SECTION V – CONFIRMATION OF MEDI-CAL ELIGIBILITY AND ELECTRONIC MEDI-CAL BENEFICIARY ENROLLMENT

ELIGIBILITY VERIFICATION

Confirmation of Medi-Cal eligibility is a MUST by network providers, billing agents/services and clearinghouses. Network providers are required to verify client Medi-Cal eligibility on the date of service.

Clients are required by the State of California to present their Benefits Identification Cards (BIC) in order to access their Medi-Cal benefits. Carrying the BIC helps providers affirm that the client is entitled to Medi-Cal benefits and facilitates checking clients Medi-Cal eligibility. The issue date can be found on the front of the card along with other information such as the recipient's name, gender, date of birth, and the Client Index Number (CIN). The CIN is a unique identifier assigned to an individual.

> **Note:** All new and replacement BIC cards issued after 9/1/2021 will not have the gender identity information (DHCS Info Letter No 21-210). All versions of the BIC card (new and old) in circulation are valid. Providers can obtain gender information from clients from another source, such as a California Identification card. If support is needed, please create a Self Support Heat ticket for additional assistance at: https://era.lacounty.gov/dmh/contractor/mfa or contact the Help desk (213) 351-1335.

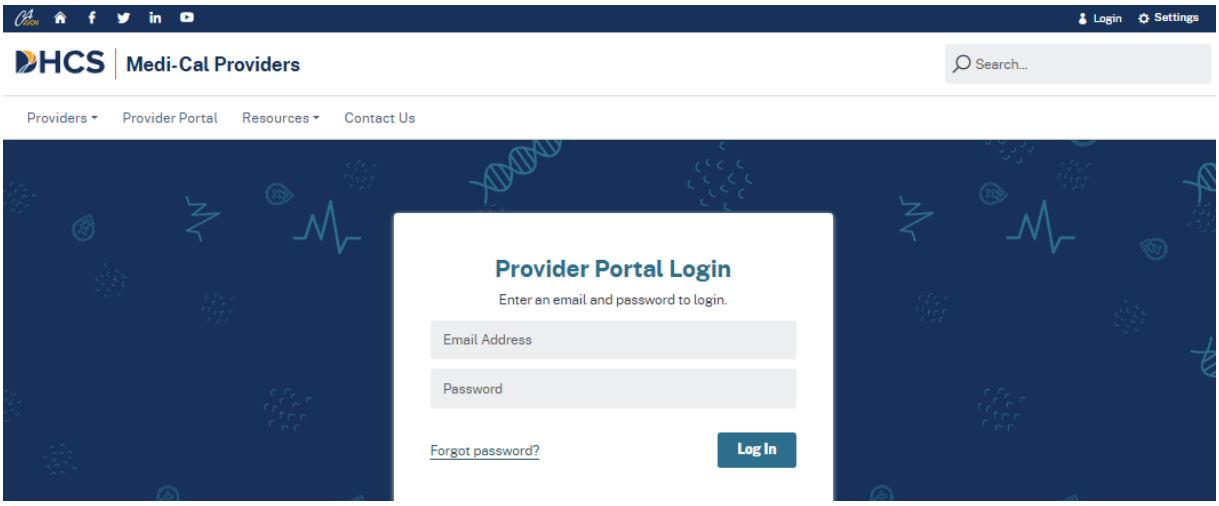
Each CIN begins with a 9 followed by seven (7) digits, an alpha character other than B, I, J, K, L, O, P, Q, R, or S, and ends with a "check digit." This sequence is then followed by a four (4) digit sequence (e.g., 91234567A2 **9180**).

Medi-Cal eligibility and share of cost information may be verified by entering the Medi-Cal beneficiary's Client Index Number (CIN) printed on the beneficiary's Medi-Cal card in one of the State eligibility systems as follows:

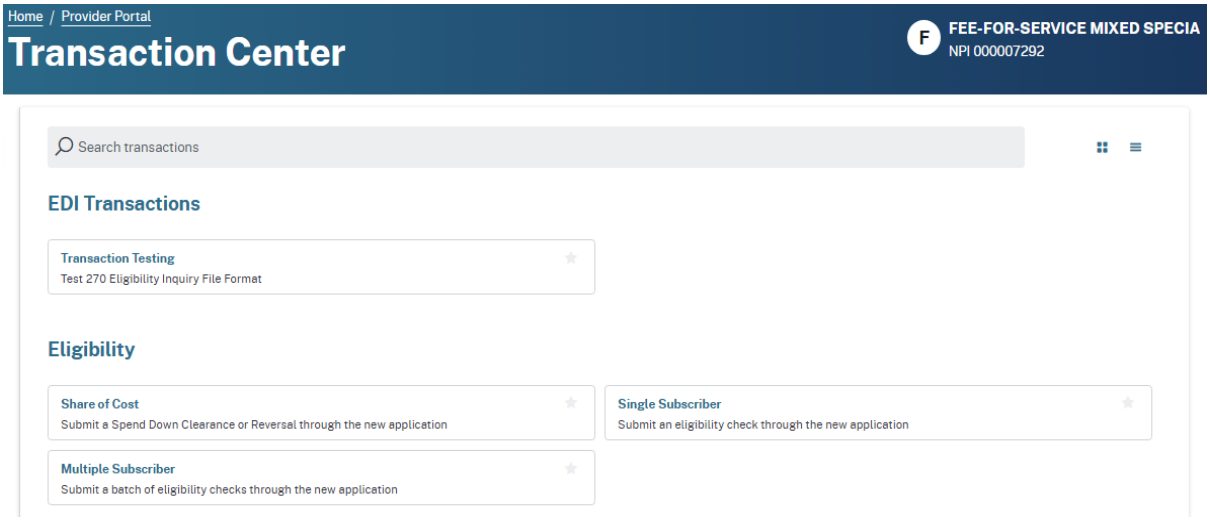
- Providers with a California Department of Health Care Services (DHCS) issued provider number may verify Medi-Cal beneficiary eligibility by swiping the beneficiary's Medi-Cal card through the Point of Service (POS) Network Device. Contact the Medi-Cal POS and Internet Help Desk at (800) 427-1295 for information about acquiring a POS device.

