



COUNTY OF SANTA CLARA
Behavioral Health Services

REAL TIME INQUIRY (270) REQUEST

REV. 11/15/22

REVISIONS

Date	Slides	Revisions
11/15/2022	ALL	Made minor edits to all slides

REAL TIME INQUIRY (270) REQUEST

Purpose of Form:

The purpose of this document is to define the workflow of using the Medi-Cal real-time 270/271 Eligibility Checking in Avatar CalPM. Real-Time transactions are submitted via a web service to the State of California DHCS server. Once a 'Process Request' is made, the transaction must be posted to record in Financial Eligibility, Share of Cost, and all corresponding tables. There are no cost or service fees associated with this functionality.

DEFINITIONS

270 – 270 is an EDI (Electronic Data Interchange) transaction set that is used to request eligibility and benefit information from the insurance company of the client –specifically Medi-Cal.

271 – 271 is an EDI transaction set generated by the insurance company in response to a 270 eligibility request. A 271 eligibility response from Medi-Cal contains the current client’s eligibility, the AID code, Share of Cost information, etc.
Web Service –A web service facilitates interaction between two machines (Avatar and the State Medi-Cal) over a network.

HOW TO ACCESS

After login click on **Search** and Click **Real Time Inquiry (270) Request**

The screenshot shows a search interface with a search bar containing 'real time'. Below the search bar, there are filters for 'All 1', 'Clients 0', 'Staff 0', and 'Forms 1'. The results are displayed under the heading 'Forms'. A table lists the search results:

Undock	Name	Menu Option
	Real Time Inquiry (270) Request	/ Avatar PM / Billing / Electronic Submission

A blue arrow points to the 'Real Time Inquiry (270) Request' entry in the table.

In the (1) **Client ID** field, enter the client name, click the Search button, and select the corresponding entry. (2) **Episode** and (3) **Guarantor** will enable when client is selected.

The image shows a form with three fields. The first field is labeled "Client ID *" and contains the text "TEST,STEPH, (2790)". A blue arrow labeled "1" points to the "Client ID *" label. To the right of the input box is a dark blue search button with a white magnifying glass icon. The second field is labeled "Episode Number *" and contains the text "Select". A blue arrow labeled "2" points to the "Episode Number *" label. The third field is labeled "Guarantor *" and contains the text "Select". A blue arrow labeled "3" points to the "Guarantor *" label. Both the second and third fields have a small "x" icon and a downward arrow icon on the right side.

Select the corresponding (1) **Episode Number** and (2) **Guarantor**.

1



Client ID *

TEST,STEPH, (2790)



Episode Number *

Episode # 1 Admit : 12/10/2021 Discharge : 03/30/2022 Program : DTN SMH OP* v

2

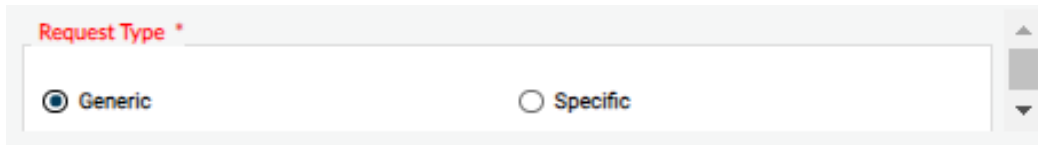


Guarantor *

(2) (18000)DMH Medi-Cal



Select 'Generic' in **Request Type** field.



A screenshot of a web form field labeled 'Request Type *'. The field contains two radio button options: 'Generic' (which is selected) and 'Specific'.

Generic inquiry -For cases where a subscriber has coverage under a guarantor or payor.

Types of generic inquiries:

- Eligibility status (is the client active, or not active in the benefit plan)
- In plan, and out of plan benefits
- COB information
- Aid Code
- Share of Cost
- Medicare Coverage

GENERIC REQUEST TYPE

If 'Generic' Request Type was chosen, click **Process Request**. The message *Compile complete* should pop up, click 'OK'

Client ID *
TEST,STEPH (2790)

Episode Number *
Episode # 1 Admit : 12/10/2021 Discharge : 03/30/2022 Program : DTN SMH OPX-V

Guarantor *
(2) (18000)DMH Medi-Cal

Request Type *
 Generic **Specific**

Service Code

From Date

Through Date

CPT@ Codes

CPT-4 Code
 Code Description

Modifier

Diagnosis Code

Billed Amount

Confirm

Compile complete.

Within a few seconds, after the **Process Request** button is clicked, Avatar will launch a Crystal Report with the results of the eligibility request will be displayed. The report can contain one or more active subreports.

