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.)

➢ 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.

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

➢ Click New in the action buttons.

➢ 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.
➢ 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. 

➢ 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.