



North Carolina
Department of Health and Human Services
Division of Medical Assistance
Recipient Services EIS

1985 Umstead Drive – 2512 Mail Service Center - Raleigh, N.C. 27699-2512
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Nina M. Yeager, Director
(919) 857-4019

March 10, 2003

**Re: Limited Access to EIS Recipient Data
for County Transportation Providers**

Dear County Director of Social Services:

Provision of transportation services is an essential component of service to Medicaid recipients in the community who cannot arrange for or provide their own medical transportation. We appreciate each county's efforts to assure that transportation services are provided in an efficient and effective manner that meets each recipient's needs.

Many counties have inquired about provisions for the county transportation provider to complete the assessment of recipient's needs for medical transportation as well as arrange and/or provide the transportation services. To accommodate this effort, access to recipient eligibility data available in the Eligibility Information System (EIS) is being requested by county transportation providers.

Federal regulations and interpretations from the Centers for Medicare & Medicaid Services (CMS) prohibit release of the comprehensive data in EIS to local agencies other than to designated employees of the social services department. However, arrangements were made almost ten years ago to provide limited access to EIS Medicaid eligibility data to governmental health care providers for purposes of claims processing. County transportation departments may also be granted access to this information upon approval from this office. In order to access limited EIS data, the transportation provider must purchase the necessary equipment, arrange for and pay for connection to SIPS and obtain RACF access through the county department of social services.

Attached for your information is a copy of the instructions that DMA sends to governmental health care providers who are approved for limited access to recipient data. The limited access only provides information that a Medicaid provider needs to identify recipient eligibility and to file a claim for services rendered.

Confidential information about individuals and cases is not available. The provider must enter a date of service which cannot be more than 12 months prior to the date of inquiry, and not later than the date of inquiry. The program reads the EIS data file and displays only the segment of eligibility in which the date of service falls, extending no further than the current month. Future months of eligibility are not displayed.

Should your county transportation department need access to limited EIS data for purposes of assessment and provision of transportation services to Medicaid recipients, please send a letter to the attention of Barbara Brooks, Assistant Director for Recipient and Provider Services. The letter should request limited access to EIS and provide details of your plan for the transportation department to complete the assessment of need for transportation services. Please include the names of the employees whom you wish to be authorized for EIS access. Enrollment is initially limited to two employees. Upon approval of the request, Linda Pruitt, Supervisor of our Claims Analysis Section, will work with your security officer and the transportation department to assure that access is obtained.

I hope this information is helpful. If you have questions about the limited EIS access inquiry process please contact Mrs. Pruitt at (919) 857-4018.

Sincerely,

Nina Yeager

**NC DIVISION OF MEDICAL ASSISTANCE
ACCESS TO MEDICAID ELIGIBILITY
BY
GOVERNMENTAL MEDICAID PROVIDERS**

I. INTRODUCTION

A special access program is available to give Medicaid eligibility data necessary for a Medicaid provider to file claims for eligible recipients. Using a simple inquiry screen on your data network which is connected to the State's Office of Information Technology Services (ITS), the special access program reads the statewide Eligibility Information System (EIS) files and displays application and eligibility information for the recipient inquired about.

When the county department of social services registers an application or approves an individual for Medicaid coverage, or makes changes in eligibility status, they enter the information on a daily basis. Eligibility history for individuals who qualify for Medicaid coverage is stored in EIS and the system generates Medicaid ID cards, Work First payments, client notices, reports, etc. Records for newly approved recipients and for those whose eligibility status has changed are transmitted from the EIS to the Medicaid fiscal agent, EDS, each night after the EIS updates are completed. Thus the files used to verify eligibility status and for claims payments are current.

Access to eligibility information through this system is limited to Medicaid providers who are local or state government agencies authorized to use the telecommunications services of ITS. Providers who use this system must have an ITS billing account and will be billed for line charges for actual use of the special access program. The expected cost is less than five cents per inquiry. Toll free eligibility verifications are available through the EDS Voice Inquiry System (See July 2001 North Carolina Medicaid Special Bulletin for information and instructions.)

Medicaid ID cards are issued monthly to eligible recipients for receipt by the first of the month. Mail delivery may delay receipt until the second or third for recipients who live near the state border. Medicaid ID cards for recipients who must meet a deductible are mailed the next workday after the county DSS has entered the authorization in EIS. If the recipient shows his Medicaid ID card, no additional verification of eligibility is needed if the valid dates on the card cover your date(s) of service.

