



Medi-Cal Rx

# Member Eligibility Lookup Tool Job Aid

May 20, 2024

## 1.0 What Is the Member Eligibility Lookup Tool?

The Member Eligibility Lookup Tool allows registered Medi-Cal Rx providers to search for member eligibility details for Medi-Cal Rx pharmacy prior authorization (PA) requests and/or claims processing. Registered Medi-Cal Rx providers (pharmacies and prescribers) can log in to the [Medi-Cal Rx Secured Provider Portal](#) to complete a search and review a member's eligibility, eligibility history, and claims history.

**Note:** Information contained within this tool does not guarantee PA request approval or claim payment and is subject to change.

## 2.0 Accessing the Member Eligibility Lookup Tool

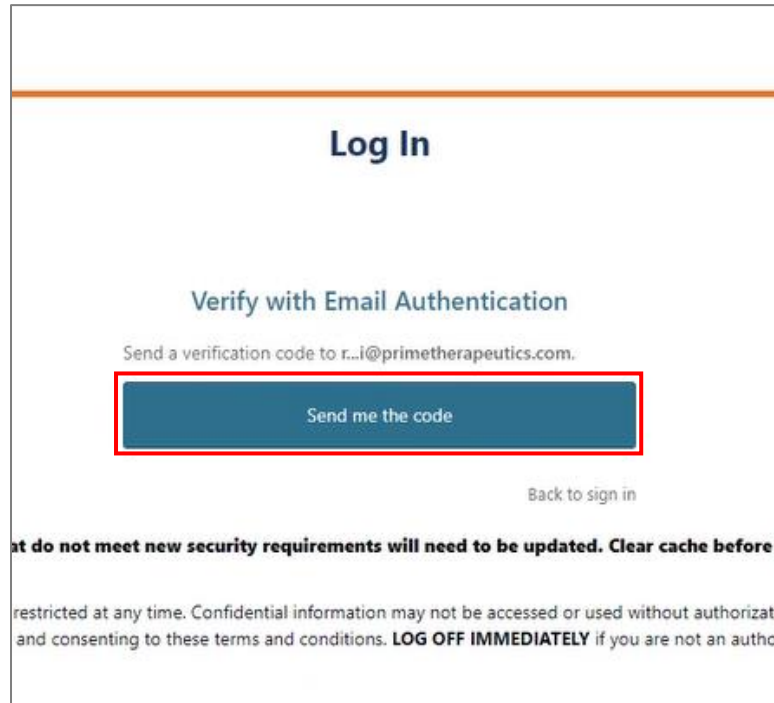
Before you can access the Member Eligibility Lookup Tool, you are required to register for the Medi-Cal Rx Secured Provider Portal and PA request system. If registration has not been completed, refer to the [User Administration Console \(UAC\) Quick Start Guide](#) for instructions.

1. Once you have completed registration, access the Member Eligibility Lookup Tool by logging in to the [Medi-Cal Rx Secured Provider Portal](#). Refer to *Figure 2.0-1*.

The screenshot shows the Medi-Cal Rx Secured Provider Portal login page. The header is dark blue with the Medi-Cal Rx logo on the left and navigation links (Main Portal, About DHCS, Contact Us, English) on the right. Below the header is a white login form. The form has a title 'Log In' and a prompt 'Please log in with your email address and password.' There are two input fields: 'Email' and 'Password'. Below the fields is a blue 'Login' button. At the bottom of the form is a link 'Need help signing in?'. A red box highlights the 'Log In' link in the top right corner of the header.

