

- MEMORANDUM -

DATE: July 26, 2021
TO: Alameda County Behavioral Health (ACBH) Staff and Providers
FROM: Lisa Moore, Billing and Benefits Support Director
Cecilia Serrano, Finance Director
SUBJECT: **InSyst Medi-Cal Eligibility Verification Connectivity to State**

Effective August 1, 2021, InSyst will not have the ability to connect to the State's Medi-Cal Eligibility information and provide Medi-Cal eligibility verification in real time. The temporary impact of this change will be as follows:

- Providers will not be able to verify or confirm Medi-Cal coverage in real time via the InSyst Medi-Cal Eligibility screen.
- Providers will not have the ability to confirm clients' Medi-Cal eligibility when manually inserting InSyst Medi-Cal eligibility records, when the monthly ACBH automated process is unable to write the record (e.g. clients with out-of-county Medi-Cal)

This is anticipated to be a short-term issue that should be resolved within the next few months. **In the interim, Providers should manually enter InSyst Medi-Cal eligibility records (when applicable) as follows:**

1. Enter the InSyst "Client number" and "Reporting Unit (RU)" number on the InSyst Eligibility Insert screen and Click Enter.
2. The clients "Eligibility Number" (aka Medi-Cal Number) and additional demographic information will auto populate on the screen.
3. The system will propose the current month/year as "Eligibility Period" (e.g. July 2021 s/b entered as 7/2021). You can elect to enter a different month/year you need to write the record for.
4. Enter the "Card Issue Date" (Client's actual Medi-Cal effective date or Today's current date).
5. Change "Confirm Now" information from "Y" to "N", so the system will not attempt to perform a live eligibility check.
6. Enter "Y" next to "Form OK" at the bottom of the page, to confirm your request and the system will write the eligibility record.

Note: There will not be an Aid Code or Eligibility Verification Confirmation (EVC) number indicated on the record, and you will not be able to add that information manually. Claiming of services will not be impacted. Please continue to utilize the State's online Medi-Cal verification site: <https://www.medi-cal.ca.gov/> to verify





clients Medi-Cal eligibility, as it allows the ability to print a copy of clients' monthly eligibility for audit and Cost Reporting purposes.

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Eligibility Insert
Client Number: 7508  RU: 01  Eligibility Number: 999999999D
Name: CINDYTWO  T TEST  Birthdate: 02-Feb-1960  Sex: F
Social Security Number: 123-33-3333
Eligibility Period: 7/2021  Special Reason Code:  Sensitive:  CSI M/C:
Card Issue Date: 07/27/2021  Confirm Now: N  EVC Number:
Street No.: 9999  Direction:  Name: STREET NW  Type:  Apt:
City: FREMONT  St: CA  Zip: 94538+0000  Ph #: (510) 999-9999
Form OK Y/N: Y  Confidential Information  USER: M000000000
```

If you should have any questions and/or need further assistance, please contact ACBH Billing and Benefits Support Unit @ 800-878-1313.

Thank you for your patience as we continue to resolve this matter.

