IMPORTANT NOTICE TO ALL LOUISIANA MEDICAID PROVIDERS

INFORMATION OF CLARIFICATION CONCERNING THE TRANSITION TO THE 5010 VERSION OF THE MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS)

On January 3, 2012, the federally mandated version of the 5010 transaction to verify recipient eligibility occurred with our electronic recipient eligibility verification system, the Medicaid Eligibility Verification System (MEVS).

Since that time, there has been significant confusion concerning the new, required messages that are being returned for eligibility responses. We want to clarify some of this confusion with the following information.

- It is necessary for providers to read the ENTIRE response in order to determine the recipient's eligibility and coverage. Just reading the initial information presented may be misleading in many cases.
- **Benefit** may be either Active or Inactive. One of these designations is a required element in the 5010 response (see Example #1 below).
- If Benefits are limited, a segment indicating **Limitations** will be present in the response (see Example #2 below).
- If the recipient is enrolled in BAYOU HEALTH, Medicaid's new Managed Care Plan, information concerning the health plan in which the recipient is enrolled will appear. (See Example #3 below).
- If certain aspects of the Benefit are not covered (ex: services not covered by a particular provider type), **Not Covered** will be presented in the response (see Example #4 below).
- You should direct the recipient to call the Medicaid Eligibility Hotline indicated on the response **if and only if** the name and/or address given to you by the recipient are different from that received as a part of the eligibility response (see Example #5 below).

  This reminder appears only when making eligibility inquiries through e-MEVS, the Louisiana Medicaid web application. The statement does not appear on responses from MEVS vendors.

Some examples of eligibility responses from the e-MEVS web application are given below that should assist with understanding and eliminating some of the confusion related to these new responses. Responses from a MEVS vendor may vary in response output verbiage and appearance. Please consult your vendor if you have questions about a MEVS response.

EXAMPLE - #1:

Response for Medicare/Medicaid Pure QMB Recipients (Example of Inactive Coverage)

There are three (3) categories of Medicare/Medicaid recipients: Pure QMB, QMB Plus (Dually eligible), and non-QMB. Recipients that are Pure QMB do not actually have Medicaid coverage. Medicaid processes these claims and considers a calculated payment of the recipient's co-insurance and deductible for **Medicare covered services.** Medicaid ONLY considers payment on services that are paid by Medicare.

In these cases, the 5010 eligibility response will indicate that the recipient is Active for Medicare and **Inactive** for Medicaid (because the recipient does not have Medicaid coverage).

Reading the remainder of the response below indicates that that the recipient is Eligible for Payment of Deductible/Co-Insurance of Services Covered by Medicare (highlighted below). You will also see that the recipient has Medicare Coverage indicated under the Other or Additional Payor information displayed.

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** 07/01/2010 ELIG PAY OF DED/CO-INS COVD BY MCARE	
Other or Additional Payor	Health Benefit Plan Coverage	**Medicare Part A**	**Benefit Begin**	11/01/2009
Other or Additional Payor	Health Benefit Plan Coverage	**Medicare Part B**	**Benefit Begin**	11/01/2009
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH	

Response for Take Charge & GNOCHC Recipient (Example of Inactive Coverage)

Some female recipients are eligible for coverage through the TAKE CHARGE (Family Planning Waiver) Program which has a very reduced, limited coverage package. TAKE CHARGE is not a Medicaid Program (it is a waiver administered through Medicaid); thus, the response will indicate Inactive Coverage for Medicaid.

The Greater New Orleans Community Health Connection (GNOCHC) is a program that includes certain recipient and providers located in the Greater New Orleans Metro area. GNOCHC is not a Medicaid Program. It is a grant-funded program administered by Medicaid; thus, the response will indicate Inactive Coverage for Medicaid.

Plan Begin Date			01/01/2011	

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	Family Planning	Medicaid	TAKE CHARGE REFER TO www.lamedicaid.com - BILLING INFORMATION FOR BILLABLE CODES	
Active Coverage	Health Benefit Plan Coverage	Medicaid	ELIGIBLE FOR GNOCHC SERVICES SERVICES BY GNOCHC PROVIDER	
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH	
Limitations	Professional (Physician) Visit - Office	Medicaid	**Units**	3 Visits Remaining
Active Coverage		Medicaid	Medical Care, Pharmacy, Professional (Physician) Visit - Office	
Active Coverage		Medicaid	ELIGIBLE FOR GNOCHC SERVICES : Medical Care, Professiona (Physician) Visit - Office, Mental Health	

Response for MEDICARE Covered Individuals and Medicaid Pays Medicare Premiums (Example of Inactive Coverage)

Some individuals are classified as Special Low Income Medicare Beneficiaries (SLMB). These recipients have **Medicare** coverage <u>but are not covered for Medicaid services</u>. They are ONLY eligible for Medicaid payment of their Medicare Premiums. This is another example of instances where **Inactive** appears for Medicaid coverage. <u>Medicaid does NOT pay for services and does NOT pay anything on Medicare claims</u>.

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.	
Benefit Description	Health Benefit Plan Coverage	Special Low Income **Medicare** Beneficiary	**Benefit Begin**	06/01/2008
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH	

EXAMPLE - #2:

Response for TAKE CHARGE Recipients (Example of Coverage Limitations)

With programs such as TAKE CHARGE and GNOCHC where coverage limitations apply, **Limitations** appears on the response and it is necessary to read and understand the limitations of the individual's coverage.

