Eligibility on the Internet

E-business has never been so quick and easy!

Recipient eligibility on the internet

Eligibility verification is a new provider services offering on the Medi-Cal Web site.

Providers with a valid provider number and PIN can access a Web page to verify recipient eligibility, and perform Medi-Cal service, Share of Cost and Family PACT transactions.

Questions? Providers can use the pop-up Help windows or view the Quick start Guide on the Medi-Cal Web site. The POS/Internet Help Desk is also available for technical assistance at 1-800-427-1295.

Eligibility on the Internet --- another business solution from Medi-Cal.

Providers can perform these transactions with confidence. Recipient and provider information is protected by powerful electronic security measures using industry-standard technology.
The Automated Eligibility Verification System (AEVS) is an interactive voice response system that allows you the ability – through a touch-tone telephone – to access recipient eligibility, clear Share of Cost liability and/or reserve a Medi-Service.

Recipient eligibility verification information is available for Medi-Cal, County Medical Services Program (CMSP) and Family PACT. Recipient eligibility for the Child Health and Disability Prevention (CHDP) program, the California Children Services (CCS) program or the Genetically Handicapped Persons Program (GHPP) is not available.

There is no enrollment requirement to participate in AEVS. Providers must use a valid Provider Identification Number (PIN) to access AEVS. The PIN is issued when providers enroll with Medi-Cal. If the PIN is unknown, providers should complete and return the Provider Identification Number (PIN) Reissue Request form at the end of the Provider Telecommunications Network (PTN) section in this manual.

For questions about… Call…
Operation of AEVS POS Help Desk 1-800-427-1295
Medi-Cal Policy Provider Support Center (PSC) 1-800-541-5555
Family PACT Health Access Programs (HAP) 1-800-257-6900

GENERAL INFORMATION

Edit Conditions
Use of AEVS does not guarantee that the claim will be paid. All existing edit conditions – such as service restrictions, SOC certification, provider eligibility or prior authorization requirements – must still be satisfied.

Transactions Available
AEVS verifies a recipient’s eligibility for the current and/or prior 12 months; provides information on SOC, Other Health Coverage, and Prepaid Health Plan (PHP) status; identifies any service restrictions placed on that recipient; clears SOC liability; and allows podiatrists and certain allied health providers to reserve Medi-Services.
BIC Card

When a recipient presents a plastic Medi-Cal Benefits Identification Card (BIC), recipient eligibility must be verified. BICs are not a guarantee of Medi-Cal, CMSP or Family PACT eligibility because they are a permanent form of identification and recipients retain the cards even if they are not eligible for Medi-Cal, CMSP or Family PACT during the current month.

HAP Card

A Health Access Programs (HAP) card is issued and activated by the provider after the client has completed and signed a Health Access Programs State-Only Family Planning Program Client Eligibility Certification form. HAP cards are not a guarantee of Family PACT eligibility because they are a permanent form of identification and clients retain the cards even if they are not eligible for Family PACT during the current month.

Eligibility Verification Confirmation (EVC) Number

AEVS accesses the most current recipient information for a specific month of eligibility. AEVS returns a 10-character EVC number, after eligibility is confirmed. It is recommended to enter in the EVC number in the remarks area of the claim. However, the EVC number is not required information for claim processing.

Note: An Eligibility Verification Confirmation (EVC) number is only valid for the provider who submitted the inquiry.

Unmet Share of Cost

If the recipient has an unmet SOC, no EVC number is given unless the recipient is dually eligible (eligible for services under more than one aid code). For a dually eligible recipient, who is eligible for certain services with no SOC and the remaining services with a SOC, the aid code and corresponding eligibility message and an EVC number are given in the eligibility response for the non-SOC aid code only. An SOC message is then given for the SOC aid code.

Important: To avoid having a claim deny for recipient eligibility, the claim must be submitted with the same provider number, recipient ID and date of service used for the AEVS inquiry.
ACCESSING TELEPHONE AEVS

**Introduction**
Before you access telephone AEVS, you should have the required information ready to enter using your touch-tone telephone when prompted by AEVS.

**Time Limit**
Telephone AEVS allows you a specified amount of time following each prompt to enter information using your touch-tone telephone. If you fail to respond to a prompt within five seconds, AEVS will remind you up to three times. If you have not entered any information after the third reminder, you will “time out” and AEVS will terminate the call with the following message:

“We’re sorry, we are unable to complete your call. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. If you have any questions concerning AEVS, please contact the POS Help Desk at 1-800-427-1295. Denti-Cal providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye.”