If the recipient does not have his card when services are provided or the card does not cover the date of service, the special access program should be used to verify whether or not the individual is eligible. This program also may be used to determine eligibility status for your daily appointment list; however, the system will not give you verification for dates beyond the current calendar date. Recipients who are eligible on the current date will most likely be eligible for the remainder of the calendar month. Exceptions to this rule are: 1) death of a recipient; 2) pregnant woman with presumptive eligibility only; 3) illegal alien for approval dates of emergency care only. If you cannot find eligibility for a client who says he is eligible, ask him when he was approved and what name his records are in at DSS. For new approvals, eligibility may not have been updated on EIS, or his records at DSS may be under a different name.

II. SECURITY

To comply with Federal regulations in 45 CFR 94.621, the state has implemented Resource Access Control Facility (RACF) to help protect data in computer files at ITS.

RACF controls overall access to the automated systems which support programs supervised by the Divisions of Medical Assistance, Social Services, and Health Services. In RACF, each individual user is identified and verified by a unique ID and a self-assigned password. RACF IDs and generic passwords are provided by each division's Security Administrators. After the first generic entry, each authorized user selects his own password and ensures the security of his ID and password.

RACF passwords are confidential and all users must sign a memorandum of understanding when assigned security clearance. All users are reminded that RACF IDs and passwords are for official use only. Do not share or display these passwords and IDs. RACF IDs and passwords are required to access the special eligibility access program in SCC4CICS or SCCKCICS.

III. CONFIDENTIALITY

Client records and data are confidential. You must insure that appropriate administrative, technical and physical safeguards are in place to protect the confidentiality of eligibility information. The use or disclosure of eligibility information is restricted to purposes directly connected with establishing whether or not an individual is eligible for Medicaid in order to file claims for payment of services by the Medicaid Program.

The confidentiality of Medicaid eligibility data is governed by NC General Statute 108A-80 and 42 CFR 431.304. Failure to comply with requirements for confidentiality may constitute a misdemeanor and be punishable by fine or imprisonment. Individuals governed by the State Personnel Act are subject to suspension, dismissal or disciplinary action, and individuals other than employees including volunteers and students who are agents of DHR shall be liable in the same manner as employees.

IV. LOG RECORD

A record of each inquiry made to the special access program will be logged and retained by DMA. The purpose of this record is to identify who made the inquiry, the date of inquiry and the information supplied. DMA will use this record should a provider verify eligibility and subsequently have the claim denied for ineligibility of the client. DMA will honor claims when the log supports that the recipient inquired about is the same as the recipient who received services and the system indicated that the recipient was eligible for the date of service on the inquiry. If the log record shows that inquiry and verification is received for a recipient different than the recipient receiving services, no payment will be made.

V. LOGON PROCEDURES FOR ELIGIBILITY INQUIRY

A. From the banner screen which shows the terminal ID and the message "IS CONNECTED TO THE STATE NETWORK".

1. Key "SCC4CICS".
2. Press ENTER. Wait for message, "Welcome to SCC4CICS."

B. 1. Key your RACF user ID.

2. Key your agency bill code.
3. Key your self-assigned RACF password.
4. Press ENTER.

Wait for a quick message that terminal is signed on, then a blank screen will appear.

- C. 1. Key HSMD.
 2. PRESS ENTER. The eligibility screen will appear.

HSA952A	MEDICAID ELIGIBILITY INQUIRY				DATE: __/__/__		
					TIME: __/__/__		
MESSAGE: ENTER SEARCH KEY (SERVICE DATE IS REQUIRED WITH ANY SEARCH)							
ENTER SEARCH KEY- SVC DATE: <u>MMDDCCYY</u> MEDICAID ID: _____ -OR- SSN: _____							
-OR- DOB: <u>MMDDCCYY</u> LAST NAME: _____ FIRST: _____ MI: _ SUFF: _____							
=====							
LAST NAME	FIRST NAME	MI	SUFFIX	MEDICAID ID			
XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	X	XXX	XXXXXXXXXX			
BIRTH DATE	SOCIAL SECURITY NUMBER	MEDICARE-A	MEDICARE-B	CAP			
MM/DD/CCYY	XXX XX XXXX	XXX	XXX	XX			
----- COVERAGE DATES -----							
OTH COV	TYPE CODE	BEGIN	END	BEGIN	END	BEGIN	END
XXX	XX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY
XXX	XX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY
XXX	XX	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY
CERT FROM DATE	ELIG FROM DATE	ELIG THRU DATE	PROG	COUNTY	PRIMARY CARE		
MM/DD/CCYY	MM/DD/CCYY	MM/DD/CCYY	XXXXX	XX	XXXXXXXXXX		
F9=APPLICATION DATA				F5=REFRESH SCREEN			

VI. METHODS FOR ELIGIBILITY INQUIRY

You may search for eligibility using the individual's Medicaid ID number, social security number, or name. The more identifying information entered, the more likely you will be to find a correct match.

