and medical limitations that preclude the member's ability to reasonably ambulate without assistance or be transported by public or private vehicles. Include medical, behavioral health, or the physical condition that prevents ordinary means of public transportation*:

PROVIDER INFORMATION:

Provider's Full Name (Print)*:	<input type="text"/>	Title*:	<input type="text"/>
Email*:	<input type="text"/>	Provider NPI*:	<input type="text"/>
Phone Number*:	<input type="text" value="000-000-0000"/>	Fax Number:	<input type="text" value="000-000-0000"/>

Certification Statement: This form must be signed by the physician, physician assistant, nurse practitioner, certified nurse midwife, physical therapist, speech therapist, occupational therapist, dentist, podiatrist, mental health or substance use disorder provider responsible for providing care to the member and responsible for determining medical necessity of transportation consistent with the scope of their practice. By my signature, I certify that medical necessity was used to determine the type of transport being requested.

Signature*:	<div><input type="text"/></div>	Signed Date and Time*:	<div>04/14/2025 08:24 PM</div>
<div><div>Undo</div><div>Redo</div><div>Clear</div></div>			

* ☐ By checking this box you are verifying that you are the same individual in the contact information as well as the signator of this electronic document.

* By submitting this electronic PCS form, you acknowledge and agree to the following terms and conditions:

1. All information provided in this PCS form is accurate and complete to the best of your knowledge.
2. You are solely responsible for the submission of this PCS form. Any errors or omissions in the information provided are your responsibility.

Submit

Print Page

Reset

Physician signature is required prior to authorization review. If a physician is not available when filling out this form, please continue to click the [Submit](#) icon.

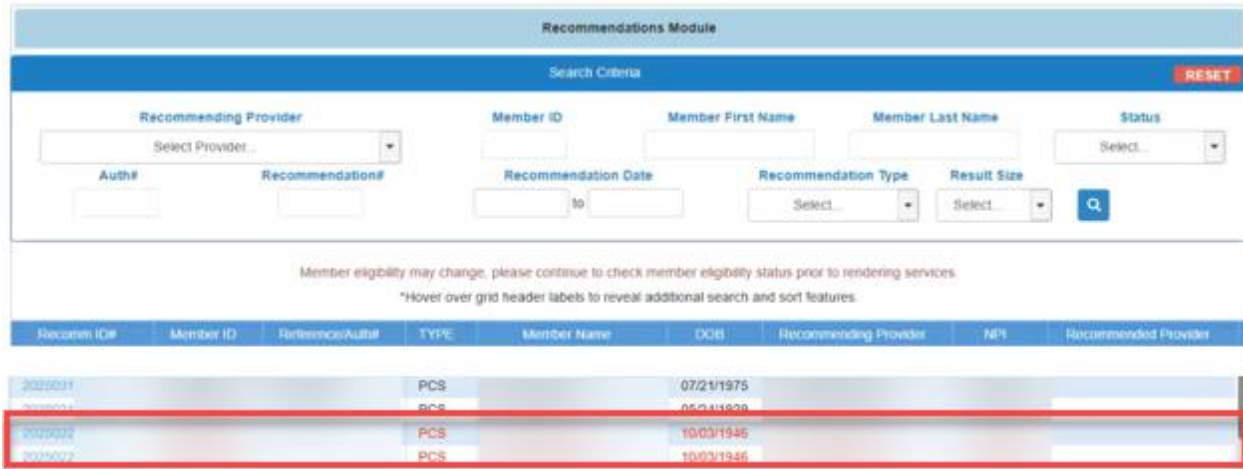
*FIELDS ARE MANDATORY

Your **PCS** form data has been saved.

Provider signature required.

Keep this Recommendation Id# **2025** for reference.

The Recommendation Module will then identify the authorization that is still in need of physician signature identified in **red** font.

