



Louisiana Medicaid Management Information System (LMMIS)

Electronic Medicaid Eligibility Verification System (eMEVS) Application User Manual

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Prepared By
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PROJECT INFORMATION

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04/15/2013	Bayou Health display data modified. Screenshot and text in 4.0 updated. Added 4.1. Replaced screenshot in 3.1.4. Added clarification of "Date of Service" and "Plan Date" in 3.2.1	8734	R. Sheehan
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TABLE OF CONTENTS

1.0	OVERVIEW	1
2.0	ACCESSING THE APPLICATION.....	2
3.0	USING THE EMEVS APPLICATION	4
3.1	Navigation Menu for eMEVS	4
3.1.1	eMEVS Navigation Menu Links	5
3.1.2	Search	5
3.1.3	Response.....	5
3.1.4	Print Friendly	6
3.1.5	Main Menu.....	7
3.1.6	Help	7
3.2	Other Important Features to Know.....	7
3.2.1	Dates and Calendar	7
3.2.2	Error Messages	8
3.3	Search by Card Control Number (CCN) and Date of Birth (DOB)	9
3.4	Search by CCN and Social Security Number (SSN).....	10
3.5	Search by SSN and DOB	11
3.6	Inquiry by Recipient ID and DOB.....	12
3.7	Inquiry by Recipient ID and SSN	13
3.8	Inquiry by Recipient ID and Name	14
3.9	Inquiry by Recipient Name and SSN	15
3.10	Inquiry by Recipient Name and DOB.....	16
4.0	SEARCH RESPONSE	18
4.1	Important 5010 Changes to Response Data	19
4.1.1	Deductible/Co-Insurance/Co-Pay	19
4.1.2	Additional Third Party Liability (TPL) Information	20
4.2	Behavioral Health Transition into Bayou Health 2.0 Changes.....	21
4.2.1	Response Message	21
4.2.2	Health Benefit Plan Coverage.....	22
5.0	APPENDIX A: INTERNET EXPLORER WEB BROWSER FUNCTIONS	27
5.1	Web Browser Features	27
6.0	APPENDIX B – EMEVS SWIPE CARD CROSSWALK (PROPRIETARY SWIPE CARD MESSAGES – HIPAA STANDARDIZED MESSAGES	29
7.0	APPENDIX C – DISEASE MANAGEMENT	31
7.1	Introduction.....	31
7.2	How It Works	31
7.3	Samples	32
7.3.1	Female with Cancer.....	32
7.3.2	Male with Cancer	34
7.4	Closing the Window.....	34
7.5	Print Capabilities	35
7.6	Notes.....	35
8.0	APPENDIX D – SPECIAL ELIGIBILITY RESPONSES	37
8.1	Medicare Part D.....	37
8.2	Case Manager	38

8.3	PACE.....	39
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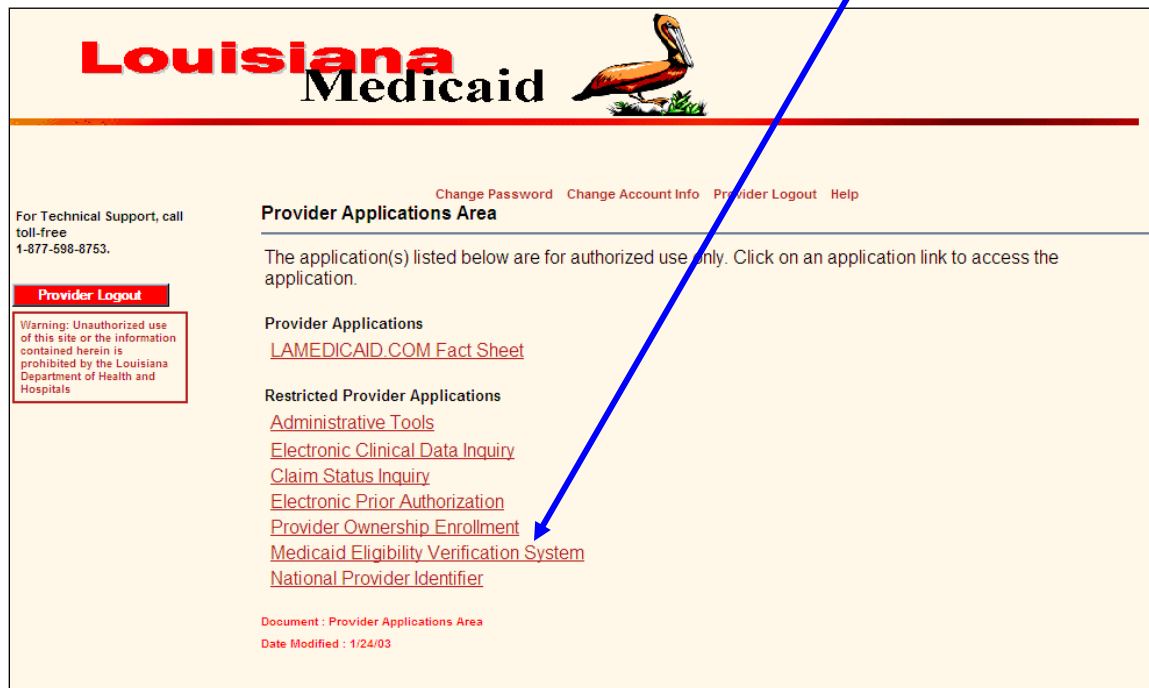
1.0 OVERVIEW

The Electronic Medicaid Eligibility Verification System (eMEVS) Web Application provides a secure web-based tool for low-volume providers who do not work with a switch vendor to verify Medicaid eligibility information. The application is accessible to all providers who have a computer with Internet access using a recent version of either Netscape Navigator or Internet Explorer browser software. Providers must establish a valid online account with Louisiana Medicaid, complete with a valid login ID and password, in order to access the web-based eMEVS tool. See Attachment C, Provider Enrollment Instructions, for instructions on how to secure a login ID and password.

Once the “Provider Applications Area” on the www.lamedicaid.com website is accessed, the eMEVS Web Application is deployed by selecting one of eight inquiry options, entering the required data, then viewing the response. Section 3.0 depicts an example of each specific query option while describing the mandatory information required to perform each query. Only fifteen transactions or inquiry requests are allowed per session. Providers who have more than fifteen requests must log into a new session in order to complete their inquiries. When all mandatory fields of the inquiry page have been entered, and the Submit button is selected, a transaction is sent to the MEVS system. The response is displayed on the web browser. Section 4.0 shows an example of a response with explanations.

2.0 ACCESSING THE APPLICATION

1. Open your web browser and enter the URL for the Louisiana Medicaid main menu
<http://www.lamedicaid.com>.
2. Login in to the Provider Applications area in accordance with the instructions located on the Provider Web Account Registration Instructions link at:
http://www.lamedicaid.com/provweb1/Provweb_Enroll/website_enrollment.htm. If you do not already have a web account, this guide will explain how you get a web account to access provider applications. If you do already have an account, the guide explains how to login to the provider application area.
3. The following screen is displayed. Select the **Medicaid Eligibility Verification System** link.



