

We have found that when checking Medi-Cal eligibility, sometimes the client information is not populating, causing you to manually enter in Client Name and DOB in the Insured Information section of the Insurance Eligibility Verification screen before you can check eligibility.

Insurance Eligibility Verification

Print Response Close

Insurance Eligibility Verification

Request Response

Coverage Plan

Electronic Payer: Medi-Cal Payer Id: 610442

Insured Information

First Name: [Redacted] Last Name: [Redacted] SSN: [Redacted]
Insured Id: [Redacted] Date Of Birth: 01/01/1900 Sex: Male

Group Number: [Redacted]

Client Information

Relationship to the insured: Self First Name: [Redacted] Last Name: [Redacted]
Date Of Birth: [Redacted] Sex: Female

This is because the client is subscriber is set to no in the client plans screen.

Client Plans

Contract Scanning ? i AB

General Claim Information Copayment Monthly Deductible

Plan

Plan: Medi-Cal MH
Insurance Type Code: [Redacted]
Insured ID: [Redacted]
Medicare Beneficiary ID: [Redacted]
Group #: [Redacted]
Employer/ Group Name: [Redacted]
Contact Number: [Redacted]

Insured Information

Client is Subscriber: Yes No Update Contacts
Insured Name: [Redacted]

Copayment

Deductible: \$0.00

Monthly Deductible

If you are encountering this issue when verifying eligibility, go to the Coverage (Client) screen and click on the Medi-Cal Plan you want to verify.

Client Plans Notes

Client Plans

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal DMC	[REDACTED]		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	Add
Medi-Cal DMC	[REDACTED]		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	Add
Medi-Cal DMC	[REDACTED]		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	Add
Medi-Cal MH	[REDACTED]		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	Add

Select Yes for Client is Subscriber and Click Save. Scroll to bottom of this screen and click Verify.

Client Plans Contract Scanning Save

General Claim Information Copayment Monthly Deductible

Plan

Plan:

Insurance Type Code:

Insured ID:

Medicare Beneficiary ID:

Group #:

Employer/ Group Name:

Contact Number:

Authorization Override:

Insured Information

Client is Subscriber Yes No

Copayment

Deductible:

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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