

## Appendix F. Verifying Recipient Eligibility

### Real Time Eligibility Verification (270/271 Transaction)

Providers may choose to process a real-time electronic eligibility inquiry transaction for a single Medicaid recipient through the Eligibility Verification System (EVS). Real-time transactions are only supported through Value Added Networks (VANs) with whom EDS and the DMA have agreements. There is a charge from EDS to the provider of \$0.08 per transaction and applicable contract charges by the provider's VAN may also apply. This inquiry transaction is defined as an eligibility benefits inquiry, known as a 270 real-time transaction. The 271 transaction provides the electronic response to this request. Providers who are interested in utilizing the real-time 270/271 electronic transactions may refer to **Section 10, Electronic Commerce Services**, for information on contacting an approved VAN.

### Batch Eligibility Verification (270/271 Transaction)

The 270/271 transaction set is also available in batch mode, allowing trading partners to submit multiple eligibility requests for multiple recipients. Trading partners can submit batch transactions using a vendor-created software program directly to EDS without using a VAN. There is no charge from EDS to submit batch 270/271 transactions. Providers and software vendors may refer to the HIPAA Companion Guide (on DMA's website at <http://www.ncdhhs.gov/dma/hipaa/compguides.htm>) for information on all HIPAA-approved transactions.

**Note:** The EDS Electronic Commerce Services (ECS) unit offers support to providers, software vendors, billing services, VANs, and clearinghouses in matters related to electronic data interchange (EDI) including these transaction implemented by HIPAA. Providers may contact the ECS unit at 1-800-688-6696, option 1.

### Recipient Eligibility Verification Tool

In September 2009 the N.C. Medicaid Program will implement an electronic recipient eligibility verification tool. This tool will allow providers to access electronic recipient eligibility via the North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool. The link to access the Web Tool is <https://webclaims.ncmedicaid.com/ncecs/>.

Use of this tool will allow providers to immediately verify recipient information such as

- Current eligibility
- Medicaid benefit category
- Medicare participation
- CCNC/CA (Carolina ACCESS) participation
- Transfer of asset information
- Other insurance information

This will be the same information that providers receive today through the Automated Voice Response (AVR) system but it will be quicker to access and easier to use. In order to use this function, providers must have access to the Web Tool. Providers who currently have a Web Tool logon ID and password can utilize this same logon information to access recipient eligibility verification. No further action is required.

Providers who do not currently have access to the Web Tool must take the following action.

**Step One:**

Submit a completed and signed Electronic Claims Submission (ECS) Agreement to CSC. (Refer to the NC Tracks website at <http://www.nctracks.nc.gov/provider/forms> for a copy of the form and instructions.

\*Providers who have previously submitted the ECS Agreement do not need to resubmit the form.

**Step Two:**

Contact the EDS Electronic Commerce Services Unit (1-800-688-6696 or 919-851-8888, option 1) to obtain instructions and a logon ID and password for the Web Tool.

For further information on the Web Tool, refer to the September 2009 Special Bulletin, *North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool Instruction Guide*, on DMA's website at <http://www.ncdhhs.gov/dma/bulletin/>.

**Automated Voice Response (AVR) System – 1-800-723-4337, option 6**

Providers may choose to utilize the Automated Voice Response (AVR) system to verify a recipient's eligibility. Among other functions, the AVRS transaction 6 gives providers verbal eligibility information. Please refer to the information below for step by step instructions on the Recipient Eligibility and Coordination of Benefits transaction 6 within the AVR system.

**AVRS Transaction 6, Selection 1 – Eligibility and Coordination of Benefits**

**Provider Number Verification** – When the provider selects option 6 from the main menu, the AVR system prompts the provider to enter their Medicaid Provider Number (MPN) or NPI for verification.

After the MPN or NPI is verified, the prompt will allow a caller to go in either of two directions: Recipient Eligibility and Coordination of Benefits; or Hospice Eligibility. For Recipient Eligibility and Coordination of Benefits, choose selection 1.

**Recipient Access Method Prompt** – To obtain recipient eligibility information, the provider must enter a valid recipient MID number, **OR** a combination of the recipient's date of birth and Social Security Number, **and** a "FROM" date of service. The AVR system prompts the provider to select a method for accessing the recipient data.

**Date of Service Prompt** – The provider must enter a FROM date of service in the MMDDCCYY format. After receiving a valid MPN and recipient MID number and "FROM" date of service, the AVR system determines whether or not the provider is authorized to access recipient eligibility information from the eligibility file.

**Eligibility/Enrollment Prompt** – The AVR system will give the following response asking the provider to choose one of these two options: **"For eligibility information press 1. For enrollment information, press 2."**

**Selection 1:** When the provider chooses selection 1 for eligibility information, the following information is given:

- Copay Response – The AVR system will indicate if a copayment is in the eligibility response.
- Community Alternatives Program Response – If CAP indicators are present, the AVR system notifies the provider.
- Medicare – If the eligibility response contains any Medicare coverage, the AVR system notifies the provider.

- Other Insurance Coverage – If the eligibility response contains one or more Third Party Liability (TPL) segments, the AVR system notifies the provider of TPL information. The AVR system responds with up to three TPL segments.
- Patient Liability – The AVR system returns patient liability information.

**Selection 2:** When the provider chooses selection 2 for enrollment information, the following information is given:

- Carolina ACCESS (CCNC/CA) Response – If the recipient is enrolled in CCNC/CA for the date of service selected, the AVR system lists the primary care provider’s name, day time phone number, and after hours phone number.

## AVRS Transaction 6, Selection 2 – Hospice Eligibility

**Recipient Access Method Prompt** – To obtain recipient hospice status, the provider must enter a valid recipient MID number.

**Date of Service Prompt** – The provider must enter either a “FROM” date of service in the MDDCCYY format.

After receiving valid provider and recipient identification and date of service, the AVR system determines whether or not the provider is authorized to access recipient hospice eligibility information and, if authorized, to obtain hospice information.

## Alphabetic Data Table

The following table is a reference for using alphabetic data. Use the numeric codes to identify the letters necessary. Be sure to press the asterisk (\*) key before entering the numeric codes.

A –*21	E –*32	I –*43	M –*61	Q –*11	U –*82	Y –*93
B –*22	F –*33	J –*51	N –*62	R –*72	V –*83	Z –*12
C –*23	G –*41	K –*52	O –*63	S –*73	W –*91	
D –*31	H –*42	L –*53	P –*71	T –*81	X –*92	

**Example:** For MID 123456789S, enter 123456789\*73