- Response Data
- Rejection Data
- Errors Associated with Known Client and Episodes
- Errors Associated with Unknown Clients and Episodes
- Errors/Warnings Associated With File Load

Run Date: 7/23/2020 09:32 AM

Page 1 of 1

SCVHHS Patient Business Services - BHSD
PO Box 398407
San Francisco, CA 94139-8407
Eligibility Response (271)

File Name: Real-Time 270/271 Processing

File Status: Compiled
Data Entry Date: 7/23/2020

File Version: 271v5010
Data Entry Time: 09:28 AM

Data Entry By: ██████████

[Response Data](#)

[Rejection Data](#)

[Errors Associated With Known Clients And Episodes](#)

[Errors Associated With Unknown Clients And Episodes](#)

[Errors / Warnings Associated With File Load](#)

The **Response Data** subreport contains the results of the eligibility request.

Run Date: 7/23/2020 09:33 AM

Page 1 of 1

SCVHHS Patient Business Services - BHSD
PO Box 398407
San Francisco, CA 94139-8407
Eligibility Response (271)
Response Data

File Name: Real-Time 270/271 Processing

File Status: Compiled
Data Entry Date: 7/23/2020

File Version: 271v5010
Data Entry Time: 09:28 AM

Data Entry By: [REDACTED]

[REDACTED] - Episode #1

Guarantor: DMH Medi-Cal (18000)

1. Inquiry Type : Generic: Financial Eligibility
Eligibility Or Benefit Information : (W) Other Source of Data

2. Inquiry Type : Generic: Financial Eligibility
Eligibility Or Benefit Information : (1) Active Coverage
Service Type Code : (30) Health Benefit Plan Coverage
Insurance Type Code : (MC) Medicaid

3. Inquiry Type : Generic: Financial Eligibility
Eligibility Or Benefit Information : (MC) Managed Care Coordinator
Service Type Code : (1) Medical Care

This is an example of a 271 report for a client with Share of Cost. The report list the Share of Cost or Spend Down as \$711.00.

Guarantor: DMH Medi-Cal (18000)

- | | | |
|-------|------------------------------------|-------------------------------------|
| 1. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (1) Active Coverage |
| | Service Type Code | : (30) Health Benefit Plan Coverage |
| | Insurance Type Code | : (MC) Medicaid |
| ----- | | |
| 2. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (Y) Spend Down |
| | Benefit Amount | : 711 |
| ----- | | |
| 3. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (MC) Managed Care Coordinator |
| | Service Type Code | : (1) Medical Care |
| ----- | | |
| 4. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (1) Active Coverage |
| | Service Type Code | : (30) Health Benefit Plan Coverage |
| ----- | | |
| 5. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (R) Other or Additional Payor |
| | Insurance Type Code | : (MA) Medicare Part A |
| ----- | | |
| 6. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (R) Other or Additional Payor |
| | Insurance Type Code | : (MB) Medicare Part B |
| ----- | | |
| 7. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (R) Other or Additional Payor |
| | Plan Coverage Description | : MEDICARE PART D |
| ----- | | |
| 8. | Inquiry Type | : Generic: Financial Eligibility |
| | Eligibility Or Benefit Information | : (Y) Spend Down |
| | Time Period Qualifier | : (29) Remaining |
| | Benefit Amount | : 711 |

Close report. Click the **Post Inquiry** button at the bottom of the form to update the **Financial Eligibility**.



The screenshot shows a web form with the following fields and controls:

- Client ID ***: Text input field with a search icon.
- CPT-4 Code**: Text input field with a search icon and radio buttons for **Code** (selected) and **Description**.
- Episode Number**: Dropdown menu with "Select" as the current value.
- Guarantor**: Dropdown menu with "Select" as the current value.
- Request Type ***: Radio buttons for **Generic** and **Specific**.
- Service Code**: Text input field with a search icon.
- From Date**: Date input field with a calendar icon and "T" and "Y" buttons.
- Through Date**: Date input field with a calendar icon and "T" and "Y" buttons.
- Modifier**: Text input field.
- Diagnosis Code**: Text input field with a search icon.
- Billed Amount**: Text input field.
- SOC Amount**: Text input field.
- Select Rendered Service (SOC)**: Button.
- Process Request**: Button.
- Post Inquiry**: Button, highlighted with a blue arrow.



Search **Financial Eligibility** form, go to (1) **Guarantor Selection**, and the most recent date of eligibility will show up in the (2) **Effective Date of Medi-Cal Eligibility** field.

