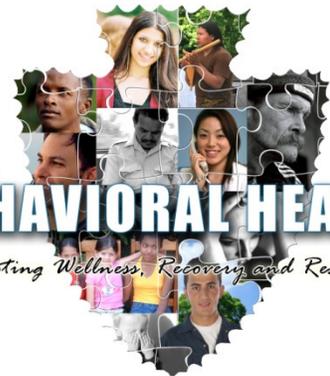


**MHP Network Fee-For-Service Provider
Medi-Cal POS Network/Internet Procedures
Access to Online Provider System (OPS)**

County of San Bernardino
Department of

BEHAVIORAL HEALTH

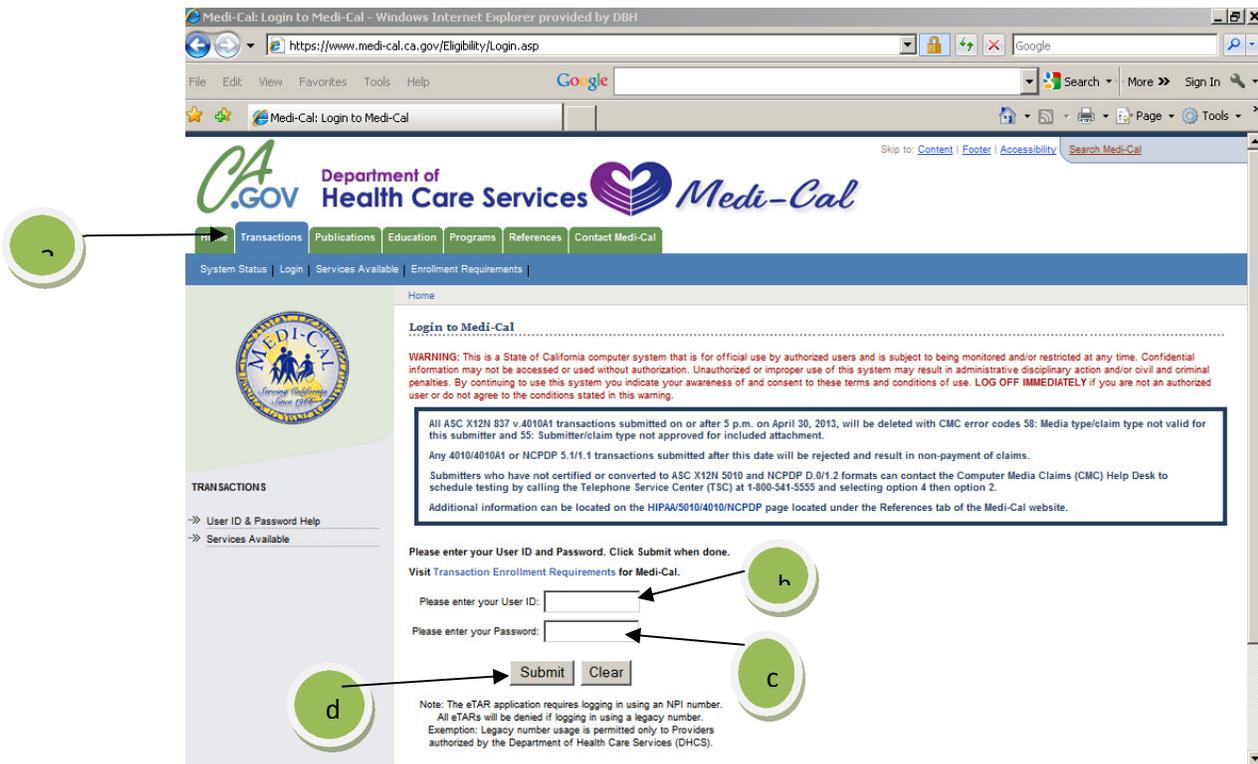
Promoting Wellness, Recovery, and Resilience



**Department of Behavioral Health
San Bernardino County Mental Health Plan
Quality Management Division- Access Unit**

The following procedures will provide you with step by step instruction for requesting and accessing the Medi-Cal website for Medi-Cal Eligibility Verification purposes.

