



## Integrated System News Bulletin

Issues with the New HIPAA-compliant Medi-Cal Eligibility Checks

Attention: All Providers

### STOP – Impact on You

The State of California, as of 10/11/2005, is returning new, HIPAA-compliant Medi-Cal Eligibility Checks. You may notice some differences.

### CAUTION – What You Need to Know

The Integrated System is continuing to publish the information we are receiving from the State of California through the eligibility transaction. The messages are different from those users have seen up until now.

### GO – What You Need to Do

Examine the new checks carefully: in most cases, the information is formatted differently, but the basic information is there.



For users who are trying to interpret Aid Codes, please use the State's webpage on this subject at...

[http://files.medi-cal.ca.gov/pubdoco/publications/masters-MTP/Part1/aidcodes\\_z01c00.doc](http://files.medi-cal.ca.gov/pubdoco/publications/masters-MTP/Part1/aidcodes_z01c00.doc)

And if you're seeing a lot of open circles, please be patient. In almost all cases this means that there is a backlog of Eligibility Checks. These EC's are not being lost, but are put into a queue and processed as soon as possible.

Please consult the following table for examples of a comparison of the old and new Eligibility Checks that the state is generating...

*Non-Compliant = Before 10/11/2005, Compliant = 10/11/2005 and later*

NON-COMPLIANT MSG	COMPLIANT MSG
INVALID/MISSING PROVIDER IDENTIFICATION	Screen is blank.

<b>NON-COMPLIANT MSG</b>	<b>COMPLIANT MSG</b>
<p><b>SUBSCRIBER LAST NAME – XXXXX. EVC # XXXXXX.CNTY CODE 19. PRMY AID CODE 60. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. PART A, B MEDICARE COV W/HIC #XXXXXXXX. BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL ESD2359</b></p>	<p><b>EVC: XXXXXX.PRIMARY AID CODE: 60. BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL. ID: 607014389A ID: 607014389A</b></p>
<p><b>No Recorded Eligibility for 10/05 ISD 2359</b></p>	<p><b>NO RECORDED ELIGIBILITY</b></p>
<p><b>SUBSCRIBER LAST NAME: XXXX, EVC# XXXXXX.CNTY CODE:19. PRMY AID CODE: 32. MEDI-CAL ELIGIBLE W/NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-L.A. CARE HLTH PLAN: MEDICAL CALL (888) 452-2273. HCP: BLUE CROSS OF CA CALL (888) 285-7001. PCP: GEETHA GABBITA CALL: (562) 698- 8263. CIN: XXXXXXXX</b></p>	<p><b>EVC: 475LT91L9J. PRIMARY AID CODE: 32.</b></p>
<p><b>SUBSCRIBER LAST NAME: XXXX. EVC# XXXXXX.CNTY CODE: 19. PRMY AID CODE: 60. MEDI-CAL ELIGIBILITY W/NO SPEND DOWN. PART A, B MEDICARE COV W/HIC #XXXXXX. BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL.</b></p>	<p><b>EVC: 095HMT2N79. PRIMARY AID CODE: 60. BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL.</b></p> <p><b>ID 607014389A</b></p> <p><b>ID 607014389A</b></p>