

# **Provider Portal Claim Entry**

# Quick Reference Guide Sections

| INTRODUCTION                          |   |
|---------------------------------------|---|
| MEMBER ELIGIBILITY & IDENTIFICATION 1 |   |
| POVIDER PORTAL (RESTRICTED)           |   |
| New User Account Access               |   |
| Portal Log In                         |   |
| DATA FORMS OVERVIEW HOME PAGE 3       |   |
| CLAIMS ENTRY                          |   |
| Claims Module Dashboard 3             |   |
| Submit a CMS-1500 Claim               |   |
| Submit a UB-04 Claim                  |   |
| Upload Attachments 10                 | I |
| View Denied Claims                    |   |
| CONTACT US                            |   |
|                                       |   |

# **INTRODUCTION**

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

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

# **MEMBER ELIGIBILITY & IDENTIFICATION**

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

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



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



### **FOR PROVIDERS**

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

| Explore CenCal Health                | Members    | Providers         | Community                               | Health & Wellness            | Contact Us        | Enter Keyword(s)                 |
|--------------------------------------|------------|-------------------|---|------------------------------|-------------------|----------------------------------|
| Providers                            | Wo         | Boliova           | Provic                                  | ors are Da                   | rtnors            |                                  |
| In This Section                      | VVC        | Delleve           | FIOVIC                                  | iers are rai                 | thers             | Provider Login                   |
| Providers                            | CenCal H   | EALTH'S SUCCESS   | is a direct reflect                     | ion on the efforts of local  | health care       | Eligibility                      |
|                                      | providers  | . Every one of c  | ur partnerships i<br>twell being of the | s essential. Together, we    | share the goal of | Authorizations                   |
| Join Our Network                     | improving  | s ule fiediul diu | a well-being of the                     | e people on the central o    | udst.             | Formulary & Pharmac              |
| Welcome to the Network               | CenCal He  | ealth is focused  | on making it eas                        | ier for local providers to s | erve our members  | Provider Basics                  |
|                                      | and delive | er the highest o  | uality of care. We                      | are publicly governed, no    | on-profit and     | Claims                           |
| Provider Profile/Practice<br>Changes | direcuy al | countable to tr   | te communities v                        | ve serve.                    |                   |                                  |
|                                      | CenCal H   | ealth is proud to | o prov <mark>ide</mark> health i        | care access to members o     | four community    |                                  |
| Search Provider Network              | who woul   | d otherwise go    | without coverage                        | by contracting with a str    | ong network. In   | Provider Servic                  |
| Provider Portal                      | fact, 94%  | of local provide  | ers are contracted                      | I with us.                   |                   | Contact U                        |
| Eligibility                          |            |                   | CenCal He                               | alth's Provide               | r Manual          | (805) 562-167<br>Mon-Fri, 8am-5p |

# **POVIDER PORTAL (RESTRICTED)**

#### New User Account Access

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

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

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

User Account Information Requirements:

- Provider/Organizations Name
- Tax Identification Number
- National Provider Identifier (NPI)
- Physician/Administrator E-mail address (preferred, organizational email address)

icon,

Point of Contact

# Portal Log In

Provider Login

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

#### First Time Login:

All individual accounts are created by your 'Physician/Administrator' User within your practice. After your account is created, the individual User will login with their email address as their Username, and a temporary password will be provided. The system will prompt the user to create their own individual password.

|   | Log in.  |
|---|--|
| - | SECURITY UPDATE:<br>To inhance the security of this portal, CenCal Health has made changes to the user authentication process. You are now available to login with a valid email<br>adverse.   |
| 1 | Initial Log in:<br>All portulars are required to enter an email address in the UserName Trief as well as their existing password. A prompt to create a new personn<br>password will follow after legging in to the portal. If you receive a notice that the user account email is invalid, the user will need to contact your<br>organizations's system administrator to request access. Users with access to multiple organizations with separate Tax ID numbers, will be required<br>enter the Tax ID number from organizations at laine tak log in. |
|   | Previous portal logins using W# will no longer provide access to the Provider Portal.  |
|   | Previous portal logins using WP will no longer provide access to the Provider Partal.  |
|   | Previous portal logins using WP will no longer provide access to the Provider Partal.  |
|   | Previous portal logins using WP will no longer provide access to the Provider Partal.  torter credentials to log in.  tortarree  tortarree  tortarree  tortarree  tortarree  |



#### Password Change Policy:

The system will prompt each User to change their password after 180 days of entry.