**Error Limits**
When entering required information using your touch-tone telephone, AEVS will allow you three opportunities to correctly enter the information. Upon your first and second error, AEVS will prompt you to re-enter the information correctly. After the third error, AEVS will terminate your call with the following message:

“We’re sorry, we are unable to complete your call. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. If you have any questions concerning AEVS, please contact the POS Help Desk at 1-800-427-1295. Denti-Cal providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye.”
Documenting Eligibility Information

Following receipt of AEVS eligibility information, note the information for future reference when completing your claim forms. Be prepared to write down the eligibility information for each inquiry as it is given to you over the telephone. AEVS will give an Eligibility Verification Confirmation (EVC) number for each inquiry that receives an eligible response.

Providers verifying eligibility information for Medi-Cal recipients may want to use the AEVS Response Log to track AEVS transactions. This form is located at the end of the AEVS: Transactions section in this manual.

The EVC number should be noted in your patient’s records for future reference. AEVS will provide you with the option to repeat eligibility information and the verification code as needed to ensure that you record the information accurately.

Hours of Operation

Telephone AEVS is available by using a touch-tone telephone between 2 a.m. and midnight, seven days a week. If you attempt to access telephone AEVS during non-operational hours, you will receive the following message:

“The Medi-Cal Automated Eligibility Verification System is available between 2 a.m. and midnight. Please call back during these hours of operation. Thank you for calling the Automated Eligibility Verification System. Good-bye.”
In the unlikely event that telephone AEVS is unavailable during normal hours of operation, you will receive the following message when you attempt to verify eligibility for Medi-Cal or County Medical Services Program (CMSP) recipients:

“The Medi-Cal Automated Eligibility Verification System is currently unavailable. Please call back later. Thank you for calling the Medi-Cal Automated Eligibility Verification System. Good-bye.”

If AEVS is not available when you attempt to access Family PACT transactions, you will receive the following message:

“The State-Only Family Planning system is currently unavailable. Please report your problem to the POS Help Desk at 1-800-427-1295.”

Inquiry Limitations

To ensure optimal availability of telephone AEVS, providers are limited to a maximum of 10 inquiries for each telephone call. An inquiry is any request that is sent to the Medi-Cal eligibility verification system. For example, if verification is requested for a single recipient for the current month and three previous months, that is considered four inquiries. If the Medi-Cal eligibility verification system tells you that you have made an error and you resubmit the transaction, that is considered two inquiries. An inquiry for eligibility for one recipient and a Share of Cost clearance for another recipient is considered two inquiries. Any combination of inquiries, to a maximum of 10, are allowed per telephone call.

“Bypass” Procedures

After you have become accustomed to the system and the prompt messages, you may choose to “bypass” listening to the entire prompt. To use the “bypass” feature, enter the appropriate data after the beginning of each prompt.

Star Key (*)

The star key (*) has a variety of functions:

Repeat Previous Prompt

[* #] Pressing the star key followed by the pound sign key [* #] will cause AEVS to repeat the previous prompt.
Deleting Entered Data  
[* *] To delete all entered data in a current field, press two successive star keys, then enter the correct data.

For example, if you intended to enter “12345” but accidentally keyed “12567”, the mistake can be corrected by entering [* *] followed by the correct data. The sequence of keystrokes would be:

12567** 12345#

By pressing [#] you end the data entry. When AEVS receives the input, it discards all data in the field preceding the double star and takes the data following the double star as the intended input. The final input to AEVS would be “12345”.

Return To Main Menu  
[* 99 #] Pressing the star key, followed by “99”, followed by the pound sign key [* 99 #] will return you to the main menu and you will hear the following:

“To perform an Eligibility Verification, press 1. To perform a Share of Cost transaction, press 2. To perform a Medi-Service transaction, press 3. To perform a State-Only Family Planning program transaction, press 4. To end this call, press 5.”

Help Prompt  
[* 4 #] Pressing the star key, followed by “4”, followed by the pound sign key [* 4 #] will cause AEVS to speak the following message:

“Special touch-tone features exist for this application. To repeat the previous prompt, press star pound [* #]. To void data entered, press star star [* *] and re-enter the correct data. To go to the main menu, press star nine nine pound [* 99 #]. Press star four pound [* 4 #] to hear this help message any time during your call.”
ENTERING ALPHABETIC DATA

Introduction

To enter alphabetic data (letters A, B, C, etc.), press the star key (*) followed by a two-digit code representing the letter. This function is used when entering some Medi-Cal identification numbers or procedure codes with alphabetic characters.

