
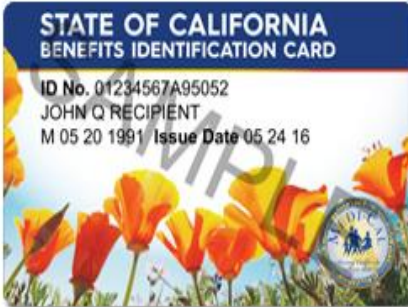



Frequently asked questions & background	How to						
<p>WHO IS CENCAL HEALTH AND HOW DO THEY RELATE TO MEDI-CAL:</p> <p>CenCal Health is a State contracted Medi-Cal Managed Care plan which Provides payment for its members in San Luis Obispo and Santa Barbara counties.</p> <p>If a member resides in a different county they may be eligible with another County Managed Care plan.</p> <p>Please check with the Managed Care plan in the county the member resides in for eligibility and guidelines.</p>	<ul style="list-style-type: none"> • The Department of Social Services (DSS) determines eligibility for CenCal Health members. AIM Members eligibility is determined by the designated AIM Program vendor. • SBHI and SLOHI are our two Medi-Cal Plans. Another smaller program administered by CenCal Health is AIM, serving Mothers and Infants during pregnancy up to 60 days after the birth. 						
<p>WHY IS IMPORTANT TO VERIFY ELIGIBILITY:</p>	<ul style="list-style-type: none"> • Reinforces case management • Avoid possible referral/authorization/claim denials • Identifies instances of member misrepresentation • Eligibility can change from month to month 						
<p>OBTAIN A COPY OF THE MEDI-CAL BIC & CENCAL HEALTH CARDS:</p> <p>The identification number printed on the members Medi-Cal BIC Card up to the alfa character is identical to the number printed on the members CenCal membership card.</p> <p>This membership card should be used to determine a member's eligibility and we recommend making a copy for your patient records.</p> <p>TIP: Please remember, to verify eligibility as the presentation of the CenCal Health membership card does not guarantee eligibility.</p> <p>Eligibility is determined on a month to month basis by DSS. For this reason we recommend that you check the member's eligibility on every visit.</p>	 <p>www.cencalhealth.org</p> <table border="1"> <tr> <td>Group 110 SB HEALTH INITIATIVE</td> <td>Member ID Number 9000000000000F</td> </tr> <tr> <td>Member Name JENNY JACKOB</td> <td>24/7 Nurse Advice Line 1-800-542-5222</td> </tr> <tr> <td>Primary Care Provider (PCP) Dr. Jones (805) 867-5309</td> <td>Pharmacy Help Line 1-800-977-2273 BIN: 022659 PCN: 6334225</td> </tr> </table> <p>Member Services / Servicios para Miembros 1-877-814-1861</p>  <p>STATE OF CALIFORNIA BENEFITS IDENTIFICATION CARD</p> <p>ID No. 01234567A95052 JOHN Q RECIPIENT M 05 20 1991 Issue Date 05 24 16</p>	Group 110 SB HEALTH INITIATIVE	Member ID Number 9000000000000F	Member Name JENNY JACKOB	24/7 Nurse Advice Line 1-800-542-5222	Primary Care Provider (PCP) Dr. Jones (805) 867-5309	Pharmacy Help Line 1-800-977-2273 BIN: 022659 PCN: 6334225
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WHERE DO I VERIFY ELIGIBILITY:

Online Provider Portal
CenCal Health Website:
www.cencalhealth.org

Select Provider Login and sign in with your individual Username and Password

Select 'Check Eligibility'

1. Member ID# or Last Member's last four (4) digits of their SSN
2. Date of Birth (MMDDYYYY format) or Members First/Last Name
3. Date of Service (DOS)
4. Click  icon to submit

Eligible Member = 'Y' Eligible

Non Eligible Member = 'N' Not Eligible

If the member appears to be ineligible with CenCal Health, you can determine their State Medi-Cal eligibility through the CenCal website by selecting 'DHS Check'

1. Confirm the provider # box is populated with the correct NPI number
2. Enter your state provided PIN number
3. Enter the Date of service in (DDMMYYYY format) in the date of service box

Member with Share of Cost (SOC)


SOC is a dollar amount that a member is responsible to pay on a monthly basis. The amount is established by Department of Social Services (DSS) not CenCal Health. The member must pay their SOC each month before they are eligible for CenCal benefits. After the SOC is paid in full, the newly eligible CenCal member will not select a PCP, but will be made 'Special Class' for the month.

