State of California
Department of Health Care Services

DHCS

Medi-Cal Provider Portal User Guide: Eligibility Transactions

Medi-Cal Management Information System

CA-MMIS

V 1.0

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Overview

Introduction to the Provider Portal

The Provider Portal is an area within the Medi-Cal Providers website that houses general information and day-to-day work for Medi-Cal providers and provider healthcare staff. It focuses on reducing paper communications between the Department of Health Care Services (DHCS) and provider communities, increasing the security and accessibility of Medi-Cal electronic services and empowering providers in managing their organization to support their billing needs.

Objective

The purpose of the *Provider Portal User Guide: Eligibility Transaction* is to provide step-by-step instruction on how to submit Single Subscriber, Share of Cost (SOC) and Multiple Subscriber transactions in the Provider Portal.

Access Transaction Center

Provider Portal users may follow the steps below to access Eligibility transactions through the Transaction Center.

1. Navigate to the Medi-Cal Providers website and click the **Login to Provider Portal** link or select from the drop-down Provider Portal tab.

2. Once the Provider Portal dashboard is displayed, click **Get Started** on the **Transaction Center** tile.

    Note: If an organization has multiple National Provider Identifiers (NPIs), select the appropriate NPI from the Global NPI Selector.
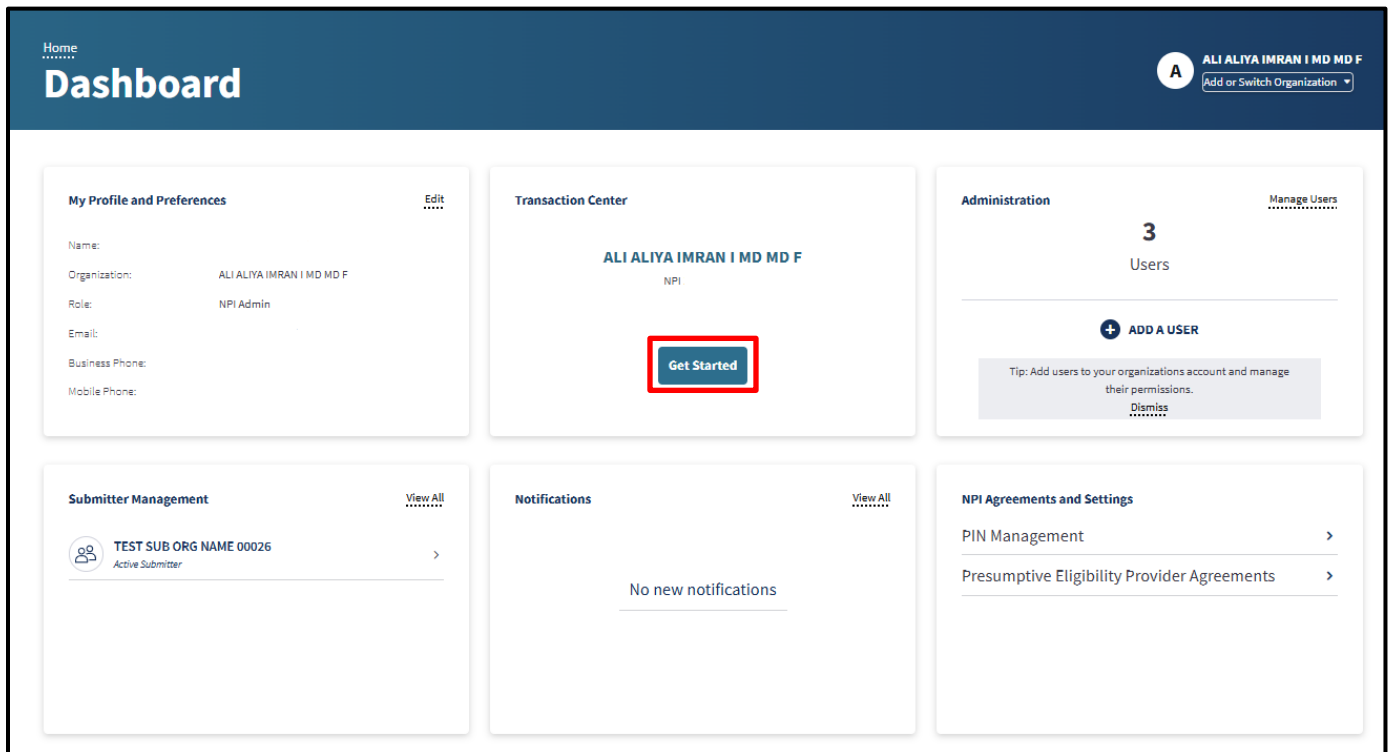
Figure 1.1: Transaction Center Tile of the Provider Portal Dashboard.