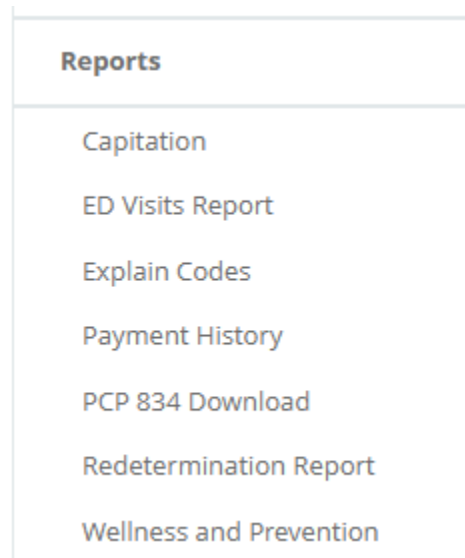


Recommend ID#	Member ID	Reference/Auth#	TYPE	Member Name	DOB	Recommending Provider	NPI	Recommended Provider
2025031			PCS		07/21/1975			
2025032			PCS		05/24/1928			
2025034			PCS		10/03/1945			
2025035			PCS		10/03/1945			

User can click on the Recommendation ID# to go back to the request form and have the physician sign the electronic form.

All submitted Transportation Recommendation forms with physician signature will then be placed in review status with CenCal Health and will then turn into black font within the Recommendation Module.

REPORTS



Reports
Capitation
ED Visits Report
Explain Codes
Payment History
PCP 834 Download
Redetermination Report
Wellness and Prevention

[Capitation](#) - This used by our contracted Primary Care Provider Groups and it is a monthly capitation report that shows their assigned member aid codes, ages, and guaranteed payment amount per member per month. Below will reflect payment of summary per PCP practice. This report can be downloaded or printed by clicking on the icon.

[ER Visit Report](#) – This is an online tool for Primary Care Provider to assist in the care of their assigned members by monitoring ER usage.

[Download to Excel](#)

CenCal Health ER Report											
Provider Billing# - <input type="text"/>											
Facility Name	Service Date	Visit Time	Diag DX	Diag1	Diag2	Admit	Med Dispense	Days Supply	Language	OHC	File Date
Copyright 2022 CenCal Health. All rights reserved.											

[Explain Codes](#) – This is a list of the Explain Codes which appear on the Claims Editor, Daily Claims Report, Patient and Provider Profiles, and EOBs.

CenCal Health Explain Code Listing					
Paid Flags RE - Raw Electronic - The claim has been entered but not processed. PY - Paid - The claim has been paid. DY - Denied - The claim has been denied. PN - Payable - The claim will be paid. DN - Deniable - The claim will be denied. *N - Pending - The claim is pending for review. NR - Internal Pend - The claim is pending & will not appear on an EOB without review.					
Code	Type	Description	CARC	RARC	
02	Pay	SERVICE IS COVERED UNDER CAPITATION AGREEMENT	24		
03	Pay	SERVICE/ITEM LINE FINALIZED	96	N10	
04	Pay	SERVICE PAID PER MEMBERS CCS ELIGIBILITY STATUS	96	N442	
05	Pay	PAID PER POE ATTACHED TO CLAIM	96	N10	
06	Pay	CLAIM PAID AT HOSPITAL PER DIEM RATE	96	N442	
07	Pay	HOSPITAL ANCILLARY CHARGES INCLUDED IN DAILY PER DIEM RATE	97	N70	
08	Pay	PAID AT PERCENTAGE OF BILLED CHARGES	96	N442	

[Payment History](#) - Allows a provider to view their claims payment history and filter their payment types (ACA, CAP, EOP, EFT Verification, etc.) and view the payment method (EFT vs. Check) payment by CenCal Health, in addition to the from and to dates.

Payment History											
Provider	Type	Method	Pmt ID	PmtAm	TRN	From Date	To Date				
Type	NPI	Payee Name	Method	Pmt ID	Date	Amount	Account Type	TRN	Account Number	Payee Address	
EOP			EFT				CHECKING				
IHA			EFT				CHECKING				
HRP			EFT				CHECKING				
EOP			EFT				CHECKING				
EOP			EFT				CHECKING				

[PCP 834 Download](#) -This is a HIPAA compliant Case Management file which generates an online report. Benefit Enrollment and Maintenance document's objective is to clarify what segments CenCal Health's 834 will contain, along with clarifying the definition of "generic fields" (i.e., group policy number). Please click on the '[Download the SBRHA 834 Companion Guide](#)' for more information.

