



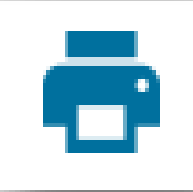
eEligibility Module

How to Use Submodules:

eEligibility, Batch Eligibility, Member Redetermination and
Monthly Eligibility Download



Legend

| Symbol | Function |
|--|--|
|  A green square icon with a white border, containing the text 'XLSX' in green above a grid of green squares representing a spreadsheet. | Download to a Microsoft Excel Sheet |
|  A white square icon with a red border, containing a red Adobe Acrobat logo above the text 'PDF' in white on a red background. | Download to a PDF Document |
|  A blue square icon with a white border, containing a stylized blue printer. | Print |

eEligibility Submodules



Home

Allows you to view all members assigned to a PCP site for a particular month



MONTHLY ELIGIBILITY DOWNLOAD



eELIGIBILITY

Allows you to search for a member and to view detailed information



BATCH ELIGIBILITY

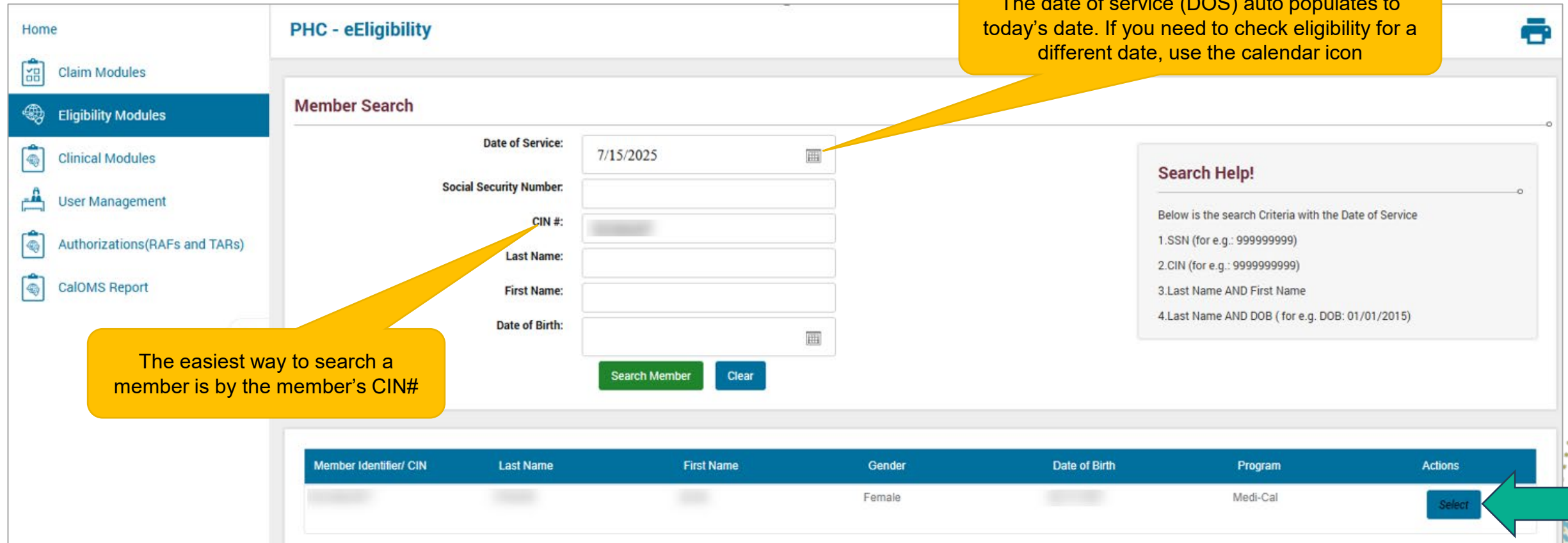
Allows you to verify eligibility in batches, meaning you can create a report on several members at one time



MEMBER REDETERMINATION

A tool PCPs can use to see if their assigned members are due for Medi-Cal redetermination

eEligibility – Searching One Member



The screenshot shows the 'PHC - eEligibility' interface. On the left is a navigation menu with 'Eligibility Modules' selected. The main area is titled 'Member Search' and contains several input fields: 'Date of Service' (7/15/2025), 'Social Security Number', 'CIN #' (blurred), 'Last Name', 'First Name', and 'Date of Birth'. There are 'Search Member' and 'Clear' buttons. A 'Search Help!' box lists search criteria. A table at the bottom shows search results for a member with a 'Select' button. Callouts explain that the Date of Service auto-populates to today's date and that the easiest way to search is by CIN#.

