MEDICA®

Electronic Transactions – Eligibility Inquiry Helpful Hints

►Automatic Logout:

You will be automatically logged out of the provider portal after 30 minutes of inactivity. This is designed as a security feature.

►Data Elements Required for an Eligibility Search:

When performing a search on the Eligibility Inquiry transaction, the following is required:

Member and Patient Information:

- Date of Birth is required **and** *either*
  - Patient/Member ID number (Group/Policy number is optional) **-OR-**
  - Last Name and First Name

Provider Information:

- Federal Tax ID

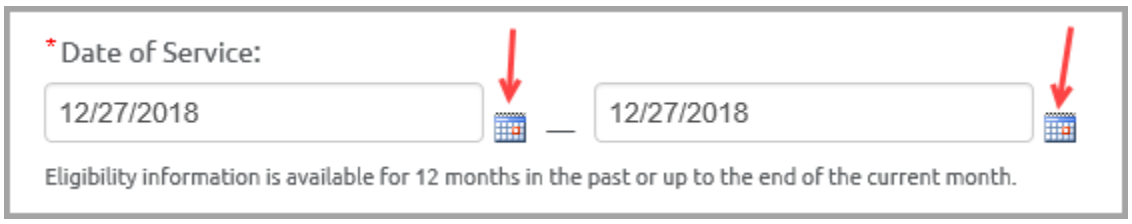
Service Information:

- Service Type
  - Defaults to *Health Benefit Plan Coverage* (Generic view: No specific benefit selected. Shows overview of 12 benefit headings)
  - Dropdown menu: Explicit view: One specific benefit set is selected. There are 53 benefit headings to choose from.
- Date of Service
  - Today's date or up to 12 months in the past
  - Cannot search for future dates of service

►Determination of Inactive/Terminated Policies

Entering Information:

Enter the date of service you wish to search for by selecting the calendar icon or leave the default date.



Returned Information:
If the member is *not* effective for the "Date of Service," the results returned will give the Patient Effective Date as the "date of service" entered.

You will also need to look under the Health Benefit Plan Coverage section as it will state "inactive". In this example, it states "inactive" indicating there is no coverage for the "date of service" searched.

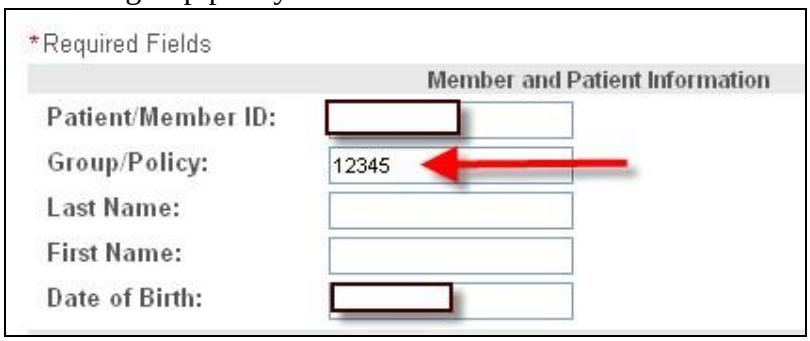
►Group/Policy number:

Group/policy number is not a required data element when searching for eligibility. However, if you do use the group/policy number in your eligibility search, here are some helpful hints:

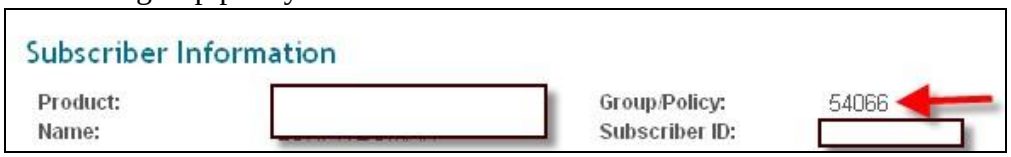
Returning the Active or Current Group/Policy number

If you do use group/policy number as a search element, please note that if the group number entered is inactive or incorrect for the timeframe you are inquiring about, the correct group number will be returned on the results page. Please make sure to verify the group number returned.