Figure 2.0-1: Medi-Cal Rx Secured Provider Portal Login

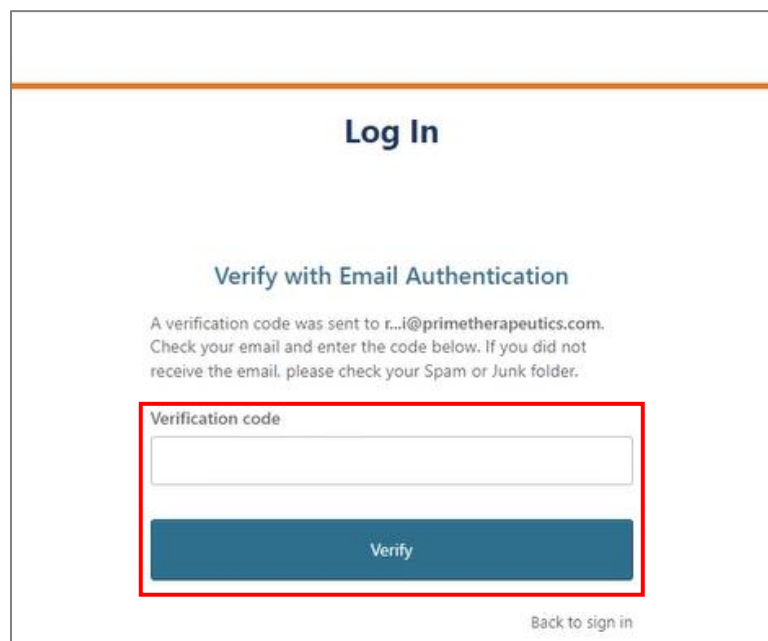
2. Select **Send me the code** to receive the verification code to your email. Refer to *Figure 2.0-2*.



The screenshot shows a web page titled "Log In". Below the title is a section titled "Verify with Email Authentication". Under this section, it says "Send a verification code to r...i@primetherapeutics.com.". A red rectangular box highlights a blue button labeled "Send me the code". Below the button is a link that says "Back to sign in". At the bottom of the page, there is a line of text that reads "at do not meet new security requirements will need to be updated. Clear cache before" and another line that reads "restricted at any time. Confidential information may not be accessed or used without authorizati and consenting to these terms and conditions. LOG OFF IMMEDIATELY if you are not an author".

Figure 2.0-2: Multifactor Authentication – Send Code

3. Enter the **Verification code** for multifactor authentication (MFA) and select **Verify**. Refer to *Figure 2.0-3*.



The screenshot shows the same "Log In" page. In the "Verify with Email Authentication" section, it now says "A verification code was sent to r...i@primetherapeutics.com. Check your email and enter the code below. If you did not receive the email, please check your Spam or Junk folder.". A red rectangular box highlights a text input field labeled "Verification code" and a blue button labeled "Verify". Below the button is a link that says "Back to sign in".

Figure 2.0-3: Multifactor Authentication – Verify

- Once logged in, select **Member Eligibility Lookup** from the list of tabs or from the Tools & Resources drop-down menu. Refer to *Figure 2.0-4*.

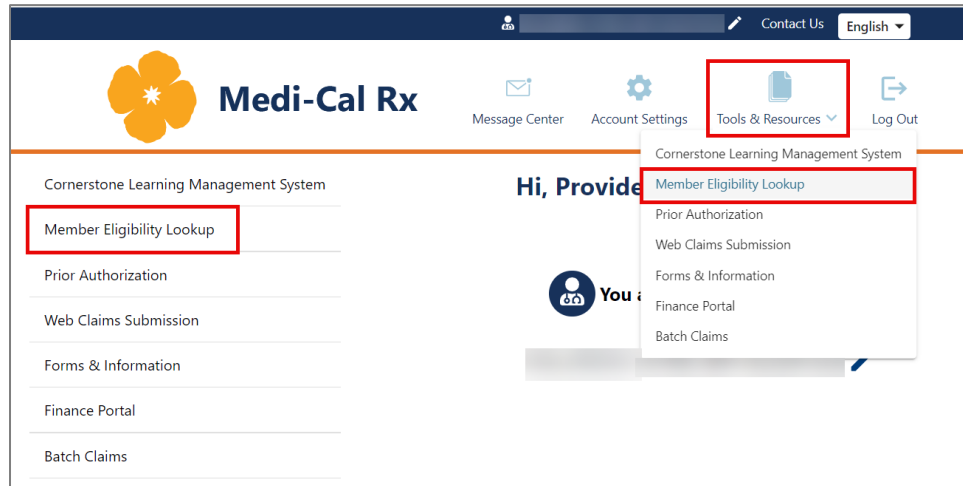


Figure 2.0-4: Member Eligibility Lookup

## 3.0 Searching for Member Eligibility

To search for member eligibility, complete the following steps:

- Perform the Member Eligibility Lookup by entering the required fields notated by a red asterisk ( \* ). Refer to *Figure 3.0-1*.

**Note:** The **Search By** field defaults to Member ID Number and the **Service Date** field defaults to today's date. Both fields can be changed by the user. When searching by Member ID Number, enter the **Member ID** (Health Access Programs [HAP] ID number) or the **Client Index Number** (CIN).

A screenshot of the 'Member Eligibility Lookup' form. The title is 'Member Eligibility Lookup'. Below it, a subtitle reads 'Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only.' and a note says '\* Indicates required field'. The form contains several input fields: 'Last Name: \*' with a text box containing 'Enter last name here'; 'Birth Date: \*' with a date picker showing 'mm/dd/yyyy'; 'Service Date: \*' with a date picker showing '04/02/2024'; 'Search By: \*' with a dropdown menu currently set to 'Member ID Number'; and 'Enter Member ID or Client Index Number here: \*' with a text box containing 'Enter Member ID or Client Index Number here'. At the bottom, there is a note: 'Please enter the Member ID Number or Client Index Number only.' and two buttons: 'CLEAR' and 'SEARCH'.

Figure 3.0-1: Member Eligibility Lookup

2. If the Member ID Number is unavailable, select **First Name and Gender** from the **Search By** drop-down menu. Refer to *Figure 3.0-2*.

**Member Eligibility Lookup**

Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only.  
\* Indicates required field

**Last Name: \***  
Enter last name here

**Birth Date: \***  
Enter as mm/dd/yyyy

**Service Date: \***  
06/26/2024

**Search By: \***  
First Name and Gender

**First Name: \***  
Enter first name here (if no first name, enter last name)

**Gender: \***

**CLEAR** **SEARCH**

**Figure 3.0-2: First Name and Gender Search**

3. Once the required fields are filled out, select **Search**. Refer to *Figure 3.0-3*.

**Member Eligibility Lookup**

Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only.  
\* Indicates required field

**Last Name: \***  
Doe

**Birth Date: \***  
01/01/1998

**Service Date: \***  
12/12/2023

**Search By: \***  
Member ID Number

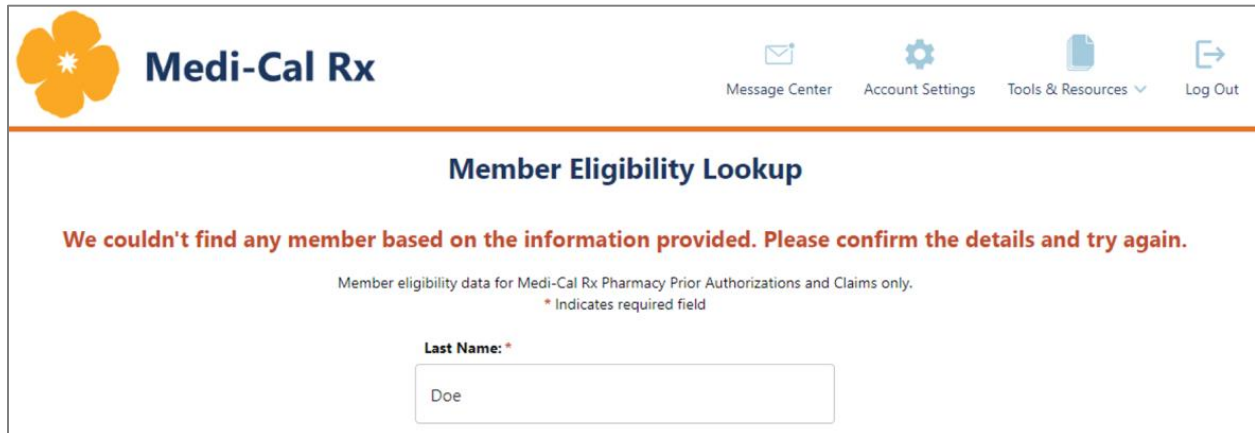
**Enter Member ID or Client Index Number here: \***  
12345678F