3. In the **Transaction Center**, click one of following the Eligibility transaction links:

- **Single Subscriber**

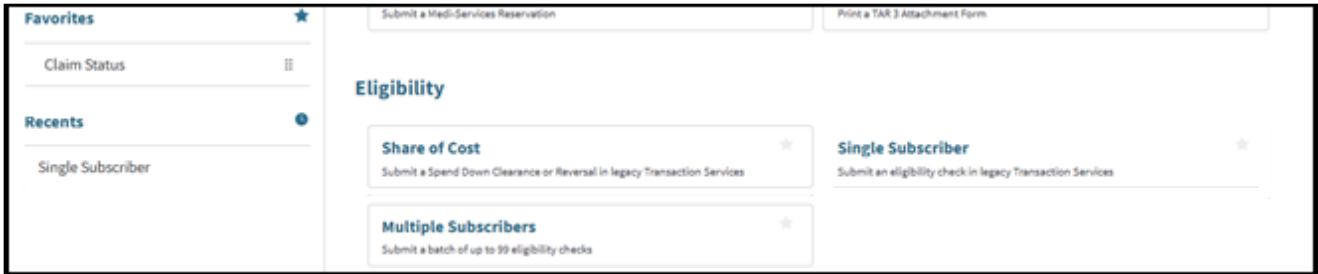- **Share of Cost**

- **Multiple Subscriber**

Figure 1.2: Eligibility Transactions in the Transaction Center.

Single Subscriber Eligibility

To verify Single Subscriber eligibility, follow the steps below:

1. Click the **Single Subscriber** link in the **Eligibility** section of the Transaction Center.
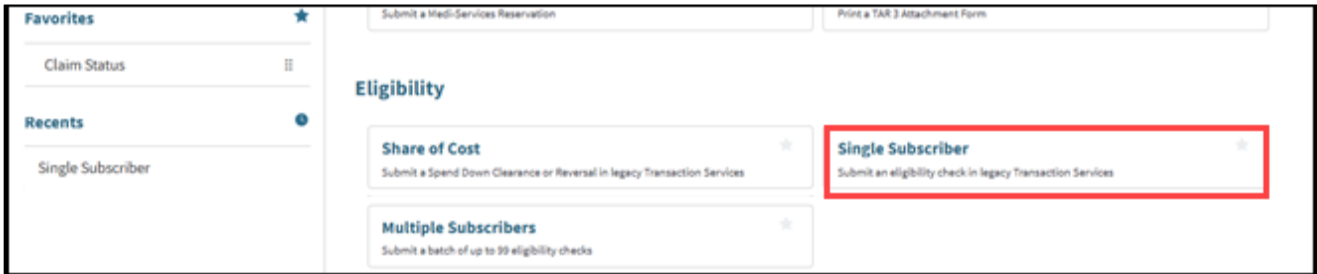

Figure 2.1: Single Subscriber Link in the Eligibility Section.