#### Password Entry Error or Password Assistance:

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

#### Forgot your Password?

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

#### **Automatic Deactivation Policy:**

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

#### **User Screen Role Access:**

All interactive features are listed along the left column of the page and are specific to each 'User Role' (i.e. if you submit claims you should see the 'Claims Entry'). Please contact your 'Physician/Administrator' within your organization if you need access to specific roles so you can have them added to your interactive tab.

#### **Multi-User Access:**

Users could have 'multi-user' access for more than one group (i.e. third party billers that have access to more than one IRS#). In this instance, the User will be able to toggle to each specific IRS# they are assigned to by clicking the IRS drop down box.



# DATA FORMS OVERVIEW HOME PAGE

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

| Provider - PCP       | Data Forms Overview  |
|----------------------|--|
| Home                 |  |
|                      | Security   |
| Claims Entry         | Cencal Health's Website employs Secure Socket Layer (SSL) technology to ensure that all information transmitted between CenCal Health and your office  |
| Eligibility          | is encrypted and secure. This security, however, is only as strong as your organization's username and password. Within your organization, only share the<br>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<br>the CenCal Health webmater innow whenever a envilleger demolesce leaves your organization, to that the environization's assword. The |
| Transaction Services | CenCal Health webmaster can be contacted at <u>webmaster@contalhealth.org</u> .  |
| Authorization        | Forms & Reports  |
| Reports              | Electronic Funds Transfer  |
| Coordination Of Care |  |
| Procedure Pricer     | Effective January 1, 2014, Electronic Fund Transfers (EFTs) are available through CenCal Health for various payment types. In order to receive EFTs,<br>providers must enroll for the option to receive their payments electronically.   |
| SMART Programs       | Claim Forms  |
| Downloads            | 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  |
| PCP Reassignment     | submission of the form you will receive a claim control number (CCN) for that claim.   |
| Pharmacy Forms       | Eligibility  |
| RBM Forms            | Cencal Health has updated its eligibility form and created a batch eligibility form for providers who consistently check eligibility on groups of members.<br>We hope that you find these forms accessible and beneficial.   |

# CLAIMS ENTRY Claims Module Dashboard

| Nelse - Felse      |             | Claims Module         |           |                      |                   |                     |               |                      |            |                       |              |
|--------------------|-------------|-----------------------|-----------|----------------------|-------------------|---------------------|---------------|----------------------|------------|-----------------------|--------------|
| iaims Entry        | NEW -       |                       |           |                      | Search Criter     | ia                  |               |                      |            |                       | RESET EXPOR  |
| Add/View Claims    |             | Billing Provider      | r<br>1    | C                    | CN                | Member ID           |               | Member F             | First Name | Membe                 | er Last Name |
| Training Tutorials | Date of     | Service<br>MM/DD/YYYY | MM/I      | EOP Date             | ~~~               | Patient#            |               | EOP Status<br>Select | 7          | Result Size<br>Select | <b>-</b> Q   |
|                    |             |                       |           | *Hover over grid hea | ider labels to re | veal additional sea | irch and sort | features.            |            |                       |              |
|                    | CCN         | Biling NPI            | Member ID | Member Name          | Patient#          | Total Billed        | Total Paid    | EOP Status           | DOS        | EOP Date              | DN Status    |
|                    | 2022        |                       |           |                      |                   | \$435.90            |               | Processing           | 03/24/2022 |                       | 0            |
|                    | 2022        |                       |           |                      |                   | \$158.56            |               | In Review            | 03/24/2022 |                       | 0            |
|                    | <b>2022</b> |                       |           |                      |                   | \$322.55            |               | Drocessing           | 02040000   |                       | 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:



The main dashboard allows you to search for a specific claim using any field on any combination of fields at the top of your screen, and the list will sort based off of your search filter

after you click the icon. You can click the following icons to reset the dashboard, or export your filter to a downloadable CSV file.

