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**
- Search
- Response
- Print Friendly
- Main Menu
- Help

**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.

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### Search Criteria displayed across top of page

<table>
<thead>
<tr>
<th>Search Type</th>
<th>Card Control Number and DOB</th>
<th>Date of Birth</th>
<th>Plan Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9999999999999999</td>
<td>01/01/1984</td>
<td>02/08/2012</td>
</tr>
</tbody>
</table>

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### Subscriber Information

- **Name:** O'ANA, LOU Z
- **Subscriber ID:** 99999999999999
- **Date of Birth:** 01/01/1984
- **Sex:** Male
- **Address:** C/O MOLINA
  BATON ROUGE LA 70809-0000

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

### Provider Information

- **Provider:** DHH EXEC MGMT/MOLINA SYSSTAF
- **NPI:** 9999999999
- **Submitter ID:** 99999999999

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### Health Benefit Plan Coverage

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

**Please Note:** Individual coverage level applies to all benefits.

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**Request Reference Number**: 1020123

**Response Reference Number**: 1234567890

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

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3/2012