[Redetermination Report](#) - This report supports providers in helping members determine the effective dates for required Medi-Cal re-enrollment as part of the redetermination process with the Department of Health Care Services (DHCS).

[Wellness and Prevention](#) - This report is available for contracted network PCP Groups Only and allows the User to see what Wellness and Prevention Campaigns their assigned members are eligible for. Within the report, it will identify the Campaign Name, Member details, and the Campaign Run Date.

Wellness and Prevention Report

Provider Name Campaigns View Rep

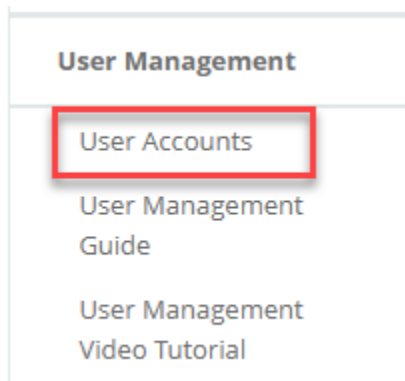
1 of 163 100%

Wellness and Prevention Campaigns

Providers: ALL | Campaigns: HE-Stay Healthy: Adult - CCS, HE-Stay Healthy: Adult - CBP, HE-Stay Healthy: Kids - 0-12 months, HE-Stay Healthy: Kids - 13-21 years, HE-Diabetes, HE-Stay Healthy: Kids - 3-12 years, HE-Stay Healthy: Adult - PCP Check Up, HE-Stay Healthy: Adult - BCS, HE-Stay Healthy: Kids - 13-30 months, HE-Breathing Better, HE-Healthy Pregnancy, HE-Healthy Postpartum, HE-Stay Healthy: Adult - COL

Campaign Name	Member ID	Member First Name	Member Last Name	Date of Birth	PCP Phone Number	Language Spoken	Street Address	City	State	Zip Code	Campaign Run Date
HE-Breathing Better											March 2025
											June 2024
											March 2025
											March 2025
											June 2024
											September 2024
											December 2024

USER MANAGEMENT



The User Management screen allows all Administrative Users to manage all user accounts within your group, create new user accounts, set roles, reset individual temporary passwords, and terminate accounts for those that no longer need access.

User Accounts

Allows the Admin User to view an alphabetized list of your staff's User Name by their organizational email address. To view a full list of Active and Inactive, click on the

☐ Include Inactive Users box located in the top right corner as needed.

CenCal Health - User Accounts

Create New User

Find by First Name, Last Name or Email: SEARCH ☐ Include Inactive Users

UserName	Job Role	Active	Actions
	Office Staff	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access

Edit: Allows the Admin User to make changes to your staff's name, activation status, and more remarks.

Password: Allows you to change the user's password and create a temporary password

UnLock: Allows the Admin User to unlock the individual's password if they try and log into the portal three (3) times incorrectly. This does not change the password unless you click on 'Reset Password'.

Access: This function will allow the Admin User to add/delete screen permissions to your staff's account. These screen permissions are specific to the Provider Portal screens (Eligibility, Auths, Reports, etc.)

Create New User

Click on 'Create New User' when you want to give portal permissions to a new staff member.

CenCal Health - User Accounts

[Create New User](#)

Find by First Name, Last Name or Email: [SEARCH](#) ☐ Include Inactive Users

UserName	Job Role	Active	Actions
	Office Staff	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access

Enter your staff members individual email address (this will become their individual User Name when logging into the portal) along with all other required fields.

The 'Department' and 'Remarks' field is free hand text boxes. The 'Job Role' drop down box will allow you to choose job roles with predefined permission sets for your staff (if you want to

customize it, click on 'Other'), then click [CREATE](#).

