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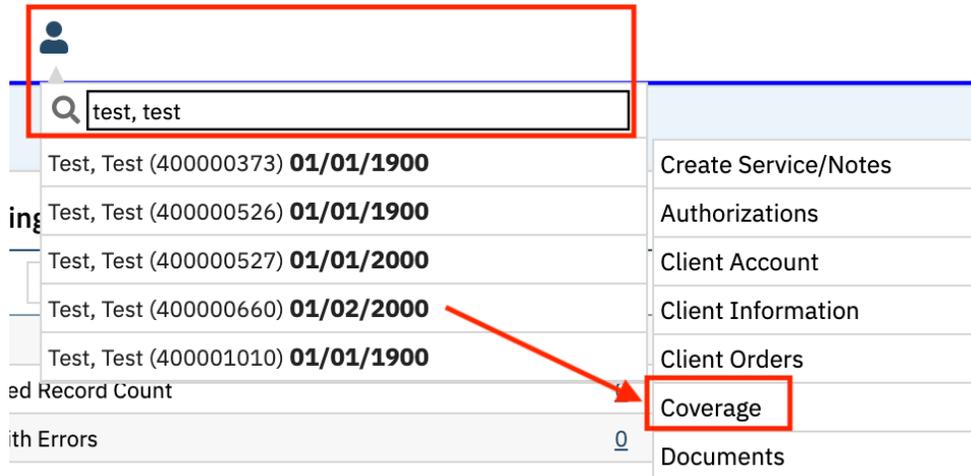
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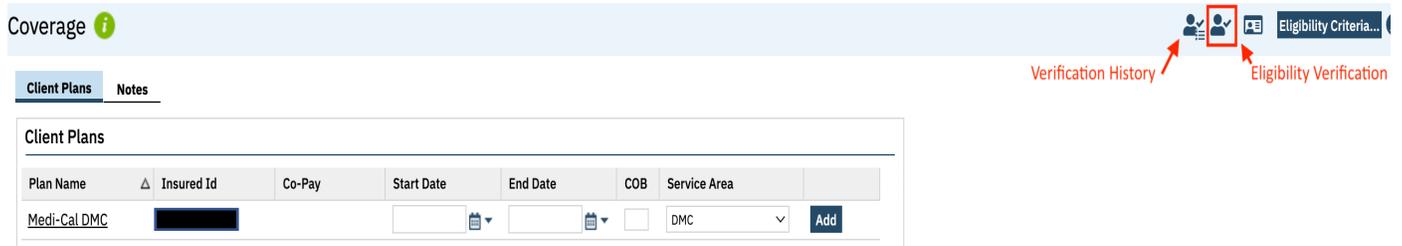
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A. Eligibility Look Up and Verification

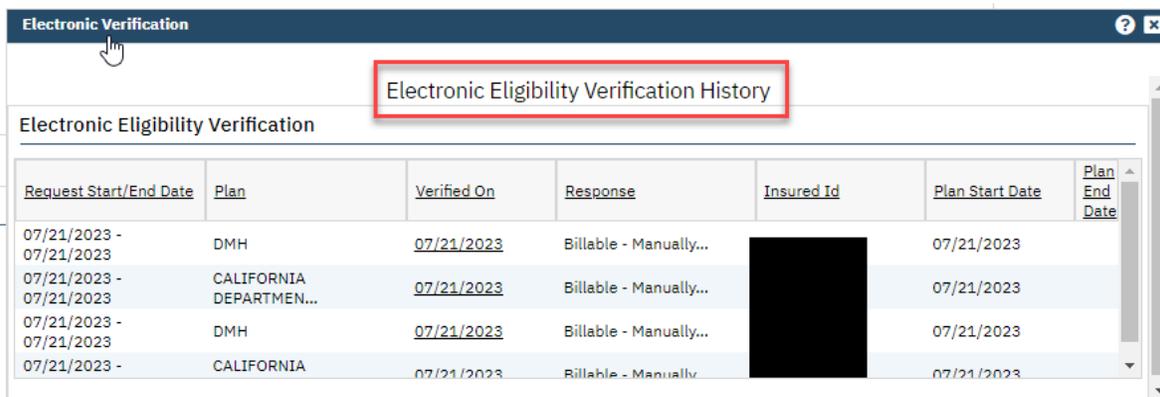
- SmartCare has the capability to submit and receive 270/271 real-time eligibility transactions for Medi-Cal from the Coverage screen. In addition, with the click of a button, the system will update the client’s Medi-Cal coverage.
- Eligibility should be verified for all new clients and monthly while they are receiving services. Eligibility can be checked at any time.
- Open the SmartCare Coverage screen for an individual by using the Client Search icon, typing the person’s name in the blank search box, hovering over the person’s name, and clicking on Coverage from the menu at the right. You can also type coverage into the form search box using the magnifying glass icon and select **Coverage (Client)**.



