



Financial Assignment Party

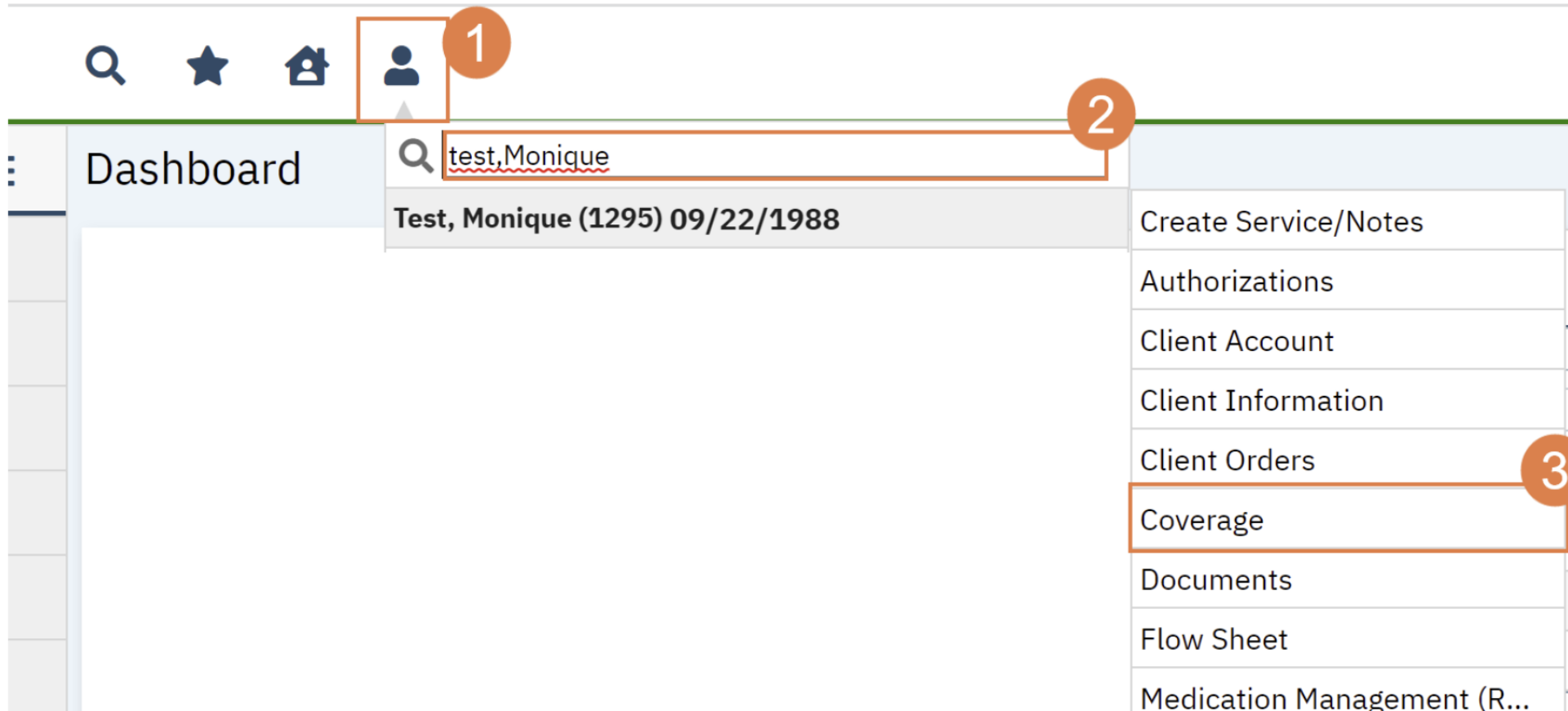
Running Real Time Eligibility (270/271) while Updating
Coverage Plans

Eligibility-270/271

The 270 screen is how we send eligibility requests out and the 271 screen is the interface to receive the real time results back to SmartCare.

270/271 only validates a clients
Medi-Cal eligibility

1. Click the Person Search icon.
2. Type Last Name, First Name into the search bar (or enter client ID number)
3. Hover over the correct client and click to select Coverage from the right-hand side menu.



Eligibility-270/271

Note: Coverage should always be verified even if insurance is not listed in the Coverage Screen

4. From the Coverage screen, click the Verify Eligibility button.

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Aetna	123456NN					DMC	Add
Blue Cross	123456					DMC	Add
Blue Cross	123456789	\$5.00 Per Pro...				DMC	Add
Medi-Cal DMC	91234567A					DMC	Add
Medi-Cal MH	91234567A	\$25.00 Per Pr...				MH	Add

5. The 270 Insurance Eligibility Verification screen will To switch between payers, click the drop-down menu.

- Verify the Insured Information section is correct.
- Verify the Client Information section is correct.
- Verify the Date Ranges Section.

