

Medi-Cal Eligibility Tip Sheet



Extra Extra Read All About It!

- Verify Medi-Cal Eligibility

Verify Payor information

- Go to the Payor Tab to verify if Medi-Cal already exists. If the Payor Plan was already entered, make sure that the Payor Plan's Begin and End Dates cover the dates you want to bill for. (Note: If it doesn't, click History to verify if it has been previously entered.)

Payor Plan Name	Insured Name	Rank	Insured ID	End Date	Begin Date
Medi-Cal MHS		500		ACTIVE	07/01/2018

- Once the Payor Plan has been verified on the Payor Tab, make sure that Medi-Cal eligibility for the month has been ran by checking it on the Eligibility Verification Tab.
- Click on Eligibility Verification Tab.
- Select the Month and Year that you want to verify eligibility.
- Click Search. Then, make sure that the information on the Transaction History (at the bottom of the screen) covers the month you need.

- Add Medi-Cal as Payor Plan

Step 1. Go Payor Tab and add Medi-Cal as the Payor Plan

- Click New in the action buttons.

Guarantor	Consumer	Consumer ID	Filter	Alternate ID	SSN	Birth Date
(multiple)	TESTCASE, IMA	1234566	No		999-99-9999	

- Click on the [Payor Plan/ID](#) hyperlink and select the Payor Plan/ID for Medi-Cal. (Note: Select the appropriate Medi-Cal plan for your System of Care (MH/MCO= Medi-Cal MHS, AOD= Medi-Cal ADP)).
- Enter the begin date of month that you want to run/verify eligibility for. (Always enter first day of the month.)
- Go to Use Linked Person as Insured button - Add the Consumer
- Enter the Insured ID Number: This is the consumer's Medi-Cal CIN .

- Consumer Relation to Insured: Self
- Click Add.

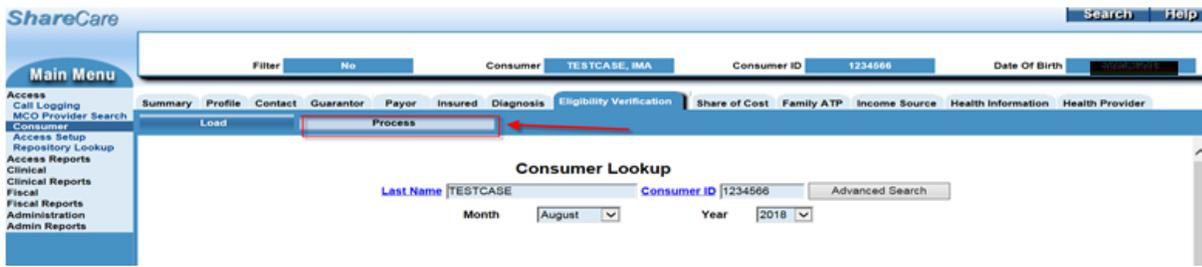
- Run/verify Medi-Cal eligibility

Step 2. Go to Eligibility Verification Tab to run/verify Medi-Cal eligibility

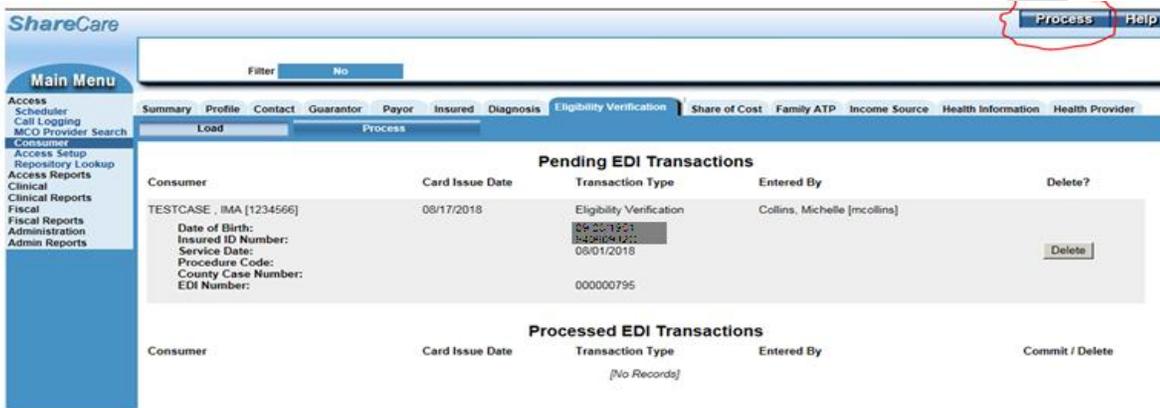
- Select the Month and Year that you want to run/verify eligibility for.
- Click Search.

- Click on the [Payor Plan](#) hyperlink and select the Payor Plan for Medi-Cal.
- (If there is no payor plan attached, you will have to go back to the Payor tab and ensure that the payor plan effective date includes the month/year that you are trying to run/ verify).
- Click on the [Facility](#) hyperlink and select your facility.
- Click Add.