Email* 1

LastName* 2

FirstName* 3

MiddleName

PhoneNumber 4

Department
If Applicable

Remarks 5

Select a job Role that most closely describes your job function. (if none apply, or if you have multiple job roles, select "Other")
Note: Permissions for the selected jobRole will be applied on Save!

Job Role* 6

- Physician/Administrator
- Physician/Administrator
- Office Staff
- Other
- Billor

[CREATE](#)

****Helpful Tip:** If you enter the wrong 'Email' address, you will need to deactivate the account and create a new one with the correct email address.

This next screen will auto populate the details for this user and allow the Admin User to manage 'Edit' or add 'Permissions' to the new account.

Application Access for:

[Back to User List](#) | [Edit User](#)

Type	Vendor Name	Effective Date	End Date	Job Role	Job Other	Default Access	Actions
Vendor		10/17/2019		Physician/Administrator	N/A	<input checked="" type="checkbox"/>	Edit Permissions

Page 1 of 1

[1](#)

Edit: Allows the Admin User to make changes the user's Job Role, Active Status, and End_Date the account.

Edit Access to
[Back to List | Permissions](#)
Edit User Access

UserName:

AccessType: Vendor

OrganizationName:

Effective Date: 10/17/2019 12:00:00 AM

End Date:

Select a Job Role that most closely describes your job function. (If none apply, or if you have multiple job roles, select "Other")
Warning: Changing JobRole will delete all permissions for this user and apply permissions for the selected JobRole!

JobRole:

Active: ☒

DefaultAccess: ☐

Job Roles: This function will allow the Admin User to add/delete screen permissions to your staffs account. These screen permissions are specific to the Provider Portal screens (Eligibility, Auths, Reports, etc.).

Back to List: Takes you back to the original staff Application User Account list.

If you need to give access to a separate user that has multiple accounts with other provider groups (i.e. a Biller that bills for many different doctors), please contact our Webmaster at www.webmaster@cencalhealth.org or directly at (805) 562-1676 and they will assist with this user account.

Grant Portal Screen Roles/Permissions

Will allow the Admin User to create additional portal screen permissions to a user account. All screen permissions will be listed in the top blue box.

Application Access for:

[Back to User List | Edit User](#)

Type	Vendor Name	Effective Date	End Date	Job Role	Job Other	Default Access	Actions
Vendor	<input type="text"/>	10/17/2019		Physician/Administrator	N/A	<input checked="" type="checkbox"/>	Edit Permissions

Page 1 of 1

Manage Access Permissions

Permissions for John Doe (Other):

PermissionName	Effective Date	End Date	Last Modified Date	Last Modified By
Authorization	11/20/2018 2:42:23 PM	11/20/2018 2:42:23 PM	11/20/2018 2:42:23 PM	AMGARCIA@CENCALHEALTH.ORG
Authorization ParentID	5/24/2018 11:22:45 AM	5/24/2018 11:22:45 AM	5/24/2018 11:22:45 AM	AMGARCIA@CENCALHEALTH.ORG
Authorization ParentID2	5/24/2018 11:22:45 AM	5/24/2018 11:22:45 AM	5/24/2018 11:22:45 AM	AMGARCIA@CENCALHEALTH.ORG
Authorization Procedures	5/24/2018 11:22:44 AM	5/24/2018 11:22:44 AM	5/24/2018 11:22:44 AM	AMGARCIA@CENCALHEALTH.ORG
Authorization RAF	10/12/2019 12:00:00 AM	10/12/2019 12:00:00 AM	10/12/2019 12:00:00 AM	EQURBER@CENCALHEALTH.ORG
Authorization Report	5/24/2018 11:22:44 AM	5/24/2018 11:22:44 AM	5/24/2018 11:22:44 AM	AMGARCIA@CENCALHEALTH.ORG
Authorization TAR	5/24/2018 11:22:42 AM	5/24/2018 11:22:42 AM	5/24/2018 11:22:42 AM	AMGARCIA@CENCALHEALTH.ORG

Add a group of Permissions to Access using a Job Role

Warning: Changing JobRole will delete all permissions for this user and apply permissions for the selected JobRole.

