

Vx570® Transaction Guide

Indiana Medicaid Eligibility

Version 3.02

July 16, 2007

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

- 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.
- 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. If needed, press  to delete the last character entered.
4. Special characters are on the * and # keys. Q, Z, and the decimal point (.) are on key 1.

Other Usage Tips

- To display help information, press <F1>.
- If your terminal has been idle, you may be prompted to enter your user ID and password.
- You can assign shortcut keys (hot keys) to frequently-used payers. When you press a shortcut key from the idle prompt, your terminal will display the Transaction Type menu for the payer assigned to that key.
- To skip an optional prompt, press .
- For instructions on setting up a list of Provider IDs, see your Verifone Vx570® User Guide.
- To display a list of entries for a prompt (e.g., Provider IDs or Service Types), press <F2>. Select your entry, then press .

For more information, see your Verifone Vx570® User Guide.

Request

Step:	POS Display:	Enter:
1	WELCOME TO EMDEON SWIPE CARD OR PRESS ANY KEY	press any key.
2	MEDICAL ADDRESS VERIFY FINANCIAL SETUP	press <F2> for Medical (<i>go to step 3</i>) or press an assigned shortcut key to start the payer program (<i>go to step 4</i>).
3	SELECT PAYER:	select INDIANA  .

cont.

Step:	POS Display:	Enter:
4	SELECT SEARCH TYPE: ID Card # Recipient ID SSN Name/Date of Birth Medicare HIC #	Choose search: ID Card # . Go to step 5. Recipient ID . Go to step 10. SSN . Go to step 15. Name/Date of Birth . Go to step 20. Medicare HIC # . Go to step 27.
<i>ID Card # search:</i>		
5	Provider ID	inquiring provider ID . (Press <F2> for list.)
6	ID Card #	swipe card (the patient's recipient ID displays) press .
7	Begin DOS	begin date of service (mmddyy or mmddyyyy) or just for today's date.
8	End DOS	end date of service (mmddyy or mmddyyyy) or just for today's date.
9	Service Type	service type or just press to skip. (Press <F2> for list.)
<i>Recipient ID search:</i>		
10	Provider ID	inquiring provider ID . (Press <F2> for list.)
11	Recipient ID	Medicaid recipient ID .
12	Begin DOS	begin date of service (mmddyy or mmddyyyy) or just for today's date.
13	End DOS	end date of service (mmddyy or mmddyyyy) or just for today's date.
14	Service Type	service type or just press to skip. (Press <F2> for list.)

cont.

Step:	POS Display:	Enter:
<i>Social Security number search:</i>		
15	Provider ID	inquiring provider ID . (Press <F2> for list.)
16	Begin DOS	begin date of service (mmddyy or mmddyyyy) or just for today's date.
17	End DOS	end date of service (mmddyy or mmddyyyy) or just for today's date.
18	SSN	Social Security number, no dashes .
19	Service Type	service type or just press to skip. (Press <F2> for list.)
<i>Name – date of birth search:</i>		
20	Provider ID	inquiring provider ID . (Press <F2> for list.)
21	Begin DOS	begin date of service (mmddyy or mmddyyyy) or just for today's date.
22	End DOS	end date of service (mmddyy or mmddyyyy) or just for today's date.
23	Date of Birth	date of birth (mmddyyyy) .
24	Last Name	last name .
25	First Name	first name .
26	Service Type	service type or just press to skip. (Press <F2> for list.)

cont.

Step:	POS Display:	Enter:
<i>Medicare HIC # search:</i>		
27	Provider ID	inquiring provider ID (Press <F2> for list.)
28	Medicare HIC #	Medicare Health Insurance Claim (HIC) number
29	Begin DOS	begin date of service (mmddy or mmddyyyy) or just for today's date.
30	End DOS	end date of service (mmddy or mmddyyyy) or just for today's date.
31	Service Type	service type or just press to skip. (Press <F2> for list.)

Card Swipe (configured for idle swipe)

Step:	POS Display:	Enter:
1	WELCOME TO EMDEON SWIPE CARD OR PRESS ANY KEY or MEDICAL ADDRESS VERIFY FINANCIAL SETUP	swipe card.
2	Provider ID	inquiring provider ID (Press <F2> for list.)
3	ID Card #	(the patient's recipient ID displays) press .
4	Begin DOS	begin date of service (mmddy or mmddyyyy) or just for today's date.
5	End DOS	end date of service (mmddy or mmddyyyy) or just for today's date.
6	Service Type	service type or just press to skip. (Press <F2> for list.)

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 <Scroll Line ↑>.

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)**.