



A XEROX Company

AFFILIATED COMPUTER SERVICES, INC.
Provider Inquiry Regarding Recipient Eligibility
Fax: (907) 644-8126

ACS is now a Xerox company

Provider: NPI† or Medicaid Contract ID† _____ Provider Name _____ Date _____
Contact Person _____ Provider Fax _____ Provider Phone _____

Please submit: 1) the recipient name, 2) the month and year of service, and 3) at least one other patient identifier, such as the recipient Medicaid ID, the SSN, or the Date of Birth (DOB). Provider Inquiry will verify recipient eligibility for the month and year indicated in the Month/Year of Service field.

1. _____ Eligible [] [] Medicaid _____
(Medicaid ID or SSN) (Recipient Name) (DOB) (Month/Year of Service) (Yes) (No) (Code)
TPL _____ CAMA _____
(Code) (Policy Name) (Effective Dates) (Code)

2. _____ Eligible [] [] Medicaid _____
(Medicaid ID or SSN) (Recipient Name) (DOB) (Month/Year of Service) (Yes) (No) (Code)
TPL _____ CAMA _____
(Code) (Policy Name) (Effective Dates) (Code)

3. _____ Eligible [] [] Medicaid _____
(Medicaid ID or SSN) (Recipient Name) (DOB) (Month/Year of Service) (Yes) (No) (Code)
TPL _____ CAMA _____
(Code) (Policy Name) (Effective Dates) (Code)

4. _____ Eligible [] [] Medicaid _____
(Medicaid ID or SSN) (Recipient Name) (DOB) (Month/Year of Service) (Yes) (No) (Code)
TPL _____ CAMA _____
(Code) (Policy Name) (Effective Dates) (Code)

5. _____ Eligible [] [] Medicaid _____
(Medicaid ID or SSN) (Recipient Name) (DOB) (Month/Year of Service) (Yes) (No) (Code)
TPL _____ CAMA _____
(Code) (Policy Name) (Effective Dates) (Code)

COMPLETED BY _____ (Date)
(ACS Provider Inquiry Specialist)

† National Provider Identifier
† Formerly known as Alaska Medical Assistance Provider Number

Eligibility Codes

Code Category

00	No Eligibility for Medicaid or CAMA
10	Public Health Service (Indian Health Services (IHS), Alaska Area Native Health Services (AANHS), and CHAMPUS
11	Pregnant Woman (Alaska Healthy Baby Program)
15	Incapacity/Pregnancy Determination
19	Waiver Determination
20	No Other Eligibility Codes Apply
21	Chronic and Acute Medical Assistance Coverage
24	300%/Institutionalized
25	Disability and Blindness Exams
30	Adult Disabled, Waiver Only
31	Adult Disabled, Waiver Medical
34	Adult Disabled, Waiver Adult Public Assistance/Qualified Medicare Beneficiary
40	Older Alaskan, Waiver Only
41	Older Alaskan, Waiver Medical
44	Older Alaskan, Waiver Adult Public Assistance/Qualified Medicare Beneficiary
50	Under 21 Medicaid Eligible
51	Juvenile Court Ordered Custody of Health and Social Services
52	Transitional Medical Assistance
53	Illegal Alien/Unqualified Alien Emergency Coverage
54	Disabled/Supplemental Security Income (SSI) Child
66	Qualified Disabled Working Individual (QDWI)
67	Qualified Medicare Beneficiary (QMB) Only Eligibility
68	Specified Low-income Medicare Beneficiary (SLMB) Eligible Part B Payment Only
69	Adult Public Assistance (APA)/QMB - (Dual Eligibility)
70	Mental Retardation and Developmental Disabilities, Waiver Only
71	Mental Retardation and Developmental Disabilities, Waiver Medical
74	Mental Retardation and Development Disabilities, Waiver Adult Public Assistance and Qualified Medicare Beneficiary
80	Children with Medically Complex Conditions, Waiver Only
81	Children with Medically Complex Conditions, Waiver Medical

ELIGIBILITY VERIFICATION SYSTEM (EVS)

PROVIDER USER GUIDE

The following details the necessary steps to allow you to verify Medicaid eligibility, most recent Remittance Advice payment amount, recipient date of birth, prior authorization information, and service limits information by using your touch-tone telephone. The sentences below that are italicized in bold, next to the telephone, represent the verbal prompts from EVS.

Important: If you do not receive a tone when entering any key on your telephone, reenter that key until you hear a tone.

To access the Alaska Eligibility Verification System (EVS), dial the following number on your touch-tone telephone:

1-800-884-3223

1. After you dial the EVS, the system prompts:



***Welcome to the EVS system.
Please enter your EVS number.***

After you enter the EVS number, the system responds:



***You have entered the EVS number XXXXXX.
Press 1 if correct or 2 to reenter your EVS number.***

If you press 1, the EVS system searches the database for your EVS number. If a match is found, you are then logged into the system. If no match is found, you are prompted:



***EVS number entered is not valid.
Please enter your EVS number.***

Note: If you have a problem accessing the EVS system, please call Provider Inquiry for assistance. Hours of availability:
M-F 8:00 am- 5:00 pm.