- The State of California's website for verifying Medi-Cal eligibility has changed. The California DHCS is sunsetting direct access to the website used to verify Medi-Cal eligibility. Beginning July 8, 2025, online eligibility verification will only be available through the Medi-Cal Provider Portal. Each person using the Medical-Cal Provider Portal must be registered. If you have any questions about the Medi-Cal Provider Portal or need assistance with registration, please contact the Provider Relations Unit at (213) 738-3311.

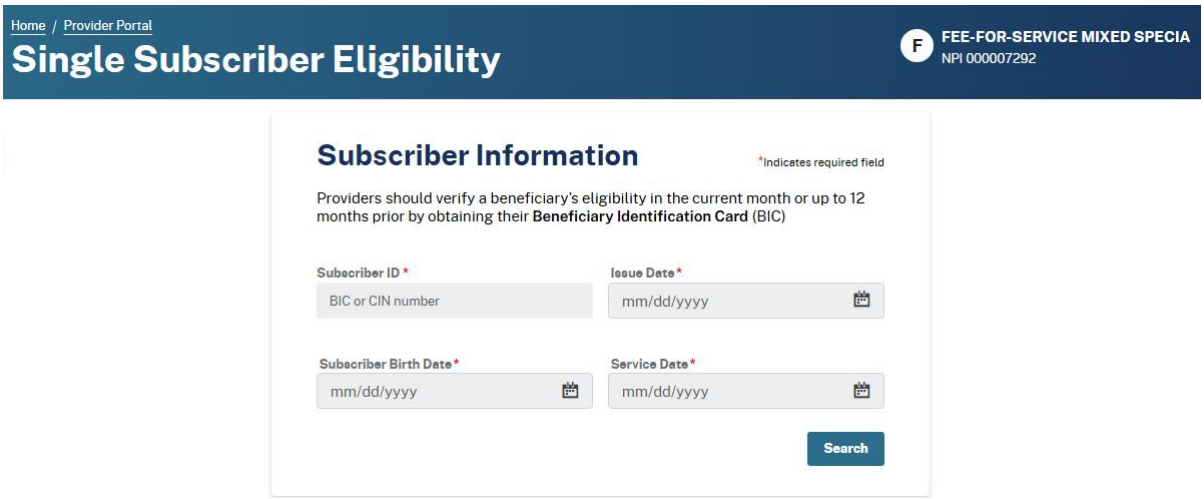
Once registered to use the Medi-Cal Provider Portal, providers will be directed to a login page (https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/login).



Enter your email and password. Click Login.



The **Transaction Center** screen will display once logged into the Medi-Cal Portal. Under the Eligibility tab, click **Single Subscriber** to begin the process of verifying a single subscriber's eligibility.



Enter the following information:
- Subscriber ID (Client Index Number [CIN] or Social Security Number)
- Subscribers Birth Date (MMDDYYYY)
- Issue date (Issue date from the Benefit Identification Card [BIC] or today's date)
- Service date (Date of Service)

Click SEARCH to receive an eligibility response.

Medi-Cal requires eligibility to be verified on the date of service. Once eligibility is verified, place a copy of the eligibility verification response in the client's financial record. Ensure that all clients have been financially screened and that their financial screening information is current and correct.

- Providers with a DHCS issued provider number may verify Medi-Cal beneficiary eligibility by entering the CIN in the Automated Eligibility Verification System (AEVS). The AEVS is an interactive voice response system that allows the provider to verify eligibility through a touch-tone telephone. The AEVS may be accessed by calling (800) 456-2387. When verifying eligibility using AEVS, complete the AEVS Response Log to document the verification. Include the log in the client's financial record. The AEVS Response Log is located on the Medi-Cal website at the following link below: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part1/aevtrn1form.pdf

It is recommended that network providers maintain a copy of the Benefits Identification Card and a copy of Medi-Cal eligibility obtained from one of the State eligibility systems listed above.

BENEFICIARY ENROLLMENT

Electronic Medi-Cal beneficiary enrollment is a process that requires network providers, billing agents/services and clearinghouses to enroll Medi-Cal eligible clients in the County's claims processing information system (i.e., Provider Connect). The purpose of electronic Medi-Cal beneficiary enrollment is to assign unique Department of Mental Health client identification numbers and maintain a tracking system for Medi-Cal beneficiaries receiving services from network providers. Reimbursement will only be provided if Medi-Cal beneficiaries are enrolled in the County's claims processing information system.

For questions regarding Medi-Cal beneficiary enrollment and Medi-Cal eligibility transactions, please contact the Provider Relations Unit at (213) 738-3311 or FFS2@dmh.lacounty.gov.

For assistance with the Integrated Behavioral Health Information System (IBHIS) Provider Connect Portal, please report the incident at the following link: https://era.lacounty.gov/dmh/contractor/mfa or contact the Help desk at (213) 351-1335.