



Interpreting the Real Time 270 Request Results



All information, including terminology and codes are transmitted directly from the State and populated on the form.

– *This information is not changed from what the State sends as the response. It is only formatted into a report.*

1- Active Coverage

2- Active - Full Risk Capitation

3 - Active - Services Capitated

4 - Active - Services Capitated to Primary Care Physician

5 - Active - Pending Investigation

6- Inactive

7- Inactive - Pending Eligibility Update

8 - Inactive - Pending Investigation

A - Co-Insurance

B - Co-Payment

C - Deductible

CB - Coverage Basis

D - Benefit Description

E – Exclusions

F - Limitations

G - Out of Pocket (Stop Loss)

H - Unlimited

I - Non-Covered

J - Cost Containment

K - Reserve

L - Primary Care Provider

M - Pre-existing Condition

MC - Managed Care Coordinator

N - Services Restricted to Following Provider

O - Not Deemed a Medical Necessity

P - Benefit Disclaimer

Q - Second Surgical Opinion Required

R - Other or Additional Payor

S - Prior Year(s) History

T - Card(s) Reported Lost/Stolen

U - Contact Following Entity for Eligibility or

Benefit Information

V - Cannot Process

W - Other Source Data

X - Health Care Facility

Y - Spend Down

*****Highlighted values are most commonly returned coverage types*****

Real Time 270 Request Results Structure



- The 271 response report is the response received from the State system.
- The report is configured to group separate health plans together. (As seen in the red and green boxes).
 - 271 results only display Medi-Cal and Medicare health plan information. OHC info IS indicated but the carrier is not specified.

Guarantor: DMC Medi-Cal (1)		
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	: 1034

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	: (R) Other or Additional Payor
	Service Type Code	: (1) Medical Care

5.	Inquiry Type	: Generic: Financial Eligibility
	Eligibility Or Benefit Information	: (L) Primary Care Provider

The numbering on the left side is only referencing line items from the transaction in an outline format.

Health Plans, such as Medi-Cal and Medicare, and related plan information will be grouped under Service Type Code (30) Health Benefit Plan Coverage.

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

7.	Inquiry Type	: Generic: Financial Eligibility
	Eligibility Or Benefit Information	: (R) Other or Additional Payor
	Insurance Type Code	: (MA) Medicare Part A

8.	Inquiry Type	: Generic: Financial Eligibility
	Eligibility Or Benefit Information	: (R) Other or Additional Payor
	Insurance Type Code	: (MB) Medicare Part B

The second grouping for Medicare starts after all Medi-Cal benefit plan information is displayed. Information not related to Medi-Cal is indicated by a new Service Type Code of (30) Health Benefit Plan Coverage.

271 Report Results

Guarantor: CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUGS

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

Translation

Patient enrolled in a Medi-Cal program

Only 1 Eligibility Information line-item received from the state

No indication of restrictions, Share of Cost or OHC

– Likely eligible for SAPC/DMC services, however, provider still needs to verify aid and county code

271 Report Results

Guarantor: DMC Medi-Cal (1)

1.	Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (W) Other Source of Data
2.	Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	: Generic: Financial Eligibility : (1) Active Coverage : (30) Health Benefit Plan Coverage : (MC) Medicaid
3.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (MC) Managed Care Coordinator : (1) Medical Care
4.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (R) Other or Additional Payor : (1) Medical Care
5.	Inquiry Type Eligibility Or Benefit Information	: Generic: Financial Eligibility : (L) Primary Care Provider
6.	Inquiry Type Eligibility Or Benefit Information Service Type Code	: Generic: Financial Eligibility : (MC) Managed Care Coordinator : (35) Dental Care

Translation

- Items 2-6 items should be viewed as the same policy information.

Patient enrolled in a Medi-Cal program

***The Eligibility Information of (MC) Managed Care Coordinator, Service Type Code (1) Medical Care and (R) Other or Additional Payor all indicate the patient has an OHC that must be billed first. ***If the service type only showed Dental Care (without Medical care or Primary Care Provider listed), this would be an exception to billing OHC for SUD services.

271 Report Results

Translation

Guarantor: DMC Medi-Cal (1)

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	: 1034

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	: (R) Other or Additional Payor
	Service Type Code	: (1) Medical Care

5.	Inquiry Type	: Generic: Financial Eligibility
	Eligibility Or Benefit Information	: (L) Primary Care Provider

Patient enrolled in a Medi-Cal plan

Patient has \$1034 left of Share of Cost to spend down before eligible for services to be billed to SAPC.