If you press 2, the EVS prompts:



Please enter your EVS number.

Note: You have three opportunities to enter a correct EVS number before the call disconnects.

Main Menu

Once the EVS number is accepted, you are prompted to choose from the following:

- Press 1 for eligibility information**
- Press 2 for the most recent remittance advice information**
- Press 3 for recipient date of birth**
- Press 4 for prior authorization information**
- Press 5 for service limits information**
- Press 6 to repeat options**
- Press 7 to exit EVS**

You may press a selection number at any time.
Once a category has been selected, the system continues with the appropriate questions and answers.

Star Zero (*0) Keys will return you to this menu at any time.

SELECTION 1: ELIGIBILITY INFORMATION

1a. Once the selection number is accepted, you are prompted:



Press 1 to enter a recipient ID number or 2 to enter the recipient Social Security number and birth date.

If you press 1, the EVS prompts:



Please enter the recipient ID number.

Note: Alaska Medicaid recipient ID numbers have 10 digits starting with a zero (i.e., 0600012345). If an invalid ID number is entered, system returns to recipient ID prompt.

If an invalid recipient ID number is entered, the system prompts:



The number XXXXXXXXXX was not found.

If you press 2, the EVS prompts:



Please enter the 9-digit Social Security number.

Note: A valid Social Security number is any first three digits that are greater than 000 and less than 650 or greater than 699 and less than 729.

If the Social Security number entered is not on file, the system prompts:



The number XXXXXXXXXX was not found.

After responding that the Social Security number was not found, the system returns to the eligibility information prompt.

If an invalid Social Security number is entered, the system prompts:



You entered an invalid Social Security number.

After responding that the Social Security number was invalid, the system returns to the eligibility information prompt.

1b. Once a valid Social Security number is entered, the EVS prompts:



Please enter the 6-digit date of birth.

Note: The date of birth must be entered in month, day, year format. Example: April 15, 1995, is entered 041595.

If an invalid date is entered, the system responds with one of the following:



***You entered an invalid date.
Future dates are not allowed.***

The system returns to date of birth prompt.

- 1c. If the date of birth and the Social Security number do not match, the system prompts:



Date of birth XXXXXX doesn't match Social Security number XXXXXXXXXX.

- 1d. Once the recipient identification is accepted, you are prompted:



Enter the 4-digit date of service.

Note: The date of service must be entered in month, year, format. Example: April 1995 is entered 0495.

If an invalid date is entered, the system responds with one of the following:



***Future dates are not allowed.
Dates cannot be more than one year in the past.
You entered an invalid date.***

The system returns to date of service prompt.

- 1e. Once a valid date of service is entered, the EVS searches the recipient database for a record that matches the ID or Social Security number with the date of service. If the recipient ID was entered and a corresponding record is not found, the system responds:



Recipient with ID XXXXXXXXXX is not eligible for date of service XX/XX.

MONTHLY UPDATE
Eligibility is updated two days before the end of each month. This update is available on EVS on the first day of each month.

WEEKLY UPDATE
Eligibility is updated each Monday and Wednesday evening and available Tuesday and Thursday.

If the recipient Social Security number and birth date were entered and a corresponding record is not found, the system responds:



Recipient with Social Security number XXXXXXXXX and date of birth XX/XX/XX is not eligible for date of service XX/XX.

If a record is found and a Social Security number and date of birth were used to inquire, the system responds with the recipient ID number.



The recipient ID number is XXXXXXXXXX.

Note: You must use the recipient ID number when billing Medicaid. Remember to write it down.

If the recipient is in primary care, the system responds:



***This recipient is restricted to physician XXXXXXXX.
This recipient is restricted to pharmacy XXXXXXXX.
This recipient is restricted to dentist XXXXXXXX.***

The system then gives the following information:



The recipient is eligible for date of service XX/XX. Eligibility code is XX.

When the recipient has Chronic and Acute Medical Assistance (CAMA) coverage, the EVS will give the CAMA eligibility subtype by responding:



Medical subtype is XX.

Note: Subtypes affect only CAMA eligibility code 21.

If the recipient has third party insurance coverage, the EVS responds:



The insurance carrier codes are XX XX XX.

Note: Up to 25 insurance codes, if any insurance, are indicated. See the accompanying listing of insurance carriers.

When no insurance carrier codes exist, the system responds:



There are no insurance carrier codes for this recipient.

- 1f. Once completed, the EVS allows you to enter additional dates of service for the same recipient, or to inquire about additional recipient ID numbers, Social Security numbers and birth dates by returning to the main menu:



Press the pound (#) key to enter another date of service, or press zero (0) to return to the main menu.

SELECTION 2: MOST RECENT REMITTANCE ADVICE INFORMATION

2. Once the selection number is accepted, the system responds:



***No RA data exists for this provider or
The most recent RA is for XX/XX/XX and includes:***

- A. A check in the amount of XXXXXX***
- B. XX paid lines and***
- C. XX denied lines and***
- D. XX RTD'd lines and***
- E. XX Pended lines***

- 2a. Once completed, the EVS allows you to enter another EVS number or return to the main menu:



***Press the pound (#) key for RA information associated with a
different EVS number or press zero (0) to return to the main
menu.***

- 2b. If the pound (#) key is pressed, you will be asked to enter a different EVS number:



Please enter the EVS number.

