

Transaction Guide

Indiana Medicaid Eligibility

Key Version IN 1.03 and I/M 1.04

September 7, 2005

Overview

This transaction allows you to verify a patient's eligibility status and benefits for Indiana Medicaid for a span of service dates].

Date of Service Restrictions

- Any date in the past on file
- No future dates
- Beginning and ending span of up to 31 days within the same month and year

Special Considerations

Service type codes are optional. The codes are used to verify if benefit limits have been exceeded. For example, a provider wishing to confirm Durable Medical Purchase would enter a service type code of 12. If the benefit limit has been exceeded, the response will include a Limitations segment. If benefit limits have not been exceeded, the system will return basic Health Benefit Plan Coverage information.

To Enter Letters

1. Press the number key on which the letter appears.
2. Press <Alpha> once, twice, or three times, until the letter appears.
3. Special characters are on the * and # keys. Q and Z are on key 1.

Other Usage Tips

To print a list of transactions on each key, press <Func> then 2.

Request

Step:	POS Display:	Enter:
1	idle	4 (idle prompt MIV) 8 (idle prompts ILV and OHV)
2	payer menu	1
3	1=NBR 2=NS 3=SSN	Choose search: 1 <Enter> for Recipient ID (<i>go to step 5</i>) or Medicare HIC number (<i>go to step 7</i>) 2 <Enter> for Name – date of birth (<i>go to step 9</i>) 3 <Enter> for Social Security number (<i>go to step 12</i>)
4	PROVIDER ID	inquiring provider ID <Enter> (<i>skips if defaulted</i>)

Recipient ID search

5	1=RECIP 2=MCARE	1 <Enter>
6	RECIP ID\CARD #	recipient ID <Enter> or swipe card <i>Go to step 13</i>

Medicare HIC number search

7	1=RECIP 2=MCARE	2 <Enter>
8	MEDICARE HIC #	Medicare HIC number <Enter> <i>Go to step 13</i>

cont.

Step:	POS Display:	Enter:
<i>Name – date of birth search</i>		
9	LAST NAME	last name <Enter>
10	FIRST NAME	first name <Enter>
11	DOB MMDDCCYY	date of birth (mmddccyy) <Enter> <i>Go to step 13.</i>

Social Security number search

12	SOCIAL SECURITY#	Social Security number, no dashes <Enter> <i>Go to step 13.</i>
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All searches

13	SERVICE TYPE	service type code <Enter> or just press <Enter> to skip <i>See Service Types.</i>
14	BEGIN DOS MMDDYY	begin date of service (mmddyy) <Enter> or just <Enter> for today's date
15	END DOS MMDDYY	end date of service (mmddyy) <Enter> or just <Enter> to repeat begin date

Card Swipe (configured for idle swipe)

Step:	POS Display:	Enter:
1	idle	swipe card
2	PROVIDER ID	provider ID <Enter> <i>(skips if defaulted)</i>
3	SERVICE TYPE	service type code <Enter> or just press <Enter> to skip <i>See Service Types.</i>

Card Swipe (not configured for idle swipe)

Step:	POS Display:	Enter:
1	idle	4 (idle prompt MIV) 7 (idle prompt ILV) 8 (idle prompt OHV)
2	payer menu	1
3	PROVIDER ID	inquiring provider ID <Enter> <i>(skips if defaulted)</i>
4	1=NBR 2=NS 3=SSN	swipe card
5	SERVICE TYPE	service type code <Enter> or just press <Enter> to skip <i>See Service Types.</i>
6	BEGIN DOS MMDDYY	begin date of service (mmddyy) <Enter> or just <Enter> for today's date
7	END DOS MMDDYY	end date of service (mmddyy) <Enter> or just <Enter> to repeat begin date

Service Types

AB	Rehabilitation – Inpatient	28	Adjunctive Dental Services
AD	Occupational Therapy	30	Health Benefit Plan Coverage
AE	Physical Medicine	33	Chiropractic
AF	Speech Therapy	34	Chiropractic Office Visits
AI	Substance Abuse	35	Dental Care
AL	Vision (Optometry)	41	Routine (Preventive) Dental
AM	Frames	42	Home Health Care
AO	Lenses	56	Medically Related Transportation
A8	Psychiatric – Outpatient	60	General Benefits
4	Diagnostic X-Ray	71	Audiology Exam
12	Durable Medical Equipment Purchase	81	Routine Physical
18	Durable Medical Equipment Rental	93	Podiatry
23	Diagnostic Dental	94	Podiatry – Office Visits
24	Periodontics	98	Professional (Physician) Visit – Office
25	Restorative		

Response

The following section describes each section of information that your payer can return. Individual responses can vary in content. For a detailed dictionary of response data, see the **POS Standard Eligibility Response Dictionary (Fax-on-Demand #5994)**.

To reprint the last response, press <Func> then 1.

Input Information

The information you entered in your request.

Indiana Medicaid Information

Basic information about the transaction, such as:

The Submit ID used for tracking

Benefit Indicator:

Y = Benefit information exists

N = No benefit information exists

Q = QMB

S = Spenddown

Medicare Indicator:

NA = Unable to determine Medicare coverage (Note: The Medicare Indicator will always be returned as NA. Indiana Medicaid returns Medicare information in a text message in the Eligibility/Benefits-Plan Cvg portion of the response. Evaluation of Medicare coverage can only be determined by reading the complete response.)

Other Payer indicator:

Y = Patient has Other Payer coverage

NA = Unable to determine other payer coverage

Information Source

Information about the payer, such as primary ID and name.

Information Receiver

Information about the requesting provider, such as primary ID and name.

Subscriber

Information about the subscriber. Includes:

The transaction audit (trace) numbers and origins

The subscriber's primary ID

Demographic information, such as name, date of birth, gender; returned when the subscriber is the patient

Subscriber identification numbers other than the primary ID.

Eligibility or benefit dates. Dates can also appear in the Eligibility/Benefit section.

Eligibility or Benefit Details

The eligibility and benefit sections give details about the patient's eligibility status and other types of benefits. There can be several eligibility and benefit sections.

Each section header describes the eligibility status or benefit type to which the section applies. Your response can include the following sections:

- Actv Cvg
- Inactive
- Bene Descrip
- Limitations
- PCP
- MC Coord (*Managed Care Coordinator*)
- Svces Restricted to Following
- Other/Addl Payer
- Health Care Facility
- Spend Down

Note: A row of all dashes designates the beginning of another section of data of the same eligibility/benefit type as the preceding section.

Information for each type of eligibility status or benefit section can include:

Coverage type

Service types¹

Applicable dollar amount or percentage

Insurance type²

Plan coverage information

Benefit period

Benefit quantity

Authorization or certification required

In-network indicator

Product or service ID

Procedure Modifiers

Health care service delivery details

Additional identifiers

Benefit-specific eligibility dates

Limitations

Information used to determine eligibility

Benefit-related entity and entity contact information

¹see Service Types (HIPAA), Fax-on-Demand #5998

²see Insurance Types (HIPAA), Fax-on-Demand #5999

Error Messages

Transaction-related error messages begin with CL, HT, or RH, followed by a number and a line or so of text.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages** (Fax-on-Demand # 5997).