

TO: All Providers

SUBJECT: New Procedure for the Beneficiary Eligibility Calls

EFFECTIVE: August 7, 1996

BACKGROUND: The Recipient Eligibility Verification System (REVS) enables providers to verify beneficiary eligibility using the beneficiary's Medicaid ID Number or the beneficiary's Social Security Number (SSN) and Date of Birth (DOB).

In an effort to improve access for claim related inquires, the Provider Services Department's toll-free number (1-800-776-6334) will no longer be available to request eligibility information/verification. Effective August 7, 1996, all calls concerning eligibility must be directed to REVS. Eligibility history will be available for one (1) year prior to the current date. Additional information, such as third party carriers, HMO coverage, and lock-in information is available through REVS. Please remain on the line after receiving the eligibility status to obtain this additional information. A sample of messages is included in this newsletter.

REVS can be accessed directly by dialing 1-800-676-6562. For your convenience, REVS is available 24 hours a day, seven days a week. Provider representatives are available from 8 am to 5 pm, Monday through Friday to assist with more complicated problems.

ACTION:

1. After making the menu selection of "1", you will be asked to enter a 7 digit Medicaid Provider Number.

Then, you will be instructed to re-enter a "1" to search for beneficiary eligibility using the Social Security Number and Date of Birth. Use a "2" to search for beneficiary eligibility using the Recipient ID Number.

2. Once you have entered a "1" to select the SSN/DOB search, you will be prompted to enter the 9 digit Social Security Number. If you enter less than 9 digits or use alpha characters, you will be given the following error message:

"The Social Security Number entered is invalid. It must be a 9 digit number. Please re-enter the Social Security Number."

3. Once you have successfully entered the Social Security Number, you will be instructed to enter an 8 digit beneficiary Date of Birth in the following format: YEAR/MONTH/DAY. For example, January 23, 1967 would be entered as "19670123". If you enter less than 8 digits for the Date of Birth, you will be given the following error message:

"The Date of Birth is invalid. It must be an 8 digit number. Please re-enter the Date of Birth."

4. Once you have successfully entered the Date of Birth, REVS will tell you the Beneficiary Name of the first match that is encountered on the SSN/DOB combination. At this point, you should enter a "1" to indicate "Yes" if the Beneficiary Name is a correct match. Enter a "2" to indicate "No" if the Beneficiary Name is not a correct match. If you enter a Social Security Number and a Date of Birth that is not on file, you will be given the following message:

"The Social Security Number entered 999999999 with Date of Birth 19670123 is not on file."

5. If you enter a "1" to indicate the correct match, you will be instructed to enter the Date of Service for which you are attempting to verify eligibility in the format of Month/Day/Year.

6. After the Date of Service has been entered, REVS will inform you of which Medicaid or PAAD ID you should use for the claim with that Date of Service. If you would like the message repeated, enter a "1". If you do not want the message repeated, enter a "2" and the call process will continue from this point.

7. If you enter a "2" to indicate an incorrect match, REVS will then tell you the Beneficiary Name for the next match that is encountered on the SSN/DOB combination that was entered. If the Beneficiary Name is correct, you should enter a "1" and then refer back to the instructions that begin in the previous paragraph.

8. To obtain additional information, such as third party coverage or HMO coverage, or lock-in information, remain on the line after receiving the eligibility status. You will be informed at this point if additional information on third party carriers, HMO coverage, or lock-in information is available. For example, if HMO information is available, you will receive the following message:

“Additional information available is HMO. Enter “*2” for HMO information. The HMO is ABC Managed Care Co. Please call ABC Managed Care Co. at 1-800-999-9999.”

If you have any questions regarding this Newsletter, please contact the Provider Services Unit at Unisys, at 1-800-776-6334.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED “5”)**