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Department of Health Care Services



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DATE: December 28, 2017

PPL 17-017R
Revised

TO: All Local Governmental Agency (LGA) Coordinators for the Targeted Case Management (TCM) Program

SUBJECT: Automated Eligibility Verification System (AEVS) Transition

Purpose

The purpose of this Policy and Procedure Letter (PPL) is to notify LGA Coordinators that the Department of Health Care Services (DHCS) is transitioning the Affordable Care Act (ACA) encounter aid code verification method from the Medi-Cal Eligibility Data System (MEDS) to a new Automated Eligibility Verification System (AEVS) in December 2017.

Background

The TCM System is designed to verify Medi-Cal eligibility on a nightly basis. Encounters entered by the LGAs into the TCM system will receive an “eligible”, “non-eligible” or “pending” status depicting an individual’s Medi-Cal eligibility. Currently, the TCM System lacks the functionality to verify aid codes for ACA encounters. To circumvent this issue, DHCS granted LGAs MEDS access to verify aid codes for ACA encounters (PPL 15-004). DHCS is now transitioning LGAs from MEDS to AEVS.

AEVS uses the same data sources as MEDS. AEVS verifies a beneficiary’s eligibility for current and/or prior 12 months and will also provide information on:

- Share of Costs (SOC)
- Other Health Coverage and Prepaid Health Plan (PHP) status
- Beneficiaries in fee-for-service pending enrollment into a Medi-Cal managed care plan, a Denti-Cal managed care plan, or both
- Service restrictions placed on that beneficiary
- Clearing SOC liability
- How podiatrists and certain allied health providers may reserve Medi-Services

Accessibility

Eligibility data will continue to be accessible for LGAs under AEVS. The aid codes that are currently verified in MEDS such as M1 and 7U are also available in AEVS. The data within AEVS provides all the necessary fields for LGAs to complete TCM ACA invoices.

LGA TCM staff will be able to access AEVS through an online link that will only require one group user login for the participating TCM LGA. DHCS will conduct periodic AEVS login security reviews, therefore, LGAs are required to provide DHCS with the name and classification of the users that will access AEVS. Upon change of employment with an authorized AEVS user, the LGA coordinator must request a new pin for their LGA's AEVS group by contacting DHCS at dhcs-tcm@dhcs.ca.gov.


AEVS is designed to be user friendly, resulting in simple results for Medi-Cal eligibility. When determining a client's eligibility, a red, yellow, or green light will appear providing the Medi-Cal eligibility status (example below).

Note: After transmitting your batch, you will receive Medi-Cal eligibility information within two hours.


The Internet response is communicated via signal lights at the top of the screen, color-coded in green, yellow or red depending on eligibility status.

You will receive a Trace Number (Eligibility Verification Confirmation [EVC] Number), once recipient (subscriber) eligibility is verified. Keep this number for your records.

If the subscriber is ineligible, the POS device will display the message "no recorded eligibility for month/year."



Eligibility Response			
Subscriber ID:	Subscriber Name:		
1234567891234			
Subscriber Birth Date:	Issue Date:	Service Date:	
MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	
Primary Aid Code:	First Special Aid Code:		
00			
Second Special Aid Code:	Third Special Aid Code:		
Subscriber County:	HC Number:		
01 - Alameda			
Trace Number (Eligibility Verification Confirmation [EVC] Number):			
123456789			
Eligibility Message: LAST NAME REQUIRED. EVC IS INELIGIBLE. CITY CODE IS FIRST AID CODE IS MEDICAL ELIGIBLE IN 999999.			



Data Elements

The following fields will be viewable through AEVS which provide all the necessary information needed for the TCM program:

- Name
- Subscriber ID
- Service Date
- Subscriber Date of Birth (DOB)
- Issue Date
- Primary Aid Code
- 1-4 Special Aid Codes
- Subscriber County

- Medicare beneficiary's identification number (HIC Number)
- Primary Care Physician Phone Number
- Service Type
- Spend Down Obligation
- Remaining Spend Down Amount
- Trace Number (Eligibility Verification Confirmation (EVC) Number)

LGA Transition Requirements

To activate an AEVS account, LGAs must meet the two requirements stated below.

1. Have an executed TCM Provider Participation Agreement (PPA) with DHCS.
2. Have an executed Medi-Cal Point of Service (POS) Network/Internet Agreement (DHCS will provide the agreement by e-mail to all participating TCM LGAs).
3. Provide DHCS the name and classification for each authorized LGA AEVS user by e-mail to dhcs-tcm@dhcs.ca.gov.

Submit the required Medi-Cal POS Network/Internet Agreement to:

AEVS Account Manager
Department of Health Care Services
Medi-Cal Eligibility Division
Compliance and Contract Unit
1501 Capitol Ave, MS 4607
PO Box 997417
Sacramento, CA 95899-7417

Implementation

The MEDS to AEVS transition will occur in December 2017 and will be coordinated by the DHCS' AEVS Account Manager who will create and maintain AEVS online accounts, and delete existing MEDS accounts for TCM LGAs. AEVS will be the only means to verify aide codes and Medi-Cal eligibility. DHCS will discontinue existing LGA MEDS accounts once AEVS access is granted or by the end of December 2017. Training material for AEVS is enclosed.

For questions regarding this PPL, e-mail the TCM program at dhcs-tcm@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Shelly Taunk, Chief
County-Based Claiming and Inmate Services Section

Enclosures:

Medi-Cal eLearning Tutorial "TCM Automated Eligibility Verification System"
(AEVS) PowerPoint