

Transaction Guide

SCAN Health Maintenance Organization (HMO) Eligibility

Key Version CA MCO N-Z 1.02

May 27, 2008

Overview

This transaction allows you to verify a member's eligibility status and benefits for Senior Action Network (SCAN) Health Maintenance Organization (HMO) for a single date of service.

Date of Service Restrictions

- Up to one year in the past.
- Future dates of service not allowed.

Special Considerations

- In order for you to use your National Provider Identifier (NPI), the payer must be ready to accept NPI. Consult our payer lists at www.emdeon.com/PayerLists/payerlists.php for this payer's NPI-readiness status. Additionally, the payer's NPI registration requirements must be fulfilled.
- When searching by name/date of birth, you must enter the patient's full last name. If the patient's last name has more than 13 characters, you will not find a matching record in the database. You must use a different search type instead.

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.

- From the scrolling menu of payers (see step 2 under Request), you can advance manually to the next entry by pressing <Alpha> or return to the previous entry by pressing <Backspace>.

Request

Step:	POS Display:	Enter:
1	idle	3 (idle prompt CAV)
2	scrolling payer menu	When you see SCAN HMO , press <Enter>
3	PROVIDER ID	inquiring provider ID <Enter> <i>(skips if defaulted)</i>
4	1=NBR 2=NS 3=SSN	Choose search: 1 <Enter> for ID – date of birth <i>(go to step 5)</i> 2 <Enter> for Name – date of birth <i>(go to step 8)</i> 3 <Enter> for Social Security number – date of birth <i>(go to step 12)</i>

ID – date of birth search:

5	SUBSCRIBER ID	subscriber ID <Enter>
6	DOB MMDDCCYY	date of birth (mmddccyy) <Enter>
7	DOS MMDDYY	date of service (mmddy) <Enter> or just <Enter> for today's date

Name – date of birth search:

8	LAST NAME	last name <Enter>
9	FIRST NAME	first name <Enter>

cont.

Step:	POS Display:	Enter:
10	DOB MMDDCCYY	date of birth (mmdccyy) <Enter>
11	DOS MMDDYY	date of service (mmdyy) <Enter> or just <Enter> for today's date

Social Security number – date of birth search:

12	SSN	Social Security number, no dashes <Enter>
13	DOB MMDDCCYY	date of birth (mmdccyy) <Enter>
14	DOS MMDDYY	date of service (mmdyy) <Enter> or just <Enter> for today's date

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.

SCAN HMO 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
- P = Pending
- Q = QMB
- S = Spenddown

Medicare Indicator:

- A = Patient has Medicare Part A coverage
- B = Patient has Medicare Part B coverage
- A&B = Patient has Medicare Parts A and B coverage
- NA = Unable to determine Medicare coverage
- Y = Medicare information is present

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 Source Contact

Payer contact information.

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. See **Eligibility/Benefit Types** for a list of possible sections.

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**

Eligibility/Benefit Types

Actv Cvg	Cost Containment
Actv – Full Risk Capitation	Rsv (<i>Reserve</i>)
Actv – Srvcs Capitated	PCP
Actv – Srvcs Capitated to PCP	Pre-existing Cond
Actv – Pend Investigation	MC Coord (<i>Managed Care Coordinator</i>)
Inactv	Svces Restricted to Following
Inactv – Pend Elig Updte	Not Deemed a Med Necessity
Inactv – Pend Investigation	Bene Disclmr
Co-Ins	2nd Surg Opinion Reqd
Co-Pay	Other/Addl Payer
Deductible	Prior Year(s) History
Cvg Basis	Card(s) Rptd Lost/Stolen
Bene Descrip	Contact Following for Elig/Bene
Exclusions	Cannot Process
Limitations	Other Sce of Data
Out of Pckt (Stop Loss)	Health Care Facility
Unlim	Spend Down
Non-Cvd	

Error Messages

Transaction-related error messages begin with CL, HT, or RH, followed by a number and a line or so of text. Most messages are self-explanatory. The following message is of particular interest for this transaction:

HT0588 – Member Not Eligible for Date of Service Entered -- the member is not eligible for coverage on the requested date of service.

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