RECIPIENT ELIGIBILITY

The **Bureau of Health Services Financing (BHSF)** is responsible for determining Medicaid eligibility.

Individuals may apply for Medicaid by mail, online, in person, or through a responsible authorized representative at the Medicaid office in the parish where he/she resides or at any of the participating Medicaid application centers.

Individuals who are certified for Medicaid are classified into various eligibility categories or groups based on specified criteria. These criteria may affect provider reimbursement.

The regulations contained in Title 42 of the Code of Federal Regulations define the groups of people and the services a state must cover to qualify for federal matching payments. States define their programs to meet these federal requirements, and coverage of groups and benefits specified under federal law.

Categorically Needy

Recipients classified as Categorically Needy must meet all requirements, including the income, and resource requirements. Payment for all covered services or equipment furnished to these recipients and billed to the Bureau shall be considered payment in full. However, these recipients are responsible for a co-payment for drugs.

Recipients determined to be categorically needy include:

- Families who meet Low-Income Families with Children (LIFC) eligibility requirements.
- Pregnant women with family income at or below 85% of the Federal poverty level.
- Children under age 19 with family income up to 200% of the Federal poverty level.
- Caretakers (relatives or legal guardians who take care of children under the age of 18 (or 19 if still in high school).
- Supplemental Security Income (SSI) recipients.
- Individuals and couples who are living in medical institutions and who have a monthly income up to 300% of the SSI income standard (Federal benefit rate).

Medically Needy

Medically Needy is an optional program. However, states which elect to include this program are required to include certain children under age 18 and pregnant women who would be eligible as Categorically Needy if not for their income and resources.

Recipients may qualify as, regular **Medically Needy** or **Spend-down Medically Needy**. Regular Medically Needy recipients are those individuals or families who meet all Low-Income Families with Children (LIFC) related categorical requirements and whose income is within the Medically Needy Income Eligibility Standard (MNIES).

Spend-down Medically Needy recipients are those individuals or families who meet all LIFC or SSI related categorical requirements **and** whose resources fall within the Medically Needy resource limits, but whose income has been spent down to the MNIES.

Medically Needy recipients are identified on the Medicaid Eligibility Verification System (MEVS) and Recipient Eligibility Verification System (REVS). MEVS and REVS denote the appropriate eligibility information based on the provider type of the inquiring provider.

Service restrictions apply to Medically Needy benefits and eligibility for service coverage should be verified.

The following services are not covered in the Medically Needy Program:

- Adult Dental Services or Dentures;
- Mental Health Clinic Services;
- Home and Community Based Waiver Services;
- Home Health (Nurse Aide and Physical Therapy);
- Case Management Services;
- Mental Health Rehabilitation Services;

Information detailing the other recipient categories and eligibility groups may be obtained by accessing the Medicaid Eligibility Manual on the DHH website.

Providers should refer recipients with questions regarding eligibility to the Louisiana Medicaid and LaCHIP Assistance Line. (Refer to Appendix B for contact information)

Retroactive Eligible

Recipients may be eligible for benefits for the three months prior to the date of their Medicaid application provided they meet the eligibility criteria.

When a recipient has paid a provider for a service for which he/she would be entitled to have payment made under Medicaid, the provider may opt to refund the payment to the recipient and bill Medicaid for the service. The recipient must furnish a valid Medicaid identification card for the dates of services provided during the timely filing period. If a provider chooses not to refund the payment to the recipient, the recipient should be directed to the MMIS Retroactive Reimbursement Unit to request a refund. (Refer to Appendix B for contact information)

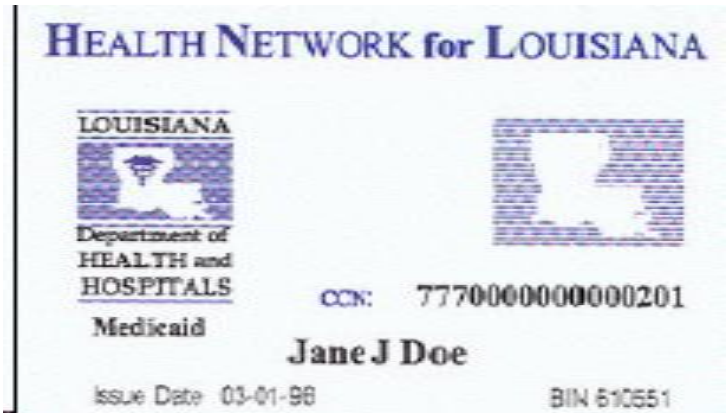
Medicaid Verification

Medicaid Identification Cards

A plastic Health Network for Louisiana eligibility card, with a unique identifying number, is issued to each eligible recipient by the Department of Health and Hospitals.

Permanent identification cards contain a card control number (CCN) which can be used by the provider to verify Medicaid eligibility. Eligibility information for that recipient, including third party liability and any restrictions, may be obtained by accessing information through the Medicaid Eligibility Verification System (MEVS) or telephoning the Recipient Verification System (REVS).