Providers can clear a Member's SOC online at www.medi-cal.ca.gov/mcwebpub/login.asp

Or call DHCS Telephone Service Center at 1-800-541-5555

Eligibility

Batch Eligibility(New)

> Check Eligibility(New) 

Member Eligibility

Member ID or Last 4 of SSN (1) Date of Birth (DOB) (MM/DD/YYYY) (2) First Name (2) Last Name Date of Service (DOS) (3)

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

Member Info: As Of 09/03/2019 Inquiry Date: 9/3/2019 3:49:18 PM - Confirmation: 301271

Member ID	Name	Sex	Special Case
G	TEST1 CENCAL	F	None
Medicare Parts -	HICF	DOB	02/01/1998
Other Carriers	ANTHEM BLUE CROSS (800) 677-666		

Eligibility History: Last 12 Months As Of 09/03/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CHCCC - Npsmo 805929211	SBH	09/01/2019 - 09/30/2019	Y		Full	P - PPO/PHARMACEUTICAL not otherwise specified
CHCCC - Npsmo 805929211	SBH	08/01/2019 - 08/31/2019	Y		Full	P - PPO/PHARMACEUTICAL not otherwise specified
CHCCC - Npsmo 805929211	SBH	05/01/2019 - 07/31/2019	Y		Full	P - PPO/PHARMACEUTICAL not otherwise specified
CHCCC - Npsmo 805929211	SBH	04/01/2019 - 04/30/2019	Y		Full	P - PPO/PHARMACEUTICAL not otherwise specified
CenCal Health 8778141981	SBH	03/01/2019 - 03/31/2019	Y		Full	P - PPO/PHARMACEUTICAL not otherwise specified

Services: As Of 09/03/2019

Medi-Services (MTD)	Allowed	Used	Remaining
PT Visits (YTD)	2	0	2

Case Management: Last 12 Months As Of 09/03/2019

Program	Reason	Case Manager	Date Range
There are no Case Managers during the date range provided			

Specialized Programs: CM = CenCal Health Case Management * Restricted Services - Noted by Eligible Aid Code: Restricted to LTC and Related Services (53)

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

Member is not eligible on 09/02/2019 **DHS Check**

Member Info: As Of 09/02/2019 Inquiry Date: 9/4/2019 10:06:15 AM - Confirmation: 301275

Member ID	Name	Sex	Special Case
	TEST4 CENCAL	M	None
Medicare Parts -	A.B.D	DOB	09/01/1946
Other Carriers			

Eligibility History: Last 12 Months As Of 09/02/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141981	SBH	09/01/2019 - 09/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	07/01/2019 - 08/31/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	05/01/2019 - 06/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	04/01/2019 - 04/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	03/01/2019 - 03/31/2019	Y		Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	02/01/2019 - 02/28/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	01/01/2019 - 01/31/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	11/01/2018 - 12/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	04/01/2018 - 10/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage

Case Management: Last 12 Months As Of 09/02/2019

Program	Reason	Case Manager	Date Range
CM	(CM) Neurological (CVA, TBI, ALS, HK, dementia/Az)	Maureen R	07/01/2019 - 08/31/2019

Specialized Programs: M = CenCal Health Case Management * Restricted Services - Noted by Eligible Aid Code: Restricted to LTC and Related Services (53) HD,CM = Public Health Department Case Management Restricted to Breast and Cervical Cancer Treatments (DR, OU, OT) CRC = Tri Counties Regional Center

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

Member is not eligible on 09/02/2019 **DHS Check**

Member Info: As Of 09/02/2019 Inquiry Date: 9/4/2019 10:06:15 AM - Confirmation: 301275

Member ID	Name	Sex	Special Case
	TEST4 CENCAL	M	None
Medicare Parts -	A.B.D	DOB	09/01/1946
Other Carriers			

Eligibility History: Last 12 Months As Of 09/02/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141981	SBH	09/01/2019 - 09/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	07/01/2019 - 08/31/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	05/01/2019 - 06/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	04/01/2019 - 04/30/2019	N	\$678.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	03/01/2019 - 03/31/2019	Y		Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	02/01/2019 - 02/28/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	01/01/2019 - 01/31/2019	N	\$797.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	11/01/2018 - 12/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141981	SBH	04/01/2018 - 10/31/2018	N	\$755.00	Full	D - Medicare Part D Prescription Drug Coverage

Case Management: Last 12 Months As Of 09/02/2019

Program	Reason	Case Manager	Date Range
CM	(CM) Neurological (CVA, TBI, ALS, HK, dementia/Az)	Maureen R	07/01/2019 - 08/31/2019

Specialized Programs: M = CenCal Health Case Management * Restricted Services - Noted by Eligible Aid Code: Restricted to LTC and Related Services (53) HD,CM = Public Health Department Case Management Restricted to Breast and Cervical Cancer Treatments (DR, OU, OT) CRC = Tri Counties Regional Center

What are Medi-Cal (SBHI & SLOHI) Special Case Members?

Members who are Special Case can be seen by any SBHI/SLOHI provider without a Referral authorization form (RAF). These members should be considered as fee-for-service and are considered to be more medically fragile (i.e. organ transplant, or Renal Dialysis members).

Special Case Members will be assigned to CenCal Health and it will appear under the Primary Care Section of the member's eligibility if they are a special class member.

As stated above, if this is the case, this member does not need to obtain a RAF to see a specialist, and allows members open access to the network.

TIP:

It is important to check this each month as the member can be moved out of this class.

Categories for Special Class include:

- The First month of eligibility with CenCal Health
- Resident in a long-term care facility (skilled nursing or institutions for the developmentally disabled)
- Have met their share-of-cost
- Hospice
- Resides out of county
- Are qualified under the Genetically Handicapped Persons Program (GHPP)

BY PHONE

By Phone call CenCal Health's Member Services Department at (877) 814-1861 Option 3

Call State Medi-Cal EDS at 1 (800) 541-5555

Member ID or Last 4 of SSN: [Redacted] Date of Birth: [Redacted] First Name: [Redacted] Last Name: [Redacted] Date of Service (DOS): 09/19/2019

Member Info: As Of 09/10/2019 Inquiry Date: 9/10/2019 1:51:33 PM - Confirmation: 357363

Member ID	Name	Sex	Special Case
[Redacted]	[Redacted]	[Redacted]	LTC

Eligibility History: Last 12 Months As Of 09/10/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
CenCal Health 8778141861	SLOH	09/01/2019 - 09/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	09/01/2019 - 09/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	06/01/2019 - 06/30/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	05/01/2019 - 05/31/2019	Y	\$515.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	04/01/2019 - 04/30/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	02/01/2019 - 02/28/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	01/01/2019 - 01/31/2019	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	10/01/2018 - 12/31/2018	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage
CenCal Health 8778141861	SLOH	09/01/2018 - 09/30/2018	Y	\$596.00	Full	D - Medicare Part D Prescription Drug Coverage

Services: As Of 09/10/2019

Medi-Services (MTD)	Allowed	Used	Remaining
Medi-Services (MTD)	2	0	2
PT Visits (YTD)	18	0	18

Case Management: Last 12 Months As Of 09/10/2019

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)

Member Info: As Of 09/16/2019 Inquiry Date: 9/16/2019 3:23:09 PM - Confirmation: 434754

Member ID	Name	Sex	Special Case
[Redacted]	[Redacted]	F	CCS Member

Eligibility History: Last 12 Months As Of 09/16/2019

PCP Name (Phone)	Plan	Date range	Eligible	SOC	Benefits	Other Insurance (COB)
Lompoc Health Care Center 8953376495	SBH	09/01/2019 - 09/30/2019	Y	\$0	Full	N - None

Services: As Of 09/16/2019

Medi-Services (MTD)	Allowed	Used	Remaining
Medi-Services (MTD)	2	0	2
PT Visits (YTD)	18	0	18

Case Management: Last 12 Months As Of 09/16/2019

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)