A. Inquiry by Medicaid ID Number

1. Enter the service date you wish to verify.
 If no date is entered, the system will default to the current date. If no record is found to include service date, the screen will display message, "Review by Medicaid ID - not eligible for service date."
2. Enter a nine digit number and one alpha character suffix.
 If the number is not keyed in this format, the screen will display message, "Medicaid ID invalid." If no record is found for the ID number, the screen will display message, "Medicaid ID not on file."

B. Inquiry by Social Security Number

1. Enter the service date you wish to verify.

If no date is entered, the system will default to the current date. If no record is found to include service date, the screen will display message, "Review by SSN - not eligible for service date."

2. Enter the nine digit social security number.

If the SSN is not numeric the screen will display message "SSN invalid." If no record is found the screen will display "SSN not on file." If no record is found to include service date, the screen will display message "Review by SSN - not eligible for service date."

C. Inquiry by Name

1. Enter the service date you wish to verify.

If no date is entered, the system will default to the current date. If no record is found to include service date, the screen will display message, "Review by name - not eligible for service date."

2. Enter the recipient's date of birth, month, day, century and year; i.e., 09061963.

3. Enter the recipient's full name, including middle initial; or you may inquire by recipient's first initial and last name.

4. The following edits may apply to inquiry C. above:

- a. If the last name is spaces or the first letter of the last name is not "A thru Z," the screen will display message "Last name invalid."

- b. If the first name is spaces or the first letter of the first name is not "A thru Z," the screen will display message "First name invalid."

- c. If the date of birth is omitted or is not in the correct format, the screen will display message "DOB invalid."

- d. If no record is found by the name and date of birth, the screen will display message "Name not on file."

- e. If no record is found to include service date, the screen will display message "Review by name - not eligible for service date."

- f. Eligibility will not be displayed for dates of service which exceed 12 months. The screen will display message "Service date out of range."

- g. Eligibility will not be displayed for dates of service in the

future. The screen will display message "Service date greater than current date."

- h. You may continue for subsequent inquiries following instructions in VI. above.
- i. Press PF9 to go to application data screen. Press PF9 to go back and forth from the eligibility inquiry screen to the application data screen.

VII. LOGOFF PROCEDURES

- A. Press CLEAR.
- B. Key Logoff.
- C. Press ENTER.

VIII. MEDICAID ELIGIBILITY INQUIRY RESPONSE

The following information will be displayed on the Medicaid eligibility inquiry screen:

- A. Recipient's name as it appears on the eligibility file. Claims should be submitted with this name.
- B. Recipient's Medicaid ID number.
- C. Recipient's date of birth.
- D. Recipient's social security number.
- E. Medicare A indicator - yes indicates the recipient is covered under Part A Medicare. No or blank indicates no coverage.
- F. Medicare B indicator - yes indicates the recipient is covered under Part B Medicare. No or blank indicates no coverage.
- G. CAP - codes in this field indicate the recipient is covered in the Community Alternatives Program. If blank, the recipient is not covered under the CAP Program. The code indicates the specific program coverage for the individual.
 - CM - CAP for the mentally retarded/developmentally disabled adults
 - CI - CAP for intermediate care for adults.
 - CS - CAP for skilled care for adults.
 - CC - CAP for children.
 - IC - CAP for intermediate care for children.
 - SC - CAP for skilled care for children.
 - HC - CAP for hospital care for children.
 - AI - CAP for AIDS intermediate care.

AS - CAP for AIDS skilled care.

* Note: Co-pay, prescription limits and the 24 doctor visit limit do not apply to individuals in the CAP Program.

H. Other coverage type and coverage date. This includes the recipient's insurance information.

For insurance indicators you should reference the Insurance Company Code Book. If you do not have a code book, you may request one from the Third Party Unit in the Division of Medical Assistance, 2508 Mail Service Center, Raleigh, NC 27699-2508. Coverage dates indicate the date(s) the recipient is covered by other insurance.

I. Cert from Date - Indicates the beginning date of the certification period only. This should not be interpreted as an eligible date.

J. Elig from Date - Indicates the first date of eligibility in the eligibility segment.

K. Elig thru Date - Indicates the last date of eligibility in the eligibility segment.

L. Program - Indicates the program in which the recipient is receiving benefits. The following programs have restrictions:

1. MQBQ indicates services for this individual are restricted to payment of Medicare cost sharing charges, i.e., Medicare premium, deductible/coinsurance.
2. MQBB indicates services for this individual are restricted to payment of Medicare Part B premium only.
3. MQBE indicates services for this individual are restricted to payment of Medicare Part B premium only.
4. MPW indicates services for this individual are restricted to services related to pregnancy. No co-pay or service limits apply. Prescription limits do apply.
5. MICJ indicates the individual is covered by NC Health Choice. No Medicaid benefits are available.
6. MICK indicates the individual is covered by NC Health Choice. No Medicaid benefits are available.
7. MICL indicates the individual is covered by NC Health Choice. No Medicaid benefits are available.

