

# Verifying Medi-Cal Eligibility



**Behavioral Health  
Department**  
Alameda County Health

\*Provider Responsibility

\*State Online Verification Process

\*Reading the Response

**Presented By: Billing and Benefits Support Unit**

# Provider Responsibility

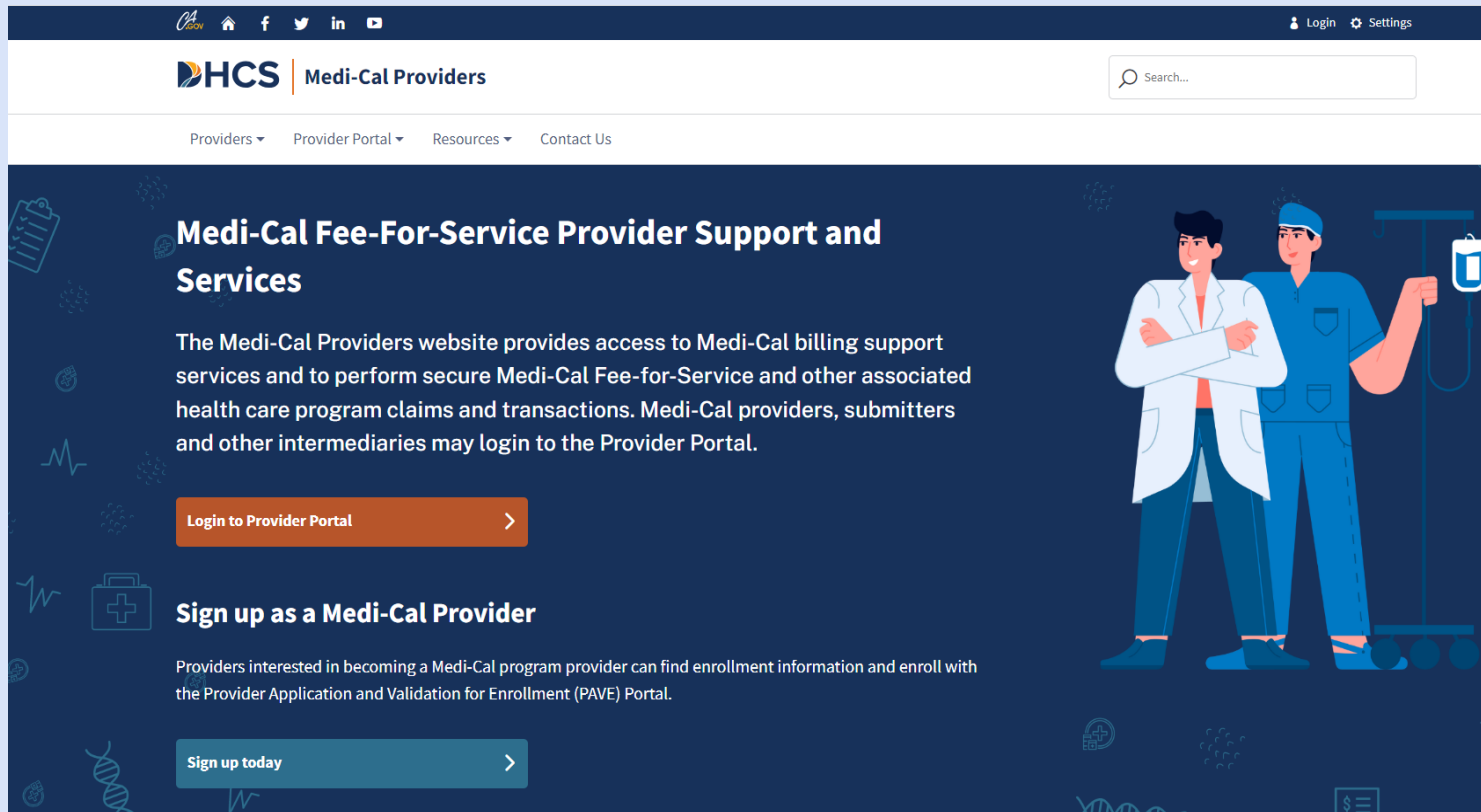
## Medi-Cal Eligibility

- Medi-Cal providers are required to verify a client's Medi-Cal coverage at a minimum of once a month (at each visit is preferred) via the AEVS or Medi-Cal web site. Please note: AEVS confirmation is for eligibility purposes only, a confirmation code is not a guarantee of payment.
- Providers may use a client's SSN to verify Medi-Cal coverage. When using the SSN to verify coverage, the client's CIN ("Client Index Number") 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: ACBHD 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 coverage using the Internet

- Log on to the State Medi-Cal website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)



- Click on Provider Portal(top) and then Log to Transaction Services from drop box

**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

CA.GOV Home f t in v Login Settings

Medi-Cal Providers Providers Beneficiaries Resources Related Contact Us Search

Home Transaction Services

Login to Medi-Cal

User ID

Password

Login

Services Available Login Help

- Enter your User ID and Password

# Looking Up Client Eligibility

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

**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

**Single Subscriber**    \* Indicates required field

**Single Subscriber Eligibility**

Swipe Card    \* Subscriber ID  
Swipe Card    Subscriber ID

\* Subscriber Birth Date    \* Issue Date    \* Service Date  
mm/dd/yyyy    mm/dd/yyyy    mm/dd/yyyy