The screenshot displays the 'FINANCIAL ELIGIBILITY' form interface. On the left, a navigation menu includes 'Financial Eligibility', 'Financial Eligibility Guarantor', 'Guarantor Selection' (highlighted with a blue arrow and a '1'), 'Customize Plan', and 'Online Documentation'. The main form area contains several fields: 'Date Benefits Terminated' (empty), 'Date Benefits Denied' (empty, marked with a '1'), 'Effective Date Of Medi-Cal Eligibility' (12/01/2021, marked with a '2'), 'Denial Code' (Select), 'Subscriber's Covered Days *' (9999), 'Subscriber Assignment Of Benefits *' (Yes selected), 'Eligibility Code' ((001) ELIG./NO COND.), 'Aid Code' ((P5) Children 6 to 19 years of age with 0 percent - 108 perc), and 'EVC Tracking Number' (67669392352). At the top right, there are buttons for 'Submit', 'Discard', 'Send To Do', and 'Add to Favorites'. The 'Date Benefits Denied' and 'Effective Date Of Medi-Cal Eligibility' fields have calendar icons and 'T'/'Y' buttons. The 'Subscriber's Covered Days' field has a search icon.


Effective Date Of Medi-Cal Eligibility


12/01/2021  **T** **Y** 

Eligibility Code

(001) ELIG./NO COND.  

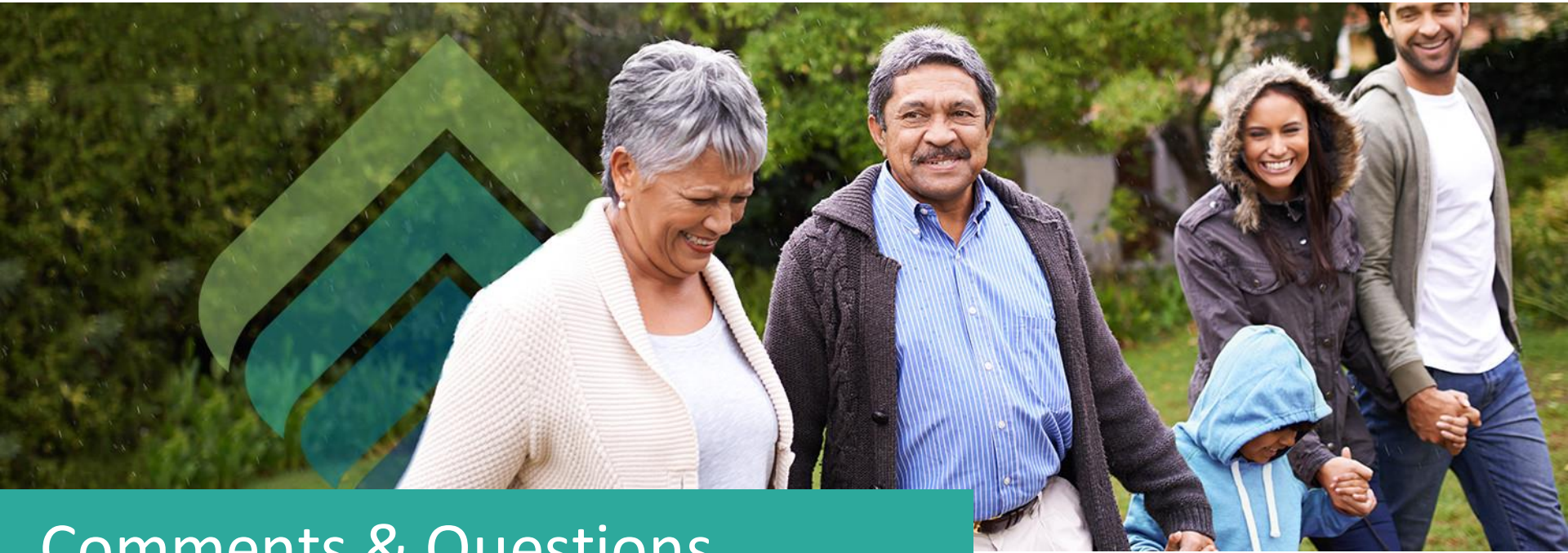
Aid Code

(P5) Children 6 to 19 years of age with 0 percent - 108 perce 

EVC Tracking Number 

67669392352

Effective Date of Medi-Cal Eligibility	Most recent date of eligibility stored in the history_meds_elig; Populated by California MEDS File Load, Eligibility Response 271, Real-Time Inquiry (270) Request and manual entry.
Eligibility Code	Eligibility status code returned from State. Populated by California MEDS File Load, Eligibility Response 271, Real-Time Inquiry (270) Request and manual entry.
Aid Code	Aid Code returned from the State. Populated by California MEDS File Load, Eligibility Response 271, Real-Time Inquiry (270) Request and manual entry.
EVC Tracking Number	EVC Tracking Number (receipt) returned by the State when doing a Medi-Cal eligibility inquiry. Populated by Eligibility Response 271, Real-Time Inquiry (270) Request and manual entry.



Comments & Questions