Two-Digit Code

The first digit of the code for all letters (except “Q” and “Z”) is the keycap on which the letters appear. The second digit of the code identifies the letter’s corresponding position on the appropriate keycap.

To enter the first digit of the code, press the keycap on which the letter appears. To enter the second digit of the code for the letter, find the position of the letter on the keycap (first, second or third position) and press the corresponding keycap representing the position ([1], [2] or [3]).

For example, to enter the two-digit code for the letter “A,” first press the star key (*), then press [2] keycap to identify “A”:

```
  ABC
  2
```

Then press the [1] keycap to identify the first position:

```
  ABC
  2
```

Therefore, the two-digit code for the letter “A” is *21.
Alphabetic Codes

“Q” and “Z”

Since the letters “Q” and “Z” do not appear on any keycap of the touch-tone keypad, these two letters are treated as though they are the first two letters on keycap [1].

To enter “Q,” press (*) plus [1] to identify the letter “Q” and [1] to show that “Q” is in the first corresponding position on the keycap. Therefore, the two-digit code for the letter “Q” is *11.

To enter “Z,” press (*) plus [1] to identify the letter “Z” and [2] to show that “Z” is in the second corresponding position on the keycap. Therefore, the two-digit code for the letter “Z” is *12.

14-digit Medi-Cal ID

To enter the 14-digit Medi-Cal Identification Number “443C5213910234” you would identify the letter “C” by entering the following two-digit code (including the required star):

C = *23

Therefore, the touch-tone entry for “443C5213910234” would be “443*235213910234”.

9-digit ID Number

To enter the 9-digit ID Number “444-55-611P” you would identify the letter “P” by entering the following two-digit code (including the required star):

P = *71

Therefore, the touch-tone entry for “444-55-611P” would be “44455611*71”.

HCPCS Codes

To enter the HCPCS code “Z2345” you would identify the letter “Z” by entering the following two-digit code (including the required star):

Z = *12

Therefore, the touch-tone entry for “Z2345” would be “*122345”.
### List of Alphabetic Codes

The alphabetic code listing for AEVS is as follows:

<table>
<thead>
<tr>
<th>LETTER</th>
<th>2-DIGIT CODE</th>
<th>LETTER</th>
<th>2-DIGIT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>* 21</td>
<td>N</td>
<td>* 62</td>
</tr>
<tr>
<td>B</td>
<td>* 22</td>
<td>O</td>
<td>* 63</td>
</tr>
<tr>
<td>C</td>
<td>* 23</td>
<td>P</td>
<td>* 71</td>
</tr>
<tr>
<td>D</td>
<td>* 31</td>
<td>Q</td>
<td>* 11</td>
</tr>
<tr>
<td>E</td>
<td>* 32</td>
<td>R</td>
<td>* 72</td>
</tr>
<tr>
<td>F</td>
<td>* 33</td>
<td>S</td>
<td>* 73</td>
</tr>
<tr>
<td>G</td>
<td>* 41</td>
<td>T</td>
<td>* 81</td>
</tr>
<tr>
<td>H</td>
<td>* 42</td>
<td>U</td>
<td>* 82</td>
</tr>
<tr>
<td>I</td>
<td>* 43</td>
<td>V</td>
<td>* 83</td>
</tr>
<tr>
<td>J</td>
<td>* 51</td>
<td>W</td>
<td>* 91</td>
</tr>
<tr>
<td>K</td>
<td>* 52</td>
<td>X</td>
<td>* 92</td>
</tr>
<tr>
<td>L</td>
<td>* 53</td>
<td>Y</td>
<td>* 93</td>
</tr>
<tr>
<td>M</td>
<td>* 61</td>
<td>Z</td>
<td>* 12</td>
</tr>
</tbody>
</table>

### Alphabetic Code Listing

Press * before entering the two-digit code

![Alphabetic Code Listing Diagram]

### Function Keys

<table>
<thead>
<tr>
<th>Keys</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>[#]</td>
<td>End data entry in a field; proceed to next field</td>
</tr>
<tr>
<td>[* #]</td>
<td>Repeat the menu option</td>
</tr>
<tr>
<td>[* *]</td>
<td>Delete the current data entry in a field</td>
</tr>
<tr>
<td>[* 99 #]</td>
<td>Return to the main menu</td>
</tr>
</tbody>
</table>
This section describes how to access the Medi-Cal eligibility verification system and complete eligibility verifications.