After you enter the EVS number, the system responds:



***You have entered the EVS number XXXXXX.
Press 1 if correct or 2 to reenter your EVS number.***

If you press 1, the EVS system searches the database for your EVS number. If a match is found, you are then given the most recent RA information associated with the EVS number you entered. If no match is found, you are prompted:



***EVS number entered is not valid.
Please enter the EVS number.***

If you press 2, the EVS prompts:



Please enter the EVS number.

SELECTION 3: RECIPIENT DATE OF BIRTH

3. Once the selection number is accepted, you are prompted:



Please enter the recipient ID number.

Note: Alaska Medicaid recipient ID numbers have 10 digits starting with a zero (i.e., 0600012345). If an invalid ID number is entered, system returns to recipient ID prompt.

- 3a. Once a valid recipient ID number is entered, the system responds:



The date of birth for recipient ID number XXXXXXXXXX is XX/XX/XX.

- 3b. To make additional inquiries or to exit:



Press the pound (#) key for another date of birth or press zero (0) to return to the main menu.

SELECTION 4: PRIOR AUTHORIZATION INFORMATION

Note: The information that you are provided in this section is current at the time that you make the inquiry. It is possible that the authorized units available will change as a result of claims activity prior to you submitting a claim.

4. Once the selection number is accepted, you are prompted:



Please enter the recipient ID number.

Note: Alaska Medicaid recipient ID numbers have 10 digits starting with a zero (i.e., 0600012345). If an invalid ID number is entered, system returns to recipient ID prompt.

- 4a. Once a valid recipient ID number is entered, the system prompts:



Please enter the PA number.

Note: Must be an eight (8) digit numeric value.

- 4b. If the provider number associated with the PA does not agree with the EVS number entered, the system responds:



Provider XXXXXXXX is not the provider of record for this prior authorization. Access is denied.

Note: Each EVS number is associated with a specific provider number.

If the PA number does not match the recipient ID number entered, the system responds:



***The PA number is not valid for recipient ID number
XXXXXXXXXX. Access is denied.***

The system then prompts:



***Press the pound (#) key to enter another prior authorization or
press zero (0) to return to the main menu.***

4c. Once a valid PA number is entered, the system responds:



- 1. The PA status is XXXXXXXXX (approved, denied, pended,
under review)***
- 2. The provider ID number associated with the PA is
XXXXXXX***
- 3. The dates of service included on the PA are XX/XX/XX thru
XX/XX/XX***
- 4. The procedure code is XXX; modifier added when
appropriate***
- 5. The units authorized are XX and the units used are XX***
- 6. The dollar amount authorized is \$XXX and the dollar
amount used is \$XXX***
- 7. The diagnosis code is XXX***
- 8. The revenue code is XXX***
- 9. The surgery date authorized is XX/XX/XX***

4d. To make additional inquiries or to exit:



***Press the # key to enter another prior authorization or press
zero (0) to return to the main menu.***

SELECTION 5: SERVICE LIMITS INFORMATION

Note: The information that you are provided in this section is current at the time that you make the inquiry. It is possible that the service limits will change as a result of claims activity prior to your submitting a claim.

5. Once the selection number is accepted, you are prompted:



Please enter the recipient ID number.

Note: Alaska Medicaid recipient ID numbers have 10 digits starting with a zero (i.e., 0600012345). If an invalid ID number is entered, system returns to recipient ID prompt.

- 5a. Once a valid recipient ID is entered, the system prompts:



Please enter the service limits category code.

Note: Select the service limits category code from the appendix.

- 5b. If you entered a category code for a type of service that is not covered for your provider type, the system prompts:



Provider type not consistent with type of service.

The system then prompts:



Press the pound (#) key to enter another service limit or press zero (0) to return to the main menu.

- 5c. Once a valid service limits category code is entered, the system responds:



- 1. The units used as of today are XX***
- 2. The quarter hours used as of today are XX***
- 3. The half hours used as of today are XX***
- 4. The half days used as of today are XX***

- 5d. To make additional inquiries or to exit:



Press the pound (#) key to enter another service limit or press zero (0) to return to the main menu.

SECTION 6: MISCELLANEOUS

1. You are allowed to make up to 20 inquiries/searches per phone call. Once you have reached this maximum, the system responds:



You have reached the maximum number of recipient inquiries. Please call again for additional inquiries.

2. Miscellaneous messages:

During mainframe down times, the provider will not be able to receive information from the EVS. At these times, the system will respond with:



The Alaska EVS is not available at this time. Thank you for calling.

Should a problem occur in one of the files when data is being accessed, which would cause incomplete data, the system will respond:



The data for this recipient is incomplete.

Note: Please call Provider Inquiry for assistance.
Hours of availability: M-F 8:00 am- 5:00 pm