

Michigan Department of Community Health

Bulletin Number: MSA 09-04

Distribution: All Providers

Issued: January 1, 2009

Subject: Eligibility Verification System (EVS) – Automated Voice Response System (AVRS) Fee

Effective: February 1, 2009

Programs Affected: Medicaid, Adult Benefits Waiver, Children's Special Health Care Services, Maternity Outpatient Medical Services, MICHild, Plan First!

Effective February 1, 2009, the Michigan Department of Community Health (MDCH) will no longer fund the fees for the Automated Voice Response System (AVRS): 1-888-696-3510. Providers can continue to use this system to verify eligibility but will be obligated to pay a fee. Please contact Emdeon at 1-866-558-3581 for more information concerning the fee and payment instructions. This change is a result of Executive Order 2008-21.

Providers can continue to verify eligibility free of charge using web-DENIS. In order to access web-DENIS, please review the following instructions:

- **Participating Blue Cross/Blue Shield of Michigan (BCBSM) providers with current access to web-DENIS:** Refer to the attachment - Medicaid Eligibility via web-DENIS.
- **Participating and non-participating BCBSM providers without access to web-DENIS:** Visit the BCBSM website at www.bcbsm.com (Select the 'Providers' tab, then 'Patient eligibility and benefits (web-DENIS)', then 'Learn how to sign up') for access information including the web-DENIS application and agreement forms. Fax the completed forms to BCBSM at 248-486-2214 and they will return a web-DENIS user ID/password for each user.

For additional information on web-DENIS, refer to the MDCH website at www.michigan.gov/medicaidproviders >> Eligibility Verification System.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Jamy Hengesbach
MDCH/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: hengesbachj@michigan.gov

If responding by e-mail, please include "Fee Comment" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and "R".

Paul Reinhart, Director
Medical Services Administration

Michigan Department of Community Health
Medical Services Administration

Medicaid Eligibility via web-DENIS

1. Go to the BCBSM website at www.bcbsm.com
 - a. Click on the Provider tab
 - b. Enter your user ID and password
 - c. Then click the '**Login**' button
 - d. Then click on the '**web-DENIS**' link (left column).
2. Click on the '**Subscriber Information**' link listed on the main menu.
3. Click on the '**Eligibility/Coverage/COB**' link.
4. Select the '**Medicaid**' radio button and then click '**Enter**'.
5. Enter the Beneficiary ID in the '**Contract No:**' field. If you do not have the Beneficiary ID, you may search using the Beneficiary Last Name, First Name, and Date of Birth.
6. Enter your National Provider Identifier (NPI).
7. Enter the date of service in the 'Service Date' field (Note: The eligibility information will be returned for entire month).
8. Click '**Enter**' to begin your search.