Policy:	DD.2003
Title:	**Member Identification and Eligibility Verification**
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	*/s/ Michael Hunn 12/16/2024*
Effective Date:	09/01/2004
Revised Date:	12/01/2024
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy outlines the process for Providers to verify a Member's eligibility to receive Covered Services.

II. POLICY

A. CalOptima Health shall issue a CalOptima Health Member Identification (ID) card to a Member no later than seven (7) calendar days after the occurrence of one (1) of the following:

1. The Member is enrolled in a Health Network, CalOptima Health Direct-Administrative (COHD-A), or CalOptima Health Community Network (CHCN);
2. The Member is transferred between Health Networks, COHD-A, or CHCN;
3. The Member requests re-issuance of such card;
4. The Member is transferred from one CHCN Primary Care Provider (PCP) to another; or
5. The Member's demographic information that appears on the CalOptima Health Member identification (ID) card is changed.

B. A CalOptima Health Member Identification (ID) card shall contain, at minimum, the following information:

1. Member name (first, middle initial, last);
2. Client Index Number (CIN #);
3. Member date of birth (mm/dd/yyyy);
4. Effective date of the Member's enrollment in a Health Network, COHD-A, or CHCN;
5. Health Network name, COHD-A, or CHCN;
6. Health Network's or CalOptima Health's customer service telephone number;

7. Pharmacy services telephone number;

8. Vision services customer service telephone number;

9. Emergency Services information; and

10. For CCN Members, the Member's PCP name and telephone number.

C. A Provider who renders a Covered Service to a Member shall verify the Member's CalOptima Health eligibility prior to rendering such Covered Service. CalOptima Health shall not require a Provider to verify a Member's eligibility prior to rendering Emergency Services.

D. A Provider may verify a Member's eligibility through the State of California Beneficiary Eligibility Verification System, the CalOptima Health Interactive Voice Response (IVR) system, or CalOptima Health's Provider Portal.

E. A Member shall lose eligibility and be disenrolled from the CalOptima Health Medi-Cal program by the Department of Health Care Services (DHCS) upon notification of a Member's death, in accordance with CalOptima Health's Contract with DHCS and Title 22 of the California Code of Regulations, Section 50176.

1. Upon receiving notification from a third-party that a Member is deceased, CalOptima Health's Enrollment and Reconciliation Department shall create a notification of death report to be sent to the County of Orange Social Services Agency (SSA) on a monthly basis to ensure eligibility information is accurate and up to date.

F. CalOptima Health shall provide Health Networks with a complete eligibility Membership roster two (2) times per month. Additionally, CalOptima Health shall make available to the Health Networks changes or additions in Member eligibility on a daily business-day basis through the standard secure file transfer protocol.

III. PROCEDURE

A. A Provider shall verify a Member's eligibility through one of the following systems:

1. State of California Beneficiary Eligibility Verification System using one (1) or more of the following procedures:

a. Access the Automated Eligibility Verification System (AEVS) at https://secure.medi-cal.ca.gov/mcwebpub/login.aspx or by calling (800) 456-2387 and document the Eligibility Verification Confirmation number (EVC);

b. Utilize a Point of Service (POS) device and retain the printout confirming a Member's eligibility as documentation; or

c. Utilize the Medi-Cal Website at www.medi-cal.ca.gov and retain the printout confirming a Member's eligibility as documentation.

2. A Provider may verify a Member's eligibility through the CalOptima Health's IVR at (800) 463-0935 or register to the CalOptima Health Provider Portal via CalOptima Health's Website at www.caloptima.org.

B. The Health Network identified by the State of California Beneficiary Eligibility Verification System or CalOptima Health's IVR shall supersede any Health Network identified on a Member's CalOptima Health Member identification (ID) card or Health Network identification (ID) card.

C. CalOptima Health or a Health Network shall only be responsible for Covered Services for a Member for whom the State of California Beneficiary Eligibility Verification System or CalOptima Health's IVR indicates the Member is eligible on the date of service and identifies such beneficiary as a Member.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
B. CalOptima Health Contract for Health Care Services
C. CalOptima Health Member Identification Card
D. Medi-Cal Provider Manual, Part 1 – Automated Eligibility Verification System (AEVS): General Instructions and Part 1 – Eligibility: Recipient Identification
E. Title 22, California Code of Regulations (CCR), § 50176
F. Title 42, Code of Federal Regulations (CFR), § 438.608(a)(3)(ii)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
07/12/2010	Department of Health Care Services (DHCS)	Approved as Submitted
02/25/2011	Department of Health Care Services (DHCS)	Approved as Submitted
08/18/2015	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	09/01/2004	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	01/01/2011	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	06/01/2015	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	09/01/2016	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	05/01/2017	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	07/01/2017	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	09/01/2018	DD.2003	Member Identification and Eligibility Verification	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	09/01/2019	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	12/01/2019	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	06/01/2021	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	08/01/2022	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	11/01/2023	DD.2003	Member Identification and Eligibility Verification	Medi-Cal
Revised	12/01/2024	DD.2003	Member Identification and Eligibility Verification	Medi-Cal

IX. GLOSSARY

Term	Definition
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
CalOptima Health Direct Administrative (COHD-A)	The managed Fee-For-Service health care program operated by CalOptima Health that provides services to Members who meet certain eligibility criteria as described in CalOptima Health Policy DD.2006. Enrollment in/Eligibility with CalOptima Health Direct.

Covered Services	Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health

Term	Definition
	Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs.
Emergency Services	Inpatient and outpatient Covered Services that are furnished by a qualified Provider and needed to evaluate or stabilize an Emergency Medical Condition, as defined in 42 CFR section 438.114 and H&S section 1317.1(a)(1).
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Health Network Eligible Member	A Member who is eligible to choose a CalOptima Health, Health Network or CalOptima Health Community Network (CHCN).
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who enrolled in the CalOptima Health program.
Primary Care Provider (PCP)	A Provider responsible for supervising, coordinating, and providing initial and Primary Care to Members, for initiating referrals, for maintaining the continuity of Member care, and for serving as the Medical Home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, non-physician medical practitioner, or obstetrician-gynecologist (OB-GYN). For Seniors and Person with Disability (SPD) Members, a PCP may also be a Specialist or clinic.

Term	Definition
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.