M. County - Indicates the individual's county of residence and responsibility for eligibility determination.

N. Primary Care - Information in this field indicates the individual is enrolled in the Carolina Access Program, Carolina Alternatives, and/or Managed Care. This indicates the individual has a primary care physician who manages his health care needs. Before rendering service

X. METHODS FOR APPLICATION DATA

You may search for application data using the individual's Medicaid ID number, social security number, or name. The more identifying information entered, the more likely you will be to find a correct match.

A. Inquiry by Medicaid ID Number

1. Enter the service date you wish to verify.

If no date is entered, the system will default to the current date. If no record is found to include service date, the screen will display message, "Review by Medicaid ID - no application for service date."

2. Enter a nine digit number and one alpha character suffix.

If the number is not keyed in this format, the screen will display message, "Medicaid ID invalid." If no record is found for the ID number, the screen will display message, "Medicaid ID not on file."

B. Inquiry by Social Security Number

1. Enter the service date you wish to verify.

If no date is entered, the system will default to the current date. If no record is found to include service date, the screen will display message, "Review by SSN - no application for service date."

2. Enter the nine digit social security number.

If the SSN is not numeric the screen will display message "SSN invalid." If no record is found the screen will display "SSN not on file." If no record is found to include service date, the screen will display message "Review by SSN - no application for service date."

C. Inquiry by Name

1. Enter the service date you wish to verify.

If no date is entered, the system will default to the current date. If no record is found to include service date, the screen will display message, "Review by name - no application for service date."

2. Enter the recipient's date of birth, month, day, century and year; i.e., 09061963.

3. Enter the recipient's full name, including middle initial; or you may inquire by recipient's first initial and last name.

4. The following edits may apply to inquiry C. above:

- a. If the last name is spaces or the first letter of the last name is not "A thru Z," the screen will display message "Last

name invalid."

- b. If the first name is spaces or the first letter of the first name is not "A thru Z," the screen will display message "First name invalid."
- c. If the date of birth is omitted or not in the correct format the screen will display message "DOB invalid."
- d. If no record is found by the name and date of birth, the screen will display message "Name not on file."
- e. If no record is found to include service date, the screen will display message "Review by name - no application for service date."
- f. Application will not be displayed for dates of service which exceed 12 months. The screen will display message "Service date out of range."
- g. Dates of service in the future will not be displayed. The screen will display message "Service date greater than current date."
- h. You may continue for subsequent inquiries following instructions in X. above.
- i. Press PF9 to go to eligibility inquiry screen. Press PF9 to go back and forth from the application data screen to the eligibility inquiry screen.

XI. LOGOFF PROCEDURES

- A. Press CLEAR.
- B. Key Logoff.
- C. Press ENTER.

XII. MEDICAID APPLICATION DATA RESPONSE

The following information will be displayed on the Medicaid application data screen:

- A. Service date.
- B. Recipient's Medicaid ID number.
- C. Recipient's social security number.
- D. Recipient's date of birth.
- E. Recipient's name as it appears on the eligibility file.
- F. Application Date.

- G. Program - Indicates the program in which the recipient applied for benefits. The following programs have restrictions:
1. MQBQ indicates services for this individual are restricted to payment of Medicare cost sharing charges, i.e., Medicare premium, deductible/coinsurance.
 2. MQBB indicates services for this individual are restricted to payment of Medicare Part B premium only.
 3. MQBE indicates services for this individual are restricted to payment of Medicare Part B premium only.
 4. MPW indicates services for this individual are restricted to services related to pregnancy. No co-pay or service limits apply. Prescription limits do apply.
 5. MICJ indicates the individual is covered by NC Health Choice. No Medicaid benefits are available.
 6. MICK indicates the individual is covered by NC Health Choice. No Medicaid benefits are available.
 7. MICL indicates the individual is covered by NC Health Choice. No Medicaid benefits are available.
- H. County - Indicates the individual's county of residence and responsibility for eligibility determination.
- I. District number - Indicates worker in County DSS
- J. Pending - Indicates status of application on file and time period pending.
1. Yes (application is for either retro or ongoing)
 2. Retro (1, 2, or 3 months prior to month of application)
 3. Ongoing (month of application forward)
- K. Disposition Information
1. Approved date
 2. Denied date
 3. Withdrawn date