

VERIFYING MEDICAL ELIGIBILITY

- Provider Responsibility
- State Online Verification Process
- Reading the Response

Presented By: Billing and Benefits Support Unit

Provider Responsibility

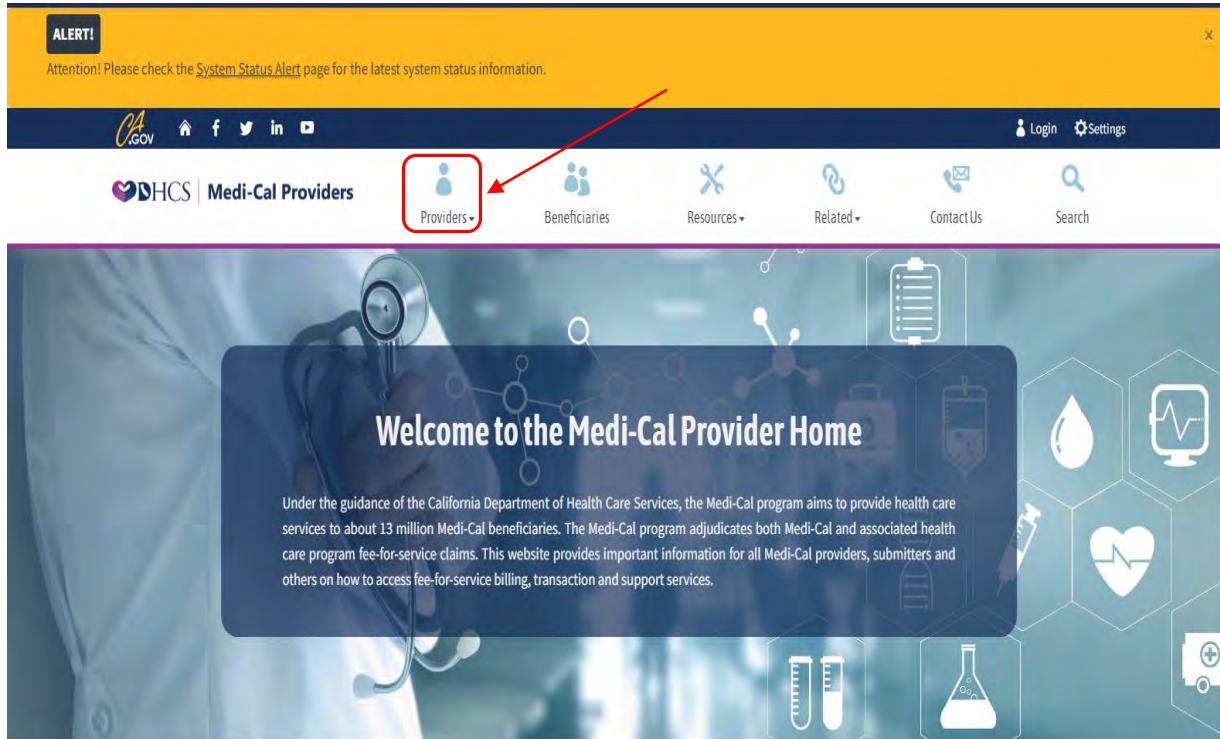
Medi-Cal Eligibility

- Medi-Cal providers must verify a client's Medi-Cal eligibility at a minimum of once a month via the Medi-Cal eligibility web site (at the time of each service is preferred). Please retain a copy of the response when checking the website.
- Providers may use a client's SSN to verify Medi-Cal eligibility. When using the SSN to verify eligibility, the client's CIN information will be returned in the text of the eligibility response. The CIN number must be truncated at the alpha character for entry into InSyst for Medi-Cal claiming.
- **NOTE: BHCS recommends that providers retain proof of Medi-Cal eligibility for each client, each time a service is rendered. Medi-Cal eligibility has the potential to change at any time.**

Medi-Cal Internet Website

How to Verify Medi-Cal Eligibility using the Internet

- Log on to the State Medi-Cal website at: www.medi-cal.ca.gov



- Click on “Providers” on the top left.

Please note: If this is the first time you are using the state website, you will need to complete internet enrollment forms with the State. See “Transaction Enrollment Requirements” tab .