Also included at the end of this section is the AEVS Response Log. This is designed to be photocopied for use in tracking AEVS transactions. The log was created as a convenient means of maintaining provider records only. It does not serve as valid proof of eligibility for claim submissions or appeals. It is recommended that you have this form available when you access AEVS.

**GENERAL INFORMATION**

**Provider Identification Number (PIN)**

Using a touch-tone telephone, dial 1-800-456-AEVS (2387). AEVS will respond with the following message:

"Welcome to the Medi-Cal Automated Eligibility Verification System, also referred to as A-E-V-S. Please enter your Provider Identification Number followed by a pound sign (#)."

Enter your Provider Identification Number (PIN). AEVS will respond with the following message:

"Please wait while the requested information is retrieved."

If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the second try, the call will be terminated with the following message:

"We are unable to locate the Provider Identification Number. We're sorry, we are unable to complete your call. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. If you have any questions concerning AEVS, please contact the POS Help Desk at 1-800-427-1295. Denti-Cal providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Good-bye."

**Transaction Menu**

If the PIN can be verified by AEVS, you will receive the following prompt:

"To perform an Eligibility Verification, press 1. To perform a Share of Cost transaction, press 2. To perform a Medi-Service transaction, press 3. To perform a State-Only Family Planning transaction, press 4. To end this call, press 5."
Recipient ID Number  Press 1 to verify eligibility. You will then hear the following message:

“Please enter your recipient identification number, followed by a pound sign (#).”

Enter the recipient’s Medi-Cal identification number followed by the pound sign key (#). If there are any alpha characters in the number, press the star key (*) and number keys that correspond with the letter.

Recipient Birth Date  If the recipient ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the recipient identifier is entered correctly, you will receive the following message:

“Please enter the two-digit month and four-digit year of the recipient’s birth date. For example, enter a birth date of June 20th, 1972 as 062072.”

Verifying Newborn Infant Eligibility  If you are verifying eligibility for a newborn infant billing on the mother’s ID number, enter the mother’s date of birth.

Date of Service  If the recipient birth date you entered is invalid, AEVS will prompt you to re-enter the date. If the date is entered correctly, you will receive the following message:

“Please enter the date of service in the format of two digits for the month, two digits for the day and four digits for the year. For example, enter March 5, 1994 as 03051994.”

When a valid date is entered, AEVS will attempt to access the requested recipient’s eligibility information. At this point, you should be prepared to record the information provided by AEVS.

If the recipient’s eligibility cannot be verified, you will receive the following message:

“No recorded eligibility for (month) (year) for recipient (ID number) with a birth date of (month) (year).”

If the recipient has a Share of Cost, you will hear the following message:

“This Medi-Cal recipient has a Share of Cost of _ _ _ _ dollars. To hear this information again, press 1. Otherwise, please press 2.”
If AEVS is successful in retrieving the recipient’s eligibility information for the month that you requested, you will receive the following message that will verify the recipient’s eligibility by giving you the first six letters of the last name and the first initial:

“Thank you.
The first six letters of the recipient’s name are _ _ _ _ _ _.
The recipient’s first initial is _.
The county code is _ _.
The aid code is _ _.
The Eligibility Verification Confirmation number is (number).”

After this message is spoken, please be prepared to record the recipient’s eligibility information on the AEVS Response Log.

Eligibility Message Types

The following are examples of messages you may receive when AEVS provides you with the recipient eligibility information that you requested. A recipient may have more than one eligibility message spoken for each transaction. Be prepared to record the following information:

“Recipient Medi-Cal eligible.”

“Recipient is Medi-Cal eligible for dialysis and related services only, with _ _ percent obligation.”

“Recipient is restricted to medical services related to pregnancy and family planning.”

“The recipient has other health insurance coverage under code (OHC code) – (OHC name) – (carrier code). Scope of coverage is: (scope of coverage [COV] code[s]).”

If available, you may also hear up to three occurrences of the carrier code and policy number. For a list of AEVS carrier codes, refer to AEVS Carrier Codes for Other Health Coverage on the Internet at www.medi-cal.ca.gov (click the “Publications” link, the appropriate “Provider Manual” link and then the “Online-Only Sections” link on the Medi-Cal Web site) and to the Other Health Coverage (OHC) Codes Chart section in this manual.

Note: Providers may view and download the online AEVS: Carrier Codes for Other Health Coverage section in Microsoft Word format.