Home

Claim Modules

Eligibility Modules

Clinical Modules

User Management

Authorizations(RAFs and TARs)

CalOMS Report

PHC - eEligibility

Member Search

Date of Service: 7/15/2025

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:

Search Member Clear

Search Help!

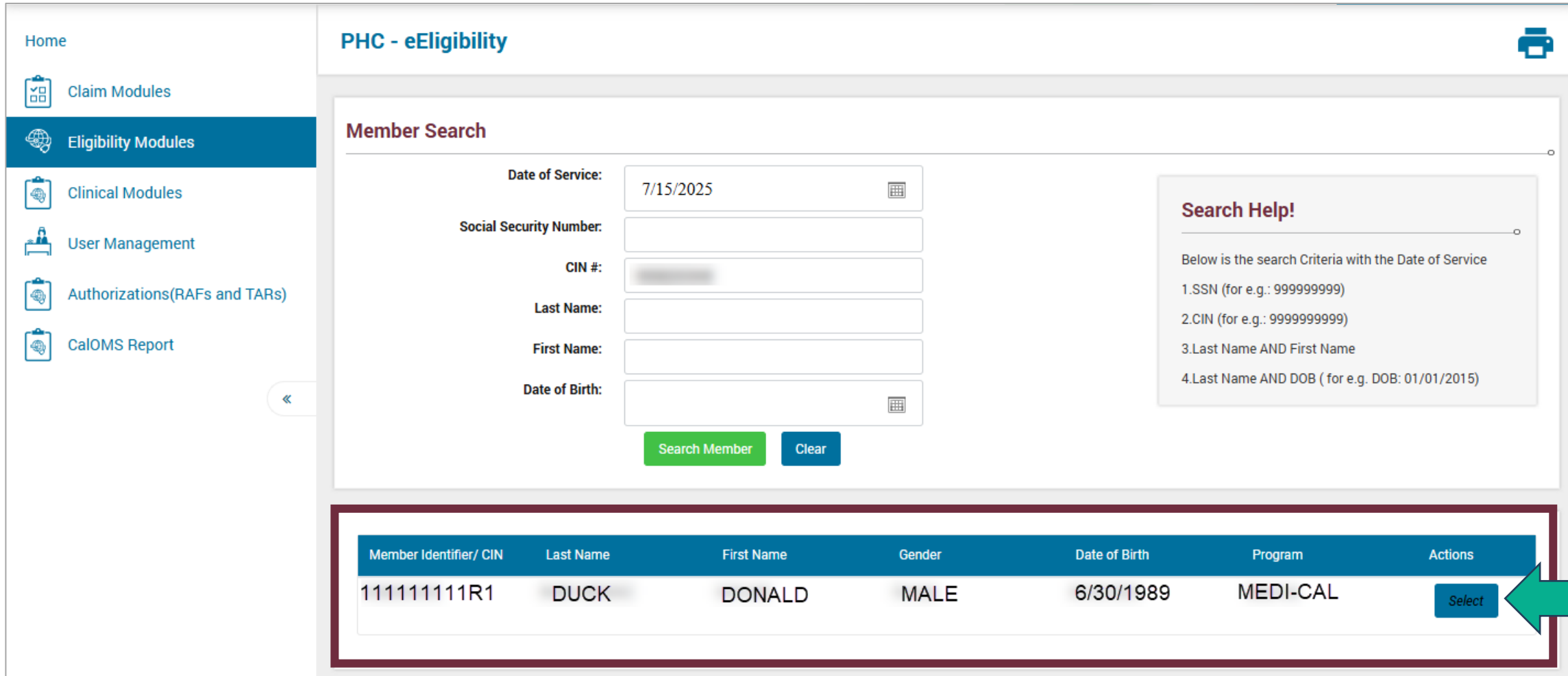
Below is the search Criteria with the Date of Service