Logging In

- Select “Transactions”

- Enter your User ID and Password

Looking Up Client Eligibility



Eligibility

- Eligibility Benefit Inquiry (270)
- Single Subscriber**
- Eligibility Benefit Response (271)
- Share of Cost (SOC)/Spend Down Clearance
- Multiple Subscribers

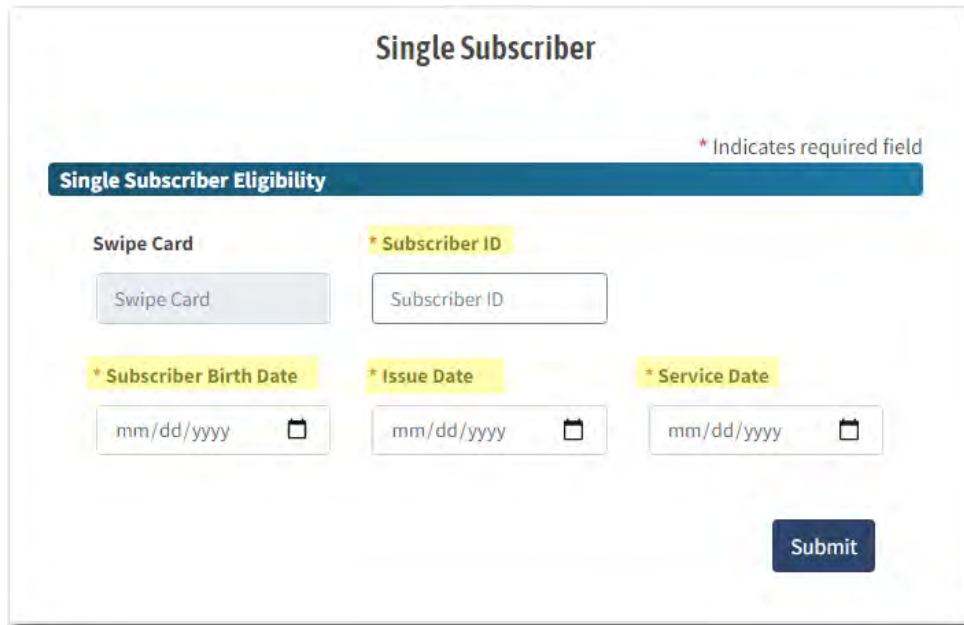
Claims

- Appeal Status Inquiry
- Claim Status Inquiry
- Claim Status Request (276)
- Claim Status Response (277)
- Medical Services Reservation

Provider Services

- Blood Factor Rates
- Case Status Inquiry
- Continuing Care Inquiry
- Medical Supply Code Inquiry
- National Drug Code Inquiry
- Procedure Code Inquiry

- Select “Single Subscriber”



Single Subscriber Eligibility * Indicates required field

Swipe Card

* Subscriber ID

* Subscriber Birth Date

* Issue Date

* Service Date

Submit

- Enter in required data
 - ❑ **Subscriber ID:** SSN OR CIN
 - ❑ **Subscriber Birth Date**
 - ❑ **Issue Date:** Use the current date
 - ❑ **Service Date:** Date services are being rendered

Eligibility Response

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 8:35:25 AM

⚠ Eligibility Message: SUBSCRIBER LAST NAME: ██████████ CNTY CODE: 01. PRMY AID CODE: T2. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-ANTHEM BLUE CROSS: MEDICAL CALL (800)407-4627.

Name: ██████████

Subscriber ID: ██████████ **Submitted ID:** ██████████ Subscriber ID Updated

Service Date: 03/01/2022 **Subscriber Birth Date:** ██████████

Issue Date: 03/29/2022 **Primary Aid Code:** T2

First Special Aid Code: ██████████ **Second Special Aid Code:** ██████████

Third Special Aid Code: ██████████ **Subscriber County:** 01-Alameda

HIC Number: ██████████

Trace Number (Eligibility Verification Confirmation (EVC) Number): 4958L336DT

The Eligibility Message at the top will provide an over-view of Client's coverage including:

- Client name
- County code and aid code
- Type of Medi-Cal
- Medicare Information
- Managed Medi-Cal plan information
- Any OHC information

