



## Public Sector

### Medi-Cal Eligibility Verification

Effective July 1, 2008, the County of San Diego Behavioral Health Services contracted with OptumHealth to verify Medi-Cal eligibility for Marriage and Family Therapists (MFT').

The following outlines the process for MFTs to verify a client's Medi-Cal eligibility.

Please take the following into consideration when verifying Medi-Cal eligibility:

- If you intend to verify eligibility for more than one client at one time, we ask that you use the Fax Request option outlined below.
- Eligibility can only be verified up to one (1) year of the date of service.
- A client's Medi-Cal eligibility can change retroactively; therefore, the information provided by OptumHealth is based on the client's eligibility status in the Medi-Cal Eligibility Verification System at the time of the request. Medi-Cal eligibility may change by the time services are rendered or the claim is submitted for payment.
- A client's Medi-Cal eligibility can change from month-to-month; therefore, providers must verify eligibility for each month of service.

The following information must be provided to OptumHealth at the time of the request:

1. Provider's Name
2. Provider's Phone #
3. Provider's Fax #
4. Client's Name
5. Client's Medi-Cal ID, BIC, CIN (only one is required)
6. Client's Date of Birth
7. Month(s) of Service

There are two eligibility verification options available:

1. **Fax Request:**

Fax the Medi-Cal Eligibility Verification Request Form to OptumHealth Claims Department at (619) 641-6975. Please ensure all of the required information on the request form is complete.

Faxes will be retrieved routinely between 8:00 a.m. and 5:00 p.m. each business day. Upon receipt of the request form, OptumHealth will fax back an eligibility verification response to the provider's fax number provided on the request.

OptumHealth will respond to all requests within one (1) business day.

2. **Phone Request:**

Call the OptumHealth Claims Provider Services Line at (800) 798-2254, option 2 to speak to a Provider Services Representative. Please be prepared to provide the required information outline above.

Eligibility will be verified during the call and a verbal response will be provided. OptumHealth will also fax an eligibility verification response to the provider's fax number provided.

OptumHealth will respond to all requests within one (1) business day.



Public Sector

**San Diego Public Sector  
3111 Camino Del Rio North, Suite 500  
San Diego, California 92108  
(800) 798-2254 - Option 2**

**MEDI-CAL ELIGIBILITY VERIFICATION REQUEST FORM  
FAX TO - (619) 641-6975**

Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider's Name: \_\_\_\_\_

Provider's Phone #: (\_\_\_\_) \_\_\_\_\_

Provider's Fax #: (\_\_\_\_) \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Medi-Cal ID, BIC, CIN, \_\_\_\_\_

Client's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month(s) of Service: \_\_\_\_\_

Please take the following into consideration when verifying Medi-Cal eligibility:

- Eligibility can only be verified up to one (1) year of the date of service.
- A client's Medi-Cal eligibility can change retroactively; therefore, the information provided by OptumHealth is based on the client's eligibility status in the Medi-Cal Eligibility Verification System at the time of the request. Medi-Cal eligibility may change by the time services are rendered or the claim is submitted for payment.
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