6. Click Submit Request.

Insurance Eligibility Verification

Print Response Close

Request Response

Coverage Plan

Electronic Payer **5** Medi-Cal Payer Id 610442

Insured Information **5**

First Name Client Last Name Test SSN 987675432

Insured Id 91234567A Date Of Birth 01/01/2000 Sex Male

Group Number 3n

Client Information **6**

Relationship to the insured Self First Name Client Last Name Test

Date Of Birth 01/01/2000 Sex Male

Date Range **6** Start and End date range cannot be greater than days

Start Date 06/08/2023 End Date 06/08/2023 **6**

Submit Request **6**

You may enter the clients SSN to run the 270 if Medi-Cal number is unknown.

End date is the actual start date (07/01/2023)

Eligibility-270/271

7. Click the 271 Response Your results will be here.

8. To view previous results, on the Coverage screen, click the Verification History button.

box | 04-20-2023

Test, Client (1)

Monique Vera

Coverage

Client Plans Notes

Plan Name	Insured Id	Co-Pay	Start Date
Aetna	123456NN		
Blue Cross	123456		
Blue Cross	123456789	\$5.00 Per Pro...	
Medi-Cal DMC	01234567A		

Insurance Eligibility Verification

Request **Response**

Update Coverage Plans

MEDI-CAL Eligibility

Eligibility	Coverage Start Date	Coverage End Date
BILLABLE	2023-05-31	
BILLABLE	2023-05-31	

Subscriber
Patient

First Name	Last Name	Patient Address	Patient City	Patient State	Patient Zip
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Detail Benefits

Info	Coverage Level	Service Type	Insurance Type	Benefit Entity Name	Plan Cover
Other Source of Data					
Active Coverage		Health Benefit Plan Coverage Medicaid			
Managed Care Coordinator		Medical Care		PHP-ANTHEM BLUE CROSS PARTNERSHIP PLAN	

Additional Subscriber Information
Gender: Male
DOB:
Patient Id:
Information Contact:

Eligibility-270/271

If County code is not "21" and client is not Youth, need to add flag to the client with out of county Medi-Cal

Insurance Eligibility Verification

Request Response

CARDACE ANDERS

Detail Benefits

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: 21. PRIMARY AID CODE: 60.		
Active Coverage		Health Benefit Plan Coverage	Medicaid									
Managed Care Coordinator		Medical Care		PARTNERSHIP HEALTHPLAN OF CA								
Active Coverage		Health Benefit Plan Coverage										
Other or Additional Payor			Medicare Part A			3H82FV2CV93						
Other or Additional Payor			Medicare Part B			3H82FV2CV93						
Other or Additional Payor				MEDICARE PART D		3H82FV2CV93				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: CIGNA HEALTH CARE. ID: .		
Other Source of Data												
Coverage Basis				R								
Additional Subscriber Information												
Gender:	Male											
DOB:	[REDACTED]											

If carrier name is different from Medicare or lists OHC, then flag the client for OHC

Validate Coverage of client

Once insurance has been verified return to the Coverage screen where you can then add the Start Date and service area (MH or DMC).

Note: You only need to enter Start date and Service Area to add the Coverage to the Plan Time Spans.

Note: You know the plan has been added correctly when you see it in the Plan Time Span under the specified service area (MH / DMC). **Please double check the start date of the plans and that you successfully dropped it to both.**

Coverage i

Client Plans Notes

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal DMC	93201971E					DMC	Add
Medi-Cal MH	93201971E					MH	Add
Medicare Part B...	7H01FF2RH05					DMC	Add

Show Current Plans Only DMC Maximize Time Spans

Plan Time Spans

07/01/2023 - No End Date Change COB Order...

X	Medi-Cal DMC	93201971E	1500 Capitol Avenue MS 2704 Sacramento, CA 95899...				Set End Date	
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Coverage i

Client Plans Notes

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal DMC	93201971E					DMC	Add
Medi-Cal MH	93201971E					MH	Add
Medicare Part B...	7H01FF2RH05					DMC	Add

Show Current Plans Only DMC Maximize Time Spans

Plan Time Spans

07/01/2023 - No End Date Change COB Order...

X	Medicare Part B-Noridian	7H01FF2RH05	PO BOX 6729 Fargo, ND 58108				Set End Date	
X	Medi-Cal DMC	93201971E	1500 Capitol Avenue MS 2704 Sacramento, CA 95899...				Set End Date	

Updating “X-Medicare”

“X-Medicare Part B” is an invalid plan and needs to be corrected. Enter plan to change.