Plan Begin Date   02/01/2010

Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Inactive Coverage	Health Benefit Plan Coverage	Medicaid	Not Eligible for Medicaid on Plan Date.
Limitations	Family Planning	Medicaid	TAKE CHARGE REFER TO www.lamedicaid.com - BILLING INFORMATION FOR BILLABLE CODES
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Active Coverage		Medicaid	Medical Care, Pharmacy, Professional (Physician) Visit - Office

Response for TAKE CHARGE AND Greater New Orleans Community Health Connection (GNOCHC) Recipients (Example of Coverage Limitations)

Please note in this example the recipient is covered under two (2) programs with coverage **Limitations** – TAKE CHARGE and GNOCHC. Since GNOCHC is a program that includes only certain recipients and providers located in the Greater New Orleans Metro area, it has both geographic limitations and coverage limitations - a limited set of benefits as is the case with the TAKE CHARGE Program mentioned above. Thus, with this scenario, providers must read all information, including the information concerning Limitations for both programs in order to determine the coverage for the recipient.

Since the GNOCHC Program is limited to providers located in the Greater New Orleans area, the second limitation indicates that services other than Family Planning services but within the scope of the GNOCHC services may be provided by a GNOCHC provider for this GNOCHC recipient.

Plan Begin Date			01/01/2011

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	Family Planning	Medicaid	TAKE CHARGE REFER TO www.lamedicaid.com - BILLING INFORMATION FOR BILLABLE CODES
Active Coverage	Health Benefit Plan Coverage	Medicaid	ELIGIBLE FOR GNOCHC SERVICES SERVICES BY GNOCHC PROVIDER
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Limitations	Professional (Physician) Visit – Office	Medicaid	Units 3 Visits Remaining
Active Coverage		Medicaid	Medical Care, Pharmacy, Professional (Physician) Visit – Office
Active Coverage		Medicaid	ELIGIBLE FOR GNOCHC SERVICES : Medical Care, Professional (Physician) Visit - Office, Mental Health

EXAMPLE - #3:

Response for BAYOU HEALTH Recipient (Example of Health Plan information)

Recipients enrolled in BAYOU HEALTH must choose to enroll in one of five available health plans. These responses will indicate the name of the specific health plan and the telephone number to contact that health plan. It is necessary for providers to contact the applicable health plan directly since each plan may have differing policies and procedures.

If there is a name or address discrepancy, the recipient must call the LA Medicaid Eligibility Hotline 1-877-252-2447.

Plan Begin Date 07/01/2009

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.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 02/01/2012 Managed Care Organization UNITED HEALTHCARE COMMUNITY P Telephone (866) 675-1607
Active Coverage		Medicaid	Medical Care, Chiropractic, Dental Care, Hospital, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care

EXAMPLE - #4:

Response for Non-Covered Recipient (Example of Non-Covered Benefits)

In the GNOCHC example above, it is indicated that this program includes ONLY recipients and providers in the Greater New Orleans Metro area. In the example below, a GNOCHC provider has verified eligibility for a non-GNOCHC recipient (the recipient does not live in the geographic area and is not eligible for GNOCHC services). The GNOCHC provider receives an eligibility response indicating that their GNOCHC services are **Not Covered** for this recipient.

Plan Begin Date   02/01/2010

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	Family Planning	Medicaid	TAKE CHARGE REFER TO www.lamedicaid.com - BILLING INFORMATION FOR BILLABLE CODES	
Non-Covered	Health Benefit Plan Coverage	Medicaid	NOT ELIGIBLE FOR GNOCHC SERVICES	
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH	
Limitations	Professional (Physician) Visit - Office	Medicaid	**Units** **Benefit Begin**	4 Visits Remaining 01/01/2011
Active Coverage		Medicaid	Medical Care, Pharmacy, Professional (Physician) Visit - Office	

EXAMPLE - #5:

Response Presenting Message Concerning Name/Address Discrepancies

The red message at the beginning of the **e-MEVS** response is a reminder that the recipient may need to take action to update information on his/her Medicaid record. As stated above, you should direct the recipient to call the Medicaid Eligibility Hotline indicated on the response **if and only if** the name and/or address <u>given to you by the recipient</u> are different from that received as a part of the eligibility response (see Example #5 below.) **This does not appear on MEVS vendor responses.**

NOTE: THIS IS ALSO AN EXAMPLE OF THE RESPONSE RECEIVED FOR A RECIPIENT WITH 'REGULAR' MEDICAID COVERAGE. MEDICAID IS <u>**ACTIVE**</u> AND THERE ARE NO ADDITIONAL BENEFIT INDICATORS OR NON-COVERED INDICATORS.

If there is a name or address discrepancy, the recipient must call the LA Medicaid Eligibility Hotline 1-877-252-2447.

Plan Begin Date			01/01/2011
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.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Limitations	Professional (Physician) Visit - Office	Medicaid	**Units** 11 Visits Remaining
Active Coverage		Medicaid	Medical Care, Chiropractic, Dental Care, Hospital, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care

EXAMPLE - #6:

Response for Ineligible Recipient (Recipient is Not Eligible for Medicaid)

The response below is an example of a situation where the recipient is not eligible for Medicaid. This response is direct and additional information is not presented.

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.