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MEDICAID
MEMO

TO:	All Providers and Managed Care Organizations participating in the Virginia Medical Assistance Program or FAMIS Program

FROM:	Patrick W. Finnerty, Director Department of Medical Assistance Services	MEMO	Special
		DATE	3/22/2004

SUBJECT:	Update of Medicaid, FAMIS, and FAMIS Plus ID Cards and Eligibility Verification Systems Information

The purpose of this memorandum is to provide you with updated information about the eligibility verification systems, and the Medicaid, FAMIS, and FAMIS Plus identification cards. In June 2003, the Department of Medical Assistance Services (DMAS) implemented changes to Medicaid, FAMIS, and FAMIS Plus identification cards and the eligibility verification systems.

Plastic ID Cards

DMAS has provided most Medicaid, FAMIS, and FAMIS Plus individuals with a permanent (plastic) identification card. Individuals who do not receive an identification card include those individuals for whom Medicaid only pays their Medicare premium but who do not receive medical services under the Medicaid program.

The information on the ID card (e.g., name and identification number) can be used to access DMAS' web-based Automated Response System (ARS), and telephonic MediCall System to verify the individual's Medicaid, FAMIS, or FAMIS Plus eligibility. There is also a magnetic strip on the back of the ID card that works with "swipe card" technology supplied by multiple verification vendors to verify the individual's Medicaid, FAMIS, or FAMIS Plus eligibility.

If the Medicaid, FAMIS, or FAMIS Plus individual is enrolled with a Managed Care Organization (MCO), the individual will also have an identification card from the MCO. To ensure proper billing, the provider should ask to view the individual's MCO and/or Medicaid identification card.

PLEASE NOTE: Presence or absence of a Medicaid, FAMIS, FAMIS Plus, or MCO identification card(s) does not guarantee current eligibility. Before rendering services, providers **must** always verify a recipient's eligibility. If the individual identifies him or herself as a Medicaid, FAMIS, FAMIS Plus or MCO recipient:

- providers should request to view the individual's Medicaid identification card, or the MCO card if enrolled with a health plan;

- if the Medicaid, FAMIS, or FAMIS Plus individual does not have either their Medicaid or MCO identification card, the provider **must** verify eligibility using the MediCall system, Internet Automated Response System (ARS), or one of the verification vendors (each of these methods is described in further detail in a later section of the memo).

Effective June 2003, Medicaid and FAMIS individuals were assigned "permanent" ID numbers. Although the ID number will remain the same, the individual may move among fee-for-service, an MCO, or MEDALLION coverage over time, and the scope of services for which they are eligible may change. Therefore, it is important to verify eligibility at each visit.

MediCall and ARS can be accessed and eligibility verified using many identifying combinations: individual's first name, last name, date of birth, and Social Security Number (SSN) (please see specific identifying combinations for certain eligibility verification technology below). Also, if the provider has the individual's ID number on file from a previous visit, the provider may use that number to attempt to verify current eligibility.

MediCall

MediCall is DMAS' automated, 24-hour voice-response system available to providers at no cost to verify eligibility and third party liability coverage, check claims status, and verify authorization information and service limits. Information may be accessed by providing the Medicaid ID number. If the Medicaid number is unavailable, information may also be accessed by providing the individual's SSN and date of birth. Providers can access MediCall by calling 800-884-9730 or 800-772-9996. Providers can verify eligibility for up to three clients with each call before returning to the main menu at which time they can re-access the eligibility selections.

DMAS has increased the number of incoming phone lines by 158%, from 24 to 62. With the additional lines, MediCall's responsiveness continues to improve. Currently, approximately 97% of incoming calls from providers to the MediCall system are being answered by the system. The best time to call for immediate response is before 10:00 a.m. or after noon each day.

Internet-Automated Response System (ARS)

DMAS' Internet HIPAA compliant web-based verification system ARS, can be used for eligibility verification. ARS is available free-of-charge. To access this system, providers must enroll through First Health Services Corporation's (FHSC) website at http://virginia.fhsc.com. When a provider signs on for the first time, FHSC will call the provider with a password within 72 hours.

ARS provides the greatest amount of information to providers to assist them in delivering health care services to Medicaid and FAMIS individuals. ARS allows providers to access information using (i) the individual's ID number; (ii) individual's name and SSN; (iii) the individual's name

and date of birth; or (iv) the individual's date of birth and SSN. ARS also allows providers to verify eligibility for any number of individuals once they have accessed the system. In addition to verifying eligibility, a provider may also check the claim status of patient claims, verify the status of a check, verify third party liability coverage, inquire about the status of prior-authorization requests and inquire about service limitations. Pharmacies can verify a prescriber ID number by the provider license number. To assist providers, ARS has a web-based users guide to help navigate through the system. The User's Guide is located on DMAS' website under "What's New."

There have been continuous enhancements to ARS, including expanding access capacity. DMAS has increased the number of Internet agents available from 19 to 99. As a result, the response rate has increased from 50-60% when the system was first implemented to a current response rate of 100% for all provider inquiries. Additional enhancements will continue to be implemented. These include an improved password assignment process, as well as the implementation of a group identification number that will allow all doctors within one provider group to access information with only one password. Given the initiatives made with ARS, the increased access capability, no cost, planned enhancements, and favorable accessibility statistics, ARS continues to prove to be the best equipped to serve the needs of the provider community.

Verification Vendors

DMAS allows a number of vendors to access the eligibility database and provide verification services to providers who want to use their products. There are costs to providers associated with use of this technology. For more information about this technology and to determine which products best meet your needs, providers can contact the following vendors:

Medifax   800-444-4336, ext. 2348 or 2717
- *Web-based verification*
- *Swipe-card terminal verification*

WebMD/Envoy   800-845-6592
- *Web-based verification*
- *Swipe-card terminal verification*

ProxyMed Inc./MedUnite   800-586-6870
- *Web-based verification*

PayerPath   877-623-5706
- *Web-based verification*

HDX   610-219-9503 or 610-219-1859
- *Web-based verification*

MEDALLION and Client Medical Management (CMM) Programs

DMAS' ARS, MediCall, and verification vendors provide the names and telephone numbers of the primary care provider (PCP) assigned to individuals enrolled in the MEDALLION and Client Medical Management (CMM) Programs. The PCP information is not reflected on the Medicaid identification card.

Medallion II and FAMIS Managed Care Organizations

If a Medicaid or FAMIS/FAMIS Plus individual is enrolled in a DMAS-contracted MCO, the MCO enrollment information is provided by the MCO as well as ARS, MediCall, and verification vendors' products. The MCO individual's primary care physician cannot be verified through these eligibility verification systems. The information can either be found on the member's MCO identification card or by calling the MCO. In addition, providers may call the MCO directly to verify eligibility information. The numbers are as follows:

Anthem HealthKeepers Plus	800-901-0020
CareNet	800-279-1878
Sentara Family Care	800-881-2166
UniCare Health Plan	888-229-3872
Virginia Premier	800-727-7536

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its provider manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov (***please note the new DMAS website address***). Refer to the Provider Column to find Medicaid and SLH provider manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet, or would like a paper copy of a manual, you can order these by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The "HELPLINE" numbers are:

786-6273	Richmond area
1-800-552-8627	All other areas

Please remember that the "HELPLINE" is for provider use only.