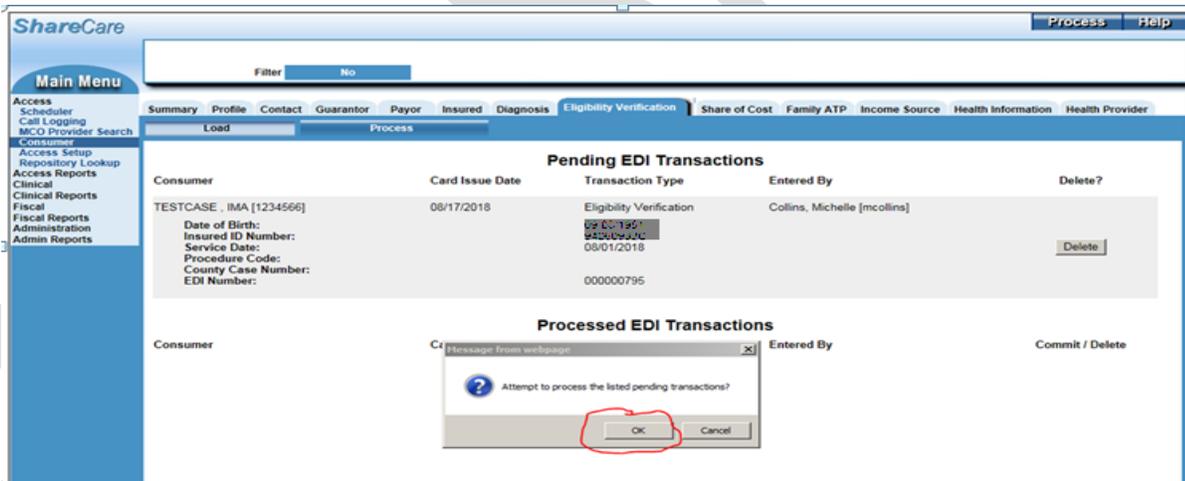
- Once added, confirm that the eligibility month you ran/verified appears on the Transaction History part of the screen.
- Click the Process flag.



- After clicking Process, the Pending EDI Transaction screen will appear.
- Ensure all consumer information is correct. Then, Click Process.



- You will, then, receive a message from the website asking if you want to process the pending transaction.
- Click Ok.



- The Processed EDI Transactions will return the consumer's eligibility information, which appears on the Response Message.
- If you want to Commit this information (i.e. the patient has active Medi-Cal coverage, and you want to bill Medi-Cal), click Commit.

ShareCare

Cancel Help

Filter: No

Main Menu

Access Scheduler Call Logging MCO Provider Search Consumer Access Setup Repository Lookup Access Reports Clinical Reports Fiscal Reports Administration Admin Reports

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Income Source Health Information Health Provider

Load Process

Pending EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By	Delete?
[No Records]				

Processed EDI Transactions

Consumer	Card Issue Date	Transaction Type	Entered By	Commit / Delete
TESTCASE, IMA [1234566]	08/17/2018	Eligibility Verification	Collins, Michelle [mcollins]	Commit / Delete
Date of Birth: [REDACTED] Insured ID Number: [REDACTED] Service Date: 08/01/2018 Procedure Code: [REDACTED] County Case Number: [REDACTED] EDI Number: 00000795 Response Message: CNTY CODE: 07, PRIMARY AID CODE: 6E, 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. ID: [REDACTED]				

- You will receive another message from the website asking if you want to commit the Processed EDI Transaction.
- Click Ok.
- If the patient DOES NOT have active Medi-Cal coverage, or you do not want to attach the information to the consumer's payor plan record. Click Delete.
- After Committing the eligibility, go back to the Payor tab and click Edit/View the Medi-Cal payor plan to see the EVC#, county code, and aid code information populated.

ShareCare

Close Update Clear Spell Help

Guarantor (multiple) Consumer TESTCASE, IMA Consumer ID 1234566

Filter: No Alternate ID SSN 999-99-9999 Birth Date [REDACTED]

Main Menu

Access Scheduler Call Logging MCO Provider Search Consumer Access Setup Repository Lookup Access Reports Clinical Reports Fiscal Reports Administration Admin Reports

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Income Source Health Information Health Provider

Lookup Payor Plans

Use Linked Person As Insured

Insured Last Name TESTCASE Insured ID 268

Insured ID Number [REDACTED] Use Insured SSN

Consumer Relation to Insured Self *

Notes

Assignment of Benefits

Begin Date End Date Add

Release of Information

SELECT AN OPTION * Begin Date End Date Add

Signature Source

SELECT AN OPTION * Begin Date End Date Add

- If the Consumer has Medi-Cal with a Share of Cost (SOC): You will follow the same procedure of entering the payor plan, adding, processing, and committing the eligibility for the month/s you want to bill for.
- Once done, go back to the Payor tab and click the Additional Eligibility Information box to populate the eligibility month you ran.
- You will find that the EVC #, county code, and aid code fields DO NOT populate in the payor plan.
- Take the SOC amount and manually enter it in the EVC field of the payor plan and type in "SOC \$dollar amount" (ex: SOC \$600). Then, click Update.

ShareCare Close Update Clear Spell Help

Guarantor (multiple) Consumer TESTCASE, MA Consumer ID 1234566
 Filter No Alternate ID SSN 999-99-9999 Birth Date

Summary Profile Contact Guarantor Payor Insured Diagnosis Eligibility Verification Share of Cost Family ATP Income Source Health Information Health Provider

Use Linked Person As Insured
 Insured Last Name TESTCASE Insured ID 268
 Insured ID Number Use Insured SSN
 Consumer Relation to Insured Self *
 Notes

Assignment of Benefits
 Begin Date End Date Add
 Release of Information
 Begin Date SELECT AN OPTION End Date * Add
 Signature Source
 Begin Date SELECT AN OPTION End Date * Add

Additional Eligibility Information New

Eligibility Date	8/2018	County of Responsibility		
County of Residency		Medicaid ID		Update
EVC	SOC \$1200	First Special Aid Code		Delete
Primary Aid Code		Third Special Aid Code		
Second Special Aid Code				

Tip Sheet