After all eligibility messages are spoken for this transaction, you will receive the following message:

“To hear this information again, press 1. Otherwise, press 2.”
If you press 2, you will return to the main menu and hear the following message:


SHARE OF COST CLEARANCE OR REVERSAL

Introduction

The following process is used to access the Medi-Cal eligibility verification system to complete a Share of Cost clearance or reversal transaction.

Provider Identification Number (PIN)

Using a touch-tone telephone, dial 1-800-456-AEVS (2387). AEVS will respond with the following message:

“Welcome to the Medi-Cal Automated Eligibility Verification System, also referred to as A-E-V-S. Please enter your Provider Identification Number followed by a pound sign (#).”

Enter your Provider Identification Number (PIN). AEVS will respond with the following message:

“Please wait while the requested information is retrieved.”

If the PIN cannot be found on the Provider Master File, AEVS will prompt you to re-enter the correct PIN. If the PIN cannot be found after the second try, the call will be terminated with the following message:

“We are unable to locate the Provider Identification Number. We’re sorry, we are unable to complete your call. Please review the procedures in your AEVS User Guide or AEVS section of your provider manual. If you have any questions concerning AEVS, please contact the POS Help Desk at 1-800-427-1295. Denti-Cal providers should call 1-800-423-0507. Thank you for calling the Automated Eligibility Verification System. Goodbye.”
<table>
<thead>
<tr>
<th><strong>Transaction Menu</strong></th>
<th>If the PIN can be verified by AEVS, you will receive the following prompt:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Press 2 to clear a Share of Cost liability or reverse a previous clearance. You will then hear the following message:</td>
</tr>
<tr>
<td></td>
<td>“To perform an update, press 1. To perform a reversal, press 2.”</td>
</tr>
<tr>
<td><strong>Recipient ID Number</strong></td>
<td>If you wish to clear a Share of Cost liability, press 1. If you wish to reverse a previously cleared SOC liability, press 2. After you press 1 or 2, you will receive the following message:</td>
</tr>
<tr>
<td></td>
<td>“Please enter your recipient identification number, followed by a pound sign (#).”</td>
</tr>
<tr>
<td></td>
<td>Enter the recipient’s Medi-Cal identification number followed by the pound sign key (#). If there are any alpha characters in the number, press the star key (*) and number keys that correspond with the letter.</td>
</tr>
<tr>
<td><strong>Recipient Birth Date</strong></td>
<td>If the recipient ID number you enter is invalid, AEVS will prompt you to re-enter the number. If the recipient identifier is entered correctly, you will receive the following message:</td>
</tr>
<tr>
<td></td>
<td>“Please enter the two-digit month and four-digit year of the recipient’s birth date. For example, enter a birth date of June 20th, 1972 as 062072.”</td>
</tr>
<tr>
<td><strong>Verifying Newborn Infant SOC</strong></td>
<td>If you are performing this transaction for services rendered to a newborn infant billing on the mother’s ID number, enter the mother’s date of birth.</td>
</tr>
</tbody>
</table>
Date of Service
If the recipient birth date you entered is invalid, AEVS will prompt you to re-enter the date. If the date is entered correctly, you will receive the following message:

“Please enter the date of service in the format of two digits for the month, two digits for the day, and four digits for the year. For example, enter March 5, 1994 as 03051994.”

If the date of service that you entered is invalid, AEVS will prompt you to re-enter the date.

Note: If you have to re-enter the date of service, this is considered to be an additional inquiry and will count against the 10 inquiries you are allowed per call.

Procedure Code
If the date is entered correctly, you will receive the following message:

“Please enter a valid procedure code followed by a pound sign (#).”

If the procedure code that you entered is invalid, AEVS will prompt you to re-enter the code. If the code is entered correctly, you will receive the following message:

“The procedure code entered was (procedure code). Is this entry correct? Enter 1 for yes or 2 for no.”

Total Billed Amount
If you press 1, you will hear the following message:

“Please enter the total billed amount in the format of dollars followed by an asterisk (*) and cents followed by a pound sign (#).” (For example, for $20.50, enter “20*50#”).

If the amount you entered is invalid, AEVS will prompt you to re-enter the amount. If the amount is entered correctly, you will receive the following message:

“The billed amount entered was (amount). Is this entry correct? Enter 1 for yes or 2 for no.”
Case Number

If you press 1, you will hear the following message:

“Please enter the case number followed by a pound sign (#). Enter only the pound sign (#) if you wish to bypass the case number.”

