



July 29, 2014
Announcement 779

EVS Eligibility Responses for Health Care Guidance Program

The Electronic Verification System (EVS) was updated on July 28, 2014, to return CMO Eligibility information for recipients that are part of the Health Care Guidance Program. The examples below show how this information will be provided based on the method that is used to check eligibility. For more information regarding the Health Care Guidance Program refer to [Web Announcement 742](#).

IVR System:

The IVR system will now advise callers that the recipient is part of CMO care management.

EDI 270/271 Batch and Real Time:

The X12 271 Health Care Eligibility Benefit Response will now display CMO CAREMGMT in the Plan Coverage Description field (EB05).

EB*1*IND**MC*CMO CAREMGMT

Provider Web Portal:

Eligibility Verification Request

Eligibility Verification Request ?

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is current used during search.



Recipient ID <input type="text"/>	Last Name <input type="text"/>	First Name <input type="text"/>
SSN <input type="text"/>	Birth Date <input type="text"/>	
*Effective From <input type="text" value="07/01/2014"/>	Effective To <input type="text" value="07/01/2014"/>	

Service Type Code Search

Service Type Code

Eligibility Verification Information for from 07/01/2014 to 07/01/2014			
Recipient ID	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	07/01/2014	07/31/2014	0000000000
CMO CAREMGMT	07/01/2014	07/31/2014	0000000000
Other Insurance Detail Information			

Coverage Details

Coverage Details for		from 07/01/2014 to 07/31/2014			Back to Eligibility Verification Request 	
Verification Response ID Expand All Collapse All 						
Benefit Details 						
Coverage	Description				Date of Decision	
MEDICAID FFS	Medicaid Fee For Service				06/29/2011	
CMO CAREMGMT	Health Care Guidance Program (HCGP)				06/29/2011	
Service Types Below	Covered	Co-Pay	Co-Insurance	Deductible		
Medical Care	Y	0.00	0.00	0.00		
Chiropractic	Y	0.00	0.00	0.00		
Hospital	Y	0.00	0.00	0.00		
Hospital - Inpatient	Y	0.00	0.00	0.00		
Hospital - Outpatient	Y	0.00	0.00	0.00		
Emergency Services	Y	0.00	0.00	0.00		
Pharmacy	Y	0.00	0.00	0.00		
Professional (Physician) Visit - Office	Y	0.00	0.00	0.00		
Vision (Optometry)	Y	0.00	0.00	0.00		
Mental Health	Y	0.00	0.00	0.00		
Urgent Care	Y	0.00	0.00	0.00		
Dental Care	Y	0.00	0.00	0.00		