Submit

- Select “Single Subscriber”
- 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: [REDACTED] 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: [REDACTED]

Subscriber ID: [REDACTED] Submitted ID: [REDACTED] Subscriber ID Updated

Service Date: 03/01/2022 Subscriber Birth Date: [REDACTED]

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” 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 (“Other Health Insurance”) 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

# 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: [REDACTED] 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: [REDACTED]

Subscriber ID: [REDACTED]

Submitted ID: [REDACTED] Subscriber ID Updated

Service Date: 03/01/2022

Subscriber Birth Date: [REDACTED]

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



# 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: 0100000000**

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 [REDACTED] 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: SHOEMAKER, ERIC

Subscriber ID: [REDACTED]

Submitted ID: [REDACTED] Subscriber ID Updated

Service Date: 03/01/2022

Subscriber Birth Date: [REDACTED]

Issue Date: 03/29/2022

Primary Aid Code: M1

First Special Aid Code:

Second Special Aid Code:

Third Special Aid Code:

Subscriber County: 01-Alameda

HIC Number:

Primary Care Physician Phone #:

Service Type: OIM P

Trace Number (Eligibility Verification Confirmation (EVC) Number): 255CPLKJWZ

- **Eligibility response message:**

OTHER HEALTH INSURANCE COV UNDER CODE A. CARRIER NAME: BLUE SHIELD 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 or transition the client to a provider within the insurance carrier's network. Services must be billed to the insurance plan first.

# Managed Care Plan vs. Private Insurance

## Single Subscriber Response

Eligibility Transaction Performed by: 000000112 on Wednesday, February 26, 2025 at 8:34:14 AM

**!** **Eligibility Message:** SUBSCRIBER LAST NAME: BECK O. EVC #: 0457B0JD3H. CNTY CODE: 01. PRMY AID CODE: 6N. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-KAISER HLTH PLAN: MEDICAL CALL (855)839-7613. OTHER HEALTH INSURANCE COV UNDER CODE H - MULTIPLE PLANS COMPREHENSIVE. CARRIER NAME: KAISER NORCAL - COMMERCIAL RX. ID: 110010941982. CARRIER NAME: KAISER PERMANENTE INSURANCE CO. ID: 110010941982. COV: OIM P V.

<b>Subscriber Name:</b> BECK O'STEEN MI, ANDRE J	<b>Subscriber ID:</b> 98306589D
<b>Subscriber Birth Date:</b> 02/04/2003	<b>Issue Date:</b> 02/26/2025
<b>Primary Aid Code:</b> 6N	<b>First Special Aid Code:</b>
<b>Second Special Aid Code:</b>	<b>Third Special Aid Code:</b>
<b>Responsible County:</b> 01-Alameda	<b>Medicare ID:</b>
<b>Primary Care Physician Phone:</b>	<b>Service Type:</b> OIM P V
<b>Service Date:</b> 02/26/2025	<b>Trace Number/Eligibility Verification Confirmation Number:</b> 0457B0JD3H

- Eligibility response message:**  
Highlighted in GREEN PHP Primary Health Plan=Managed Care Plan: Kaiser

Highlighted in YELLOW; Other Health Coverage (OHC) Kaiser Permanente (PRIVATE INSURANCE)

- What does it mean?**  
The patient has both private insurance and Managed Care Plan Medi-Cal through Kaiser.

Note: A Primary Health Plan is NOT considered private insurance. However, if the eligibility response indicates Other Health Coverage (OHC), then it is considered private insurance

# Other Health Insurance Notes

- The following indicates the client has private/commercial insurance coverage:
  - “**Medicare Part C**”
  - “**Other Health Insurance**”
- Providers must contact insurance carrier to confirm benefits and obtain authorization to provide services to the client or transition the client to a provider within the insurance plan’s network of providers.
- 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

# What do the Coverage Codes Mean?

<u>HEALTH INSURANCE SYSTEM:</u>	
<u>Scope of Coverage</u>	
<u>COVERAGE CODE</u>	<u>SERVICE</u>
<b>D</b>	Dental
<b>I</b>	Hospital Inpatient
<b>L</b>	Long Term Care
<b>M</b>	Medical and Allied Services
<b>O</b>	Hospital Outpatient
<b>P</b>	Prescription Drugs
<b>R</b>	Medicare Part D
<b>V</b>	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**

# Contact Resources

## Training Questions:

**Arlene Pabustan**, Patient Services Supervisor  
**Phone#** (510) 777-2182  
**E-Mail:** [Arlene.Pabustan@acgov.org](mailto:Arlene.Pabustan@acgov.org)

## Eligibility Questions:

**Billing and Benefits Medi-Cal Helpdesk**  
**Phone#** (888) 346-0605  
**E-Mail:** [Eligibilityhelpdesk@acgov.org](mailto:Eligibilityhelpdesk@acgov.org)