STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

February 2, 1989

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 89-11

SUBJECT: AUTOMATED ELIGIBILITY VERIFICATION SYSTEM (AEVS)

This is to notify counties of the new Automated Eligibility Verification System (AEVS) which will be available to Medi-Cal providers beginning March 1, 1989.

The AEVS will give providers a mechanism for determining a beneficiary's Medi-Cal eligibility when a Medi-Cal identification card is unavailable. By using a touch-tone telephone, providers will be able to inquire about beneficiary eligibility with either a 14-digit beneficiary identification number or the beneficiary's Social Security Number. The AEVS will contain Medi-Cal eligibility information for the current month and the prior three months.

Providers must apply for participation in AEVS. Providers are enrolled by the Medi-Cal fiscal intermediary, Electronic Data Systems (EDS). Once enrolled, providers will be assigned a special PIN number to be used when accessing the AEVS.

The AEVS is a voice prompt and response system. Callers will be asked to enter their PIN, the beneficiary's identification number or SSN, the month of service for which they are requesting eligibility verification, and the beneficiary's year of birth. Each step is prompted by a voice message requesting that certain information be entered. If the information is entered correctly, a voice prompts the caller to enter the next required field. If it is entered incorrectly, a voice prompts the caller to re-enter that field. After three incorrect attempts of entering the requested information the caller is informed that the AEVS is unable to complete the call, and the call is terminated.

If Medi-Cal eligibility is verified for the beneficiary, the provider is given that information, along with any eligibility limitations that apply. These include service restrictions; unmet share of cost; participation in a health care plan; other health coverage; and aid code limitations such as emergency and pregnancy related medical services or County Medical Services Program (CMSP) eligibility. The provider will be given a special AEVS verification number which is to be included on any claims submitted to EDS for that beneficiary and month of service. The verification number will serve as proof of eligibility only, and does not guarantee claims payment. All other claims conditions, including beneficiary restrictions or limitations, must be met before the claim will be paid.

The AEVS is required by law to be self-supporting. Although there will be no toll charges for calls made to the AEVS, providers will be charged $2 for each phone call to the system. These charges will be deducted from future claims.

Counties are reminded that they are still required to provide verification of Medi-Cal eligibility to providers upon request, even though the AEVS is available. The requirements for eligibility verification are found in Medi-Cal Eligibility Manual Procedures Section 14D

If you have any questions, please contact your MEDS liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: April 30, 1990