Please enter the Member ID Number or Client Index Number only.

**CLEAR** **SEARCH**

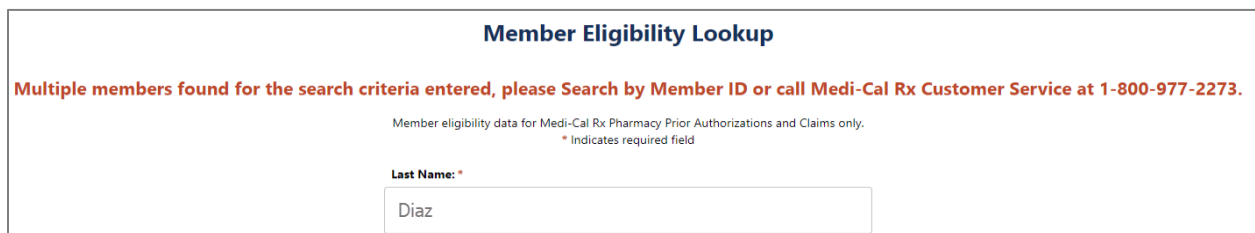
**Figure 3.0-3: Field Requirements Met**

4. If member details cannot be found based on the information provided or multiple members are found based on the information provided, an error message appears. Refer to *Figure 3.0-4* and *Figure 3.0-5*.



The screenshot shows the Medi-Cal Rx Member Eligibility Lookup tool. At the top, there is a navigation bar with the Medi-Cal Rx logo, a Message Center icon, Account Settings, Tools & Resources, and a Log Out button. The main heading is "Member Eligibility Lookup". Below this, a red error message states: "We couldn't find any member based on the information provided. Please confirm the details and try again." Below the message, it says "Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only." and "\* Indicates required field". The search criteria entered is "Doe" in the "Last Name:" field.

Figure 3.0-4: Error Message – Member Not Found



The screenshot shows the Medi-Cal Rx Member Eligibility Lookup tool. At the top, there is a navigation bar with the Medi-Cal Rx logo, a Message Center icon, Account Settings, Tools & Resources, and a Log Out button. The main heading is "Member Eligibility Lookup". Below this, a red error message states: "Multiple members found for the search criteria entered, please Search by Member ID or call Medi-Cal Rx Customer Service at 1-800-977-2273." Below the message, it says "Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only." and "\* Indicates required field". The search criteria entered is "Diaz" in the "Last Name:" field.

Figure 3.0-5: Error Message – Multiple Members Found

## 4.0 Member Eligibility Lookup Tool Results

A successful search prompts the member eligibility information screen. The details are separated into sections. Refer to *Figure 4.0-1*. The sections include:

- Demographics & Eligibility Details
  - Medi-Cal Eligibility Aid Code(s)
  - CCS, GHPP, FPACT Eligibility Aid Code(s)
  - Eligibility History
  - Claims History
- Note:** Only pharmacy claims are displayed.

