

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	Action
Medi-Cal MHS		500			Edit / View Delete

- 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	Action
(multiple)	TESTCASE, IMA	1234566	No		999-99-9999		New Help

- 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

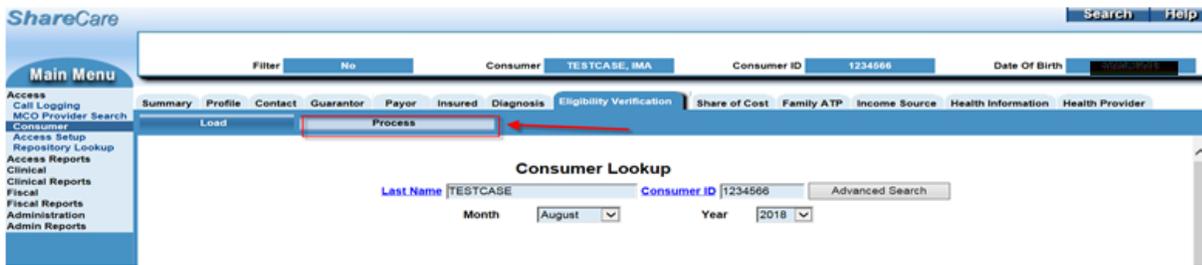
- Select the Month and Year that you want to run/verify eligibility for.
- Click Search.

- 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.

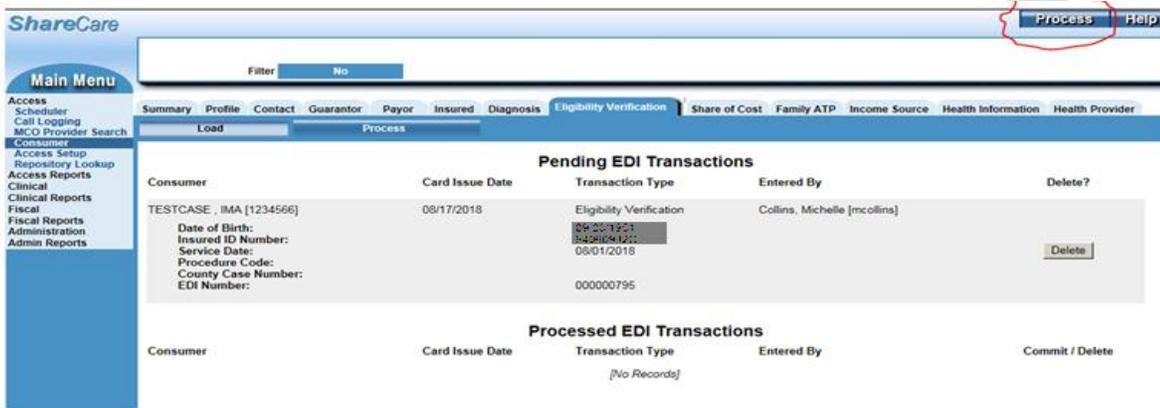
Payor Plan	Insured ID	Plan Rank	EVC Number	Begin Date	End Date
Medi-Cal MHS		500	[None]	07/01/2018	

Type	Insured ID	Date of Service	Procedure Code	County Case Number	EDI Number	EVC	Total Billed Amount	SoC Applied	Transaction Date	Entered By	Reject Reason	Follow-Up Action
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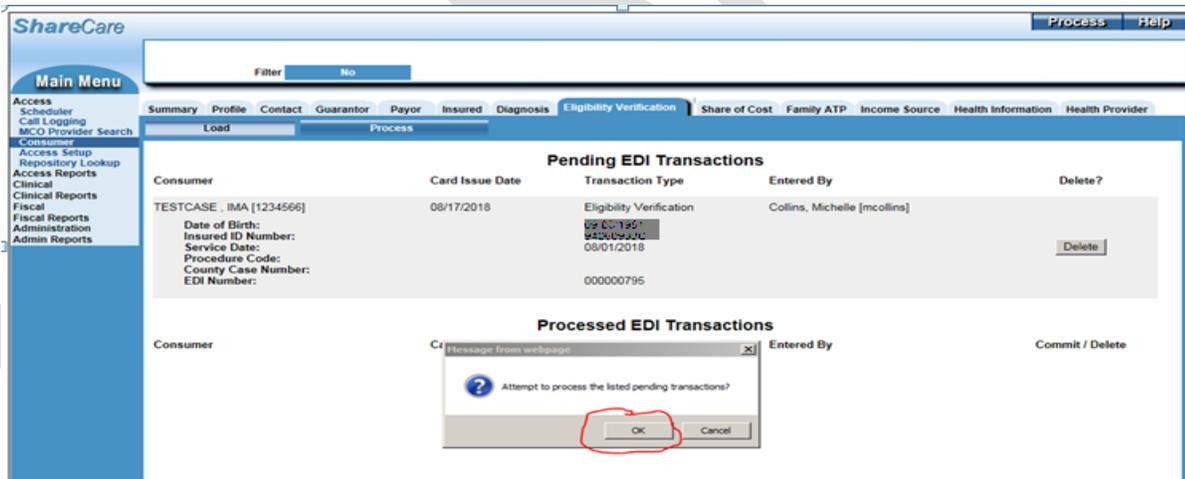
- Once added, confirm that the eligibility month you ran/verified appears on the Transaction History part of the screen.
- Click the Process flag.



- 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

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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: 00000795 EDI Number: [REDACTED]				
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]

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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 ID: 268
 Insured Last Name: TESTCASE Use Insured SSN
 Insured ID Number: Consumer Relation to Insured: Self *
 Notes:

Assignment of Benefits
 Begin Date: End Date: Add
Release of Information
 Begin Date: End Date: Add
 Signature Source: 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