- **Name** : Subscriber first and last name
- **Subscriber ID**
- **Service Date:** This will be the date you entered
- **Issue Date:** This will be the date you entered
- **First Special Aid Code**
- **Third Special Aid Code**
- **HIC Number:** (Medicare #)
- **Trace Number:** Eligibility Verification Confirmation Number

- **Submitted ID:** CIN or SSN used to look client up
- **Subscriber Birth Date**
- **Primary Aid Code**
- **Second Special Aid Code**
- **Subscriber County:** The county the Medi-Cal is assigned to

No Medi-Cal Eligibility

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 9:31:46 AM



Eligibility Message: NO RECORDED ELIGIBILITY FOR REQUESTED DATE OF SERVICE 03/01/2022.

Subscriber ID: [REDACTED]

Service Date: 03/01/2022

Issue Date: 03/29/2022

First Special Aid Code:

Third Special Aid Code:

HIC Number:

Primary Care Physician Phone #:

Trace Number (Eligibility Verification Confirmation (EVC) Number):

Subscriber Birth Date: [REDACTED]

Primary Aid Code:

Second Special Aid Code:

Subscriber County: -unknown

Service Type:

- **Eligibility Response Message:**

NO RECORDED ELIGIBILITY FOR REQUESTED DATE OF SERVICE 03/01/2022.

- **What does it mean?**

Indicates **NO MEDI-CAL** eligibility was found for the requested time period.

- **NOTE:**

Verify that the information you submitted is correct before assuming the client is ineligible. An incorrect SSN/CIN, DOB or card issue date can result in a negative response.

Full-Scope Alameda County Medi-Cal

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 8:35:25 AM



Eligibility Message: SUBSCRIBER LAST NAME: ██████████ CNTY CODE: 01. PRMY AID CODE: T2. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-ANTHEM BLUE CROSS: MEDICAL CALL (800)407-4627.

Name: ██████████

Subscriber ID: ██████████

Submitted ID: ██████████ Subscriber ID Updated

Service Date: 03/01/2022

Subscriber Birth Date: ██████████

Issue Date: 03/29/2022

Primary Aid Code: T2

First Special Aid Code:

Second Special Aid Code:

Third Special Aid Code:

Subscriber County: 01-Alameda

HIC Number:

Trace Number (Eligibility Verification Confirmation (EVC) Number): 4958L336DT

- **Eligibility response message:**

MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN.

- **What does that mean?**

The message indicates that the client has full-scope, no share of cost Medi-Cal

Managed Medi-Cal plan is Anthem Blue Cross (This is NOT private insurance)

The Subscriber County displays as Alameda

Out of County Medi-Cal

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 8:33:38 AM

⚠ Eligibility Message: SUBSCRIBER LAST NAME: █████ EVC #: 67548QKG7N. CNTY CODE: 48. PRMY AID CODE: M1. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PARTNERSHIP HEALTHPLAN OF CA (SOLANO CNTY); MEDICAL CALL (800)863-4155.

Name: ██████████

Subscriber ID: ██████████

Submitted ID: ██████████ Subscriber ID Updated

Service Date: 03/01/2022

Subscriber Birth Date: (██████████)

Issue Date: 03/29/2022

Primary Aid Code: M1

First Special Aid Code:

Second Special Aid Code:

Third Special Aid Code:

Subscriber County: 48-Solano

HIC Number:

Trace Number (Eligibility Verification Confirmation (EVC) Number): 67548QKG7N

- **Eligibility response message:**

MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN

- **What does that mean?**

The message indicates that the client is “eligible w/no SOC/SPEND DOWN” this means full-scope Medi-Cal.

The Subscriber County displays as Solano County

NOTE: The only way you will know the client has out of county Medi-Cal is by the county listed in the “Subscriber County section”.

Emergency/Restricted Medi-Cal

! Eligibility Message: SUBSCRIBER LAST NAME: ██████████ EVC #: 92734LMRTC. CNTY CODE: 01. PRMY AID CODE: M4. MEDI-CAL ELIGIBLE WITH SERVICES LIMITED TO EMERGENCIES, PREGNANCY RELATED SERVICES AND STATE FUNDED LONG TERM CARE SERVICES WITH NO SHARE OF COST/SPEND DOWN. IF SUBSCRIBER IS PREGNANT OR POSTPARTUM, USE PREGNANCY DIAGNOSIS CODES ON CLAIMS FOR THE FULL RANGE OF MEDICALLY NECESSARY MEDI-CAL SERVICES INCLUDING MEDICAL AND DENTAL. FOR SPECIALTY MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES, USE A PREGNANCY INDICATOR.