### Member Eligibility Lookup

Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only.  
Search results as of 4/30/2024, 3:05:43 PM (PT)

[Back to search](#)

#### Demographics & Eligibility Details

Name:	Janet Smith	Service Date:	04/30/2024
Date of Birth:	06/03/2003	Medicare Part B Coverage:	No
Status:	Eligible	Medicare Part D Coverage:	No
Gender:	Female	Other Health Coverage:	
Member ID Number:	34567891E	Share of Cost:	
Internal Code:	Real-Time		

#### Medi-Cal Eligibility Aid Code(s)

Aid Code Type	Aid Code	Program/Description	Rx Benefit	Level Benefits
Primary Aid Code	M1	Adults - Ages 19 to 64 - Modified Adjusted Gross Income (MAGI) 0% to 138% Federal Poverty Level (FPL)	Yes	Full Scope (No SOC)

#### CCS, GHPP, FPACT Eligibility Aid Code(s)

HAP Status	Aid Code	Program/Description	Rx Benefit	County
Active	9K	California Childrens Services (CCS)	Yes	Ventura

#### Eligibility History

#### Claims History

Effective Date	Termination Date
01/01/2024	01/01/3000
02/01/2020	12/31/2023

Figure 4.0-1: Member Eligibility Lookup Tool Results

## 4.1 Demographics & Eligibility Details

The Demographics & Eligibility Details section provides the following information (refer to *Figure 4.1-1*):

- Name
- Date of Birth
- Status, values of:
  - Eligible** for the Service Date
  - Not Eligible** for the Service Date
- Gender
- Member ID Number
- Internal Code, values of:
  - Real-Time** for real-rime eligibility – Default source; displayed data is current as of the time of inquiry.
  - Batch** for batch eligibility – Source used in situations when real-time eligibility data is not available; displayed data is current as of the previous day.

**Note:** Internal Code values pertain to the source of the information displayed in the Demographics & Eligibility Details, Medi-Cal Eligibility Aid Code(s), and CCS, GHPP, Family PACT Eligibility Aid Code(s) sections.

- Service Date
- Medicare Part B Coverage
- Medicare Part D Coverage
- Other Health Coverage
- Share of Cost
  - Internal Code: Real-Time
    - If the member's Share of Cost has not been met, the dollar amount remaining for Share of Cost will display.  
**Note:** If the member's Share of Cost is met, \$0.00 will display.
    - If Share of Cost details are not included in the member's eligibility, the field will be blank.
  - Internal Code: Batch
    - If there is a dollar amount remaining for Share of Cost, "Yes" will display.
    - If Share of Cost details are not included in the member's eligibility, the field will be blank.  
**Note:** Batch eligibility results are current as of the previous day.

### Member Eligibility Lookup

Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only.  
 Search results as of 5/8/2024, 3:08:17 PM (PT)

[< Back to search](#)

#### Demographics & Eligibility Details

Name:	Jane Doe	Service Date:	04/30/2024
Date of Birth:	01/01/1998	Medicare Part B Coverage:	Yes
Status:	Eligible	Medicare Part D Coverage:	Yes
Gender:	Female	Other Health Coverage:	CLEAR SPRING HEALTH VALUE RX
Member ID Number:	12345678F	Share of Cost:	\$2,946.00
Internal Code:	Real-Time		

Figure 4.1-1: Demographics & Eligibility Details Section

## 4.2 Medi-Cal Eligibility Aid Code(s)

The Medi-Cal Eligibility Aid Code(s) section provides the following information (refer to *Figure 4.2-1*):

- Aid Code Type
- Aid Code
- Program/Description
- Rx Benefit (to inform if the Aid Code includes pharmacy benefits)
- Level Benefits

**Note:** If no information is found based on the information provided, an informative message is displayed to indicate no eligibility found for the service date provided.

Medi-Cal Eligibility Aid Code(s)				
Aid Code Type	Aid Code	Program/Description	Rx Benefit	Level Benefits
Primary Aid Code	P5	Children Ages - 6 to 19 - Modified Adjusted Gross Income (MAGI) 0% to 133% Federal Poverty Level (FPL)	Yes	Full Scope (No SOC)

Medi-Cal Eligibility Aid Code(s)				
Aid Code Type	Aid Code	Program/Description	Rx Benefit	Level Benefits
No Medi-Cal Eligibility Aid Code(s) found for the Service Date.				