4. The Medicaid Eligibility Verification System Web Application screen is displayed.

For Technical Support, call toll-free 1-877-598-8753.

Provider Logout

Warning: Unauthorized use of this site or the information contained herein is prohibited by the Louisiana Department of Health and Hospitals

Medicaid Eligibility Verification System Web Application

Navigation Menu

Search Response Print Friendly [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format.
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Change Password

Search By [Clear Screen](#)

Provider Name Provider ID

IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Card Control Number 16 Digit Number

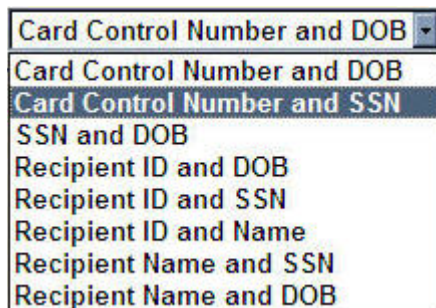
Date Of Birth mm/dd/yyyy

Plan Date mm/dd/yyyy

*** Note: Required fields are in red

3.0 USING THE eMEVS APPLICATION

Inquiries in eMEVS can be requested using eight different methods provided in a pull down menu in the **Search By** field. Each choice is an alternate method of identifying a recipient. The response to each of the different inquiries for the same recipient will be the same. All mandatory or required fields are noted in red. Providers must select the **Submit** button to complete each inquiry.



Requests can be entered using the following criteria:

- Card Control Number and DOB
- Card Control Number and SSN
- SSN and DOB
- Recipient ID and DOB
- Recipient ID and SSN
- Recipient ID and Name
- Recipient Name and SSN
- Recipient Name and DOB

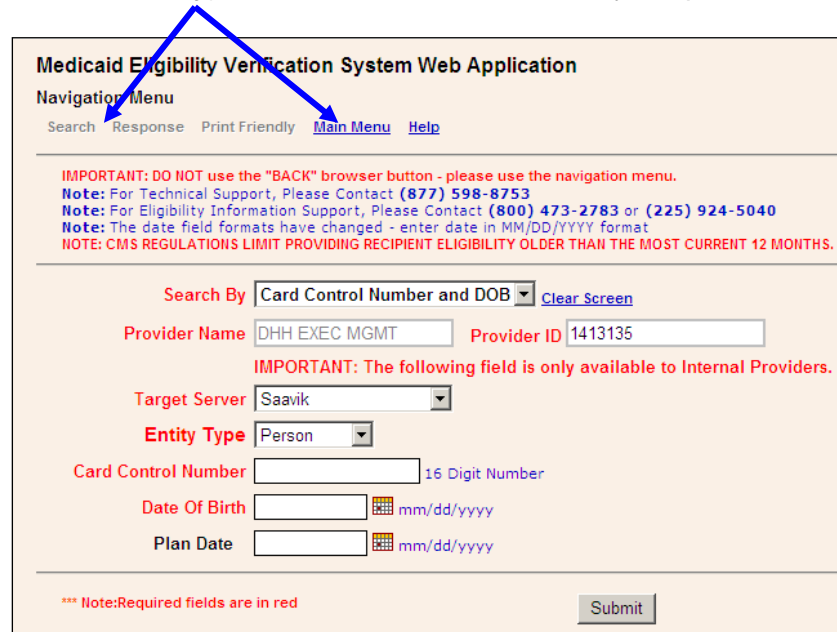
You must also enter a service date to obtain the eligibility information for the specified recipient.

3.1 Navigation Menu for eMEVS

The five eMEVS navigation links—Search, Response, Print Friendly, Main Menu, and Help—assist providers with navigating within the eMEVS Web Application. If the user's mouse hovers (i.e., remains stationary for a short period of time) over one of these links, a special message will appear to further identify the purpose of the link.

3.1.1 eMEVS Navigation Menu Links

The **Main Menu** and **Help** navigation links are always enabled; the other three links (**Search**, **Response**, and **Print Friendly**) are enabled as needed when you operate the application.



Medicaid Eligibility Verification System Web Application

Navigation Menu

[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By [Clear Screen](#)

Provider Name Provider ID

IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Card Control Number 16 Digit Number

Date Of Birth mm/dd/yyyy

Plan Date mm/dd/yyyy

*** Note: Required fields are in red

3.1.2 Search

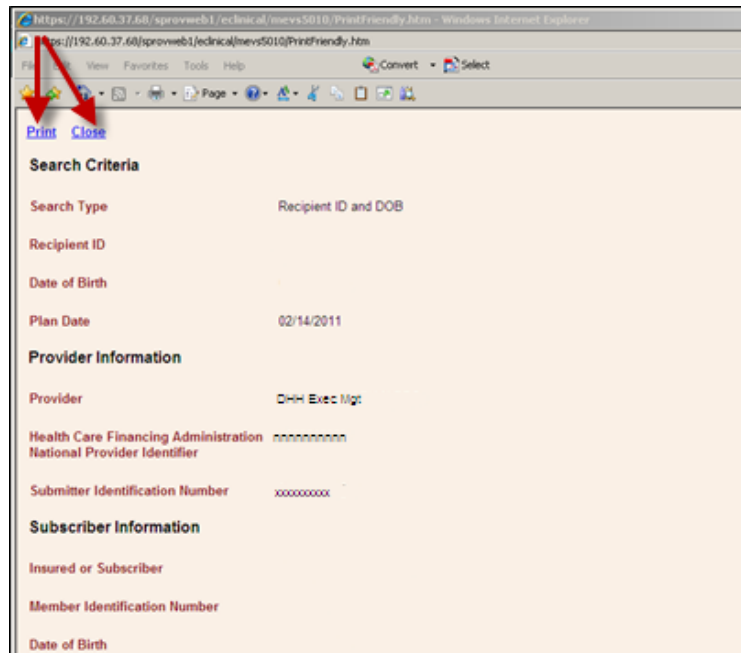
The **Search** link is enabled when you are viewing an eMEVS response (see 4.0). It returns you to the main search page, shown above, where you may make another inquiry.

3.1.3 Response

The **Response** link is enabled when you have finished viewing a response and have returned to the Search page, shown in 3.1.1. It returns you to the last response from eMEVS in case you want to view it again.

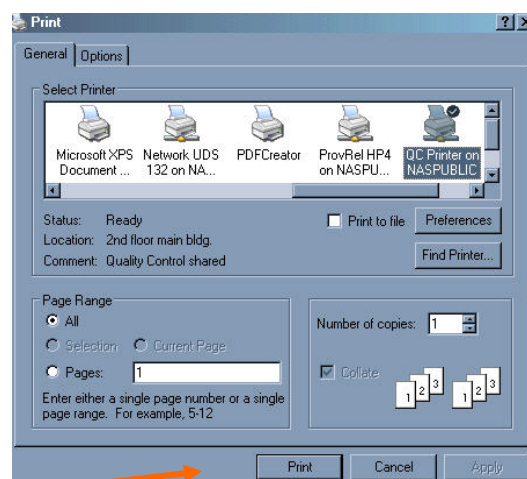
3.1.4 Print Friendly

The **Print Friendly** link is enabled whenever the application displays data for which you might need hardcopy. When you select the link, a new window opens with the data to print and two control links, **Print** and **Close**.



If you select the **Close** button, the new window opened when you selected **Print Friendly** is closed.

Click the **Print** link to continue to the print dialogue box, which will look similar to the one shown below:



Click the **Print** button for your hardcopy.

3.1.5 Main Menu

Selecting the **Main Menu** link at any point in the application returns you to the Provider Applications Area page, where you may select another application or re-enter eMEVS:

The screenshot shows the Louisiana Medicaid website's Provider Applications Area. At the top, the Louisiana Medicaid logo is displayed with a pelican icon. Below the logo, there are links for 'Change Password', 'Change Account Info', 'Provider Logout', and 'Help'. A sidebar on the left contains technical support information and a 'Provider Logout' button. The main content area is titled 'Provider Applications Area' and includes a warning about unauthorized use. It lists 'Provider Applications' with a link to 'LAMEDICAID.COM Fact Sheet' and 'Restricted Provider Applications' with links to 'Administrative Tools', 'Electronic Clinical Data Inquiry', 'Claim Status Inquiry', 'Electronic Prior Authorization', 'Provider Ownership Enrollment', 'Medicaid Eligibility Verification System', and 'National Provider Identifier'. At the bottom, it shows the document name 'Provider Applications Area' and the date modified '1/26/03'.

3.1.6 Help

Selecting the **Help** link at any point in the application provides you with this user manual.

3.2 Other Important Features to Know

3.2.1 Dates and Calendar

All searches must include a Plan Date (also known as Date of Service), and some searches include the Date of Birth of the recipient. For those date fields, you may enter the date in the format mm/dd/yyyy (for instance, for May 1, 2008 type "05/01/2008" in the date text box, as shown below:

The screenshot shows the Medicaid Eligibility Verification System Web Application search form. It includes a navigation menu with links for 'Search', 'Response', 'Print Friendly', 'Main Menu', and 'Help'. A red box highlights the 'Main Menu' link. Below the navigation menu, there are important notes: 'IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.', 'Note: For Technical Support, Please Contact (877) 598-8753', 'Note: For Eligibility Information Support, Please Contact (800) 473-2789 or (225) 924-5040', and 'Note: The date field formats have changed - enter date in MM/DD/YYYY format'. The form fields include 'Search By' (set to 'SSN and DOB'), 'Provider Name' (DHH EXEC MGMT), 'Provider ID', 'Target Server' (Saavik), 'Entity Type' (Person), 'Social Security Number' (9 Digit Number), 'Date Of Birth' (12/05/2011), and 'Plan Date' (12/28/2011). A red arrow points to the 'Date Of Birth' field. At the bottom, there is a 'Submit' button and a note: '*** Note: Required fields are in red'.

Alternatively, you may click on the calendar icon to enable the calendar feature, which allows you to click on the date you want to specify. Use the control arrows to choose a month and/or a year, then click on the day:



3.2.2 Error Messages

The eMEVS web-based application provides logical, user-friendly error messages in response to either a required field containing erroneous or incomplete information or where a required field has been left blank. Error messages indicate exactly which required field must be corrected or completed as well as the exact number and/or type of character that must be entered into that field. A typical error message is displayed below.

Change Password Change Account Info Provider Logout Help

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753.
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format.
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search Criteria

Search Type	Recipient ID and DOB
Recipient ID	XXXXXXXXXX
Date of Birth	05/03/2003
Plan Date	05/03/2008

Error: Subscriber/Insured Not Found - Please Correct and Resubmit

Request Reference Number	1205730674200000612112719
Response Reference Number	2000006120030230

3.3 Search by Card Control Number (CCN) and Date of Birth (DOB)

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By [Clear Screen](#)

Provider Name Provider ID

IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Card Control Number 16 Digit Number

Date Of Birth mm/dd/yyyy

Plan Date mm/dd/yyyy

*** Note: Required fields are in red

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields are required, as indicated by the note at the bottom of the screen.

CCN and DOB Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Card Control Number	Enter the 16-digit Card Control Number of the recipient for whom you want eligibility verification.
Date of Birth	Enter the recipient's Birth Date in the format MM/DD/YYYY. (For example, enter 04/17/1962 for a birth date of April 17, 1962.) Alternatively, use the calendar function to enter the date (see 3.2.1).
Plan Date	Enter the actual or planned date of service in the format MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.4 Search by CCN and Social Security Number (SSN)

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By [Clear Screen](#)

Provider Name Provider ID


IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Card Control Number 16 Digit Number

Social Security Number 9 Digit Number

Plan Date  mm/dd/yyyy

*** Note: Required fields are in red

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields are required, as indicated by the note at the bottom of the screen.

CCN and SSN Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Card Control Number	Enter the 16-digit Card Control Number of the recipient for whom you want eligibility verification.
Social Security Number	Enter the recipient's 9-digit social security number in the format NNNNNNNNN. Do not enter hyphens (-); enter only numbers.
Plan Date	Enter the actual or planned date of service in the format MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.5 Search by SSN and DOB

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By **SSN and DOB** [Clear Screen](#)

Provider Name Provider ID

IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Social Security Number 9 Digit Number

Date Of Birth mm/dd/yyyy

Plan Date mm/dd/yyyy

*** Note: Required fields are in red

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields are required, as indicated by the note at the bottom of the screen.

SSN and DOB Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Social Security Number	Enter the 9-digit social security number in the format NNNNNNNNN. Do not enter hyphens (-); enter only numbers.
Date of Birth	Enter the recipient's Birth Date in the format MM/DD/YYYY. (For example, enter 04/17/1962 for a birth date of April 17, 1962.) Alternatively, use the calendar function to enter the date (see 3.2.1).
Plan Date	Enter the actual or planned date of service in the format MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.6 Inquiry by Recipient ID and DOB

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By: [Clear Screen](#)

Provider Name: Provider ID:

IMPORTANT: The following field is only available to Internal Providers.

Target Server:

Entity Type:

Recipient ID: 13 Digit Number

Date Of Birth: mm/dd/yyyy

Plan Date: mm/dd/yyyy

*** Note: Required fields are in red

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields are required, as indicated by the note at the bottom of the screen.

Recipient ID and DOB Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Recipient ID	Enter the 13-digit Recipient ID of the recipient for whom you want eligibility verification.
Date of Birth	Enter the recipient's Birth Date in the format MM/DD/YYYY. (For example, enter 04/17/1962 for a birth date of April 17, 1962.) Alternatively, use the calendar function to enter the date (see 3.2.1).
Plan Date	Enter the actual or planned date of service in the format MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.7 Inquiry by Recipient ID and SSN

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By [Clear Screen](#)

Provider Name Provider ID

IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Recipient ID 13 Digit Number

Social Security Number 9 Digit Number

Plan Date mm/dd/yyyy

*** Note: Required fields are in red

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields are required, as indicated by the note at the bottom of the screen.

Recipient ID and SSN Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Recipient ID	Enter the 13-digit Recipient ID of the recipient for whom you want eligibility verification.
Social Security Number	Enter the 9-digit social security number in the format NNNNNNNNNN. Do not enter hyphens (-); enter only numbers.
Plan Date	Enter the actual or planned date of service in the format MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.8 Inquiry by Recipient ID and Name

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By Recipient ID and Name [Clear Screen](#)

Provider Name DHH EXEC MGMT **Provider ID**

IMPORTANT: The following field is only available to Internal Providers.

Target Server Saavik

Entity Type Person

Recipient ID 0000013680806 13 Digit Number

Recipient Last Name **First Name** **Suffix**

Plan Date 12/28/2011 mm/dd/yyyy

*** Note: Required fields are in red

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields but the Suffix are required, as indicated by the note at the bottom of the screen.

Recipient ID and Name Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Recipient ID	Enter the 13-digit Recipient ID of the recipient for whom you want eligibility verification.
Last Name	Enter the Recipient's Last Name up to 25 letters as seen on the Medicaid eligibility card.
First Name	Enter the Recipient First Name up to 20 letters as seen on the Medicaid eligibility card.
Suffix	Enter the Recipient's Suffix name up to 3 letters as seen on the Medicaid eligibility card (not required).
Plan Date	Enter the actual or planned date of service in the format MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.9 Inquiry by Recipient Name and SSN

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By [Clear Screen](#)

Provider Name Provider ID


IMPORTANT: The following field is only available to Internal Providers.

Target Server

Entity Type

Social Security Number 9 Digit Number

Recipient Last Name First Name Suffix

Plan Date  mm/dd/yyyy

*** Note: Required fields are in red

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields but the Suffix are required, as indicated by the note at the bottom of the screen.

Recipient Name and SSN Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Last Name	Enter the Recipient's Last Name up to 25 letters as seen on the Medicaid eligibility card.
First Name	Enter the Recipient First Name up to 20 letters as seen on the Medicaid eligibility card.
Suffix	Enter the Recipient's Suffix name up to 3 letters as seen on the Medicaid eligibility card (not required).
Social Security Number	Enter the 9-digit social security number in the format NNNNNNNNN. Do not enter hyphens (-); enter only numbers.
Plan Date	Enter the actual or planned date of service in the format MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.10 Inquiry by Recipient Name and DOB

Medicaid Eligibility Verification System Web Application
Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact (877) 598-8753
Note: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search By Recipient Name and DOB [Clear Screen](#)

Provider Name DHH EXEC MGMT Provider ID

IMPORTANT: The following field is only available to Internal Providers.

Target Server Saavik

Entity Type Person

Recipient Last Name First Name Suffix

Date Of Birth 12/05/2011 mm/dd/yyyy

Plan Date 12/28/2011 mm/dd/yyyy

*** Note: Required fields are in red

Submit

Enter the values for each of the search fields, except for those (i.e., Provider Name and NPI) which are already filled out. All fields but the Suffix are required, as indicated by the note at the bottom of the screen.

Recipient Name and SSN Inquiry Fields	
Field Name	Field Description
Provider Name	The first 13 characters of the provider's last name is filled in by the application.
NPI	The 10-digit National Provider Identifier of the provider whose login process has been authenticated is filled in by the application. Note: An atypical provider sees the appropriately labeled 7-digit Louisiana Medicaid ID, not the NPI.
Last Name	Enter the Recipient's Last Name up to 25 letters as seen on the Medicaid eligibility card.
First Name	Enter the Recipient First Name up to 20 letters as seen on the Medicaid eligibility card.
Suffix	Enter the Recipient's Suffix name up to 3 letters as seen on the Medicaid eligibility card (not required).
Date of Birth	Enter the recipient's Birth Date in the format MM/DD/YYYY. (For example, enter 04/17/1962 for a birth date of April 17, 1962.) Alternatively, use the calendar function to enter the date (see 3.2.1).
Plan Date	Enter the actual or planned date of service in the format

Recipient Name and SSN Inquiry Fields	
Field Name	Field Description
	MM/DD/YYYY. (For example, enter 04/09/2008 for a service date of April 9, 2008). Alternatively, use the calendar function to enter the date.

When all the fields have been entered, select the **Submit** button. If any required fields have not been completed or are entered with invalid data, an error message will be displayed (see 3.2.2). Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

4.0 Search Response

When eMEVS locates the recipient for whom you are seeking eligibility, a report similar to the one shown below is displayed. The report is divided by Search Criteria, Provider Information, Subscriber Information, and Health Benefit Plan Coverage. Note: If there is no Managed Care Coordinator listed for the Plan Coverage Description (Medical Care or Specialized Behavioral Health Care), claims should be sent to Molina Medicaid Solutions.

Medicaid Eligibility Verification System Web Application

Navigation Menu: Search, Response, Print Friendly, Main Menu, Help

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
 Note: For Technical Support, Please Contact (877) 598-8753
 Note: For Eligibility Information Support, Please Contact (800) 433-6666 or (225) 924-5040
 Note: The date field formats have changed - enter date in YYYYMM format
 NOTE: CMS REGULATIONS LIMIT PROVIDING RECORDS TO ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search Type: Recipient ID and Name, Recipient ID, Recipient Name, Plan Date

Subscriber Information:
 Name: Doe, Johnette
 Subscriber ID: 9999999999999999
 Date of Birth: 99/99/9999
 Sex: Female
 Address: 2013 Street Drive, Townville, LA 99999

Provider Information:
 Provider: DHH Exec Mgt
 NPI: 9999999999
 Submitter ID: 450000

For name or address discrepancies, recipients must call LA Medicaid Eligibility Hotline 1-877-252-2447.
 If there is no Managed Care Coordinator listed for the Plan Coverage Description (Medical Care or Specialized Behavioral Health Care), claims should be sent to Molina Medicaid Solutions.

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date: 06/01/2007
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin: 08/01/2012 PHARMACY PBM IS PERFORMIX LACARE Managed Care Organization Telephone: (888) 922-0007
Other or Additional Payor	Medical Care	Commercial	Plan Network Identification Number: 353700 Payer Address: BLUE CROSS OF TEXAS, PO BOX 66044, DALLAS TX 75266-0000
Other or Additional Payor	Medical Care	Individual Policy	Insurance Policy Number: 999999999 Group Number: 99999 Benefit Begin: 07/01/2010 Name: Doe, Johnette
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date: Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network: Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network: Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Please Note: Individual coverage level applies to all benefits.

Request Reference Number 147761253920130326093105 Response Reference Number 201303260000005
 Transaction run on 03/26/2013 at 09:31:05 CT by LAMedicaid - Louisiana Medicaid

Note the Search Type. This will vary depending on the type of search you made (see 3.0).

Atypical providers are shown Louisiana Medicaid ID number, not the NPI.

Eligibility and Deductible information for the specified recipient on the specified Plan Date is shown here.

If other insurance is present on the Medicaid file for the specified recipient on the specified Plan Date, it is shown here.

Please refer to 4.1 (below) for clarification regarding Co-Insurance, Deductible, and Co-Payment.

4.1 Important 5010 Changes to Response Data

4.1.1 Deductible/Co-Insurance/Co-Pay

The transition from National 4010 specifications for electronic responses to 5010 specifications mandated changes to MEVS responses.

One of the changes requires that all companies include information concerning patient deductible/co-insurance/co-pay in the eligibility response. These new fields appear in the response for Medicaid coverage. Since deductible/co-insurance/co-pay does not apply for Medicaid recipients, the information will be present on the MEVS response with '0' in the fields. This does not imply that the recipient has other primary insurance coverage. If other coverage is present on the recipient's Medicaid file, the name and contact information will be displayed (see above). (NOTE: Pharmacy/Drug co-pays are displayed for pharmacists through POS when applicable for the drug.)

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. Plan Begin Date 03/01/2013
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 04/01/2013 Managed Care Organization COMMUNITY HEALTH SOLUTIONS OF Telephone (855) 247-5248
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

4.1.2 Additional Third Party Liability (TPL) Information

Prior to the 5010 transition, there were isolated instances where TPL information was presented in addition to the carrier name, address, phone number, policy holder, policy number, and group number (as indicated in the example on page 18 above).

Regulations outlined in 5010 do not allow one carrier/payer to provide any additional coverage information for another carrier/payer. The provider of services must contact the other carrier/payer to obtain coverage information. Thus, providers inquiring through MEVS must contact/inquire through the primary payer to get any additional information concerning the coverage for the recipient.

4.2 Behavioral Health Transition into Bayou Health 2.0 Changes

The following updates were made to the Response portion of the eMEVS application as per Behavioral Health Transition into Bayou Health 2.0 (LIFT 10032).

4.2.1 Response Message

For all eMEVS responses the following message (noted in blue font) will appear after the last message on the first part of the eMEVS response:

If there is no Managed Care Coordinator listed for the Plan Coverage Description (Medical Care or Specialized Behavioral Health Care), claims should be sent to Molina Medicaid Solutions.

Medicaid Eligibility Verification System Web Application

Navigation Menu

[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.

Note: For Technical Support, Please Contact **(877) 598-8753**

Note: For Eligibility Information Support, Please Contact **(800) 473-2783** or **(225) 924-5040**

Note: The date field formats have changed - enter date in MM/DD/YYYY format

NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search Type Recipient ID and DOB **Recipient ID** [REDACTED] **Date of Birth** 01/25/[REDACTED] **Plan Date** 08/27/2015

Subscriber Information

Name LAN [REDACTED]

Subscriber ID 020 [REDACTED]

Date of Birth 01/25/[REDACTED]

Sex Female

Address 2000 ROSE [REDACTED]
BF [REDACTED]

Provider Information

Provider DHH EXEC MGMT/MOLINA PBMSTAF

NPI 777777773

Submitter ID 2252166370

For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.

If there is no Managed Care Coordinator listed for the Plan Coverage Description (Medical Care or Specialized Behavioral Health Care), claims should be sent to Molina Medicaid Solutions.

4.2.2 Health Benefit Plan Coverage

Below are the different cases of Health Benefit Plan Coverages and how they are depicted in the eMEVS response.

Case 1: BYU Full Medical and BH (Enroll-Type='P'), not a CSoC Child

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. Plan Begin Date 02/01/2015
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN PHARMACY PBM IS PERFORMRX Managed Care Organization AMERIHEALTH CARITAS LOUISIANA Telephone (888) 756-0004
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN Managed Care Organization AMERIHEALTH CARITAS LOUISIANA Telephone (888) 756-0004
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Behavioral Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Please Note: Individual coverage level applies to all benefits.

Case 2: BYU BH-only (Enroll-Type='B', e.g., Chisholm child who does not opt-in)

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date. Plan Begin Date 02/01/2015
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN Managed Care Organization AMERIHEALTH CARITAS LOUISIANA Telephone (888) 756-0004
	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Behavioral Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Please Note: Individual coverage level applies to all benefits.

Case 3: BYU CSOC Child (Enroll-Type='P')

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date. Plan Begin Date 02/01/2015
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN PHARMACY PBM IS PERFORMRX Managed Care Organization AMERIHEALTH CARITAS LOUISIANA Telephone (888) 756-0004
	Specialized Behavioral Health Care	Medicaid	COORDINATED SYSTEM OF CARE CONTRACTOR Managed Care Organization MAGELLAN Telephone (800) 424-4489
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net
		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Behavioral Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Please Note: Individual coverage level applies to all benefits.

Case 4: BYU CSOC Child (Enroll-Type='B', e.g., Chisholm child who does not opt-in)

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date. Plan Begin Date 02/01/2015
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	COORDINATED SYSTEM OF CARE CONTRACTOR Managed Care Organization MAGELLAN Telephone (800) 424-4489
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Behavioral Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Please Note: Individual coverage level applies to all benefits.

Case 5: LTC (Enroll-Type='B')

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date. Plan Begin Date 09/01/2011
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Long Term Care	Medicaid	
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN Managed Care Organization AMERIHEALTH CARITAS LOUISIANA Telephone (888) 756-0004
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Benefit Begin 07/01/2014 Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Behavioral Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Case 6: ICF-DD Adults (Excluded, no changes)

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date. Plan Begin Date 07/01/2011
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Long Term Care	Medicaid	
Benefit Description	Health Benefit Plan Coverage Special Low Income Medicare Beneficiary		Benefit Begin 11/01/2007
Other or Additional Payor	Health Benefit Plan Coverage Medicare Part A		Benefit Begin 11/01/2007
Other or Additional Payor	Health Benefit Plan Coverage Medicare Part B		Benefit Begin 11/01/2007
Other or Additional Payor	Health Benefit Plan Coverage Other		Eligible for Medicare Part D Benefit Begin 01/01/2009
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Case 7: ICF-DD Children (Enroll Type='B')

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date. Plan Begin Date 09/01/2011
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Long Term Care	Medicaid	
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN Managed Care Organization AMERIHEALTH CARITAS LOUISIANA Telephone (888) 756-0004
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Behavioral Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is \$0 for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Case 8: Medicare Dual (Enroll Type='B')

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage Medicaid		Eligible for Medicaid on Plan Date. Plan Begin Date 01/01/2007
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Base Deductible is \$0 for In Plan Network and Out of Plan Network.
Deductible	Health Benefit Plan Coverage Medicaid		Health Plan Remaining Deductible is \$0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage Qualified Medicare Beneficiary		Benefit Begin 03/01/2006 ELIG PAY OF DED/CO-INS COVD BY MCARE
Other or Additional Payor	Health Benefit Plan Coverage Medicare Part A		Benefit Begin 01/01/2005
Other or Additional Payor	Health Benefit Plan Coverage Medicare Part B		Benefit Begin 01/01/2005
Other or Additional Payor	Health Benefit Plan Coverage Other		Eligible for Medicare Part D Benefit Begin 01/01/2011
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: CANTONESE
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN Managed Care Organization AMERIHEALTH CARITAS LOUISIANA Telephone (888) 756-0004
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Benefit Begin 07/01/2014 Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://portal.MCNA.net
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date. : Medical Care, Chiropractic, Dental Care, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Behavioral Health, Urgent Care
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network : Chiropractic, Hospital, Hospital - Inpatient, Hospital - Outpatient, Emergency Services, Professional (Physician) Visit - Office, Urgent Care

Case 9: Medicare QMB Only (Exluded, no changes)

Health Benefit Plan Coverage			
Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Inactive	Health Benefit Plan Coverage Medicaid		Not Eligible for Medicaid on Plan Date.
Active Coverage	Health Benefit Plan Coverage Qualified Medicare Beneficiary		Benefit Begin 04/01/2008 ELIG PAY OF DED/CO-INS COVD BY MCARE
Other or Additional Payor	Health Benefit Plan Coverage Medicare Part A		Benefit Begin 02/01/1995
Other or Additional Payor	Health Benefit Plan Coverage Medicare Part B		Benefit Begin 02/01/1995
Benefit Description	Health Benefit Plan Coverage Medicaid		PREFERRED LANGUAGE: ENGLISH

Please Note: Individual coverage level applies to all benefits.

5.0 APPENDIX A: INTERNET EXPLORER WEB BROWSER FUNCTIONS

5.1 Web Browser Features

Prior to initial use of the eMEVS Web Application, the web browser setup must be configured. This will ensure that the latest updates to the eMEVS application are displayed to the user. Using a web browser, such as Internet Explorer (v4.0 or higher) will ensure this:

1. Select the **Tools** menu selection.
2. Select the **Internet Options** selection.
3. At the General Tab page, under the Temporary Internet Files section, Select the **Settings** button.
4. At the Settings page, Select the **Every visit to the page** radio button.
5. Select the **OK** button on the Settings page.
6. Select the **OK** button on the Internet Options page.

The following are examples of the type of Web browser capabilities that are available during a CSI Web User Screens session.

Back


The Web browser keeps track of screens displayed in a linear sequence. Selecting the **Back** button returns the user to the previously displayed page in this sequence. When the user reaches the beginning point in this linear list of displayed screens, the **Back** button becomes inactive.



Forward

The Web browser keeps track of screens displayed in a linear sequence. The **Forward** button remains inactive until the **Back** button is selected. When the **Back** button has been selected, the **Forward** button becomes active. Selecting the **Forward** button takes the user to the page that was displayed when the user selected the **Back** button. If the **Back** button was selected several times, continuing to select the **Forward** button takes the user to the last page displayed during the current Web browser session.

Refresh

Selecting the  **Refresh** button causes the program to read the data from the database and redisplay the current page with any database changes that were made since the page was last displayed. This would usually be required only after changing screens via the **Back** and/or **Forward** buttons.

Full Screen

Selecting the **Full Screen** button expands the current page to fill the entire workstation display screen. Selecting this button again returns the page to its original size.

Print



Selecting the **Print** button causes the currently displayed page to print on the printer set up at the user's workstation as the default printer.

Minimize



Selecting the **Minimize** button causes the currently displayed page to close and an appropriate icon to be displayed on the Windows task bar.

Close



Selecting the **Close** button causes the currently displayed page to close.

6.0 APPENDIX B – EMEVS SWIPE CARD CROSSWALK (PROPRIETARY SWIPE CARD MESSAGES – HIPAA STANDARDIZED MESSAGES)

Important Note

The table below is provided strictly to assist providers who have used the swipe card version of the Medicaid Eligibility Verification System (eMEVS). This is intended to assist them in their transition from seeing Louisiana proprietary responses to seeing HIPAA standardized responses.

eMEVS INQUIRY RESPONSE CROSSWALK (Proprietary Swipe Card to HIPAA Standardized Messages)		
<i>Field Name</i>	<i>Louisiana Medicaid Proprietary Swipe Card Responses</i>	<i>HIPAA Required Standardized Swipe Card Responses</i>
Planned Unavailable	“Planned Unavailable” in clarification	Unable to Respond at Current Time - Resubmission Allowed
Provider ID	Provider number missing or not numeric	Invalid/Missing Provider ID – Please Correct and Resubmit
Provider ID	Provider ID must begin with ‘1’	Invalid/Missing Provider ID – Please Correct and Resubmit
Provider ID	Provider/Attending provider not on file	Provider Not on File – Please Correct and Resubmit
Provider ID	Provider not eligible on dates of service	Provider Ineligible for Inquiries – Please Correct and Resubmit
Card Control #	Card control number missing/invalid	Invalid/Missing subscriber/insured ID – Please Correct and Resubmit
Card Issue Date	Card issue date missing/invalid	Inappropriate Date – Please Correct and Resubmit
Card Issue Date	Card may not be used prior to effective date	Inappropriate Date – Please Correct and Resubmit
Recipient ID	Recipient number invalid or less than 13 digits	Invalid/missing Patient ID – Please Correct and Resubmit
Last or First Name	Recipient name missing	Invalid/missing Patient Name – Please Correct and Resubmit
SSN	Social security number missing/invalid	Required application data missing – Please Correct and Resubmit
Date of Birth	Date of birth missing or invalid	Invalid/missing Date of Birth – Please Correct and Resubmit
Date of Birth	Date of birth must not be prior to year 1875	Invalid/missing Date of Birth – Please Correct and Resubmit

eMEVS INQUIRY RESPONSE CROSSWALK (Proprietary Swipe Card to HIPAA Standardized Messages)		
Field Name	<i>Louisiana Medicaid Proprietary Swipe Card Responses</i>	<i>HIPAA Required Standardized Swipe Card Responses</i>
Service Date	Service date missing/invalid	Invalid/missing Date of Service – Please Correct and Resubmit
Service Date	Service more than 12 months old	Date of service Not Within Allowable Inquiry Period – Please Correct and Resubmit
Service Date	Service date may not exceed last day of current month	Date of service in Future – Please Correct and Resubmit
Recipient Query	Recipient not on file (this will be returned for any query combination that results in the recipient not found on Recipient table)	Patient Not Found – Please Correct and Resubmit
Date of Death	Recipient ineligible/deceased (when DOD < date of service)	Date of Death Precedes Date of Service – Please Correct and Resubmit
Eligibility Query	Recipient not eligible on date of service	Inactive
Eligibility Query	Dual Eligibility message in clarification message	Cannot Process - Overlapping Eligibility on DOS
Lock In Provider	“Unable to Respond - contact Molina provider services” in clarification message (if Lock In Provider not on file)	Unable to Respond at Current Time – Resubmission Not Allowed
PCP Provider (CC)	“Unable to Respond - contact Molina provider services” in clarification message (if PCP Provider not on file)	Unable to Respond at Current Time – Resubmission Not Allowed
Insurance Nbr, Company Name, Company Address, or Policy Holder Name	“Unable to Respond - contact Molina provider services” in clarification message (if Insurance Number not on file)	Required application data missing – Resubmission Not Allowed

7.0 APPENDIX C – DISEASE MANAGEMENT

7.1 Introduction

A new feature, pop-up windows containing potential patient disease information, has been added to eMEVS and electronic Clinical Data Inquiry (eCDI). (For more information regarding eCDI, refer to the main menu under the provider applications area at www.lamedicaid.com.)

The Disease Management pop-ups are displayed from both the eMEVS and eCDI applications whenever the Provider performs an eligibility or claim status request and the patient being queried has records in the new disease management database – Eclinical_Disease_Management.

The database is made up of the following 9 tables:

- 1) Base_Eligible_Clinical_Tab
- 2) Dimension_Blood_Tests_Tab
- 3) Dimension_Breast_Cancer_Tab
- 4) Dimension_Cervical_Cancer_Tab
- 5) Dimension_Colorectal_Cancer_Tab
- 6) Dimension_Diabetes_Tab
- 7) Dimension_Prostate_Cancer_Tab
- 8) EligID_CurrID
- 9) Provider_Display_Control_Tab

7.2 How It Works

When the Provider makes an eligibility and/or claims status request using the eMEVS or eCDI application, the Recipient ID is obtained and used to query the Disease Management database. Depending on the gender of the recipient, a subset of the tables in the database is queried. If hits are found in any of these tables, the pop-up will be displayed on the end user's workstation. The type of pop-up displayed is dependent on the type of disease information found. An example of the diabetes pop-up that is displayed when the recipient has diabetes is as follows:



For women, the following tables are queried:


- Cancer Check
 - Dimension_Cervical_Cancer_Tab
 - Dimension_Breast_Cancer_Tab
- Diabetes Check
 - Dimension_Diabetes_Tab

For men, the following tables are queried:


- Cancer
 - Dimension_Colorectal_Cancer_Tab
 - Dimension_Prostate_Cancer_Tab
 - Dimension_Blood_Tests_Tab
- Diabetes Check
 - Dimension_Diabetes_Tab

7.3 Samples

7.3.1 Female with Cancer



5 Clinical Practice Guidelines Reminder for [REDACTED] -- We... ? X

 **Interventions considered and recommended for the Periodic Health Examination (general population)*.**

Our LaMedicaid clinical database reveals when the last test/intervention(s) listed below were performed and when the next test/intervention is due for [REDACTED]

1 Cervical Cancer Screening (Pap Smear)
Recommendation: perform every three years (age 21 - 65)*
Last test: No paid Medicaid claims found
Recommended next test: **As soon as clinically possible**

2 Breast Cancer Screening (Mammography)
Recommendation: perform every 1-2 years (age 40 and older)*
Last test: 09/17/2003
Recommended next test: **09/17/2004**

* www.ahcpr.gov/clinic/uspstfix.htm (U.S. Preventive Services Task Force, (USPSTF), recommendations, 2003).

To view additional clinical data for this patient, [click here to go to e-CDI \(electronic Clinical Data Inquiry\)](#)

Service 03/20/2006

7.3.2 Male with Cancer



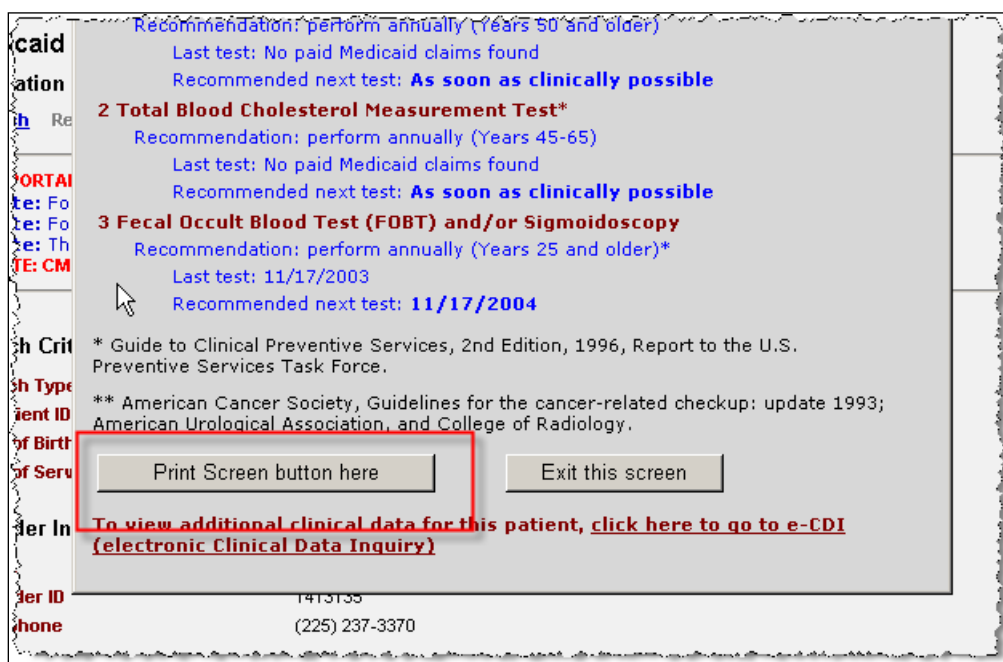
7.4 Closing the Window

Users may close the pop-up window by either clicking the button at the top-right of the pop-up window or clicking the “Exit this screen” button.



7.5 Print Capabilities

The user will have the ability to print the information being displayed in the pop-up window by clicking the “Print Screen button here”.



