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**Section B: Member Eligibility**

CenCal Health receives member eligibility for its members from the State of California, and it is then forwarded to MedImpact for inclusion into their online eligibility system.

**B1: Eligibility Verification**

Each CenCal Health member should present either a SBHI or SLOHI (MediCal), Healthcare Identification Card at the time a have a prescription filled. Members should also present their State Benefits Identification Card (BIC).

The Identification Card contains the member’s name, birth date, and identification number. The identification number (ID) is the member number used when submitting claims to MedImpact. We have provided a sample of CenCal Health’s Identification Card at the end of this section. In the unlikely incidence that MedImpact rejects a prescription claim for “Non-Matched Cardholder ID,” any one of the following procedures may verify eligibility:

- by calling the CenCal Health Member Services Department at (877) 814-1861 or (805) 562-1001, Monday through Friday, 8:00 a.m. to 5:00 p.m.
- by calling the State Automated Eligibility Verification System (AEVS) at (800) 456-2387.

**B2: CenCal Health Member ID Cards**

All members under CenCal Health will have the following version of their member identification card.

All CenCal Health members are to utilize the same BIN, Carrier or Processor Control Number (PCN), and Group numbers as indicated below:
B3: Newborns
SBHI and SLOHI newborns are eligible for pharmacy benefits the month of birth and the ensuing month under the mother’s eligibility and ID number. If information on the newborn is not found in CenCal Health’s eligibility system, you may call CenCal Health at (877) 814-1861 or (805) 562-1001 or the Pharmacy Department at (805) 685-9525 at extension 1080, Monday through Friday, 8:00 a.m. to 5:00 p.m. PST. Please refer to the Claims Submission section of this manual for billing instructions.

B4: Share of Cost (SOC)
Some SBHI and SLOHI members must meet a specified Share of Cost (SOC) for medical expenses, including prescriptions, before they can be eligible to receive Medi-Cal benefits within a given month. SOC dollar amounts can be verified through AEVS or www.cencalhealth.org. Providers may also clear a SOC by contacting the State of California at (916) 636-1000 or (916) 636-1200 or via the plan’s website, www.cencalhealth.org. All health services including medical services, devices, and prescription drugs, whether Medi-Cal covered or not, can be used to meet SOC. Pharmacies must clear SOC transactions at the time services are rendered. Once the member has met his/her SOC obligation for a given month and becomes Medi-Cal, eligible, future prescriptions for that month may be billed to MedImpact.

B5: Restricted Services
A CenCal Health member may be placed on a restricted status for receiving prescription medications prescribed in an outpatient setting based on determination by CenCal Health that the member has used such services inappropriately. If members are determined to have potentially inappropriate prescription medication usage, they may be subjected to the following restricted status:

- Prior Authorization using a Medical Request Form (MRF) required for
all medications,

- Prior Authorization using a MRF required for controlled medications, and/or
- Allowed to use only one specific pharmacy chosen by the member.

Providers may request that a CenCal Health member be reviewed for potential restricted status by contacting the CenCal Health Pharmacy Services Department at (800) 421-2560 extension 1080 or (805) 562-1080.

**B6: Whole Child Model (WCM) and California Children Services (CCS)**

CenCal Health administers the Whole Child Model (WCM) for the California Children’s Services (CCS) Program for all eligible members in Santa Barbara and San Luis Obispo Counties. The WCM will provide comprehensive coordinated services for children and youth with special health care needs. The focus is on the whole-child, including the child’s full range of needs as well as their CCS condition.

CenCal Health will be responsible for payment, authorizations and care coordination of services for CenCal Health CCS eligible members. Eligibility will continue to be determined by Santa Barbara and San Luis Obispo County CCS Departments.

California Children Services (CCS) is a program that provides specialized medical care and rehabilitation for physically disabled children up to twenty-one (21) years of age whose families are unable to provide for such services. The necessary specialists established the CCS program to ensure that children with physically disabling conditions receive quality health care for their eligible conditions at the appropriate time and place. Referrals and questions to the CCS program may be directed to the local Santa Barbara office at (805) 681-5360 or to the local San Luis Obispo office at (805) 781-5527.

**B7: Genetically Handicapped Persons Program (GHPP)**

Genetically Handicapped Persons Program (GHPP) is a State funded program that coordinates care of persons over twenty-one (21) years of age with the following conditions:

- Hemophilia and other hereditary bleeding conditions
- Cystic Fibrosis
- Sickle Cell Disease and Thalassemia
- Huntington’s Disease, Fredreich’s Ataxia, and Joseph’s Disease
- Selected hereditary metabolic disorders including Phenylketonuria (PKU)
- Von Hippel Lindau Disease
All authorizations and payments are the responsibility of GHPP and EDS. Referrals and questions about the program may be directed to the GHPP program at (916) 327-0470 or (800) 639-0597.

**B8: Medicare**

Medicare's outpatient prescription coverage is currently limited to selected drugs. When a member is eligible for both Medicare Part B and SBHI Medi-Cal or SLOHI Medi-Cal, the pharmacy provider must bill Medicare as the primary insurer and CenCal Health as the secondary insurer. Please refer to the Coordination of Benefits (COB) section in this manual under Medicare COB for billing instructions.

Dual-eligible members (those individuals who have both Medicare and Medi-Cal coverage), will have their Medi-Cal covered drugs provided through the Medicare Part D Program and the Prescription Drug Plan (PDP). CenCal Health is not responsible for the outpatient drug benefit of dual-eligible members as mandated by the federal government. CenCal Health will however, continue to cover a minimal amount of therapeutic drugs. All communications regarding the PDP’s policies, formulary, and prior authorizations should be directed to the PDP itself or to Medicare via 1-800-Medicare.