Figure 4.2-1: Medi-Cal Eligibility Aid Code(s) Section

## 4.3 CCS, GHPP, FPACT Eligibility Aid Code(s)

The CCS, GHPP, FPACT Eligibility Aid Code(s) section provides information regarding real-time eligibility (per Internal Code: Real-Time in the Demographics & Eligibility Details section) for members within the following Medi-Cal Rx programs: California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and Family Planning, Access, Care, and Treatment (Family PACT). This section provides the following information (refer to *Figure 4.3-1*):

- HAP Status (indicates if the HAP status is active)
- Aid Code
- Program/Description
- Rx Benefit (indicates if the Aid Code includes pharmacy benefits)
- County

**Note:** If no information is found based on the information provided, an informative message is displayed to indicate no eligibility found for the service date provided.

CCS, GHPP, FPACT Eligibility Aid Code(s)				
HAP Status	Aid Code	Program/Description	Rx Benefit	County
Active	9K	California Childrens Services (CCS)	Yes	Ventura

CCS, GHPP, FPACT Eligibility Aid Code(s)				
HAP Status	Aid Code	Program/Description	Rx Benefit	County
Active	8H	Family Planning Access, Care, and Treatment (FPACT)	Yes	

CCS, GHPP, FPACT Eligibility Aid Code(s)				
HAP Status	Aid Code	Program/Description	Rx Benefit	County
No CCS, GHPP, FPACT Aid Code(s) found for the Service Date.				

Figure 4.3-1: CCS, GHPP, FPACT Eligibility Aid Code(s) Section

**Note:** When real-time eligibility is not available, information for CCS, GHPP, and FPACT eligibility will not be displayed for Internal Code: Batch. Refer to *Section 5.0*.



## 4.4 Eligibility History

The Eligibility History section provides the member's Medi-Cal eligibility history Effective Date and Termination Date. The CCS, GHPP and FPACT eligibility history is not displayed. Refer to *Figure 4.4-1*.

Eligibility History		Claims History	
Effective Date		Termination Date	
03/01/2021		01/01/3000	
09/01/2020		10/31/2020	
07/01/2019		12/31/2019	

Figure 4.4-1: Eligibility History Section

## 4.5 Claims History

The Claims History section provides the following information for pharmacy claims (refer to *Figure 4.5-1*):

- Service Date
- Rx Number
- Drug Name
- Prescriber Name
- Pharmacy
- Amount Paid
- Claim Status

To download an Excel document of the claims listed, select **Download Claims**.

Eligibility History

Claims History

Date Range 12/09/2020 - 12/07/2023

Download Claims

Service Date	Rx Number	Drug Name	Prescriber Name	Pharmacy	Amount Paid	Claim Status	
10/28/2021	123456	FORA BLOOD GLUCOSE TEST STRIP	John Smith	ABC Pharmacy	\$0.00	Denied	MORE INFO
10/28/2021	123457	FORACARE 30G LANCETS	John Smith	ABC Pharmacy	\$0.00	Denied	MORE INFO

Figure 4.5-1: Claims History

To view additional information for a specific claim, select the **More Info** drop-down menu. The More Info drop-down menu provides the following information for the claim (refer to *Figure 4.5-2*):

- Pharmacy Demographics
- Pharmacy ID
- Days Supply and Quantity

Eligibility History

Claims History

Date Range 12/09/2020 - 12/07/2023

Download Claims

Service Date	Rx Number	Drug Name	Prescriber Name	Pharmacy	Amount Paid	Claim Status	
10/28/2021	123456	FORA BLOOD GLUCOSE TEST STRIP	John Smith	ABC Pharmacy	\$0.00	Denied	MORE INFO
10/28/2021	123457	FORACARE 30G LANCETS	John Smith	ABC Pharmacy	\$0.00	Denied	MORE INFO