#### Submit a CMS-1500 Claim

Member / Datient Information

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

|            |                  | Clair                    | ns Module |                   |                  |
|------------|------------------|--------------------------|-----------|-------------------|------------------|
| NEW -      |                  | Search Crite             | ria       |                   | RESET            |
| LCMS-1500  | Billing Provider | CCN                      | Member ID | Member First Name | Member Last Name |
| UB-04      | Select Provider  | •                        |           |                   |                  |
| Date of    | of Service       | EOP Date                 | Patient#  | Status            | Result Size      |
| MM/DD/YYYY | to MM/DD/YYYY    | MM/DD/YYYY to MM/DD/YYYY |           | Select 👻          | Select 💌 🔍       |
|            |                  |                          |           |                   |                  |

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

To maneuver through the screen use your Tab key. Shift + Tab will allow you to move back one box. If you enter the data elements incorrectly the screen will populate with an error message in red.

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

| Member No.*              | Member Name*                       | DOB* | Gender | Relationship MRN/Account No. |
|--------------------------|------------------------------------|------|--------|------------------------------|
|                          |                                    |      |        | Self 🗸                       |
| * Member ID and either D | OB 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#.

| Relation | iship |
|----------|-------|
| Self     | K     |
| Self     | 15    |
| Child    | -     |

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

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

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



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

|                      |                                   | /                                  |
|----------------------|-----------------------------------|------------------------------------|
| Taxonomy             |                                   |                                    |
| ~                    |                                   |                                    |
| Service Facility NPI | Name                              | Specialty                          |
|                      |                                   |                                    |
| 5                    | Taxonomy     Service Facility NPI | Taxonomy Service Facility NPI Name |

#### **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 Informatio | n                     |       |          |                            |              |             |   |
|------------------|-----------------------|-------|----------|----------------------------|--------------|-------------|---|
| ClaimType*       | Auth No.              | SOC C | Chrg Amt | Anesthesia Start/Stop Time | Delay Reason | Patient No. |   |
| Select 🗸         |                       | 0.00  | 0.00     | 1                          |              | ~           |   |
| Reserved         | For Local Use-Remarks |       |          |                            |              |             |   |
|                  |                       |       |          |                            |              |             |   |
|                  |                       |       |          |                            |              |             |   |
| Diagnosis Cod    | es:*                  |       |          |                            |              |             |   |
| A                | Q B                   | Q     | С        | Q D                        | QE           | QF          | Q |
| G                | N N                   |       | R.C.     |                            | K K          |             |   |
| 0                | Q "                   | Q     | •        | Q "                        | Q "          | Q L         | Q |
|                  |                       |       |          |                            |              |             |   |

Diagnosis Codes are required and the user can manually enter the code, or click on the <sup>9</sup> icon to search from a list of codes. The code will then populate on the form once you click select.





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

| Li | ne Items +Add C | ов/онс 🔄 |         |         |                           |                 |      |            |         |                   |                  |          |          |          |
|----|-----------------|----------|---------|---------|---------------------------|-----------------|------|------------|---------|-------------------|------------------|----------|----------|----------|
| #  | Service Date(s) | POS Er   | ng Proc | 1<br>P: | Modifie<br>2<br>aidAmount | rs<br>3<br>CanA | 4    | Diag Ptr'  | Charge" | Units<br>on Codes | Fam Pin<br>EPSDT | Auth No. | Rend NPI | Taxonomy |
| 1  | to              | ŀ        | ~ Q     |         | / _/                      | ~               | ~    | onatos     |         |                   | ~                |          |          |          |
|    | ~               |          |         | ~       | 0.00                      |                 | 0.00 |            |         |                   |                  |          |          |          |
| 2  | to              |          | ~ Q     |         | / ~                       | ~               | ~    |            | 0.00    |                   | ~                |          |          | [        |
|    | ~               |          |         | *       | 0.00                      |                 | 0.00 |            |         |                   |                  |          |          |          |
| 3  | to              |          | ~ Q     | `       | <ul> <li></li> </ul>      | ~               | ~    |            | 0.00    |                   | ~                |          |          |          |
|    | ~               |          |         | *       | 0.00                      |                 | 0.00 |            |         |                   |                  |          |          |          |
| 4  | to              |          | ~ Q     | `       | · ·                       | ~               | ~    |            | 0.00    |                   | ~                |          |          |          |
|    | ~               |          |         | ~       | 0.00                      |                 | 0.00 |            |         |                   |                  |          |          |          |
| 5  | to              |          | ~ Q     | `       | <ul> <li></li> </ul>      | ~               | ~    |            | 0.00    |                   | ~                |          |          |          |
|    | ~               |          |         | ~       | 0.00                      |                 | 0.00 |            |         |                   |                  |          |          |          |
| 6  | T to            |          | ~ Q     | `       | · ·                       | ~               | ~    |            | 0.00    |                   | ~                |          |          |          |
|    | - ~             |          |         | ~       | 0.00                      |                 | 0.00 |            |         |                   |                  |          |          |          |
|    |                 |          |         |         |                           |                 |      | Total Char | ges     | )                 |                  |          |          |          |

