

## Medi-Cal Automated Eligibility Verification

The Automated Eligibility Verification System (AEVS):

- Is a state database that provides up-to-date information on a Medi-Cal beneficiary's eligibility.
- Assists in identifying from which managed care plan the member accesses their Medi-Cal benefit.
- Provides eligibility for the past 12 months.

### Objective 1: Identifying the member's Medi-Cal managed care plan

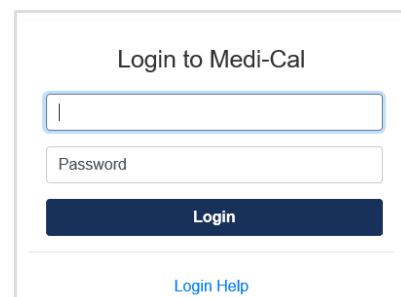
There are two ways of accessing AEVS. Both methods require providers to first create a Medi-Cal AEVS account at <https://files.medi-cal.ca.gov/pubsdoco/signup.aspx>.

**Option one:** By phone via an interactive voice response system (IVR). Follow the steps below:

1. Dial 800-456-2387.
2. The automated message will prompt you to enter your PIN.
3. The automated message will prompt you to verify your assigned provider number by pressing **1**.
4. Enter **1** to verify eligibility.
5. Enter the member identification (ID) number found on the member's state-issued Medi-Cal eligibility ID card followed by #.
6. Enter the date of birth as a 2-digit month and a 4-digit year.
7. Enter the date of service as a 2-digit month and a 4-digit year.
8. You will then receive eligibility data and a confirmation number. Document the confirmation number.

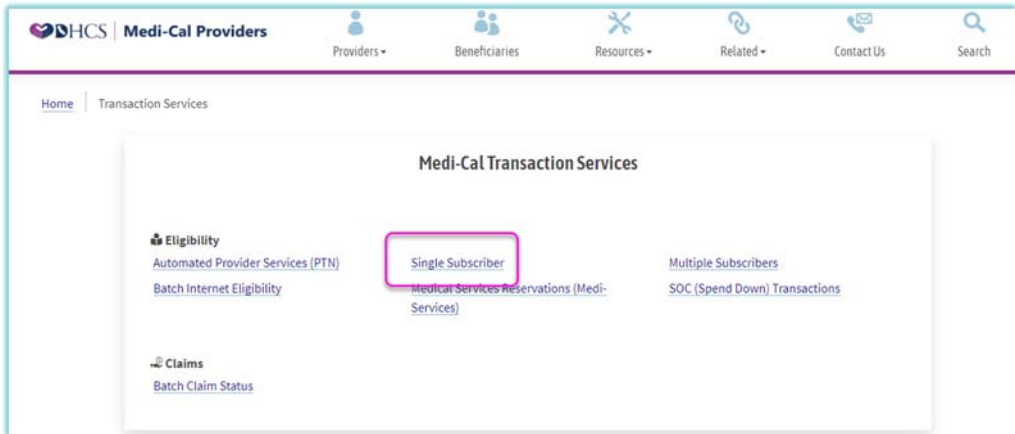
**Option two:** Through the Medi-Cal webpage. Follow the steps below:

- 1 Go to <https://www.medi-cal.ca.gov/MCWebPub/Login.aspx?>
- 2 Enter your user ID (XXXXXXX) and password (XXXXXX), then select *Login*.



The screenshot shows a login form titled "Login to Medi-Cal". It contains two input fields: the first is for the user ID, with a vertical cursor on the left; the second is labeled "Password". Below the fields is a dark blue "Login" button. At the bottom of the form is a blue link labeled "Login Help".

3 On the Transaction Services screen, select *Single Subscriber*.



4 Enter the following information:

- Subscriber ID found on the member’s state-issued Medi-Cal eligibility ID card, CIN, SSN or Medicaid case number.
- Subscriber’s Birth Date: MM/DD/YYYY.
- Issue Date: Today’s date in MM/DD/YYYY.
- Service Date: Ask patient and type as MM/DD/YYYY.

The image shows a form titled 'Eligibility Verification'. At the top, it says 'You are logged in as: F'. Below this, there are five input fields: 'Swipe Card:', '\* Subscriber ID:', '\* Subscriber Birth Date:', '\* Issue Date:', and '\* Service Date:'. A legend below the fields states '\* Indicates Required Field'. At the bottom of the form, there are two buttons: 'SUBMIT' and 'CLEAR'. Below the buttons, there is a note: 'Click here for help on button usage. For help on fields, place the cursor in the desired field and click on the Help link on the left'.

5 Select *Submit*.

## Objective 2: Understand the data on the website

The eligibility data on the website will verify the member’s status with the Medi-Cal program as well as indicate any health plan assignments.