Eligibility History

04/16/2023 - 04/15/2024

Date Range

Claims History

▼

Download Claims

Service Date	Rx Number	Drug Name	Prescriber Name	Pharmacy	Amount Paid	Claim Status	
10/28/2023	123456	FORA BLOOD GLUCOSE TEST STRIP	John Smith	ABC Pharmacy	\$0.00	Denied	LESS INFO ^
ABC PHARMACY 1234 MAIN ST SACRAMENTO CA 945123			Pharmacy ID 1234567891		Days Supply 90 Quantity 400		
10/28/2023	123457	FORACARE 30G LANCETS	John Smith	ABC Pharmacy	\$0.00	Denied	LESS INFO ^
ABC PHARMACY 1234 MAIN ST SACRAMENTO CA 945123			Pharmacy ID 1234567891		Days Supply 90 Quantity 400		

**Figure 4.5-2: Claims History More Info Drop-Down**

To change the date range, select **Date Range** and choose the desired dates from the drop-down menu. Enter dates in the **From** and **To** fields for a specific search range or select the buttons on the right for a specific date range.

**Note:** The date range cannot exceed three years. Refer to *Figure 4.5-3*.

**Eligibility History**      **Claims History**

**Date Range** 03/16/2024 - 04/15/2024 ^

Download Claims

**From**  
03/16/2021

**LAST 30 DAYS**

**To**  
04/15/2024

**LAST 90 DAYS**

Date range cannot exceed 3 years.

**LAST YEAR**

APPLY

Figure 4.5-3: Date Range

## 5.0 Internal Code: Batch

When real-time member eligibility data is not available, the member eligibility details are displayed using batch eligibility data. Batch eligibility results are current as of the previous day. The disclaimer message of "Search results displayed are current as of MM/DD/YYYY" is displayed at the top of the page.

Internal Code: Batch will show different results in the Demographics & Eligibility Details and CCS, GHPP, and FPACT Eligibility Aid Code(s) sections as compared to Internal Code: Real-Time in the following ways (refer to *Figure 5.0-1*):

- Internal Code displays "Batch" instead of "Real-Time," indicating batch eligibility.
- Share of Cost displays "Yes" instead of a dollar amount.
- Eligibility information for CCS, GHPP, and FPACT is not displayed in Internal Code: Batch search results. Instead, an informative message is displayed advising to contact the Medi-Cal Rx Customer Service Center (CSC).

## Member Eligibility Lookup

Member eligibility data for Medi-Cal Rx Pharmacy Prior Authorizations and Claims only.

Search results displayed are current as of 01/23/2024

[Back to search](#)

### Demographics & Eligibility Details

<b>Name:</b>	John Doe	<b>Service Date:</b>	01/24/2024
<b>Date of Birth:</b>	01/15/1988	<b>Medicare Part B Coverage:</b>	Yes
<b>Status:</b>	Eligible	<b>Medicare Part D Coverage:</b>	Yes
<b>Gender:</b>	Male	<b>Other Health Coverage:</b>	BLUE SHIELD OF CALIFORNIA PPO, CAREMARK, CLEAR SPRING HEALTH VALUE RX
<b>Member ID Number:</b>	23456789G	<b>Share of Cost:</b>	Yes
<b>Internal Code:</b>	Batch		

### Medi-Cal Eligibility Aid Code(s)

Aid Code Type	Aid Code	Program/Description	Rx Benefit	Level Benefits
Primary Aid Code	67	Disabled - Medically Needy (MN)	Yes	Full Scope (SOC)

### CCS, GHPP, FPACT Eligibility Aid Code(s)

HAP Status	Aid Code	Program/Description	Rx Benefit	County
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Eligibility information for CCS, GHPP, and FPACT are not reflected at this time.  
Please call Medi-Cal Rx Customer Service at 1-800-977-2273 to verify eligibility for this member.

[Eligibility History](#)

[Claims History](#)

Figure 5.0-1: Batch Eligibility Results