	Subject:	Medicaid/Medi-Cal Eligibility
H C F S	**Policy:**	Operations ~ Eligibility
Performance Driven. Patient Oriented.	**Applies To:**	All HCFS Employees
	Effective Date:	December 1, 2016
	Revised Date:	

PURPOSE:

To specify the standard practice of verifying possible Medicaid/Medi-Cal coverage each time an account has been worked.

EXPECTATIONS:

Each time an account is worked it is expected that the employee check for Medicaid/Medi-Cal coverage with the exception of accounts that have already been transmitted for Medicaid/Medi-Cal coverage.

PROCESS:

Accounts in code series 100-499 must be checked for Medicaid/Medi-Cal coverage for the state in which the patient lives each time a Progress Note is being entered into eTRUST.

- Coverage is to be verified using the following
  - DOB/SSN or
  - DOB/Name or
  - Medicaid/Medi-Cal number (previous coverage)
  - or ALL
- High dollar and disability related accounts are to be checked for coverage using 2 of the above listed methods with at least one of them not containing the SSN.

- **This Is The End Of This Section.**