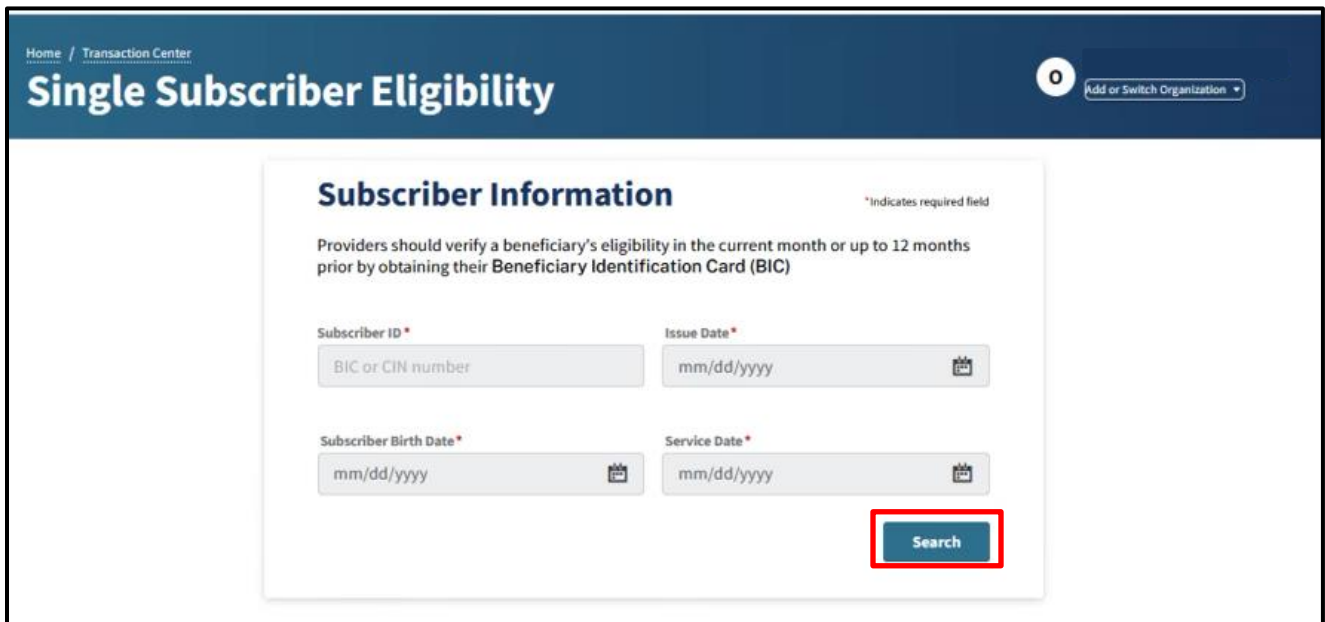2. Enter the Subscriber Information in the required fields and click **Search**.

Figure 2.2: Subscriber Information.

Eligibility Responses

After submitting the subscriber's information, an eligibility response screen will appear near the top of the page with one of the following responses:

- A green icon with a check mark (✅) means eligibility is established, and providers may render services.

- A yellow icon with an exclamation point (⚠️) directs providers' attention to special circumstances.

- A red icon with an exclamation point (🔴) means no Medi-Cal eligibility was found.

Once the response appears, users can click **Perform Share of Cost** or **Perform New Eligibility Inquiry** to continue.

Figure 2.3: Single Subscriber Eligibility Response Summary.

Share of Cost (SOC)

Some Medi-Cal recipients may be required to pay a portion of their medical expenses before Medi-Cal will reimburse providers for services. This portion is known as the SOC or spend down amount.

To access SOC, follow the steps below:

