



COMMUNITY HEALTH GROUP's (CHG) ONLINE TOOL FREQUENTLY ASKED QUESTIONS

ENROLLMENT

1. How can I tell if a member belongs to an IPA?

If a member belongs to an IPA, the IPA affiliation column on the enrollment tool will be populated. If this is blank, the member's enrollment is not through an IPA.

2. Do I need to populate all fields when looking up eligibility?

No. If you enter the member's Plan ID number, social security number, or Client Index Number (CIN), you do not need to enter the member's first name/last name or date of birth. Alternatively, if you enter the member's first name/last name or date of birth, you do not need to enter any of the member numbers (e.g. CIN, social security, etc.).

3. Can I look up member eligibility for future dates?

No. Medi-Cal, Healthy Families, and Medicare enrollment in an HMO is granted on a month to month basis; however, you can look up current and past enrollment, up to six months in the past.

4. What does each of the following disclaimers mean?

Disclaimer	Meaning/Steps
Member is assigned to another physician. Call Member Services.	Member is assigned to another primary care physician. If the member is at your site and wishes to transfer, ask the member to call Member Services.
No record found at this time.	Individual no longer has active enrollment with CHG. If the Medi-Cal website shows that the member has been reinstated with CHG, contact Member Services so the enrollment record can be updated in our database.

5. Why isn't my username or password working?

There could be several reasons for this. Please contact our Claims Liaison Line at 619-240-8933

6. If services are part of my capitation, what is the claim status and allowed amount I should see online?

The claim status would be paid and the allowed amount would be zero dollars.

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AUTHORIZATIONS

7. How can I check authorization status if I do not have a Health Plan ID or social security number?

If you do not have this information, please click on member eligibility status, enter the member's name and DOB. This search will provide you with the health plan ID number; once you have this information you can search for authorization status.

CLAIMS

8. When verifying claim status, how can I get information on the check number or denial reason?

Place your cursor on any of the underlined words, this will take you to a pop up screen that shows the amount paid, check number and address where payment was mailed. You will also get the description for the denial reason code (e.g.. SRA2= Service Requires Prior Authorization).

9. What if do not get a Pop UP Screen?

If you do not get a pop up screen, you may have a "pop up screen blocker". To allow pop ups, locate the "Pop UIP Blocker" banner (usually located on the top of your screen) and click on *allow temporary pop up's*.

10. Why can't I find inpatient claims when there are multiple dates of service?

The claim status online tool is date specific. If you cannot find your claim, start by using the admit date of service.