Louisiana Medicaid Management Information System (LMMIS)

Electronic Medicaid Eligibility Verification System (eMEVS Application)
User Manual

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Prepared By
Technical Communications Group

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PROJECT INFORMATION

Document Title	Louisiana Medicaid Management Information System (LMMIS) – Electronic Medicaid Eligibility Verification System (eMEVS) Application User Manual
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	Revision History		
Date	**Description of Change**	**LIFT**	**By**
4/13/04	Various paragraph/sentence changes/additions throughout the document.		D.Copeland
4/13/04	Added Attch C: Provider Enrollment Instructions.		D.Copeland
4/13/04	Added hrs of operations for Unisys Tech Support Dsk		D.Copeland
4/13/04	Recaptured 90% of all eMEVS screens & inserted them into appropriate sections of file to reflect new Recipient Information text seen in (8) inquiry search screens.		D. Copeland
4/23/04	Updated table description for eMEVS Help button.		D.Copeland
4/23/04	Added specific description for recipient first/last name as seen on Medicaid eligibility card to data field tables.		D.Copeland
4/24/04	Added new intro paragraph for all data field tables for all (8) inquiries.		D.Copeland
4/24/04	Added new ending paragraph follow data field tables for all (8) inquiries.		D. Copeland
4/24/04	Changed definition of first three fields seen in all (8) inquiry search scrns – **provider information** no longer selectable (self-populating fields based on login Ids' provider data from PMF).		D.Copeland
4/26/04	Updated footer to state 'eMEVS User Manual' as current name of web app.		D.Copeland
4/28/04	Updated Sect. 3.10 Valid & Invalid eMEVS Responses tables.		D.Copeland
4/28/04	Updated Sect 3.10 – inserted new scrns for Valid & Invalid eMEVS Responses.		D. Copeland
5/04/04	Changed Web Application name from e-MEVS throughout document to eMEVS.		D. Copeland
5/04/04	Removed provider Ids on valid/invalid response screen captures.		D. Copeland
11/29/04	Removed reference to Card Issue Date in Sections 3.1, 3.2, & 3.3. Replaced all screens in Section 3.0 to reflect the removal of the Card Issue Date. Added reference in Section 2.0 to reflect that REVS has the same search criteria as MEVS.		B. Vazquez
5/5/06	Reformatted document in accordance with standards established by QA. Section 3.10 incorporated into Section 3.1. Modified date format instructions as needed; deleted references to Provider Type in tables; updated screen shots as needed; added Appendix D and Appendix E; updated table in 3.1.6.		H. Eyster Kearney, S. Triggs, R. Sheehan

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5/18/06	Added block arrows as needed to screenshots pp. 3-4; bolded button names p. 6; changed all instances of "MEVS" to "eMEVS"; replaced screenshot p. 10; added grid lines to table p. 11; changed "3.1.2" to "3.1.3" p. 14; corrected formatting error on table p. 26; replaced screenshots Appendix C; corrected page references p. 32. All per LaLauni Williams.		R. Sheehan
5/24/06	Corrected Revision History and a typo on p.34, per LaLauni Williams.		R. Sheehan
6/13/08	Overhauled main document for NPI; Appendix C updated for NPI; screenshots in Appendix E updated for NPI.	2278	R. Sheehan
6/27/08	Updates per DHH Reviewers: Corrected typos in 2.0; added notes in each Inquiry Fields table for atypical providers (3.0); provided cross reference to 3.1.2; added text and arrow for atypical providers and re-aligned text and arrows in 4.0; added text and arrow for atypical providers in 9.2. Unisys corrections: edited the 2nd paragraph of 1.0 for clarity. Corrected typo in 4.0; corrected page references and a punctuation error in 7.0		R. Sheehan
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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
11/12/2015	Added section 4.2 "Behavioral Health Transition into Bayou Health 2.0 Changes" as per LIFT 10032.	10032	J. Lavigne
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07/16/2020	Updated screenshots for LAMedicaid Unsecure Redesign	11689	J. Lavigne
11/11/2020	Updated document as per Gainwell Rebrand.	12081	J. Lavigne
06/06/2023	Updated document to change support email address.	N/A	J. Lavigne

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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

This section provides information on how to access the Electronic Medicaid Eligibility Verification System (eMEVS) application via Provider Login. It includes instructions on how to establish an online account with Louisiana Medicaid and complete the Login ID and password process.

The Louisiana Department of Health (LDH) determines who is an authorized user defining all user access capabilities. Directions for establishing a valid online provider account are available on the Louisiana Medicaid website at www.lamedicaid.com under the **Website Enrollment** link located under **Provider Tools** on the left side of the main menu.
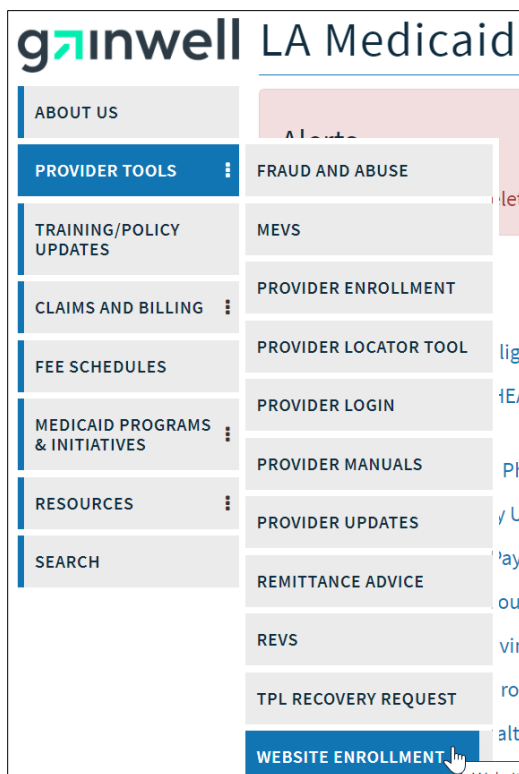
Providers who are experiencing difficulty in establishing an account or with the application may contact the Gainwell Technologies **Technical Support Desk at 1-877-598-8753**, Monday – Friday 8:00 a.m. – 5:00 p.m. CT or request support by e-mailing lamedicaid@gainwelltechnologies.com.

In order to access the Electronic Medicaid Eligibility Verification System (eMEVS) application, or any other secure application, users must navigate through the Provider Login section of the Louisiana Medicaid web site.

Open a web browser and enter the URL for Louisiana Medicaid at www.lamedicaid.com. Click the **Provider Login** link under **Provider Tools** on the left side of the main menu to continue.
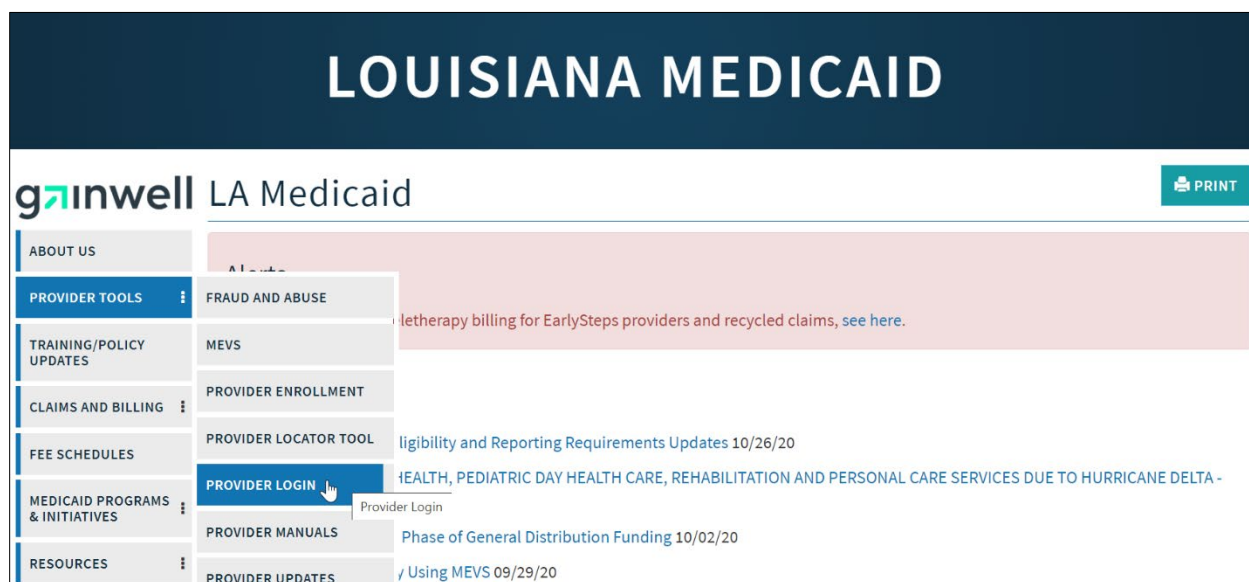
At the Provider Login screen, users may read through the Notice to Users. In order to continue, users must enter their 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID in the field provided and enter the characters from the CAPTCHA image before clicking the **Next** button.

LOUISIANA MEDICAID

You are here : Louisiana Medicaid > Provider Login

gainwell Provider Login

🖨 PRINT

Help

Please enter your 10-digit National Provider Identifier (NPI) or 7-Digit Medicaid Provider ID

Note: Non-FFS Behavioral Health Providers should use their NPI to login.

For security purposes, please enter the characters from the CAPTCHA image

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This is Louisiana's Medicaid information and is the property of Gainwell Technologies and Louisiana Department of Health. It is for authorized use only. **Users (authorized or unauthorized) have no explicit or implicit expectation of privacy.**

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NEXT

At the User Login screen, users must input their Login ID and Password before clicking the **Next** button to continue.

Note: Login ID and Password are case sensitive.

Users will be directed to the Provider Applications page where they can access their authorized applications.

Click the **Medicaid Eligibility Verification System** Hyperlink to continue to the application.
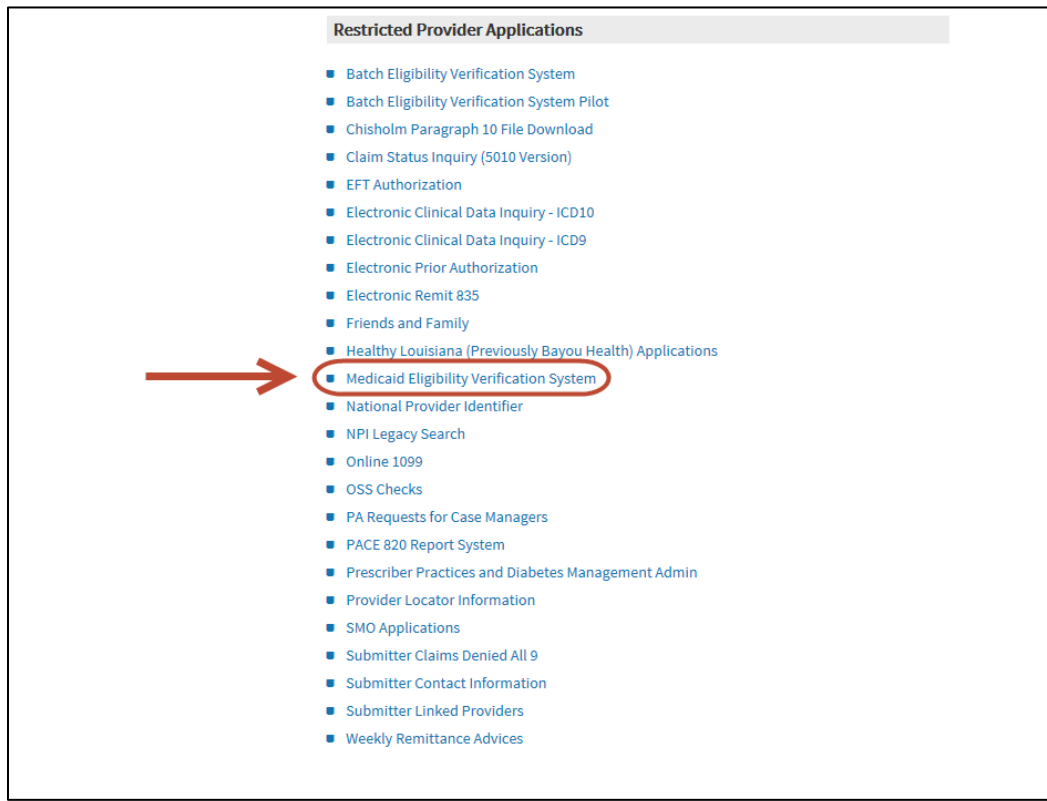
Note: The list of applications shown here is comprehensive; therefore you may not see as many options on the Provider Applications page.

3.0 USING THE APPLICATION

New Functionality

Please note that with the new redesign, backwards navigation throughout any application can be done by clicking on the breadcrumb trail located on the blue ribbon at the top of any screen.

Users also have access to a **Print** screen button located on the top right hand corner of every screen.

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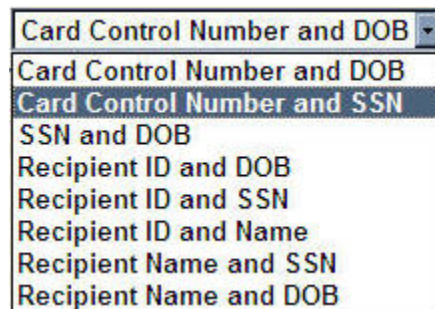
You must also enter a service date to obtain the eligibility information for the specified recipient.

Search

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

Help

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

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

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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.
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. Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.2 Search by CCN and Social Security Number (SSN)

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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. Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.3 Search by SSN and DOB

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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.
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. Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.4 Inquiry by Recipient ID and DOB

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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.
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. Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.5 Inquiry by Recipient ID and SSN

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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 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. Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.6 Inquiry by Recipient ID and Name

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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.
Recipient 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. Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.7 Inquiry by Recipient Name and SSN

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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 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. Make the appropriate corrections and re-submit the search. A sample response is provided in 4.0.

3.8 Inquiry by Recipient Name and DOB

Enter the values for each of the search fields, except for those (i.e., Provider Name and Provider ID) 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.
Provider ID	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 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.
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. 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 Gainwell Technologies.

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** 08/01/2003
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	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN **Benefit Begin** 12/01/2015
			Payer [redacted] **Telephone** [redacted]
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER **Benefit Begin** 07/01/2014
			Payer [redacted] **Telephone** [redacted] **URL** [redacted]
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

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 the page above).

Regulations outlined in 5010 <u>do not</u> 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:

For dates of service on/after 12/1/2015, if there is no Managed Care Coordinator listed for the Plan Coverage Description (Medical Care or Specialized Behavioral Health Care or Dental Care), claims should be sent to Gainwell Technologies.

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 Heatlh, 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
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 Heatlh, 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
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 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 – 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)		
Field Name	*Louisiana Medicaid Proprietary Swipe Card Responses*	*HIPAA Required Standardized Swipe Card Responses*
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
Service Date	Service date missing/invalid	Invalid/missing Date of Service – Please Correct and Resubmit

eMEVS INQUIRY RESPONSE CROSSWALK (Proprietary Swipe Card to HIPAA Standardized Messages)		
Field Name	*Louisiana Medicaid Proprietary Swipe Card Responses*	*HIPAA Required Standardized Swipe Card Responses*
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 Gainwell Technologies provider services" in clarification message (if Lock In	Unable to Respond at Current Time – Resubmission Not Allowed
PCP Provider (CC)	"Unable to Respond - contact Gainwell Technologies provider services" in clarification message (if PCP	Unable to Respond at Current Time – Resubmission Not Allowed
Insurance Nbr, Company Name, Company Address, or Policy Holder Name	"Unable to Respond - contact Gainwell Technologies provider services" in clarification message (if Insurance Number not on file)	Required application data missing – Resubmission Not Allowed