Coverage i

Client Plans Notes

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal DMC	94183045E					DMC	Add
Medi-Cal MH	94183045E					MH	Add
X-Medicare Part B...	2Y79DU5MG51					DMC	Add

Show Current Plans Only DMC Maximize Time Spans

Plan Time Spans

07/01/2023 - No End Date Change COB Order...

Medi-Cal DMC 94183045E -1500 Capitol Avenue MS 2704 Sacramento, CA 95899-... Set End Date

From drop down screen chose “Medicare Part B”

Save changes

Client Plans Contract Scanning ? i 45 Save x

General Claim Information Copayment Monthly Deductible Custom Fields

Medical

Plan Medicare Part B-Mordian 0

Insurance Type Code

Insured ID 2Y79DU5MG51

Medicare Beneficiary ID

Group #

Employer/ Group Name

Contact Number

Insured Information

Client is Subscriber Yes No Update Contacts

Insured Name

Copayment

Deductible

Monthly Deductible

The Client Has Monthly Deductible

Monthly Deductible Last Met

COB History

Start Date	End Date	COB	User	Modified On
No data to display				

Eligibility Verification

Date Last Verified

Verified By

Electronic Eligibility Verification

Payer Insurance Id Verify...

Request Start/End Date	Plan	Verified On	Response	Insured Id	Plan Start Date	Plan End Date
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Note: You will need to drop Medicare Part B twice, once to Service Area for MH with a start date of 7/1/23 and again to Service Area DMC with a start date of 7/1/23.

Adding a Flag to the Client – OHC Flag

If the client has an OHC (Other Health Coverage) plan that is **not listed in SmartCare Or the 270/271 runs blank**, flag the account using the OHC Coverage Flag. This is necessary for a new FRF to be completed:

1. Click the plus icon next to the client's name
2. Choose Verify OHC Coverage
3. Add the relevant information in the Note Information Section

smartcareTrain | 09-21-2022

Training, Manual (1239) ATP [Clipboard] [Clock] + x

Client Flag Details

Note Information

Type: ID: 1000012 Work Group: Active

Level: Protocol: Protocol Flag ID: Program:

Note: This flag recurs

Open Date: Display Date: Due Date: End/Completed Date: Completed By:

Link to:

Nothing Document [Open](#)

Assigned Users: Assigned Roles:

No data to display

Comment:

Permitted Flag Do not display flag Never Pop Up Always Pop Up

Different Flags and their uses

Insurance/Eligibility Review Required Flag

- Use when client County code is not listed as "21"

Verify OHC Coverage Flag

- Use when 270/271 runs blank
- Use when Medicare lists alternative carrier on 270/271 response
- Use when Medi-Cal is inactive: A client has a Medi-Cal CIN but no response is generated in 270/271

Client Flag Details

Note Information

Type ID Work Group Active

Level Protocol Protocol Flag ID Program

Note This flag recurs

Open Date Display Date Due Date End/Completed Date

Link to Completed By

Nothing Document [Open](#) Assigned Users Assigned Roles

No data to display No data to display

Comment

Permitted Flag Do not display flag Never Pop Up Always Pop Up

Insert Clear

Adding a Flag to the Client – Out of County Medi-Cal Flag

The flag will now show on the client for others to see next to the client's name. For staff who want to work on the clients that need insurance assistance:

1. Go to “Client Flags (My Office)”
2. Search for all clients who are flagged for needing insurance/eligibility review

Client Flag Details

Note Information

Type: **Insurance/Eligibility Review Required** ID 1000011 Work Group: Active

Level: **Urgent** Protocol: Protocol Flag ID: Program:

Note: **client does not appear to have medi-cal** This flag recurs

Open Date: Display Date: **07/01/2023** Due Date: End/Completed Date:

Completed By:

Link to:

Nothing Document [Open](#) Assigned Users: Assigned Roles:

No data to display No data to display

Comment:

Permitted Flag Do not display flag Never Pop Up Always Pop Up

Client Flags (3)

Assigned To Staff: Assigned To Role: Open: As of: **10/27/2023** [Apply Filter](#)

Client: Flag: **Insurance/Eligibility Review I** Work Group: **All Work Groups** All Protocols:

Programs: Status: **Active Only**

ClientId	Client Name	Flag	Assigned Staff	Display Date	Due Date	Note Field
9428...	[REDACTED]	Insurance/Eligibility Review Required	Arnao, Pilar	07/01/2023		No medi-cal on file
9428...	[REDACTED]	Insurance/Eligibility Review Required		07/01/2023		client doesnot appear to have medi-...
9428...	[REDACTED]	Insurance/Eligibility Review Required		07/01/2023		client doesnot appear to have medi-...

[Insert](#) [Clear](#)