This is an example of the plastic Health Network for Louisiana card issued by the fiscal intermediary:



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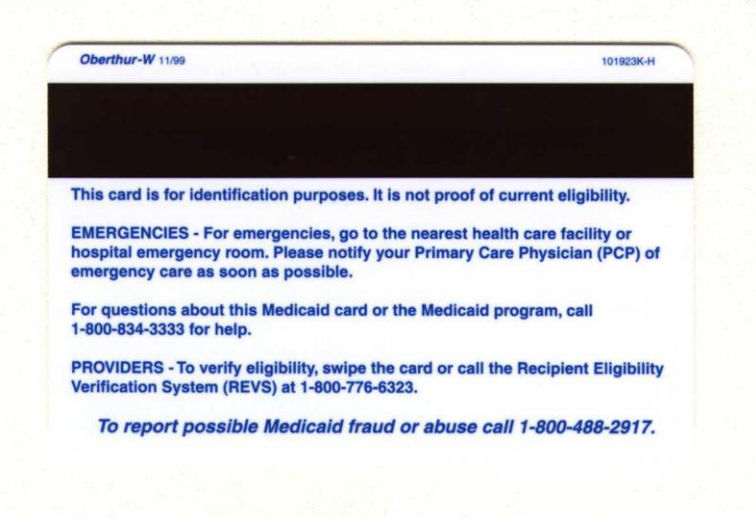
The front of the permanent card displays:

- Identification card name;
- DHH logo;
- Hologram;
- Card control number (CCN);
- Card owner (recipient) name;
- ID card issue date; and
- Bank identification number (BIN).



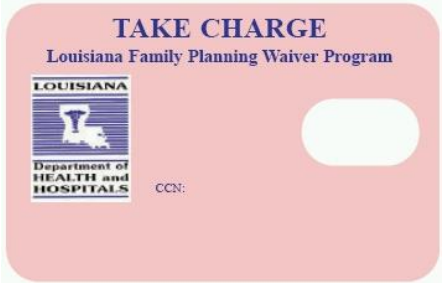
The back of the permanent card indicates:

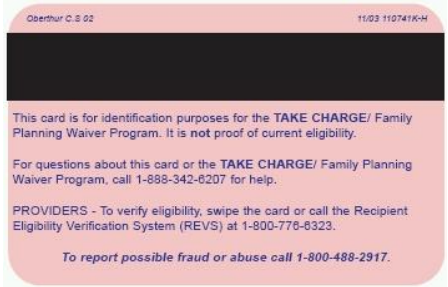
- The card is for identification purposes only and does not verify eligibility;
- Emergency access information;
- Toll-free telephone number for recipient questions concerning the plastic card or the Medicaid Program;
- Toll-free Recipient Eligibility Verification System (REVS) telephone number for provider access to eligibility information ; and
- Medicaid Fraud and Abuse Hotline toll free number.

The information encoded in the magnetic strip includes:

- Recipient name;
- Card control number; and
- Card issue date.

TAKE CHARGE program recipients receive a pink eligibility card similar in appearance to a regular Medicaid card. TAKE CHARGE **covers only family planning services and some services have limits.** The following is a sample of the pink Take Charge eligibility card:





Note: Recipients enrolled in the TAKE CHARGE program may be entitled to dual eligibility in the Greater New Orleans Community Health Connection (GNOCHC) Program if they meet all eligibility factors.

Some types of Medicaid eligibility, such as Presumptive Eligible (PE) pregnant women and Illegal/Ineligible Aliens (eligible for emergency services only) do not receive plastic Medicaid cards. Their verification of eligibility is contained on the Notice of Eligibility Decision issued by the local Medicaid office. Providers should call the Medicaid/Card Questions hotline (refer to the contact information) to verify PE eligibility.

Medicaid Eligibility Verification System

MEVS is an electronic system used to verify Medicaid recipient eligibility and third party liability (TPL). This information can be accessed through personal computer (PC) software, an "eligibility card device" or computer terminal. MEVS is available seven days per week, 24 hours per day except for occasional short maintenance periods.

Providers can access MEVS by contracting with telecommunications vendors ("Switch Vendors") who will provide a magnetic card reader, PC software, or a computer terminal necessary for system access.

MEVS Access Data

Any two of the following pieces of information may be used to access the system and receive eligibility information from MEVS:

- Recipient card control number and issue date;
- Recipient name;
- Recipient ID number;
- Recipient date of birth; and
- Recipient social security number.

Recipient Eligibility Verification System

REVS is a telephonic system used to verify Medicaid recipient eligibility. It is available seven days a week, 24 hours per day (except for short maintenance periods). The system provides basic eligibility, service limits and restrictions, TPL, and program eligibility information. This system is accessible through any touch-tone telephone equipment. (Refer to Appendix B for contact information)

REVS Access Data

Providers may access recipient eligibility by using the following pieces of information:

- Card Control Number (CCN) and recipient birth date;
- CCN and social security number;
- Medicaid ID Number (valid during the last 12 months) and date of birth;
- Medicaid ID Number (valid during the last 12 months) and social security number; or
- Social security number and date of birth.

MEVS and REVS Reminders

Failure to comply with these procedures may result in problems with MEVS and REVS:

- A valid eight-digit date of birth (mm/dd/yyyy) must be entered when using REVS or MEVS;

- Eight-digit dates (mm/dd/yyyy) must be used when entering any dates through either system;

- Providers should listen to the menu and press the appropriate keys to obtain Community CARE 2.0 or Lock-In Information through REVS;

- When using a recipient's 13 digit Medicaid number, remember that both systems carry only recipient numbers that are valid for the last 12 months. If you are entering an old number (valid prior to the last 12 months), you will receive a response that indicates the recipient is not on file;

- When using a 13 digit Medicaid number or a 16 digit Card Control Number for your inquiry into either system, you will receive the most current, valid 13 digit Medicaid number as part of the eligibility response; and

- Claims must be filed with the 13 digit Medicaid identification number.

Every effort is made to ensure that all recipients' dates of birth are accurate on the Medicaid file. A REVS or MEVS reply of "recipient not on file" may be the result of an incorrect recipient date of birth on Medicaid files. In this situation, the provider should refer the recipient to his/her parish office or have the recipient call the Medicaid/Card Question line.

NOTE: **Eligibility is date specific.** It is important to confirm eligibility prior to providing the service. Providers who do not confirm eligibility risk the denial of reimbursement for services provided.