



How to Run Real Time Eligibility (270/271) Screen

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.

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.

The screenshot shows the SmartCare interface. At the top, there are navigation icons: a magnifying glass, a star, a house, and a person icon. The person icon is highlighted with a red box and a red circle containing the number 1. Below the icons is a horizontal bar with a search icon and the text 'test, Monique'. A red box and a red circle containing the number 2 highlight the search bar. Below the search bar, the results show 'Test, Monique (1295) 09/22/1988'. To the right of the results is a dropdown menu with the following options: 'Create Service/Notes', 'Authorizations', 'Client Account', 'Client Information', 'Client Orders', 'Coverage', 'Documents', 'Flow Sheet', and 'Medication Management (R...)'. The 'Coverage' option is highlighted with a red box and a red circle containing the number 3.

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: Medi-Cal (5) Payer Id: 610442

Insured Information

First Name: Client Last Name: Test SSN: 987675432
Insured Id: 91234567A Date Of Birth: 01/01/2000 Sex: Male
Group Number: 3n

Client Information

Relationship to the insured: Self First Name: Client Last Name: Test
Date Of Birth: 01/01/2000 Sex:

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

Start Date: 06/08/2023 End Date: 06/08/2023 (6) Submit Request

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

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

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

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

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Test, Client (1)

Monique Vera

Coverage

Client Plans Notes

Client Plans

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	012345678					DMC	Add

9. The Electronic Verification screen will To view a result, click the Verified On hyperlinked date.

Electronic Eligibility Verification History

Electronic Eligibility Verification

<u>Request Start/End Date</u>	<u>Plan</u>	<u>Verified On</u>	<u>Response</u>	<u>Insured Id</u>	<u>Plan Start Date</u>	<u>Plan End Date</u>
06/08/2023 - 06/08/2023		06/08/2023		91234567A		
06/08/2023 - 06/08/2023		06/08/2023		91234567A		
05/31/2023 - 05/31/2023		05/31/2023		91234567A		
05/31/2023 -		05/31/2023		91234567A		

Step by step video guide here: