

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 or NC Health Choice recipient through the Eligibility Verification System (EVS) in a single transaction. Real-time transactions are only supported through Value Added Networks (VANs) with whom HP Enterprise Services and the DMA have agreements. There is a charge from HP Enterprise Services 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 8, 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 HP Enterprise Services without using a VAN. There is no charge from HP Enterprise Services 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 HP Enterprise Services 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 HP Enterprise Services ECS unit at 1-800-688-6696, option 1.

Recipient Eligibility Verification Web Tool

This tool enables providers to access electronic recipient eligibility via the North Carolina Electronic Claims Submission/Recipient Eligibility Verification Web Tool (NCECSWeb Tool). The link to access the NCECSWeb Tool is <https://webclaims.ncmedicaid.com/ncecs/>.

Use of the NCECSWeb Tool will allow providers to immediately verify recipient information such as

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

The same information is also available through the Automated Voice Response (AVR) system. However, the NCECSWeb Tool is quicker to access and easier to use. Use of this tool facilitates immediate verification of the recipient record elements listed above.

In order to use this function, providers must have access to the NCECSWeb Tool. Providers who currently have a NCECSWeb Tool logon ID and password can access recipient eligibility verification with no further action required.

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

Step One:

Submit a completed and signed Electronic Claims Submission (ECS) Agreement to CSC. (Refer to the NCTracks 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:

To obtain a logon ID and password for the NCECSWeb Tool, complete the Remittance and Status Report in PDF Format and National Correct Coding Initiative Information Request Form. Refer to <http://www.ncdhhs.gov/dma/provider/forms> for a copy of this form.

For further information on the NCECSWeb Tool, refer to the September 2009 Special Bulletin, *North Carolina Electronic Claims Submission/Recipient Eligibility Verification NCECSWeb 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 telephonic Automated Voice Response (AVR) system to verify a recipient's eligibility. Among other functions, the AVR system option 6 gives providers current eligibility information. Please refer to the information below for step by step instructions on the Recipient Eligibility and Coordination of Benefits transactions available within the AVR system. The AVR toll-free number is 1-800-723-4337.

AVR – Eligibility and Coordination of Benefits (Option 6, Selection 1)

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 verification, the provider has two options: **Recipient Eligibility and Coordination of Benefits (option 1)** or **Enrollment/Hospice Eligibility (option 2)**.

Recipient Access Method Prompt – To obtain recipient eligibility information, the provider must enter a valid recipient MID/NC Health Choice ID 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/NC Health Choice ID number and "FROM" date of service, the AVR system determines if the provider has authority to access recipient eligibility information from the eligibility file.

Eligibility/Enrollment Prompt – After provider authority verification, the AVR system gives the provider two options: **Eligibility Information (option 1)** or **Enrollment Information (option 2)**.

Option 1: When the provider chooses this option, the following information is given:

- Copay – The AVR system will indicate if a copayment is required and the amount.
- Community Alternatives Program – AVR system informs provide if CAP indicators exist.
- Medicare – AVR system indicates if Medicare coverage is present on recipient eligibility record.
- Other Insurance Coverage – If the eligibility record contains one or more Third Party Liability (TPL) segments, the AVR system notifies the provider of TPL information up to three segments.
- Patient Liability – The AVR system returns patient liability information.

Option 2: When the provider chooses this option, the following information is given:

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

AVR – Hospice Eligibility (Option 6, Selection 2)

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 a “FROM” date of service in the MDDCCYY format.

After receiving valid provider and recipient identification and date of service, the AVR system determines if the provider has authority to access recipient eligibility from the eligibility file.

AVR 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