- 1.SSN (for e.g.: 999999999)
- 2.CIN (for e.g.: 999999999)
- 3.Last Name AND First Name
- 4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Program | Actions |
|------------------------|-----------|------------|--------|---------------|----------|---------|
| | | | Female | | Medi-Cal | Select |

*If you do not have the CIN number, search for the member by **First Name and Last Name**, or by **Last Name and Date of Birth**.

eEligibility – Searching One Member



Home

- Claim Modules
- Eligibility Modules**
- Clinical Modules
- User Management
- Authorizations(RAFs and TARs)
- CalOMS Report

PHC - eEligibility

Member Search

Date of Service: 7/15/2025

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:

[Search Member](#) [Clear](#)

Search Help!

Below is the search Criteria with the Date of Service

- 1.SSN (for e.g.: 999999999)
- 2.CIN (for e.g.: 999999999)
- 3.Last Name AND First Name
- 4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Program | Actions |
|------------------------|-----------|------------|--------|---------------|----------|------------------------|
| 11111111R1 | DUCK | DONALD | MALE | 6/30/1989 | MEDI-CAL | Select |

The member's information will appear at the bottom of the member search page. Select the **blue Select button**.

eEligibility

Member Demographics, Eligibility Details, and Additional Services



PHC - eEligibility Add ER Notification New Member Search

Member Demographics - [REDACTED] ePrompts

Member Name: [REDACTED] Member ID: [REDACTED]
Gender: [REDACTED] Phone: [REDACTED]
Date of Birth: [REDACTED] Address: [REDACTED]

Eligibility Details:

Member Eligible: Yes Date of Eligibility Notification: 7/01/2025
Program: [REDACTED] SOC: [REDACTED]
AID Code: [REDACTED] Other Insurance: [REDACTED]
COUNTY: [REDACTED]
CCS Eligible: No Primary Language: [REDACTED]
American Indian: No

Assigned Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name: **PARTNERSHIP HEALTHPLAN** PCP Phone: (800) 863-4155
PCP Address: 4665 BUSINESS CENTER DRIVE FAIRFIELD CA94534 PCP Fax: [REDACTED]

Additional Services

| Service Type | Service Provider | Phone # |
|------------------------------------|-------------------------------|----------------|
| ECM | RESOLUTION CARE | (707) 442-5683 |
| CS- Housing Transition/ Navigation | NEW LIFE DISCOVERY PROJ | (530) 941-9241 |
| VISN | VISION SERVICE PLAN /Medi-Cal | (800) 615-1883 |
| Mental Health | Medicare | (800) 633-4227 |
| Substance Use Services | PHC/Carelon | (855) 765-9703 |

Is Eligible: Yes
Reference No.: [REDACTED]
Program: Medi-Cal
Date of Service: 7/15/2025
PCP Messages: None
Special Messages:
Substance Use Services administered by PHC. See State System for additional benefit information.
Other Health Insurance
Case Management: None

Enter a new eTAR - Outpatient Enter a new eTAR - Inpatient

Enhanced Care Management (ECM)/Community Supports (CS) TAR indicator is live on the Provider Portal as of 11/15/2024.

Providers can see if a member is enrolled in ECM or receiving CS services as well as the provider and phone number.

eEligibility

13 Months Eligibility Details

13 MONTHS ELIGIBILITY DETAILS

| Effective Date | End date | County/AID Code | PCP Name/Prgm No | PCP Address | Other Ins |
|----------------|------------|--|---------------------------------|--|---|
| 03/01/2025 | 8/31/2025 | NEVADA/1H [AGED, DISABLED, BUT NOT IN LTC (DERIVATIVED OF 17, 27, 67)] | INDIAN HEALTH CHAPA-DE/Medi-Cal | 1350 E MAIN ST GRASS VALLEY,CA 95945 (Phone:)(530) 477-8545 | NO MEDICARE/ NO OTHER REPORTED COVERAGE |
| 06/01/2024 | 02/28/2025 | NEVADA/1H [AGED, DISABLED, BUT NOT IN LTC (DERIVATIVED OF 17, 27, 67)] | GILL KULDIP/Medi-Cal | 280 SIERRA COLLEGE DR STE 205 GRASS VALLEY,CA 95945 (Phone:)(530) 273-8452 | NO MEDICARE/ NO OTHER REPORTED COVERAGE |
| 01/01/2024 | 05/31/2024 | NEVADA/M1 [CITZAD138% (EFF 1/1/2014)] | GILL KULDIP/Medi-Cal | 280 SIERRA COLLEGE DR STE 205 GRASS VALLEY,CA 95945 (Phone:)(530) 273-8452 | NO MEDICARE/ NO OTHER REPORTED COVERAGE |