7.6 Notes

- 1) Pop-up blockers must be disabled on the user's machine or the pop-up screen will not appear.
- 2) If you navigate to e-CDI from the pop-up (see below), and then search for e-CDI information in the newly spawned screen, the pop-up will not appear again from within e-CDI. Why? Because users will already know that the patient had disease information available.
- 3) The pop-up that is displayed by both the eMEVS and eCDI applications is the same for both applications. Since the applications share the pop-up code objects, the pop-up that is displayed is exactly the same between the two applications.
- 4) If the Recipient being queried is found to have more than one type of disease as defined by the following categories:
 - a. Diabetes
 - b. Cancer
 Then both pop-ups will appear in succession. One disease pop-up will appear. Once the first pop-up is closed, then the second pop-up will appear.
- 5) The pop-up window that is shown is a modal dialog window. This means that the user will not be able to continue working within the eMEVS or eCDI applications unless they dismiss (close) the dialog first.



LaMedicaid

Clinical Practice Guidelines Reminder for [REDACTED] -- We... ? X

 **Interventions considered and recommended for the Periodic Health Examination (general population)*.**

Our LaMedicaid clinical database reveals when the last test/intervention(s) listed below were performed and when the next test/intervention is due for [REDACTED]

1 Cervical Cancer Screening (Pap Smear)
Recommendation: perform every three years (age 21 - 65)*
Last test: No paid Medicaid claims found
Recommended next test: **As soon as clinically possible**

2 Breast Cancer Screening (Mammography)
Recommendation: perform every 1-2 years (age 40 and older)*
Last test: 09/17/2003
Recommended next test: **09/17/2004**

* www.ahcpr.gov/clinic/uspstfix.htm (U.S. Preventive Services Task Force, (USPSTF), recommendations, 2003).

Print Screen button here Exit this screen

To view additional clinical data for this patient, [click here to go to e-CDI \(electronic Clinical Data Inquiry\)](#)

Service 03/20/2006

8.0 APPENDIX D – SPECIAL ELIGIBILITY RESPONSES

The following pages are examples of new responses for programs added to eMEVS since its inception.

8.1 Medicare Part D

An example of an eligibility response for a recipient eligible for Medicare Part D is shown below. The Medicare Part D eligibility is shown in a box:

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Notes: For Technical Support, Please Contact (877) 598-8753
Notes: For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5848
Notes: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search Criteria
 Search Type:
 Recipient ID:
 Date of Birth:
 Plan Date: 04/01/2006

Provider Information
 Name: DECILE JUCHHEBO
 NPI: 0011001500
 Telephone: (337) 436-5747

Subscriber Information
 Name:
 Member ID Number:
 Date of Birth:
 Sex: Female

Health Benefit Plan Coverage

Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	Eligible for Medicaid on Date of Service.
Benefit Description	Individual	Medicaid	Long Term Care Services Authorized.
Benefit Description	Individual	Medicaid	Recipient has Private Insurance.
Benefit Description	Individual	Medicaid	Recipient has Medicare Part A and B Coverage.
Benefit Description	Individual	Medicaid	Eligible for Medicare Part D
Benefit Description	Individual	Medicaid	Preferred Language: English.

Other or Additional Payer

Coverage Level	Individual
Service Type	Medical Care
Insurance Type	Commercial
Plan Network's Identification Number	027800
Payer	LOYAL AMERICAN LIFE INS. CO.
Address	P.O. BOX 5418 CHICAGO, IL 60605-1300

Other or Additional Payer

Coverage Level	Individual
Service Type	Medical Care
Insurance Type	Individual Policy
Insurance Policy Number	5342409 - CANCER ONLY
Insured or Subscriber	STAOGGS, EDITH

Other or Additional Payer

Coverage Level	Individual
Service Type	Medical Care
Insurance Type	Commercial
Plan Network's Identification Number	004800
Payer	PHILADELPHIA AMERICAN LIFE INSURANC
Address	PO BOX 2465 HOUSTON, TX 77001-1300

Other or Additional Payer

Coverage Level	Individual
Service Type	Medical Care
Insurance Type	Individual Policy
Insurance Policy Number	633002092 - MEDICARE SUPPLEMENT
Insured or Subscriber	STAOGGS, EDITH

Service Limitations

Coverage Level	Individual
Service Type	Professional (Physician) Visit - Office
Insurance Type	Medicaid
Units	12 Visits Remaining

Request Reference Number 1347795200060405006732
Response Reference Number 200604200008174
 Transaction Run on: 04/05/2006 at 08:47:02 CT by LAMedicaid - Louisiana Medicaid

8.2 Case Manager

An example of an eligibility Response from the 271 transaction for Case Management follows:

Medicaid Eligibility Verification System Web Application

Navigation Menu
[Search](#) [Response](#) [Print Friendly](#) [Main Menu](#) [Help](#)

IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.
Note: For Technical Support, Please Contact **(877) 598-8753**
Note: For Eligibility Information Support, Please Contact **(800) 473-2783** or **(225) 924-5040**
Note: The date field formats have changed - enter date in MM/DD/YYYY format
NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.

Search Criteria

Search Type Recipient ID and DOB
Recipient ID
Date of Birth
Plan Date 04/01/2006

Provider Information

Name BIDDLE JR,JOHN,RMD
NPI 0011001100
Telephone (337) 436-5747

Subscriber Information

Name
Member ID Number
Date of Birth
Sex Male

Health Benefit Plan Coverage

Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	Eligible for Medicaid on Date of Service.
Benefit Description	Individual	Medicaid	Recipient is EPSDT Eligible.
Benefit Description	Individual	Medicaid	Preferred Language: English.

Case Management

Provider Name	Coverage Level	Service Type	Telephone
MEDICAL RESOURCES & GUIDANCE	Individual	Health Benefit Plan Coverage	(337) 363-4999

Primary Care Provider

Provider Name CROWLEY WALK-IN CLINIC
Telephone (337) 783-8215
Coverage Level Individual
Service Type Medical Care
Insurance Type Medicaid
Plan Coverage Description LOUISIANA COMMUNITYCARE PROGRAM

Messages
 COMMUNITYCARE PCP MUST AUTHORIZE/PROVIDE SERVICES EXCEPT:
 EXEMPT SERVICES AS SPECIFIED BY THE COMMUNITYCARE PROGRAM

Request Reference Number 134779520060405094740
Response Reference Number 200604050016134

Transaction up on 04/05/2006 at 09:47:40 CT by LAMedicaid - Louisiana Medicaid

Atypical providers
are shown
Louisiana Medicaid
ID number, not the
NPI.

8.3 PACE

The eMevs application was modified to accommodate the return of the new PACE eligibility information.

If the Recipient Type Case is 100 or 101, then the Recipient is a PACE recipient and the following is returned: "01ELIGIBLE FOR CAPITATED PAYMENTS ONLY".