Entered Information:
Incorrect group/policy number entered in search is 12345:



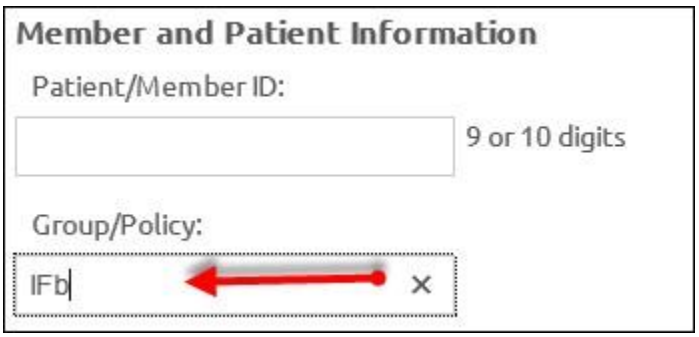
Returned Information:
Corrected group/policy number returned is 54066:



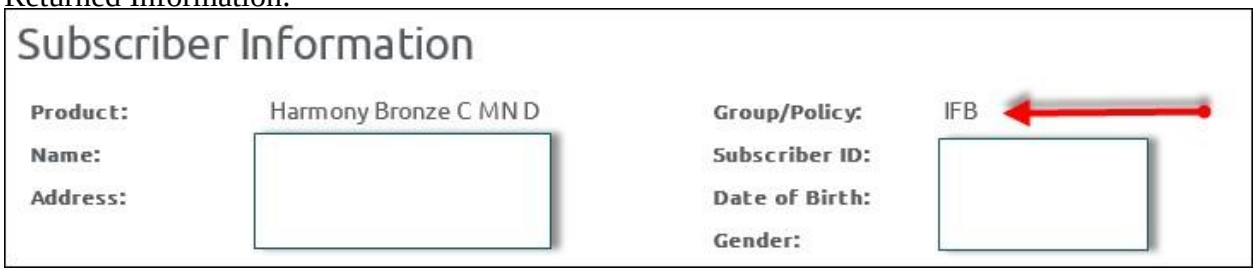
Alpha and Alphanumeric Group/Policy number:

If you are using an alpha or alphanumeric group/policy number as a search element, please note that the search is not case sensitive. You can use all uppercase, all lowercase, or a combination of upper and lower case. Results will return in all uppercase.

Entered Information:



Returned Information:



►Benefit Results:

Tiered Benefits:

Some Medica benefits may include benefit tiers. A benefit tier means the member's benefit will be covered differently based on how many hours/visits/days the member has received a specific service. Below are two examples:

Tiered Benefit based on number of visits received:

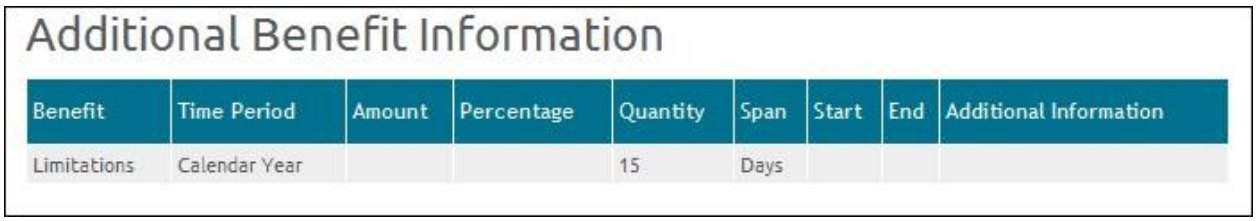
Row 1: Visits 1-5 have a $0 copayment and 0% coinsurance per visit
Row 2: Visits 6+ have a $0 copayment and 20% coinsurance per visit

Tiered Benefit based on number of consecutive days inpatient:

Row 1: Days 1-20 have a $0 copayment and 0% coinsurance per day
Row 2: Days 21-100 have an $80 copayment and 0% coinsurance per day

Benefit Limitations:

Some Medica benefits may include visit limitations. This information will typically be displayed in a table titled Additional Benefit Information, as shown below.



Additional Benefit Information

Benefit	Time Period	Amount	Percentage	Quantity	Span	Start	End	Additional Information
Limitations	Calendar Year			15	Days			

The Additional Benefit Information table is stating that there is a limit per calendar year of 15 days (Note: The span of "days" will typically be based on 1 visit per day.)