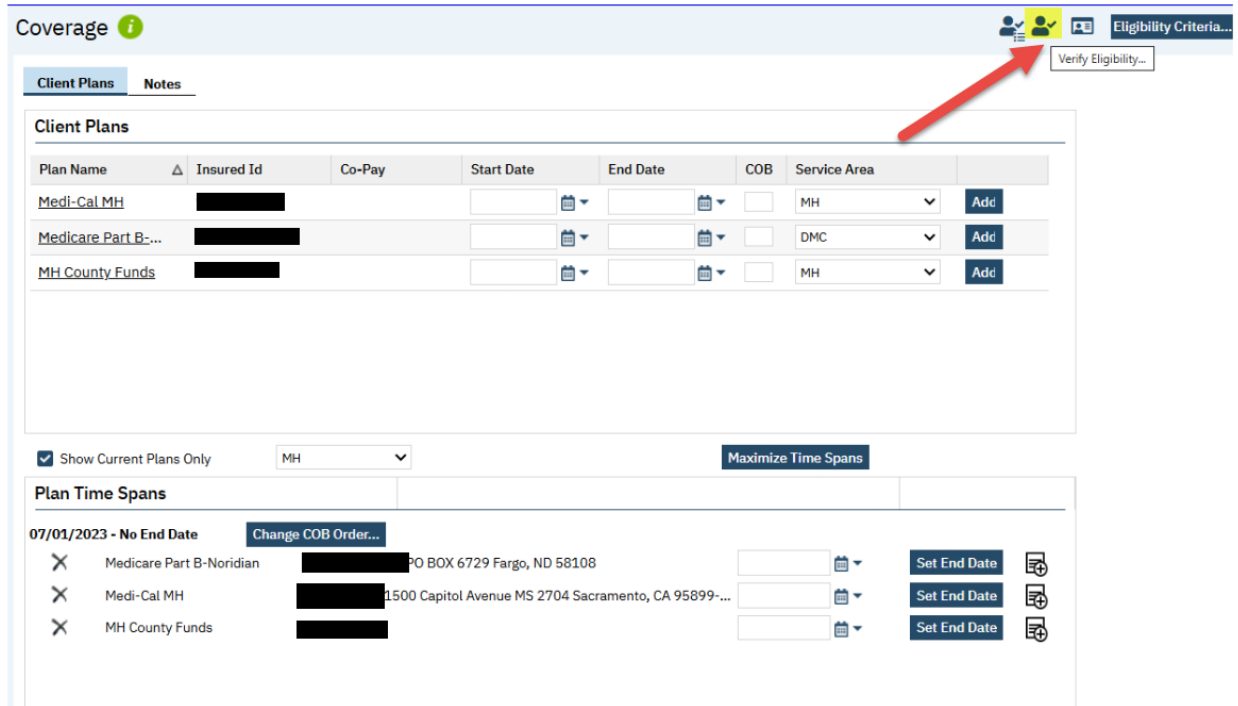


# 270-271 Tip Sheet

This Tip Sheet will walk users through the 270-271 functionality. This tip sheet may change as trainings and the system are updated. Please view [our webpage](#) for the most up to date version. If any additional help is needed, you can contact the Sacramento County EHR Billing Team at [bhs-ehrbilling@sacounty.gov](mailto:bhs-ehrbilling@sacounty.gov).

1. Go to the client’s Coverage screen and click on Verify Eligibility



2. In the 270-request screen, complete the Date Range only.
  - a. Start Date – **Current date**. Leave this defaulting to the current date of the request.
  - b. End Date – Enter the first date of the **Month that you are verifying eligibility** for. For example, if searching for April 2026, enter 04/01/2026.
3. Click **Submit Request** and wait for the 271-Response.

Insurance Eligibility Verification

Print Response Close

Insurance Eligibility Verification

Request Response

**Coverage Plan**

Electronic Payer: Medi-Cal Payer Id: 610442

**Insured Information**

First Name: [Redacted] Last Name: [Redacted] SSN: [Redacted]  
 Insured Id: [Redacted] Date Of Birth: 06/26/1991 Sex: Male  
 Group Number: [Redacted]

**Client Information**

Relationship to the insured: Self First Name: [Redacted] Last Name: [Redacted]  
 Date Of Birth: 06/26/1991 Sex: Male

**Date Range** Start and end date range cannot be greater than days

Start Date: 05/26/2026 End Date: 05/01/2026

Submit Request

*Card Issue Date (leave it defaulting to the current date)*

*Month of eligibility being searched for*

- Review the 271-Response screen for eligibility information.
- Click on **Update Coverage Plans** button on top of the screen which will update the Coverage screen with this eligibility information.