1. Click the **Perform Share of Cost** button after performing a Single Subscriber Eligibility check or click the **Share of Cost** link in the **Eligibility** section of the Transaction Center.
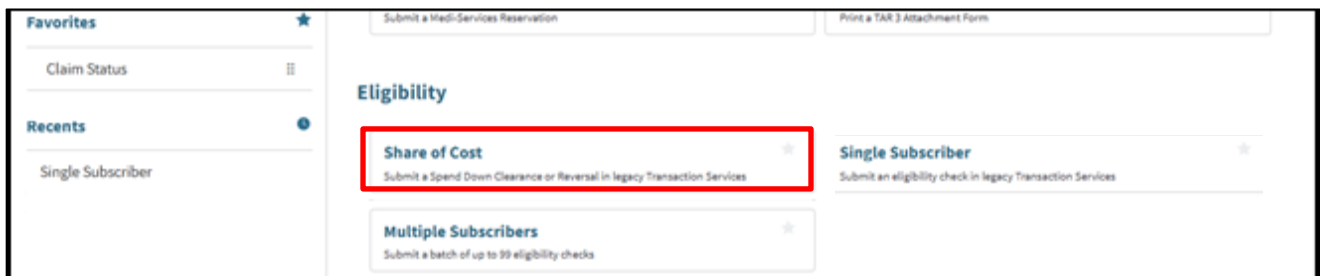

Figure 3.1: Share of Cost link in the Eligibility section.

2. Users have the option of applying or reversing a SOC by indicating which transaction they want to complete. The user can only reverse a SOC if the total SOC has not been cleared. Select SOC (Spend Down) Application or SOC (Spend Down Reversal). Enter the applicable information in the required fields and click **Submit**.

Figure 3.2: SOC/ Spend Down Clearance.

3. The SOC/Spend Down Clearance Response will appear. Once the response is reviewed, click **New Eligibility Inquiry** to start a new Single Subscriber Eligibility inquiry.

SOC/Spend Down Clearance Response

SOC/Spend Down Clearance transaction performed by 1043627060 on Thursday October 17th 2024 at 2:52:03 PM PST

> ☑ SUBSCRIBER LAST NAME: TESTA . SOC/SPEND DOWN AMT DEDUCTED: $ 100.00. REMAINING SOC/SPEND DOWN $ 1100.00. SOC/SPEND DOWN CLEARANCE APPLIED. MEDI-CAL SUBSCRIBER HAS A $01200 SOC/SPEND DOWN. PART A, B MEDICARE COV W/MEDICARE ID #. BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL.

Subscriber Name:	**Subscriber ID:**
TESTA, CAMMIS	90008764S23159
Subscriber Birth Date:	**Issue Date:**
01/01/1940	06/08/2013
Procedure Code:	**Total Claim Charge Amount:**
99212	$1,200.00
Case Number:	**Spend Down Amount Applied:**
24R6087107	$100.00
Primary Aid Code:	**First Special Aid Code:**
Second Special Aid Code:	**Third Special Aid Code:**
Responsible County:	**Medicare ID:**
Service Date:	**Trace Number / Eligibility Verification Confirmation:**
05/01/2024	
Spend Down Total Obligation:	**Spend Down Total Remaining:**
$1,200.00	$1,100.00

New Eligibility Inquiry

Figure 3.3: SOC/Spend Down Clearance Response Summary.

Multiple Subscriber Eligibility

To access Multiple Subscriber Eligibility, follow the steps below:

1. Click the **Multiple Subscribers** link in the **Eligibility** section of the Transaction Center.
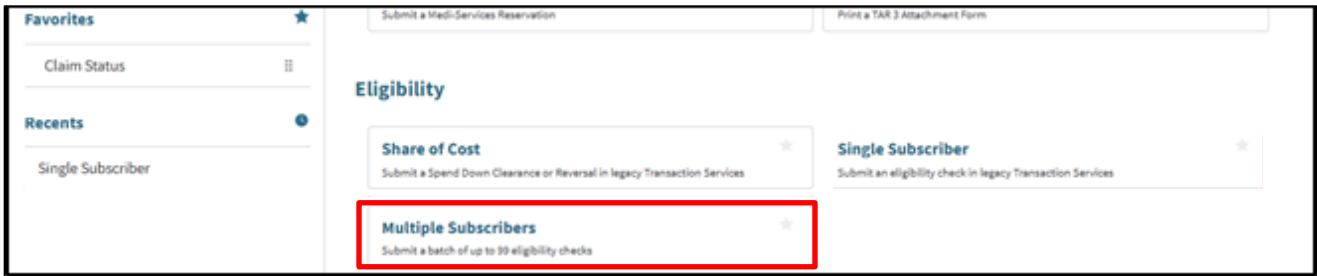

Figure 4.1: Multiple Subscriber Eligibility Link in the Eligibility Section.