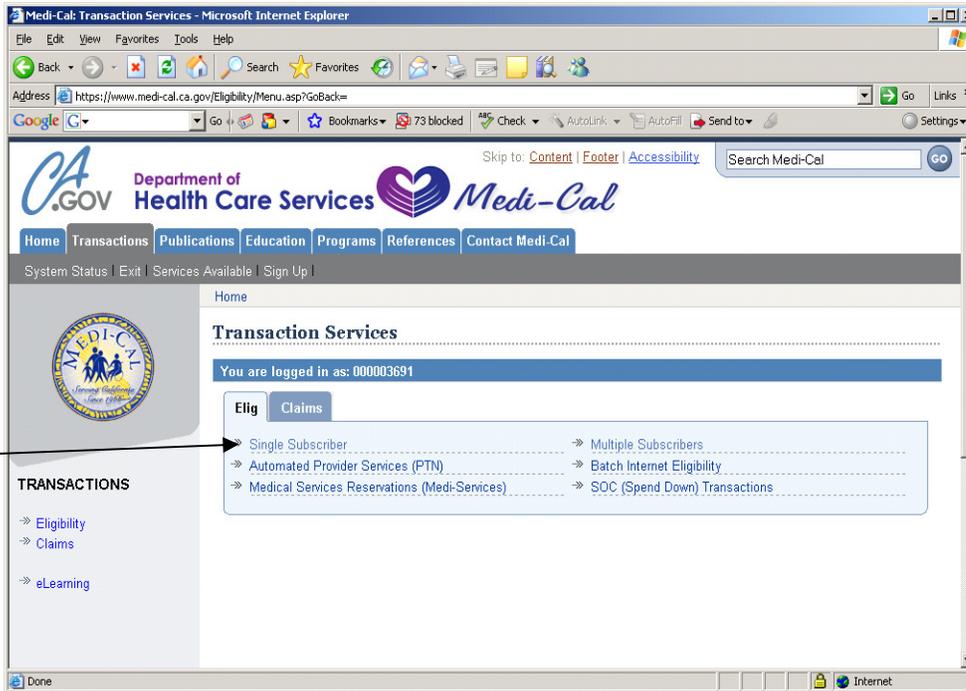
- Step 1.** Complete an application for access Medi-Cal Point of Service (POS) Network/Internet site by contacting DBH-Access Unit Provider Relations via email DBH-ACCESS@dbh.sbcounty.gov or telephone (909)873-4433.
- Step 2.** Read, complete and sign the Medi-Cal Point of Service (POS) Network / Internet Agreement (included with application).
- Step 3.** Once the documentation is processed, the Provider ID and PIN number will be issued to the provider.
- Step 4.** Go to: <https://www.medi-cal.ca.gov/Eligibility/Login.asp>



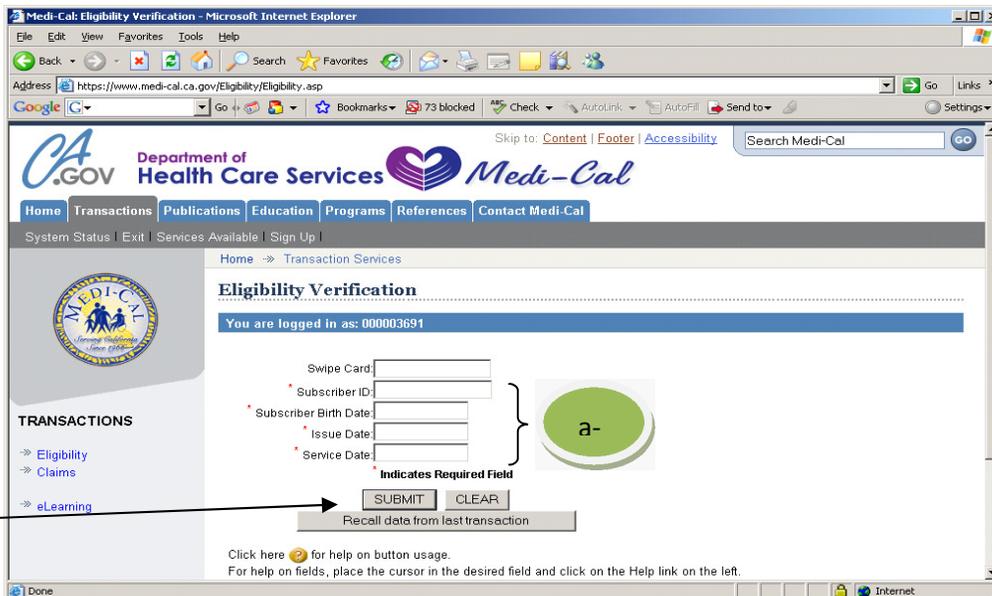
- a. "Select Transactions"
- b. Enter Provider ID (note: only use the first 4 digits of the Provider ID issued).
- c. Enter Password (note: the PIN number issued).
- d. Click "Submit"

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Step 5. Select "single Subscriber"



Step 6. To Verify Eligibility



- a. Enter the Subscriber ID number (usually SSN or CIN number).
 - i. Note: there is no need to put spaces between numbers.
- b. Enter the Subscriber Birth Date (no need for spaces, however, format should be MMDDYYYY)
- c. Issue Date is Today's date
- d. Service is also Today's date
- e. Click on the Submit button

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Step 7. Results

The screenshot shows a Microsoft Internet Explorer browser window displaying the 'Medi-Cal: Eligibility Response' page. The browser's address bar shows the URL 'https://www.medi-cal.ca.gov/Eligibility/EligResp.asp'. The page content includes a sidebar with navigation links for 'Eligibility', 'Claims', and 'eLearning'. The main content area displays a form with the following fields:

Name: [Redacted]		
Subscriber ID: [Redacted]		
Service Date: 02/26/2008	Subscriber Birth Date: [Redacted]	Issue Date: 02/26/2008
Primary Aid Code: 6H	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 36 - San Bernardino	HIC Number:	
Trace Number (Eligibility Verification Confirmation (EVC) Number): 4376MWQPM7		
Eligibility Message: SUBSCRIBER LAST NAME: [Redacted] CNTY CODE: 36, PRMY AID CODE: 6H, MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, BIC: 90959160E77312, ISSUE DATE: 20071108.		

At the bottom of the page, there are links for 'Contact Medi-Cal', 'Medi-Cal Site Help', and 'Medi-Cal Site Map'. The browser's status bar at the bottom shows 'Done' and 'Internet'.

The "Green Light" indicates your request has been found and you will be provided with a limited amount of information such as a CIN number, the County Code, etc.

Step 8. Print the verification confirmation results for your documentation.

Step 9. To request additional inquiries select "Eligibility" again.