Batch Eligibility





BATCH ELIGIBILITY

Batch Eligibility



PHC - eEligibility



Member Search

Date of Service:

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:

Search Help!

- Below is the search Criteria with the Date of Service
1. SSN (for e.g.: 999999999)
 2. CIN (for e.g.: 999999999)
 3. Last Name AND First Name
 4. Last Name AND DOB (for e.g. DOB: 01/01/2015)

Search Member

Clear



| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Program | Actions |
|------------------------|-----------|------------|--------|---------------|----------|-----------------------------|
| 111111111R1 | DUCK | DONALD | MALE | 06/30/1989 | Medi-Cal | <button>Add Member</button> |

| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Prog Nbr | Actions |
|------------------------|-----------|------------|--------|---------------|----------|--------------------------------|
| 222222222G2 | DUCK | DAPHNE | FEMALE | 06/18/1989 | Medi-Cal | <button>Remove Member</button> |

Check Eligibility for Members



To add member to batch,
click **Add Member button**.
To remove a member from
the batch, click **Remove
Member button**.

Batch Eligibility



Member Search

Date of Service:

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:


Search Help!

Below is the search Criteria with the Date of Service

- 1.SSN (for e.g.: 999999999)
- 2.CIN (for e.g.: 999999999)
- 3.Last Name AND First Name
- 4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Program | Actions |
|------------------------|-----------|------------|--------|---------------|---------|---|
| | | | | | | <input type="button" value="Add Member"/> |

| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Prog Nbr | Actions |
|------------------------|-----------|------------|--------|---------------|----------|--|
| 11111111R1 | DUCK | DONALD | MALE | 06/30/1989 | Medi-Cal | <input type="button" value="Remove Member"/> |
| 22222222G2 | DUCK | DAPHNE | FEMALE | 06/18/1989 | Medi-Cal | <input type="button" value="Remove Member"/> |
| 33333333G3 | MOUSE | Mickey | MALE | 10/10/1989 | Medi-Cal | <input type="button" value="Remove Member"/> |



Monthly Eligibility Download

Primary Care Providers (PCPs) Only







MONTHLY ELIGIBILITY DOWNLOAD

Monthly Eligibility Download



Search provider profiles/affiliations by clicking on **search affiliations**.

Monthly Eligibility 

[Select Provider Profiles](#) 

| Program | Region | Affiliation | Provider Name | Speciality | Assigned Members | Direct Members | Hospital Assigned Members | CCS Members |
|------------------------|--------|-------------|---------------|------------|------------------|----------------|---------------------------|-------------|
| No records to display. | | | | | | | | |

| Member Name | Record# | RP | Eff Date | End Date | Birth | Sex | Age | Other Insurance | BIC#/HIK# | New Member | Residential Address | Mailing Address |
|------------------------|---------|----|----------|----------|-------|-----|-----|-----------------|-----------|------------|---------------------|-----------------|
| No records to display. | | | | | | | | | | | | |

Monthly Eligibility Download


The screenshot displays the 'Monthly Eligibility' interface. On the left, a list of provider profiles is shown, each with a checkbox, provider name, address, NPI, and IRS#/TAX ID. The IRS#/TAX ID fields for three providers are highlighted with orange boxes. On the right, a 'Select Provider Profiles' button is visible above a table of member categories. The table has two rows of categories: the first row includes 'Members', 'Direct Members', 'Hospital Assigned Members', and 'CCS Members'; the second row includes 'Other', 'Insurnaci', 'BIC#/HIK#', 'New Member', 'Residential Address', and 'Mailing Address'.