| L | ine Items | +A   | dd CO  | B/OHC |         |      |     |            |           |        |          |        |          |                  |          |          |          |  |
|---|-----------|------|--------|-------|---------|------|-----|------------|-----------|--------|----------|--------|----------|------------------|----------|----------|----------|--|
|   | Servic    | e Da | ate(s) | POS   | Emg     | Proc | 1   | Modif<br>2 | iers<br>3 | 4      | Diag Ptr | Charge | Units    | Fam Pin<br>EPSDT | Auth No. | Rend NPI | Taxonomy |  |
|   | NDC/UPN   |      | Code   | 6     | uantity | UotM | Pai | iAmoun     | t Ca      | pAmoun | t Status | Reaso  | on Codes |                  |          |          |          |  |
| 1 | 1         | to   |        | •     | ~       | Q    | ~   | ~          | ~         | ~      |          |        |          | ~                |          |          |          |  |
| 1 | 2         | ~    |        |       |         |      | ×   | 0.0        | 00        | 0.0    | po       |        |          |                  |          |          |          |  |

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.

| Li | ne Items | +Ad  | d CO  | в/онс | 8        |      |      |              |         |        |          |        |          |                  |          |          |          |
|----|----------|------|-------|-------|----------|------|------|--------------|---------|--------|----------|--------|----------|------------------|----------|----------|----------|
| #  | Servic   | e Da | te(s) | POS   | Ema      | Proc | 1    | Modifie<br>2 | rs<br>3 | 4      | Diag Ptr | Charge | Units    | Fam Pin<br>EPSDT | Auth No. | Rend NPI | Taxonomv |
|    | NDC/UPN  |      | Code  |       | Quantity | UofM | Paid | Amount       | Сар     | Amount | Status   | Reaso  | on Codes |                  |          |          |          |
| 1  | 1        | to   |       | ł.,   | ~        | Q    | ~    | ~            | ~       | ~      |          |        |          | ~                |          |          |          |
|    |          | ~    |       |       |          | ~    |      | 0.00         |         | 0.0    | 0        |        |          |                  |          |          |          |

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

совюнс совона a third line in blue will populate for entry.

|   | ,  | Service  | Da | ite(s)  | PO | S Em   |      | Proc  |      |    | 1    | Modif<br>2 | iers<br>3 |      | 4     |    | Diag Ptr  | Ch  | arge  | Units   | Fam Pin<br>EPSDT | A  | uth No. | Rend NPI | Taxonomy |
|---|----|----------|----|---------|----|--------|------|-------|------|----|------|------------|-----------|------|-------|----|-----------|-----|-------|---------|------------------|----|---------|----------|----------|
| Ī | N  | DC/UPN   |    | Code    |    | Quanti | ly   | U     | ofM  |    | Paid | Amoun      | t (       | Cap/ | Amoun | t  | Status    |     | Reaso | n Codes |                  |    |         |          |          |
|   | E  | OB Date  |    | Allowed |    | Deduct | ble  | Coins | uran | ce |      | Paid       |           | В    | illed |    | Non-Cover | ed  | Adju  | sted    | Denied           |    |         | _        |          |
|   | 1  | to       | 0  | 1       |    |        | -    |       | Q    |    | ~    | ~          |           | ~    | ~     |    |           |     | 1     |         | ~                |    | -       |          |          |
|   |    | ~        |    |         |    |        |      |       |      | ~  |      | 0.0        | 00        |      | 0.0   | 00 |           |     |       |         |                  |    |         |          |          |
| Ĩ | mm | vdd yyyy |    | 0.      | 00 |        | 0.00 |       | 0    |    |      | 0.         | 10        |      | 0.0   | 90 | 0.        | .00 |       | 0.00    | 0.               | 96 |         |          |          |

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.

icon to



- Add icon allows you to enter a new claim
- Paper clip icon allows you to upload attachments

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

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

| Health Insurance Claim Form - Professional | + |  |
|--|---|--|
| Claim Created Successfully                 |   |  |