Patient has OHC to be billed prior to billing SAPC

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

7.	Inquiry Type	: Generic: Financial Eligibility
	Eligibility Or Benefit Information	: (R) Other or Additional Payor
	Insurance Type Code	: (MA) Medicare Part A

8.	Inquiry Type	: Generic: Financial Eligibility
	Eligibility Or Benefit Information	: (R) Other or Additional Payor
	Insurance Type Code	: (MB) Medicare Part B

Patient is enrolled in Medicare Part A and Part B- If patient is under OTP LOC, then must bill Medicare for service prior to SAPC

271 Report Results

Guarantor: CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUGS

1.	Inquiry Type Eligibility Or Benefit Information	Generic: Financial Eligibility (W) Other Source of Data
2.	Inquiry Type Eligibility Or Benefit Information Service Type Code Insurance Type Code	Generic: Financial Eligibility (1) Active Coverage (30) Health Benefit Plan Coverage (MC) Medicaid
3.	Inquiry Type Eligibility Or Benefit Information Service Type Code	Generic: Financial Eligibility (F) Limitations (86) Emergency Services
4.	Inquiry Type Eligibility Or Benefit Information Service Type Code	Generic: Financial Eligibility (F) Limitations (69) Maternity
5.	Inquiry Type Eligibility Or Benefit Information Service Type Code	Generic: Financial Eligibility (F) Limitations (54) Long Term Care

Translation

- All items(2-5) are grouped together under the same Medi-Cal/Medicaid policy

Patient enrolled in a Medi-cal program

Restricted to:

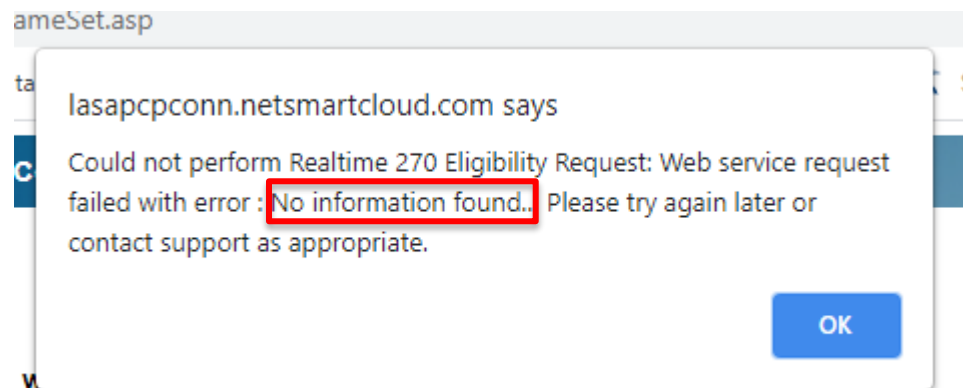
- Emergency Services or,
- Pregnant/Perinatal Female patients or,
- Long term care

DMC coverage only available to pregnant/perinatal patients with these coverage restrictions.

271 Report Results

- Episode #3	
Guarantor: DMC Medi-Cal (1)	
1. Inquiry Type	: Generic: Financial Eligibility
Eligibility Or Benefit Information	: (6) Inactive
Service Type Code	: (30) Health Benefit Plan Coverage
Insurance Type Code	: (MC) Medicaid

2. Inquiry Type	: Generic: Financial Eligibility
Eligibility Or Benefit Information	: (6) Inactive
Service Type Code	: (1) Medical Care



Translation

- Example 1:
 - This request resulted in only 2 line-items.
 - This result indicates no eligibility for the dates of service requested.
 - This patient could be in the process of applying or could have lost eligibility and needs to contact Medi-cal if this is believed to be in error.
- Example 2:
 - For cases where the patient is not enrolled or pending Medi-Cal, an error message will appear. Note the message “No information found” indicates no record of eligibility, not an error in transmission.
 - Providers should check all information on the F.E., including that the CIN was input correctly.

Prerequisites

- The Real-Time 270 Request is only for DMC guarantors
- Must have a correct Client Index Number (CIN) in the CIN field
- Errors in the response may be due to data entry errors or no eligibility record on file.

Translation

- Active means enrollment, not full scope
- The report is grouped by health plans indicated by Active (1) or inactive coverage (6) and the health plan benefit coverage (30) code.