Name: ██	Subscriber ID: ██████████
Service Date: 03/01/2022	Subscriber Birth Date: 11/20/1990
Issue Date: 03/29/2022	Primary Aid Code: M4
First Special Aid Code:	Second Special Aid Code:
Third Special Aid Code:	Subscriber County: 01-Alameda
HIC Number:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 92734LMRTC	

- **Eligibility response message:**

MEDI-CAL ELIGIBLE WITH SERVICES LIMITED TO EMERGENCIES, PREGNANCY RELATED SERVICES AND STATE FUNDED LONG TERM CARE SERVICES WITH NO SHARE OF COST/SPEND DOWN.

IF SUBSCRIBER IS PREGNANT OR POSTPARTUM, USE PREGNANCY DIAGNOSIS CODES ON CLAIMS FOR THE FULL RANGE OF MEDICALLY NECESSARY MEDI-CAL SERVICES INCLUDING MEDICAL AND DENTAL. FOR SPECIALTY MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES, USE A PREGNANCY INDICATOR.

- **What does that mean?**

The message indicates that the client can only receive services related to pregnancy or postpartum care, or when a provider qualifies to use the pregnancy indicator for services.

NOTE: The emergency and pregnancy indicators in INSYST are located on the direct service screens, and must be marked in order to be reimbursed by the State.

Medi-Cal and Medicare (Medi-Medi)

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 8:40:47 AM



Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: 985GL68DHJ. CNTY CODE: 01. PRMY AID CODE: 1H. 2ND SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-ALAMEDA ALLIANCE FOR HLTH: MEDICAL CALL (510)747-4500. **PART A, B AND D MEDICARE COV W/MEDICARE ID # [REDACTED]**. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: SILVERSCRIPT INSURANCE CO. COV: R.

Name: J [REDACTED]

Subscriber ID: [REDACTED]

Service Date: 03/01/2022

Issue Date: 03/29/2022

First Special Aid Code:

Third Special Aid Code:

HIC Number: [REDACTED] 05

Primary Care Physician #:

Trace Number (Eligibility Verification Confirmation (EVC) Number): 985GL68DHJ

Submitted ID: [REDACTED] Subscriber ID Updated

Subscriber Birth Date: 02/22/2000

Primary Aid Code: 1H

Second Special Aid Code: 80

Subscriber County: 01-Alameda

Service Type: R

- **Eligibility response message:**

PART A, B AND D MEDICARE

- **What does it mean?**

This message indicates that the client has Medicare Part A, B and D.

- **Note:**

Services must be billed to Medicare prior to billing Medi-Cal.

The client should be referred to a Medicare provider for services.

The “HIC Number” is the clients Medicare number and will be filled in if a client has Medicare coverage.

Managed Medicare (OHC)

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 1:30:53 PM

Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: 5379K057W3. CNTY CODE: 01. PRMY AID CODE: 6H. 1ST SPECIAL AID CODE: 80. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-ALAMEDA ALLIANCE FOR HLTH: MEDICAL CALL (510)747-4500. PART A, B AND D MEDICARE COV W/MEDICARE ID # [REDACTED]. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: UHC OF CALIFORNIA, INC... COV: OIM R.

Name: [REDACTED]

Subscriber ID: 94661704G51225

Submitted ID: [REDACTED] Subscriber ID Updated

Service Date: 03/01/2022

Subscriber Birth Date: [REDACTED]

Issue Date: 03/29/2022

Primary Aid Code: 6H

First Special Aid Code: 80

Second Special Aid Code:

Third Special Aid Code:

Subscriber County: 01-Alameda

HIC Number: [REDACTED]

Primary Care Physician Phone #:

Service Type: OIM R

Trace Number (Eligibility Verification Confirmation (EVC) Number): 5379K057W3

- **Eligibility response message:**

OTHER HEALTH INSURANCE COV UNDER CODE F- MEDICARE PART C HEALTH PLAN.