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

| ne items  |       | Add CC    | ыонс | -        |       |      |      | Modifie | 65  |       |          |   |   |   | Fam Pin  |  |          | 15       |
|-----------|-------|-----------|------|----------|-------|------|------|---------|-----|-------|----------|---|---|---|--|--|----------|----------|
| Serv      | ice C | Date(s)   | POS  | Emg      | P     | roc  |      | 2       | 3   | 4     | Dian Ptr | 0 | arge  | Units   | EPSOT  | Auth No.   | Rend NPI | Taxonomy |
| NDC/UPN   | 1     | Code      |      | Quantity |       | UofM | Paid | Amount  | Cap | Amoun | Status   |   | Reaso   | n Codes   |  |  |          |          |
| 11/1/2021 | to    | 11/2/2021 | 11   | ~        | 99214 | Q    | ~    | *       | ¥   | ~ A   | .8       |   | 150.00  | 1   | ~  |  |          |          |
|           | ×     |           |      |          | 0     |      | ~    | 0.00    |     | 0.0   | DN       |   | 9E-F<br>MIS<br>PRO<br>REN<br>CON<br>DEP<br>1676 | SING OR I<br>SING OR I<br>DVIDER SI<br>NDERING<br>NTACT PR<br>PARTMEN<br>6: | NG PROVID<br>INVALID -<br>ERVICES;<br>NUMBER I<br>OVIDER S<br>T 1-800-42 | DER # IS<br>CONTACT<br>94-<br>NVALID,<br>ERVICES<br>1-2560 EXT | Ì        |          |

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.

| <u>Submit a</u>    | uB-04 Cla        | aim                               |              |                   |                  |
|--------------------|------------------|-----------------------------------|--------------|-------------------|------------------|
| Click the          | NEW - icon fr    | om the main dashb                 | oard to subr | nit a UB-04 clai  | m form.          |
|                    |                  | Clair                             | ns Module    |                   |                  |
| NEW -              |                  | Search Crite                      | ria          |                   | RESET            |
| CMS-1500           | Billing Provider | CCN                               | Member ID    | Member First Name | Member Last Name |
| JB-04              | Provider         | •                                 |              |                   |                  |
| Date of MM/DD/YYYY | to MM/DD/YYYY    | EOP Date MM/DD/YYYY to MM/DD/YYYY | Patient#     | Select 👻          | Select           |

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

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

| member many | DOB |         | Gender | Relatio | nship | MRN/Account No. |
|-------------|-----|---------|--------|---------|-------|-----------------|
|             |     | <b></b> |        | Self    | ~     |                 |
|             |     |         |        |         | Self  | Self 🗸          |



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#.

|   | Relation | nship |
|---|----------|-------|
|   | Self     | K     |
|   | Self     | 15    |
| - | Child    |       |

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

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

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

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

| Provider/Billing Inform | nation |           |               |      |           |  |
|-------------------------|--------|-----------|---------------|------|-----------|--|
| Billing Provider*       | -0     | Taxonomy  | Admitting NPI | Name | Specialty |  |
| Select Provider         |        | ~         |               |      |           |  |
| Attending NPI           | Name   | Specialty | Operating NPI | Name | Specialty |  |
|                         |        |           |               |      |           |  |

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

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

| ClaimTy  | /pe*     | Bill Type* | Admit D    | ate Ad   | mit Hr     | Disc | harge Hr / | Admit Ty | pe     | SOC    |      | Patient No | ).   |            |      |            |
|----------|----------|------------|------------|----------|------------|------|------------|----------|--------|--------|------|------------|------|------------|------|------------|
| Select.  | ~        | ~          | mm/dd/yyj  | =        |            |      |            |          | ~      | 0.00   |      |            |      |            |      |            |
| Admit So | urce     |            |            | Inpatier | nt Status  |      |            | Con      | dition | Codes: |      |            |      |            |      |            |
|          |          |            | ~          |          |            |      |            | ~        | ~      | ~      | ~    | ~ `        | · ·  | ~          | ~    | v v        |
| Occurren | ice Code | es:        |            |          |            |      |            |          |        |        |      |            |      |            |      |            |
| Code     | Date     | Code       | Date       | Code     | Date       | Code | Date       | Code     | Da     | te     | Code | Date       | Code | Date       | Code | Date       |
| ~        | nm/dd/yy | уу 🗸       | mm/dd/yyyy | ~ 1      | nm/dd/yyyy | ~    | mm/dd/yyyy | ~        | mm/dd  | Uyyyy  | ~    | mm/dd/yyyy | ~    | mm/dd/yyyy | *    | mm/dd/yyyy |
| /alue Co | des:     |            |            |          |            |      |            |          |        |        |      |            |      |            |      |            |
| Code     | Ar       | nount      | Code       | Amount   | t c        | ode  | Amount     | C        | ode    | Am     | ount | Code       | An   | nount      | Code | Amount     |
| ~        |          | 0.00       | ~          |          | 0.00       | ~    | 0.0        | 00       | ~      |        | 0.00 |            | 1    | 0.00       | ~    | 0.         |