Insurance Eligibility Verification

Print Response Close

Insurance Eligibility Verification

Request **Response**

**Update Coverage Plans**

MEDI-CAL Eligibility  
 Eligibility Coverage Start Date Coverage End Date  
 BILLABLE 2026-05-01  
 BILLABLE 2026-05-01

Subscriber  
 Patient  
 First Name Last Name Patient Address Patient City Patient State Patient Zip

**Detail Benefits**

Info	Coverage Level	Service Type	Insurance Type	Benefit Entity Name	Plan Coverage Description	Group Policy Num	Start Service Date	End Service Date	Commercial Insurance Name	Message 1	Message 2	Message 3
Other Source of Data										RESP CNTY: 34. RESI CNTY: 34. PRIMARY AID CODE: 60. 1ST SPECIAL AID CODE: 80.		
Active Coverage		Health Benefit Plan Coverage	Medicaid									
Managed Care Coordinator		Medical Care		PHP-ANTHEM BLUE CROSS								
Managed Care Coordinator		Dental Care		HEALTH NET COMMUNITY SOLUTIONS, INC								
Active Coverage		Health Benefit Plan										

**Update Coverage Plans**

Active Coverage Health Benefit Plan Coverage  
 Other or Additional Payor Medicare Part A  
 Other or Additional Payor Medicare Part B  
 Other or Additional Payor  
 Other Source of Data  
 Coverage Basis  
 Additional Subscriber Information  
 Gender: Male  
 DOB: 19910626  
 Patient Id: [Redacted]  
 Information Contact:  
 EVC Number: 3345PP2M64  
 SOC Remaining:

Sub Supplemental Id Group Policy #  
 Information Source

*Medicare Beneficiary Identifier (MBI)*

MEDICARE PART D [Redacted]

MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.  
 MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL.  
 CARRIER NAME: WELLCARE PDP RX ONLY. ID: .

Sub Supplemental Id: Group Policy #  
 Information Source  
 Payer Name: MEDI-CAL  
 Payer Id: 610442  
 Information Receiver  
 Provider Id: 1952477564  
 Provider Secondary Id:

- Go back to initial Coverage screen and verify the **Plan Time Spans** are correct and the process is complete.

Show Current Plans Only    MH    [Maximize Time Spans](#)

Plan Time Spans	
07/01/2023 - No End Date	
<input checked="" type="checkbox"/> Medicare Part B-Noridian <input checked="" type="checkbox"/> Medi-Cal MH <input checked="" type="checkbox"/> MH County Funds	<a href="#">Change COB Order...</a> <div style="display: flex; justify-content: space-between;"> <div> <p>PO BOX 6729 Fargo, ND 58108</p> <p>1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...</p> </div> <div> <input type="text"/>   <input type="text"/>   <input type="text"/> </div> <div> <input type="button" value="Set End Date"/>   <input type="button" value="Set End Date"/>   <input type="button" value="Set End Date"/> </div> </div>

**Verification History** – If you don't want to complete a 270 request you can look at previous 270 requests and responses.

- In the client's coverage screen, click on the Verification History icon.

Coverage (3)

Eligibility Criteria...

[Client Plans](#)   [Notes](#)

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal MH	██████████		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	MH	<input type="button" value="Add"/>
Medicare Part B-...	██████████		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	DMC	<input type="button" value="Add"/>
MH County Funds	██████████		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	MH	<input type="button" value="Add"/>

Show Current Plans Only    MH    [Maximize Time Spans](#)

Plan Time Spans	
07/01/2023 - No End Date	
<input checked="" type="checkbox"/> Medicare Part B-Noridian <input checked="" type="checkbox"/> Medi-Cal MH <input checked="" type="checkbox"/> MH County Funds	<a href="#">Change COB Order...</a> <div style="display: flex; justify-content: space-between;"> <div> <p>PO BOX 6729 Fargo, ND 58108</p> <p>1500 Capitol Avenue MS 2704 Sacramento, CA 95899-...</p> </div> <div> <input type="text"/>   <input type="text"/>   <input type="text"/> </div> <div> <input type="button" value="Set End Date"/>   <input type="button" value="Set End Date"/>   <input type="button" value="Set End Date"/> </div> </div>

- The Electronic Eligibility Verification History screen will open.
- In the **Verified On** column, drill down on the date and it will open up that 271-Response.

Client Plans Notes

Client Plans

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area
Medi-Cal	Electronic Verification					
Medicare	Electronic Eligibility Verification History					
MH Coun	Electronic Eligibility Verification					
Request Start/End Date	Plan	Verified On	Response	Insured Id	Plan Start Date	Plan End Date
05/26/2026 - 05/01/2026	CALIFORNIA DEPARTMEN...	05/26/2026	Billable New Coverag...	[REDACTED]	05/01/2026	
05/26/2026 - 05/01/2026	DMH	05/26/2026	Billable - Manually...	[REDACTED]	05/01/2026	
05/26/2026 - 05/01/2026	CALIFORNIA DEPARTMEN...	05/26/2026	Billable New Coverag...	[REDACTED]	05/01/2026	
05/26/2026 - 05/01/2026	DMH	05/26/2026	Billable - Manually...	[REDACTED]	05/01/2026	

Show

Plan Tin

07/01/2023 - No End Date Change COB Order...