COV: OIM

- **What does it mean?**

This client has a Medicare Part C plan. They are no longer traditional Medicare and must be considered to have private insurance. Note the verbiage “**OTHER HEALTH INSURANCE**” and “**COV: OIM**”

- **Note:**

The client’s services must be billed to the insurance carrier and **NOT** Medicare. Medi-Cal will not reimburse for services that have not been claimed to the insurance carrier.

Other Health Insurance (OHC)

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 8:38:06 AM

⚠ Eligibility Message: SUBSCRIBER LAST NAME: S EVC #: 255CPLKJWZ. CNTY CODE: 01. PRMY AID CODE: M1. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-ALAMEDA ALLIANCE FOR HLTH: MEDICAL CALL (510)747-4500. OTHER HEALTH INSURANCE COV UNDER CODE A. CARRIER NAME: BLUE SHIELD OF CALIFORNIA PPO. ID: [REDACTED]. COV: OIM P.

Name: SMOENAKER, ERIC	Submitted ID: [REDACTED] Subscriber ID Updated
Subscriber ID: [REDACTED]	Subscriber Birth Date: [REDACTED]
Service Date: 03/01/2022	Primary Aid Code: M1
Issue Date: 03/29/2022	Second Special Aid Code:
First Special Aid Code:	Subscriber County: 01-Alameda
Third Special Aid Code:	Service Type: OIM P
HIC Number:	
Primary Care Physician Phone #:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 255CPLKJWZ	

- **Eligibility response message:**

OTHER HEALTH INSURANCE COV UNDER CODE A. CARRIER NAME: BLUE SHEILD OF CALIFORNIA PPO. ID XXXX. COV: OIM P.

- **What Does it mean?**

The client has a PPO plan with Blue Shield of California. The plan covers the below services:

O- Out patient

I- In patient

M- Medical

P- Prescription

- **Note:**

Providers must contact the insurance carrier to confirm benefits, obtain authorization, and bill the insurance carrier prior to billing Medi-Cal.

Other Health Insurance Notes

- The following verbiage indicates the client has Private Insurance:
 - **“Medicare Part C”**
 - **“Other Health Insurance”**
- Providers must contact the insurance carrier to confirm benefits and obtain authorization to provide services to the client.
- Private Insurance carriers must be billed prior to billing Medi-Cal.
- Medi-Cal will not reimburse for services without a valid denial from the insurance carrier, or proof of payment from the carrier.
- Valid denials are: (These are the **ONLY** valid denial reasons)
 - Service is not a covered benefit
 - Benefits have been exhausted
 - Client is no longer covered by health plan
- **EXCEPTION:** Clients with OHC covered under code “A” (pay and chase) can have services billed directly to Medi-Cal

Share of Cost Medi-Cal (SOC)

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 3:27:43 PM

! Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED]. MEDI-CAL SUBSCRIBER HAS A \$00884 SOC/SPEND DOWN. PART A, B AND D MEDICARE COV W/MEDICARE ID # [REDACTED]. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. CARRIER NAME: AARP/UHC MEDICARERX. CARRIER NAME: OPTUM RX. ID: 1 [REDACTED] L. COV: R. REMAINING SOC/SPEND DOWN \$ 884.00.

Name: [REDACTED]	Subscriber ID: [REDACTED]
Service Date: 03/01/2022	Subscriber Birth Date: 0 [REDACTED]
Issue Date: 03/29/2022	Primary Aid Code:
First Special Aid Code:	Second Special Aid Code:
Third Special Aid Code:	Subscriber County: -unknown
HIC Number: [REDACTED]	
Primary Care Physician Phone #:	Service Type: R

Spend Down Amount Obligation: \$884.00

Remaining Spend Down Amount: \$884.00

Trace Number (Eligibility Verification Confirmation (EVC) Number):

- **Eligibility response message:**

MEDI-CAL SUBSCRIBER HAS A \$00884 SOC/SPEND DOWN....REMAINING SOC/SPEND DOWN \$ 884.00.”

- **What does it mean?**

This message indicates that the client has share of cost (SOC) Medi-Cal. The client is responsible for the first \$884 of services. Until this amount is paid out of pocket, the client is not Medi-Cal Eligible.