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

| Claim (Add | litional)  |      |       |      |          |   |     |        |   |         |   |      |        |      |        |     |        |      |        |    |         |     |      |   |          |     |
|------------|------------|------|-------|------|----------|---|-----|--------|---|---------|---|------|--------|------|--------|-----|--------|------|--------|----|---------|-----|------|---|----------|-----|
| Authoria   | zation No. |      |       | I    | ORG Code |   |     |        | A | dmit Dx |   |      |        | Dela | y Reas | son |        |      | Remark | (S |         |     |      |   |          |     |
|            |            |      |       |      |          |   |     |        |   |         |   |      | Q      |      |        |     |        | ~    |        |    |         |     |      |   |          |     |
| Diagnosis  | Codes/P    | OA I | ndica | ator | o*       |   |     |        |   |         |   |      |        |      |        |     |        |      |        |    |         |     |      |   |          |     |
| A          | Q          |      | ~     | в    |          |   | a   | ~      | С |         |   | Q    | ~      | D    |        |     | ٩      | ~    | E      |    | Q       | ×   | F    |   | Q        | ~   |
| G          | Q          |      | ~     | н    |          |   | ٩   | ~      | I |         |   | ٩    | ~      | J    |        |     | Q      | ~    | к      |    | ٩       | ~   | L    |   | Q        | ~   |
| м          | Q          |      | ~     | N    |          |   | Q   | ~      | 0 |         |   | Q    | ~      | P    |        |     | Q      | ~    | 9      |    | Q       | ~   | R    |   | Q        | ~   |
| Principle  | Procedure  |      |       |      |          |   |     |        |   |         |   |      |        |      |        |     |        |      |        |    |         |     |      |   |          |     |
| Code       |            | C    | Date  |      | Code     |   | I   | Date   |   | Code    |   | D    | ate    | Cod  | le     |     | Dat    | te   | Code   |    | Date    | •   | Code |   | Date     |     |
|            | Q          | mm/  | dd/yy | уу   |          | Q | mm/ | dd/yyy | У |         | Q | mm/d | d/yyyy |      |        | Q   | mm/dd/ | уууу |        | Q  | mm/dd/y | ууу |      | Q | mm/dd/yy | /yy |



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 | + Add COB  | ЮНС 🔄    |      |        |      |       |      |        |       |              |  |
|            |            |          | 1    |        | Modi | tions |      |        |       |              |  |
| # Servi    | ce Date(s) | Rev Code | Proc |        | 2    | 3     |      | Charge | Units | Auth No.     |  |
| NDC/UPN    | Code       | Quantity | UofM | PaidAm | ount | CapAm | ount | Status |       | Reason Codes |  |
| 1 I        | to         | Q        | a    | ~      | *    | ~     | *    | 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   |       |              |  |
| ,          |            | 1        | ~    |        | 0.00 |       | 0.00 |        |       |              |  |
| 5          | to         | Q        | Q    | ~      | ~    | ~     | *    | 0.00   |       |              |  |
|            |            |          | ~    |        | 0.00 |       | 0.00 |        |       |              |  |
| 6          | to         | Q        | Q    | ~      | ~    | *     | ~    | 0.00   |       |              |  |
|            |            |          | ~    |        | 0.00 |       | 0.00 |        |       |              |  |

|   | # Servic | e Date(s) | Rev Code | Proc | 1      | Modi<br>2 | fiers<br>3 | 4    | Charge | Units    | Auth No.     |  |
|---|----------|-----------|----------|------|--------|-----------|------------|------|--------|----------|--------------|--|
|   | NDC/UPN  | Code      | Quantity | UofM | PaidAn | nount     | CapAm      | ount | Status | Crinics. | Reason Codes |  |
| 1 | I        | to        | Q        | Q    | ~      | ~         | ~          | ~    | 0.00   |          |              |  |
| T | ~        |           | 1        | ~    |        | 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.