| Select Provider Profiles | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Provider Name: CENTERS COMMUNITY MED Address: [Redacted] NPI: [Redacted] IRS#/ TAX ID: [Redacted] | <input checked="" type="checkbox"/> Provider Name: CENTERS I COMMUNITY MED Address: [Redacted] NPI: [Redacted] IRS#/ TAX ID: [Redacted] | <input checked="" type="checkbox"/> Provider Name: CNTR COMMUNITY MED Address: [Redacted] NPI: [Redacted] IRS#/ TAX ID: [Redacted] | <input type="checkbox"/> Provider Name: CNTR COMMUNITY MED Address: [Redacted] NPI: [Redacted] IRS#/ TAX ID: [Redacted] |

| Members | Direct Members | Hospital Assigned Members | CCS Members | | |
|---------|----------------|---------------------------|-------------|---------------------|-----------------|
| Other | Insurnaci | BIC#/HIK# | New Member | Residential Address | Mailing Address |

If the hospital and PCP affiliations share the same Tax Identification Number(TIN), users will see both affiliations types.

Monthly Eligibility Download

Monthly Eligibility 

Provider Name: [Redacted] NPI: [Redacted]
Address: [Redacted] IRS#/ TAX ID: [Redacted]
PHC Provider #: [Redacted]
Provider Type: PCP
Payee#: [Redacted]

Provider Name: [Redacted] NPI: [Redacted]
Address: [Redacted] IRS#/ TAX ID: [Redacted]
PHC Provider #: [Redacted]
Provider Type: PCP
Payee#: [Redacted]


Provider Name: [Redacted] NPI: [Redacted]
Address: [Redacted] IRS#/ TAX ID: [Redacted]
PHC Provider #: [Redacted]
Provider Type: PCP
Payee#: [Redacted]

Select Provider Profiles

| Members | Direct Members | Hospital Assigned Members | CCS Members |
|-----------|----------------|---------------------------|-----------------|
| | | | |
| Other | New | Residential Address | Mailing Address |
| Insurnaci | BIC#/HIK# | Member | |

Select an individual profile by clicking **Provider Name** or **Check All**.
Then click **Select Provider Profiles**.

Monthly Eligibility Download

Monthly Eligibility 

| Progr | Regic | Affiliation | Provider Name | Speciality | Assigned Members | Direct Members | Hospital Assigned Members | CCS Members |
|-------|-------|-------------|---------------|---------------------------------------|-------------------------------------|----------------|---------------------------|-------------------------------------|
| | | | | FAMILY PRACTICE | <input type="button" value="View"/> | | | |
| | | | | RHC/FQHC/TRIBAL HEALTH PROVIDERS ONLY | <input type="button" value="View"/> | | | |
| | | | | RHC/FQHC/TRIBAL HEALTH PROVIDERS ONLY | <input type="button" value="View"/> | | | <input type="button" value="View"/> |

Select **Assigned Members** or **Hospital Assigned Members** if applicable.

Monthly Eligibility Download

Monthly Eligibility



Select Provider Profiles

| Program | Region | Affiliation | Provider Name | Specialty | Assigned Members | Direct Members | Hospital Assigned Members | CCS Members |
|---------|--------|-------------|---------------|---------------------------------------|----------------------|----------------|---------------------------|----------------------|
| | | | | FAMILY PRACTICE | View | | | |
| | | | | RHC/FQHC/TRIBAL HEALTH PROVIDERS ONLY | View | | | |
| | | | | RHC/FQHC/TRIBAL HEALTH PROVIDERS ONLY | View | | | View |

Page 1 of 2, items 1 to 3 of 4.