4. In the Coverage screen, if the individual’s Medi-Cal plan is in the system, you will see it displayed under **Client Plans**.
5. There are two blue icons at the top right of the Coverage screen – one to see verification history and one to verify current eligibility.



6. The **Verification History** icon will display a list of previous Medi-Cal verifications.



7. To verify eligibility, click on the blue **Eligibility Verification** icon at the top right. This performs the 270/271 verification with the state (DHCS).



8. You will see the 270 **Insurance Eligibility Verification** screen.
 - a. The **Electronic Payer** field will default to Medi-Cal. To switch between payers, click the drop-down menu.
 - b. Verify the **Insured Information** section is correct. Update if needed.
 - c. Verify the **Client Information** section is correct. Update if needed.
 - d. The Start and End Date default to the current date.
 - **NOTE: These date fields are confusing and CalMHSA is working on a solution to mitigate confusion. In the meantime, follow these steps:**
 - **Start Date** – leave as current date
 - **End Date** – first of the month for which you want to verify eligibility
 - For example, if you want to verify that a person is eligible for services in January and today is February 6, date fields should look like this:

- Start Date = 2/6/24
- End Date = 1/1/24

9. Click on the blue **Submit Request** button at the bottom right of the verification screen.

Insurance Eligibility Verification

Print Response Close

Request Response

Coverage Plan

Electronic Payer: Medi-Cal Payer Id: 610442

Insured Information

First Name: Test Last Name: Test SSN: 999999999
 Insured Id: [] Date Of Birth: 01/02/2000 Sex: Male
 Group Number: []

Client Information

Relationship to the insured: Self First Name: Test Last Name: Test
 Date Of Birth: 01/02/2000 Sex: Male

Date Range Start and End date range cannot be greater than days

Start Date: 01/01/2024 End Date: 01/01/2024

Submit Request

10. The **Response** screen appears.

11. Scroll down to see additional coverage information.

12. The Response screen may possibly display other health coverages known to Medi-Cal. Those plans need to be identified in the Client Plans section with accurate ID and start dates.

13. The example below shows the individual has Medicare. If this isn't shown in Client Plans, it should be added.

Insurance Eligibility Verification

Print Response Close

Request Response

Info	Coverage Level	Service Type	Insurance Type	Benefit Entity Name	Plan Coverage Description	Group Policy Num	Start Service Date	End Service Date	Commercial Insurance Name	Message 1	Message 2	Message 3
Other Source of Data										CNTY CODE: 07. PRIMARY AID CODE: 10. 2ND SPECIAL AID CODE: 80.		
Active Coverage	Health Benefit Plan Coverage	Medicaid										
Managed Care Coordinator	Medical Care			PHP-CONTRA COSTA HLTH PLAN								
Active Coverage	Health Benefit Plan Coverage											
Other or Additional Payor			Medicare Part A									
Other or Additional Payor			Medicare Part B									
Other or Additional Payor					MEDICARE PART D							
Other Source of Data												
Coverage Basis					R							
Additional Subscriber Information												
Gender:	Male											
DOB:	[]											

Scroll to view additional instructions

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: .

- Click the blue **Update Coverage Plans** button to automatically update the individual's Medi-Cal coverage in the system. **You must use this button first before clicking Close to update information in the system.**



- Client Plans Start Date should always be the 1st of the month for which they are covered.
- Always leave the Client Plans End Date blank for all plans.** If Medi-Cal coverage ends, the monthly system eligibility verification will add the end date.
- To see the most recent Monthly Medi-Cal Eligibility (MMEF) File information, click on the blue **Eligibility Criteria** button at the top right.