AEVS uses a red, yellow, or green signal light to indicate whether the member is at an active or cancelled status.

With each signal light, an eligibility message will display with details regarding the eligibility and health plan assignment.



### Eligibility Verification Confirmation (EVC) number

When the eligibility message appears, it provides an Eligibility Verification Confirmation (EVC) number. Document this number for anytime the AEVS is accessed.

### Green signal



A green signal light indicates the member is eligible with straight Medi-Cal with no share of cost. Eligibility message appears as follows:

**SUBSCRIBER LAST NAME: DOE. EVC #: 1111XX111111. CNTY CODE: 19. 1ST SPECIAL AID CODE: 8W. MEDI-CAL ELIGIBLE W/ NO SOCSPEND DOWN**

Refer the member to the state enrolment broker Health Care Options (HCO) at 800-430-4263 for information.

When the eligibility message reads **potential** health plan member, refer the member to their caseworker for further information. If the member does not have the phone number for the caseworker, refer the member to state enrolment broker HCO at 800-430-4263 for information.

### Yellow signal



Eligibility data with a yellow signal light requires that a more detailed review is needed as this can indicate either of the following:

- The member is active with another managed care plan or other insurance carrier.
- Member may have share of cost (SOC).

### Yellow Light – Active with a managed Medi-Cal health plan

When a member is active with any prepaid health plan (PHP), the eligibility message appears as follows:

(Enrolled with Health Net- Example only)

**SUBSCRIBER LAST NAME: SALAS. EVC #: 1111XX111111. CNTY CODE: 10. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-HLTH NET: MEDICAL CALL (800) 675-6110. HCP: CALL (800) 675-6110 FOR HCP INFORMATION. PCP: NICHOLAS ORME CALL: (559) 227-1622.**

**Note:** If another health plan name is showing as the PHP, you are expected to contact the listed health plan.

### **Yellow Light – Other Health Insurance (OHI)**

When a member has other health insurance, the eligibility message appears as follows:

**SUBSCRIBER LAST NAME: DOE. EVC #: 1111X111XX. CNTY CODE: 36. PRMY AID CODE: 30. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. OTHER HEALTH INSURANCE COV UNDER CODE P - PHP/HMO. CARRIER NAME: AETNA HEALTH PLANS HMO. ID: PABBQ7XCX B. COV: OIM P V.**

The message will indicate other health insurance along with the carrier's name of the insurance plan.

Members disputing the OHI displaying may be referred to their caseworker\* for details. AEVS must reflect the OHI change in order for a health plan to update their systems.

**Note:** Members inquiring about their Medicare coverage can be referred to Medicare at 800-633-4227

### **Yellow Light – Share of Cost (SOC)**

When a member has a SOC, the eligibility message appears as follows:

**SUBSCRIBER LAST NAME: DOE. MEDI-CAL SUBSCRIBER HAS A \$02323 SOC/SPEND DOWN. REMAINING SOC/SPEND DOWN \$ 2323.00.**

A SOC is an amount set by the State for Medi-Cal recipients who are obligated to pay a monthly dollar amount toward their medical expenses before Medi-Cal will pay for covered services. Generally, a beneficiary's SOC is determined by the county welfare department and based on the amount of income.

For details on the SOC, refer the member to their caseworker\* or to the state enrolment broker HCO at 800-430-4263 for information.

### **Red signal**



A red signal light in AEVS indicates the member is no longer eligible with the Medi-Cal program. No additional information is available to explain the cancellation. Support the member by contacting the State Enrolment Broker Health Care Options (HCO) at 800-430-4263.

\*To support the member in identifying their caseworker, contact the SSA Field Office. Visit <https://secure.ssa.gov/ICON/main.jsp> > enter the member's zip code to find the local field office.

The eligibility message in AEVS appears as follows:

**NO RECORDED ELIGIBILITY FOR MM/YY or TERM.**

**Warning:** A false red signal light triggers if the data entered is not accurate. Reconfirm the information entered if the following eligibility message displays:

**SUBSCRIBER LAST NAME: ISSUE DATE OF THE SUBSCRIBER'S I.D. CARD INVALID**

#### **Future eligibility**

Providers are able to view beneficiaries' pending Medi-Cal Managed Care enrollment one month prior to plan enrollment. The pending information is **not** a guarantee for plan enrollment. Providers must verify plan enrollment the first of the month.

Eligibility message appears as follows:

**SUBSCRIBER LAST NAME: DOE. EVC #: 1111XX111111. CNTY CODE: 19. PRMY AID CODE: P9. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. FOR INFORMATION ONLY PENDING HEALTH CARE PLAN ENROLLMENT INTO: PHP-HLTH NET: MEDI-CAL (800)675-6110. HCP: CALL (800) 675-6110 FOR HCP INFORMATION. PCP: CALL THE HCP FOR PCP INFO.**