2. Download the Template in Excel or CSV formats, but only CSV formats can be uploaded. To download a template, click **Download .xls Template** or click the **Download a .csv template** link.

3. Eligibility can be checked for up to 99 subscribers at a time. Fill out the template and ensure all required fields are filled.

4. To upload a completed template, click **Select a File to Upload** or drag and drop the file into the center box. Once complete, click **Submit.**

   Note: Files must be in CSV format using the template provided on this page. In Excel, select Save As and change the file format to **.csv**.

Figure 4.2: Download a Template or Upload a File.

5. A pop-up window will appear. Click **Continue without Downloading** to proceed to the Responses page or click **Download** to download the files immediately in PDF format in order to print.
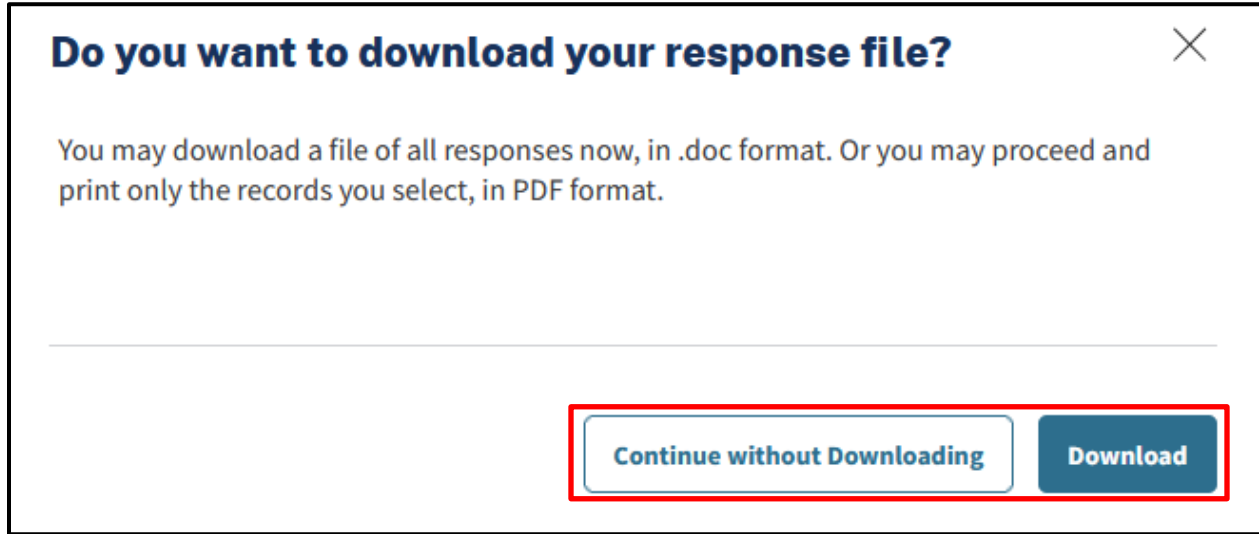

Figure 4.3: Download the Response File.

6. Responses are also displayed on the Responses page. They can be filtered by response type and sorted by using the column headings.

   Note: Results will no longer display after navigating away from the page. A new file will need to be uploaded to view the responses.

Figure 4.4: List of Responses.

Eligibility Responses

Once the Multiple Subscriber response list appears, users can click anywhere in the row to expand a response and review the below messages:

- A green icon with a check mark (✅) means eligibility is established, and providers may render services.

- A yellow icon with an exclamation point (⚠️) directs providers' attention to special circumstances.

- A red icon with a "x" (❌) means no Medi-Cal eligibility was found.

Figure 4.5: Multiple Subscriber Eligibility Response Summary.

Change Summary

Version Number	Date	Description	Notes/Comments
1.0	December 2024	Provider Portal	Create new user guide for eligibility transactions