- You will see the **Medi-Cal Eligibility Details** popup window. From here you can filter Plan, Year, and Month.

Medi-Cal Eligibility Details

Plan	All Plans	Year	2023	Month	02	Apply Filter
Plan	Year	Month	Eligibility Status Code	Eligibility or Benefit Information Code	Aid Code	Cr

B. Adding a Coverage Plan

- In addition to verifying Medi-Cal coverage, inquire whether the individual has other insurance coverage.
- To add a coverage plan, go the **Coverage (Client)** screen for the client (see step A.3 above).
- From the Coverage screen, click on the **New** icon at the top right.

Client Plans Notes

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area

4. You will see the **Client Plans** screen.
5. Click the **Plan** drop down menu to select the client’s plan. This field is required.
6. Enter the **Insured ID** number. This field is required. For Medi-Cal, use the Client Index Number (CIN), which is the first 9 characters of the beneficiary’s 14-character Medi-Cal identification number.
7. If the client has a group number, enter in the corresponding field (not required).
8. The “**Client is Subscriber**” radio button automatically defaults to Yes.

Client Plans

General Claim Information Copayment Monthly Deductible Custom Fields

Plan

Plan Blue Cross i

Insurance Type Code

Insured ID

Medicare Beneficiary ID

Group #

Insured Information

Client is Subscriber Yes No

9. When you’re finished, click the blue **Save** button at the top right.
10. Repeat the above steps to add additional Coverages.
11. If client is **not** the subscriber, change the radio button in the Insured Information box to No.
12. You will then see a blue **Update Contacts** button. Use this to add subscriber to client contacts in the **Client Information (Client)** screen.

Client Plans

General Claim Information Copayment Monthly Deductible

Plan

Plan Medi-Cal MH i

Insurance Type Code

Insured ID

Medicare Beneficiary ID

Group #

Employer/ Group Name

Contact Number

Insured Information

Client is Subscriber Yes No Update Contacts

Insured Name

13. When you have saved the plan information, click on the **X** icon at in the top right corner to return to the Coverage screen.

B.1 Adding Plan Time Spans

1. On the Coverage screen in the **Client Plans** section, enter the start date for the coverage plan. **Always leave the end date blank.**
2. Click the blue **Add** button to insert the plan into the **Plan Time Spans** box below.

Coverage (2) ⓘ

Client Plans Notes

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Blue Shield	99999999A		01/01/2024			DMC	Add
Medi-Cal DMC	99999999A					DMC	Add

Show Current Plans Only DMC Maximize Time Spans

Plan Time Spans

01/01/2024 - No End Date Change COB Order...

X	Blue Shield	99999999A-PO BOX 272540 Chico, CA 95927-2540	
X	Medi-Cal DMC	99999999A-1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...	

3. You will see the plan populate into the **Plan Time Spans** box with the start date (in this case 1/1/2024 – No End Date).
4. If you think a plan should be there and you don't see it, uncheck the **Show Current Plans Only** box to see all plans.

Show Current Plans Only DMC Maximize Time Spans

Plan Time Spans

01/01/2024 - No End Date Change COB Order...

X	Blue Shield	99999999A-PO BOX 272540 Chico, CA 95927-2540	
X	Medi-Cal DMC	99999999A-1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...	

5. With the **Show Current Plans Only** box unchecked, you will see other plans with end dates indicating they are no longer current.

Show Current Plans Only DMC v

Plan Time Spans

01/01/2024 - No End Date **Change COB Order...**

✕ Blue Shield 99999999A-PO BOX 272540 Chico, CA 95927-2540

✕ Medi-Cal DMC 99999999A-1500 Capitol Avenue MS 2704 Sacramento, CA 95899-

11/01/2023 - 12/31/2023 **Change COB Order...**

✕ AETNA 99999999A-

6. Do not use the X delete icon next to the plan name in the **Plan Time Spans** section. If you need to make changes to existing plans, please contact smartcaresupport@cchealth.org.
7. When you are finished with the Coverage screen, click on the X icon at the top right to close the screen.