PARTNERSHIP HEALTHPLAN OF CA Monthly Eligibility Download Report for Capitated Managed Care Members for the month of July-2025
Provider Name:

The Monthly Eligibility Information will display below

Extended Format

- July - 2025
- July - 2025
- May - 2025
- June - 2025
- August - 2025
- September - 2025
- October - 2025

| Member Name | Record# | End Date | Birth | Sex | Age | Other Insurance | BIC#/HIK# | New Member | Residential Address | Mailing Address |
|-------------|---------|----------|-------|-----|-----|-----------------|-----------|------------|---------------------|-----------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

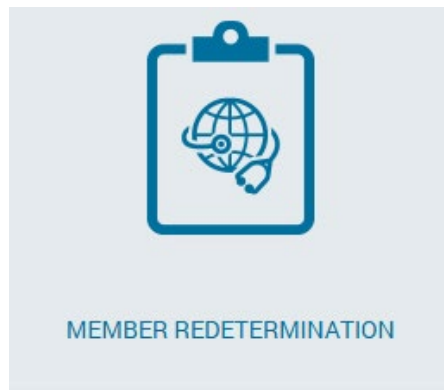
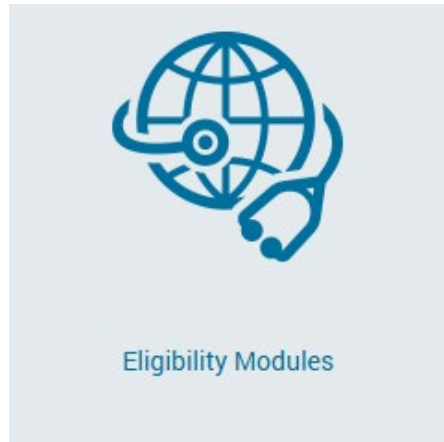


Member Redetermination



Member Redetermination

Select your **Provider Profiles**, then choose which specialty to **view**.
Relevant member redetermination data will populate below.



Member Redetermination 🖨️

All items checked Select Provider Profiles ←

| Program | Region | Affiliation | Provider Name | Specialty | Member Redetermination |
|---------|--------|-------------|---------------|-------------------|------------------------|
| YO | | | | INTERNAL MEDICINE | View |
| YO | | | | INTERNAL MEDICINE | View |
| YO | | | | PEDIATRICS | View |

Page 1 of 3, items 1 to 3 of 8.

Medi-Cal Redetermination Report as of 10/30/2025
 Provider Name: _____

Note: Partnership Health Plan of California receives the Medi-Cal Redetermination data from DHCS. The purpose of this report is to inform PCPs who wish to assist their assigned Medi-Cal beneficiaries with their redetermination.

Extended Format

| Member Name | Record# | RP | Eff Date | End Date | Birth | Sex | Agt | Other Insurn | BIC#/HIK# | New Membr | Residential Address | Mailing Address | Email Address | Langui Spoken | Langui Written | Renewal Date |
|-------------|---------|----|----------|----------|-------|-----|-----|--------------|-----------|-----------|---------------------|-----------------|---------------|---------------|----------------|--------------|
| | | | | | | | | | | | | | | English | English | 8/31/2025 |
| | | | | | | | | | | | | | | Spanish | Spanish | 10/31/2025 |

Member redetermination data comes from the Department of Health Care Services and is uploaded directly into the provider portal in its entirety.

Keep Your Medi-Cal Resources

Starting January 1, 2026, Medi-Cal will be changing for some undocumented adults. Partnership launched the *Keep Your Medi-Cal* campaign to provide timely information and resources to our community regarding these changes. We have developed the following webpages:



The *Keep Your Medi-Cal* webpage includes:

- Links to county offices
- Information on keeping Medi-Cal benefits
- Future Medi-Cal changes
- Resources



To visit the *Keep Your Medi-Cal* webpage scan the QR code.

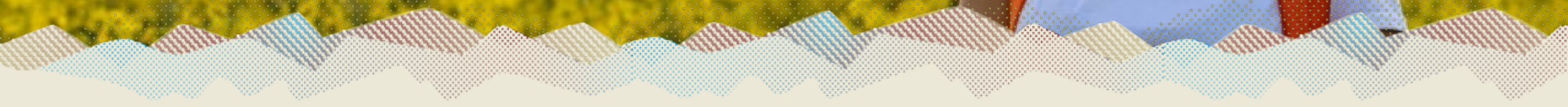
The *Keep Your Medi-Cal Toolkit* webpage features creative assets available for download and distribution, including:

- Flyers (in all threshold languages)
- Social media toolkit (in English and Spanish)
- PSA scripts (in English and Spanish)



To visit the *Keep Your Medi-Cal Toolkit* webpage scan the QR code.





Thank you!