Enter a pound sign (#) if the recipient does not have multiple Share of Cost cases. If the recipient has multiple cases, see “Multiple SOC Cases” on a following page.

Clearance With SOC

After you press the pound sign (#) for a recipient without multiple Liability Remaining cases, you will hear the following message if the recipient has additional liability:

“The amount deducted was (amount). The amount of Share of Cost remaining is (amount).”

Clearance With No SOC

After you press the pound sign (#) for a recipient without multiple Liability Remaining cases, you will hear the following message if the recipient’s Share of Cost is certified (no Share of Cost liability remaining):

“The first six letters of the recipient’s name are _ _ _ _ _ _. The recipient’s first initial is _. The county code is _ _. The aid code is _ _. The amount deducted was (amount). Share of Cost certified. The Eligibility Verification Confirmation number is (number).”
You will then hear the messages telling you what kind of eligibility and/or restrictions the recipient has. For example:

“Recipient Medi-Cal eligible.”

“Recipient is Medi-Cal eligible for dialysis and related services only, with ___ percent obligation.”

“Recipient is restricted to medical services related to mental health care.”

Multiple SOC Cases

If the recipient has multiple cases, enter the case number you wish to clear and press the pound sign (#). The recipient will have a letter listing all case numbers. If you do not enter a case number, and there is more than one case number associated with the recipient, you will hear the following message:

“Recipient is in multiple cases. The recipient has the following Share of Cost case numbers: Case number (#) currently has a Share of Cost amount of (amount). Case number (#) currently has a Share of Cost amount of (amount).” (You will hear one to four case numbers associated with the recipient.) “Please enter the case number followed by a pound sign (#).”

If the recipient has more than four case numbers, you will also hear the following:

“The recipient also has additional Share of Cost case numbers not mentioned in this transaction.”

You can obtain a complete list of all the recipient’s SOC case numbers from the recipient’s Share of Cost Case Summary letter. Please see Share of Cost (SOC), in this manual.

Note: Each time you clear a Share of Cost for a case number counts as a transaction. You may clear up to 10 case numbers in one telephone call.

If you entered a case number, you will hear the following message after you press the pound sign (#):

“The case number entered was (case number). Is this entry correct? Enter 1 for yes or 2 for no.”
Entering Applied Amount For Case Numbers

If you press 1, you will hear the following message:

"Please enter the applied amount for the case number in the format of dollars followed by a star (*) and cents followed by a pound sign (#)." (For example, for $10.25, enter "10*25#".)

If the amount you entered is invalid, AEVS will prompt you to re-enter the amount. If the amount is entered correctly, you will receive the following message:

"The applied amount entered was (amount). Is this entry correct? Enter 1 for yes or 2 for no."

SOC Reversal

If you press 1, you will hear the following message if you requested a Share of Cost reversal:

"Amount added was (amount). Amount of Share of Cost remaining is (amount)."

Requesting Reversal SOC Non-Phased-In Counties

If you request a Share of Cost clearance for a recipient whose county has not phased to plastic Benefits Identification Cards, you will hear the following message:

"The Share of Cost clearance system is not operative in the recipient's county for the month requested. Use the MC 177 form for Share of Cost clearance."
Automated Eligibility Verification System (AEVS) Response Log

Transaction Type:

__ Eligibility Verification  __ Share of Cost (SOC)  __ Medi-Service
  __ spend down          __ reservation
  __ reversal            __ reversal

Information entered:

Recipient ID #: _________________ Date of Birth: ____________ Date of Service: ______________
(mm/yyy)                     (mm/yyy)

Procedure Code: ______________ (SOC or Medi-Service)

Billed Amount: $_____________ (SOC only)

Applied Amount: $_____________ (Multiple SOC Cases only) SOC Case #: ______________

Response from the Network:

Recipient Name: ___________________ County Code: _____ Primary Aid Code: ______
1st Special Aid Code: _____
2nd Special Aid Code: _____

Message(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Share of Cost (if any): $____________ Case #: ______________ SOC: $____________
Case #: ______________ SOC: $____________
Case #: ______________ SOC: $____________

Medicare Coverage: ___ Part A ___ Part B HIC #: __________________

Other Health Insurance Coverage code: ____________________________________________

Scope of Coverage (circle those which apply): V P L O I M COMPREHENSIVE

Eligibility Verification Confirmation Number: __________________________

Today’s Date: __________________ Transaction performed by: _______________________

(THE FORM IS FOR YOUR RECORDS ONLY)