Role:

Effective Date:

End Date:

Add a group of Permissions to Access using a Default Role

Role:

Effective Date:

End Date:

Add a Permission to Access

Permission:

Effective Date:

End Date:

Update Permission of Access

Permission Name:

Effective Date:

End Date:

Update a group of Permissions from Access using a Default Role

Role:

Effective Date:

End Date:

Update All Permissions From Access:

Effective Date:

End Date:

Click 'Add' to change screen permissions, and 'update' effective dates to remove screen access.

'End Date' will need to be entered in order to remove screen permissions

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Create/Reset User Password

On the main User Account page, search for your staff member and click 'Password.' This allows

the Admin User to create, reset, or change the Users password and create a temporary password.

CenCal Health - User Accounts

Create New User

Find by First Name, Last Name or Email: **SEARCH** ☐ Include Inactive Users

UserName	Job Role	Active	Actions
	Office Staff	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access

The screen will auto assign a temporary password for your user when creating or resetting a password. The Admin User can also create a different temporary password as long as it meets

the specific minimum character criteria. After you click **SET/RESET PASSWORD**, the system will then send your staff member their temporary password, along with a confirmation email to the Admin User.

The account will then be placed in a temporary status and your user will need to log in with the assigned temporary password and create their own password.

Set/Reset User's Application Password.

[Back to List](#)

Set or Reset johndoe@mdclinic.org password.

UserName

Confirm generated password or Create a new password with the following criteria:
 Min Length 8 Characters, Min 1 Uppercase Letter, Min 1 Lowercase Letter, Min 1 Digit, Min 1 Special Character

Password

Confirm password

SET/RESET PASSWORD

← The system will automatically create a temporary password for each user or the Admin User can create one.

Un-Lock User Account

If a user logs into the Provider Portal and it is entered incorrectly three (3) times, the system will automatically lock the user account, and they will need to contact their Administrator to 'Un-Lock' their account. The User can also create a new password for themselves through the 'Forgot your password?' function.

CenCal Health - User Accounts

Create New User

Find by First Name, Last Name or Email: **SEARCH** ☐ Include Inactive Users

UserName	Job Role	Active	Actions
	Office Staff	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access

Deactivate Accounts

Go to the main 'Application Access List' and locate your staff name via the search tool and click 'Edit.'

CenCal Health - User Accounts

Create New User

Find by First Name, Last Name or Email: **SEARCH**

☐ Include Inactive Users

UserName	Job Role	Active	Actions
	Office Staff	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access
	Physician/Administrator	Y	Edit Password UnLock Access

Switch 'Active' drop down to 'N', enter an 'End_Date' and click 'Save'.

Edit Access to

Back to List | Permissions

Edit User Access

UserName:

Access Type:

OrganizationName:

Effective Date: 10/8/2019 12:00:00 AM

End Date:

Save

Select a Job Role that most closely describes your job function. (If none apply, or if you have multiple job roles, select "Other")
Warning: Changing JobRole will delete all permissions for this user and apply permissions for the selected JobRole!

JobRole:

Active: **N**

DefaultAccess:

User Permissions

The screen below indicates 'Permissions' and the ability to 'Edit' all your staff that are under the same group Tax ID#.

Edit: Allows the Admin User to edit that Users account details

Permissions: Allows the Admin User to change their individual screen permission access and/or to make them additional Admin Users.

Providers - Restricted (DEMO)

Application Access for:

Back to User List | Edit User

Type	Vendor Name	Effective Date	End Date	Job Role	Job Other	Default Access	Actions
Vendor		03/19/2020		Billor	N/A	<input checked="" type="checkbox"/>	Edit Permissions

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User Management

CONTACT US

If you need to give access to a separate user that have multiple accounts with other provider groups (i.e. 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