



## **Attention All Providers**

The print format for the Medicaid Eligibility Verification System Web Application (eMEVS) has been updated. Please refer to the second page of this document for a sample copy of the new format with descriptions and changes.

These changes have been put into place so that most printouts will be limited to one page.

# Medicaid Eligibility Verification System Web Application

## Navigation Menu

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**IMPORTANT: DO NOT use the "BACK" browser button - please use the navigation menu.**  
**Note:** For Technical Support, Please Contact (877) 598-8753  
**Note:** For Eligibility Information Support, Please Contact (800) 473-2783 or (225) 924-5040  
**Note:** The date field formats have changed - enter date in MM/DD/YYYY format  
**NOTE: CMS REGULATIONS LIMIT PROVIDING RECIPIENT ELIGIBILITY OLDER THAN THE MOST CURRENT 12 MONTHS.**

<b>Search Type</b>	Card Control Number and DOB	<b>Card Control Number</b>	9999999999999999	<b>Date of Birth</b>	01/01/1984	<b>Plan Date</b>	02/08/2012
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Search Criteria displayed across top of page

### Subscriber Information

**Name** O'ANA , LOU Z  
**Subscriber ID** 9999999999999999  
**Date of Birth** 01/01/1984  
**Sex** Male  
**Address** C/O MOLINA  
 BATON ROUGE LA 70809-0000

### Provider Information

**Provider** DHH EXEC MGMT/MOLINA SYSSTAF  
**NPI** 99999999999  
**Submitter ID** 99999999999

Subscriber/Provider Information now displayed side by side.

For name or address discrepancies, recipients must call LA Medicaid-Eligibility Hotline 1-877-252-2447.

### Health Benefit Plan Coverage

Less white space and smaller font used in Plan Coverage.

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
<b>Active Coverage</b>	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. <b>Plan Begin Date</b> 07/01/1999
<b>Benefit Description</b>	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
<b>Managed Care Coordinator</b>	Medical Care	Medicaid	<b>BAYOU HEALTH PLAN</b> <b>Benefit Begin</b> 01/01/2012 <b>Managed Care Organization</b> Managed Care Organization <b>Telephone</b> (999)999-9999
<b>Active Coverage</b>		Medicaid	Medical Care, Chiropractic, Dental Care, Hospital, Emergency Services, Pharmacy, Professional (Physician) Visit - Office, Vision (Optometry), Mental Health, Urgent Care

Plan Begin Date is the effective date of Medicaid coverage.

Benefit Begin Date is the effective date of Bayou Health Plan coverage.

Please Note: Individual coverage level applies to all benefits.

**Request Reference Number**

**Response Reference Number**

Transaction run on 02/08/2012 at 01:16:38 CT by LAMedicaid - Louisiana Medicaid