- **Note:**

The client does not have an:

- Active Primary Aid Code
- County of Responsibility
- EVC Code

Because the client still has a remaining SOC, they are not Medi-Cal eligible.

Be aware that this client may be from another county.

Share of Cost Medi-Cal (SOC) MET

Single Subscriber Response

Eligibility transaction performed by provider: 000000112 on Tuesday, March 29, 2022 at 3:37:51 PM

! Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED] EVC #: 0173WZW15Z. CNTY CODE: 01. PRMY AID CODE: 67. **MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN.** PART A, B AND D MEDICARE COV W/MEDICARE ID # [REDACTED] MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL. NO MEDI-CAL PAYMENT FOR MEDICARE PART D COVERED DRUGS. OTHER HEALTH INSURANCE COV UNDER CODE A. CARRIER NAME: CAREMARK. ID: [REDACTED] CARRIER NAME: SILVERSCRIPT INSURANCE CO. COV: P R.

Name: [REDACTED]

Subscriber ID: [REDACTED]

Submitted ID: [REDACTED] Updated

Service Date: 10/22/2021

Subscriber Birth Date: 01/31/1958

Issue Date: 03/29/2022

Primary Aid Code: 67

First Special Aid Code:

Second Special Aid Code:

Third Special Aid Code:

Subscriber County: 01-Alameda

HIC Number: [REDACTED]

Primary Care Physician Phone #:

Service Type: P R

Spend Down Amount Obligation: \$1,173.00

Remaining Spend Down Amount:

Trace Number (Eligibility Verification Confirmation (EVC) Number): 0173WZW15Z

- **Eligibility response message:**
MED-CAL ELIGIBLE W/NO SOC/SPEND DOWN.

- **What does it mean?**
The message indicates that the client's Share of Cost (SOC) has been met for the service month.

- **Note:**
The client now has:

- Active Primary Aid Code
- County of Responsibility
- EVC Code

Now that the client has met their SOC, they are Medi-Cal Eligible

Keep in mind that the clients SOC is monthly and will renew at the beginning of each month.

Notes Regarding Share Of Cost

- The monthly SOC must be met before Medi-Cal eligibility is established.
- The client's monthly share of cost can be found in the field labeled "SPEND DOWN OBLIGATION".
- The client's current spend down amount can be found in the "REMAINING SPEND DOWN AMT" field. This is the amount the client still owes as of the current date.
- The county of responsibility will not be listed on the eligibility response until the SOC has been met for the month. Be aware this client may be from another county.
- There will be no EVC number on the eligibility response until the client's SOC has been met for the month.
- **EXCEPTION:** Children can be part of a family share of cost but also have a full-scope Aid-code. Services for the child are covered in full by Medi-Cal and the family has the option of whether or not to apply services to the family share of cost.

What Do the Coverage Codes Mean?

HEALTH INSURANCE SYSTEM:

Scope of Coverage

<u>COVERAGE CODE</u>	<u>SERVICE</u>
D	Dental
I	Hospital Inpatient
L	Long Term Care
M	Medical and Allied Services
O	Hospital Outpatient
P	Prescription Drugs
R	Medicare Part D
V	Vision Care

If coverage unknown, OHC is regarded as comprehensive -
 Provider must bill OHC carrier for all services.

Order on HIS is as follows: O I M P L D V R

Coverage codes I, O, M and Comprehensive must be claimed to the insurance carrier. Payment or an appropriate denial must be reported on the Insurance Payment form and sent to Provider Relations

Coverage Under Code

OHC Code	Carrier
A	Pay and Chase (applies to any carrier)
C	Military Benefits Comprehensive
D	Medicare Part D Prescription Drug Coverage
F	Medicare Part C Health Plan
G	Medical Parolee
I	Institutionalized
K	Kaiser
L	Dental only policies
P	PPO/PHP/HMO/EPO not otherwise specified
V ²	Any carrier other than the above (includes multiple coverage)

Billing OHC Before Medi-Cal

In most situations, providers are required by law to exhaust the recipient's OHC before billing Medi-Cal. In those situations where OHC utilization is not required before billing Medi-Cal, providers are still encouraged to bill OHC first.

OHC Code A

Providers are allowed, but not required, to bill the OHC carrier prior to billing Medi-Cal if the response from the Medi-Cal eligibility verification system is the "A" OHC code.