DMC Eligibility Printout

REQUIRED FORM:

This printout is required in the client file for Medi-Cal providers only

WHEN:

Completed at Intake/Admission, when client becomes Medi-Cal eligible, and monthly for the duration of DMC services

COMPLETED BY:

Authorized agency representative

REQUIRED ELEMENTS:

- **Subscriber ID:** This is the client's Medi-Cal subscriber number. You may also use the client's social security number.
- Client's Birth Date: This is the client's date of birth. The format is as follows: 00/00/0000
- Service Date: This is the date of service you will be billing to Medi-Cal
- **Issue Date**: This is the date that Medi-Cal was issued to the client. If you do not have the issue date, you may use today's date in the following format: 00/00/0000

NOTES:

Providers may verify Medi-Cal eligibility in one of three ways:

- Point of Service (POS) Device See the DHCS POS Device User Guides for instructions
- 2. Transaction Services on the DHCS Medi-Cal Website See DHCS Medi-Cal Website Quick Start Guide for instructions
- 3. Automated Eligibility Verification System (AEVS) See Medi-Cal Program and Eligibility Manual for instructions
- 4. For **Residential programs**, Optum will check eligibility as part of authorization. Please follow the process for documentation submission per the authorization process.

All clients who are eligible for Medi-Cal must have a verification of eligibility in their file. Programs that provide DMC services shall be responsible for verifying the Medi-Cal eligibility of each client for each month of services prior to billing for DMC services to that client for that month. Medi-Cal eligibility verification should be performed prior to rendering service, in accordance with and as described in the Department of Health Care Services DMC Provider Billing Manual. Options for verifying the eligibility of Medi-Cal beneficiary are described in the DHCS DMC Provider Billing Manual. The DMC Provider Billing Manual can be found at:

http://www.dhcs.ca.gov/formsandpubs/Documents/DMC_Billing_Manual_2017.pdf

Programs must provide documentation of Medi-Cal eligibility in the client file for the duration of the clients' treatment episode or until the client becomes ineligible for Medi-Cal.