| # Servic | e Date(s) | Rev Code | Proc | 1     | Mod<br>2 | ifiers<br>3 | 4     | Charge | Units | Auth No.     |   |  |
|----------|-----------|----------|------|-------|----------|-------------|-------|--------|-------|--------------|---|--|
| NDC/UPN  | Code      | Quantity | UofM | PaidA | mount    | CapAn       | nount | Status |       | Reason Codes |   |  |
| 1 T      | to        | Q        | Q    | v     | ~        | Ý           | ~     | 0.00   |       |              | - |  |
| ~        |           |          | ~    | -     | 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

совюнс совона a third line in blue will populate for entry.

|   | ,  | Service | Da | ite(s)  | POS | S Emg    |      | Proc       |     |     | Modifier<br>2 | 15<br>3 | 4      |      | Diag Ptr  | Ch   | arge   | Units   | Fam Pin<br>EPSDT | A  | uth No. | Rend NPI | Taxonomy |
|---|----|---------|----|---------|-----|----------|------|------------|-----|-----|---------------|---------|--------|------|-----------|------|--------|---------|------------------|----|---------|----------|----------|
|   | N  | DC/UPN  |    | Code    |     | Quantity |      | UofM       |     | Pai | dAmount       | Ca      | pAmou  | nt   | Status    |      | Reason | n Codes | i.               |    |         |          | M        |
|   | E  | OB Date |    | Allowed |     | Deductib | e    | Coinsurand | e   |     | Paid          |         | Billed |      | Non-Coven | ed   | Adjus  | sted    | Denied           |    |         |          |          |
|   | 1  | t       | 0  |         | 1   | ~        |      | Q          |     | ~   | ~             | ~       | ~      |      |           |      | 1      |         | ~                |    |         |          |          |
|   |    | ~       |    |         |     |          |      |            | ~   |     | 0.00          |         | C      | 0.00 |           |      |        |         |                  |    |         |          |          |
| Ĩ | mm | Vddyyyy |    | 0       | .00 | (        | 0.00 | 0.         | .00 |     | 0.00          | -       |        | 0.00 | 0         | 0.00 |        | 0.00    | 0.0              | 96 |         |          |          |

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

| ССВ/ОНС -  |                 |
|------------|-----------------|
| Line Items | + Add COB/OHC - |



| сов/онс -     |                |              |            |             |      |          |            |        |
|---------------|----------------|--------------|------------|-------------|------|----------|------------|--------|
| EOB Date      | Billed         | Allowed      | Deductible | Coinsurance | Paid | Not Cvrd | Adjustment | Denied |
| mm/dd/yyyy    |                |              |            |             |      |          |            |        |
| *Values can o | nly 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.



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

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

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

| ine Items | +Add CO      | ов/оно |          |       |      |      |              |         |       |          |   |   |   |  |  |          |          |
|-----------|--------------|--------|----------|-------|------|------|--------------|---------|-------|----------|---|---|---|--|--|----------|----------|
| Servi     | ice Date(s)  | POS    | Emg      | P     | roc  | 1    | Modifie<br>2 | ns<br>3 | 4     | Diag Ptr | ~ | arge                                    | Units   | Fam Pin<br>EPSOT   | Auth No.   | Rend NPI | Taxonomy |
| NDC/UPN   | Code         |        | Quantity |       | UofM | Paid | Amount       | Cap     | Amoun | t Status |   | Reaso                                   | n Codes   |  |  |          |          |
| 11/1/2021 | 10 11/2/2021 | 11     | ~        | 99214 | Q    | ~    | *            | ۷       | ~ A   | ,8       |   | 150.00                                  | 1   | ~  |  |          |          |
|           | ~            |        |          | 0     |      | ~    | 0.00         |         | 0.0   | DN .     |   | 9E-F<br>MIS<br>PRO<br>REN<br>CON<br>DEP | SINDER IN<br>SING OR<br>DVIDER SI<br>IDERING<br>NTACT PR<br>PARTMEN | NG PROVID<br>INVALID -<br>ERVICES;<br>NUMBER I<br>OVIDER S<br>T 1-800-42 | DER # IS<br>CONTACT<br>94-<br>NVALID,<br>ERVICES<br>1-2560 EXT |          |          |

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.



P PS PUG 4-2022 E



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



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.



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

| Category:      Initial      Additional |                   |         |
|--|-------------------|---------|
| Upload File:<br>Choose File test_1.pdf | ß                 |         |
|  | UPLOAD ATTACHMENT | Cancel  |
| File Types: .pdf .jpeg .jpg .txt       | Max File Si       | ze: 4MB |

The document(s) will then be connected to your claim. Use the <sup>1</sup> button to add additional documents.

| Attachments<br>Back to Claim List   Back to          | for Claim#: 20211117 | 7029                      |             |                              |
|--|----------------------|---------------------------|-------------|------------------------------|
| Category   | Filename             | Uploaded                  | Ву          | Upload Date                  |
| Initial  | _test_1.pdf          | authTest@cencalhealth.org |             | 11/17/2021                   |
| Back to List Health Insu Member / Patient Informatik | rance Claim Form -   | Professional              |             | + <mark>*</mark> H           |
| Member No.*  | Member Name*         | DOB*                      | Gender<br>F | Relationship MRN/Account No. |

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

When you are finished entering your claims, you may select the <u>Back to Claim List</u> option on the upper left side of the screen to return to the dashboard.



|               |                  |            | Cla                            | ims Module            |                    |            |            |             |          |     |
|---------------|------------------|------------|--------------------------------|-----------------------|--------------------|------------|------------|-------------|----------|-----|
| NEW -         |                  |            | Search Cri                     | leria                 |                    |            |            | RE          | SET      | ORT |
|               | Billing Provider |            | CCN                            | Member I              | D                  | Member Fin | t Name     | Member I    | ast Name |     |
|               | Select Provider  |            |                                | T                     |                    |            |            |             |          |     |
| Date of       | Service          | E          | OP Date                        | Patient#              |                    | Status     | 1          | Result Size |          |     |
| MM/DD/YYYY to | MM/DD/YYYY       | MM/DD/YYYY | to MM/DD/YYYY                  |                       |                    | Select     | •          | Select •    | ٩        |     |
|               |                  | *Ho        | ver over grid header labels to | reveal additional sea | urch and sort feat | ures.      |            |             |          | _   |
| CCN           | Billing NPI      | Member ID  | Member Name                    | Patient#              | Total Billed       | Total Paid | Status     | DOS         | EOP Date |     |
| 202111170291  |                  |            |                                |                       | \$239.00           | \$0.00     | Processing | 11/15/2021  |          |     |
| 202111150241  |                  |            |                                |                       | \$355.98           | \$150.75   | Processing | 11/13/2021  |          |     |
| 202111160242  |                  |            |                                |                       | \$559.25           | \$0.00     | Processing | 11/13/2021  |          |     |
| 202111160242  |                  |            |                                |                       | \$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.

|         |                                     |           | Cla                               | ims Module              |          |  |                           |
|---------|-------------------------------------|-----------|-----------------------------------|-------------------------|----------|--|---------------------------|
| NEW -   |                                     |           | Search Crit                       | eria                    |          |  | RESET                     |
|         | Billing Provider<br>Select Provider |           | CCN                               | Member ID               |          | Member First Name                              | Member Last Name          |
| Date of | Service<br>MM/DD/YYYY               | MM/DD/1   | EOP Date                          | Patient#                |          | EOB Status Provider Review Req                 | Result Size<br>Select • Q |
|         |                                     |           | *Hover over grid header labels to | reveal additional searc | h and sc | In Review                                      |                           |
| CCN     | Billing NPI                         | Member ID | Member Name                       | Patient#                | Total    | Processing<br>Finalized<br>Provider Review Req | Status DOS EOP D          |

# **CONTACT US**

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

#### Behavioral Health Department (805) 562-1600

- Behavioral Health Treatment (ABA) & Mental Health Treatment Inquiries
- Member Case Management

#### Claims Department (805) 562-1083

- Claims Customer Service Support
- Claims & Billing Training
- Claims Grievances and Appeals

#### Provider Services Department (805) 562-1676

- Provider Portal Technical Issues
- Provider Practice Changes
- Contract & Credentialing Inquiries
- New Provider Orientation & Portal Demonstrations
- Provider Training