



State of California—Health and Human Services Agency
Department of Health Care Services



DATE: December 7, 2022

TO: MEDICARE ADVANTAGE DUAL-ELIGIBLE SPECIAL NEEDS PLANS

SUBJECT: ACCESS TO AND USE OF THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM THROUGH MEDI-CAL TRANSACTION SERVICES FOR MEMBERS ENROLLED IN NON-MATCHING MEDI-CAL PLANS

PURPOSE:

The purpose of this letter is to provide instructions to Dual-Eligible Special Needs Plans (D-SNPs) about how to access the Automated Eligibility Verification System (AEVS) via the Medi-Cal Transaction Services [website](#), to access information about Medi-Cal managed care plan enrollment for D-SNP members enrolled in non-matching plans.

BACKGROUND:

D-SNPs will need to work together their members' Medi-Cal Managed Care Plans to coordinate care for members enrolled in non-matching D-SNPs and Medi-Cal plans. D-SNPs can use AEVS to determine which Medi-Cal plan a D-SNP member is enrolled in, and also to verify Medi-Cal eligibility for their members. AEVS will help D-SNPs determine which Medi-Cal plan their member is associated with even if they are not associated with the member's Medicare plan. AEVS can produce 270 (Eligibility Benefit Inquiry Transactions) and 271 (Eligibility Benefit Response Transactions) to help the D-SNPs determine Medi-Cal eligibility and the Medi-Cal plan their members belongs to for the purpose of coordinating services between the plans.

PROCESS:

D-SNPS can use AEVS to access their members' eligibility (270/271) on the Medi-Cal Transaction Services [website](#). There is a real-time interface (Single Subscriber) or a batch process (270 Inquiry) which allows for file submissions of up to 99 (270) transaction records at a time to be processed. The 271 response files are returned within 24 hours.

Step 1. Registration: D-SNPs must register with AEVS by completing the following forms:

- Complete and return the [Medi-Cal Point of Service \(POS\) Network/Internet Agreement](#) to the SSUhelpdesk@dhcs.ca.gov and the Medi-Cal Telecommunications Provider and Biller Agreement ([DHCS 6153](#)) to the address below:

California MMIS Fiscal Intermediary
CMC Unit
P.O. Box 15508
Sacramento, CA 95852-1508

Step 2. Testing: D-SNPs are **required** to test and be approved if they intend to use the [batch](#) and [real-time](#) testing processes. This is required before they are able to submit live transactions on the Medi-Cal Transaction Services website. The D-SNP will need to have a completed Medi-Cal Telecommunications Provider and Biller Agreement and Medi-Cal POS Network/Internet Agreement on file prior to being allowed to submit 270 (Eligibility Benefit Inquiry Transactions) and receive 271 (Eligibility Benefit Response Transactions).

Step 3. Batch Processing requires access to the [Companion Guide](#) to complete testing.

Note: D-SNPs are **not** required to be a Medi-Cal provider to complete the forms. The D-SNP will need the following information to obtain their members' Medi-Cal eligibility:

- Date of birth (DOB), Client Index Number (CIN) which are the first nine characters located on the front of their members' Medi-Cal Benefits Identification Card (BIC) and the Issue Date.
- If the client does not have their BIC and does not know their CIN, then obtaining the member's social security number (SSN) is permissible along with the DOB and Issue Date to obtain Medi-Cal eligibility in the online system. Important to note that the D-SNPs will need to use the current calendar date as the Issue Date for instances when the client does not have their BIC and does not know their BIC Issue Date.

For any questions, please contact DSNPSubmissions@dhcs.ca.gov