



HIPAA 270/271 Medicaid Eligibility Request Files

AWARDS INSTRUCTION SHEET

The HIPAA 270 file is designed to create a batch of Medicaid eligibility requests to be uploaded to the New York State Department of Health via the eXchange option on the EMedNY website. The response file, or 271, generated by eXchange must then be downloaded from eXchange and uploaded into AWARDS. Once the file is uploaded, it can be viewed as a plain-language report in AWARDS, showing the current Medicaid status for all clients included in the batch.

ABOUT THIS DOCUMENT

This document is intended to guide you through the process of viewing and working with Medicaid Eligibility request files. Specific topics covered are:

- [Program Billing Information Setup](#) – Learn how to setup the agency in order to make the request. Page **1**
- [Entering Consumer Medicaid Data](#) – Learn how to enter entitlements for Medicaid billing. Page **2**
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PROGRAM BILLING INFORMATION SETUP

Program billing setup must be completed prior to making an eligibility request. This step associates each agency program with specific information to be used with the Medicaid Eligibility inquiry.

To enter program billing information, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **Billing Menu**. The *Billing Menu* page is displayed.
3. Click **Program Billing Info**. The *Program Billing Info* selection page is displayed.
4. Click the **Program** drop-down arrow and select the program for which billing information is to be entered.
5. Click **CONTINUE**. The *Program Billing Information* data entry page is displayed.
6. Configure the fields and options on this page as necessary.

When selecting the program group, keep in mind that all programs in a program group must have the same Medicaid Provider Number.

For more information on the Program Billing Information page's fields and options, see AWARDS Online Help.

7. Click **CONTINUE**. The program billing information is saved and a confirmation page is displayed.
8. Click **Billing Menu**. The *Billing Menu* page is displayed.
9. Repeat steps **3** through **9** as necessary until program billing information has been entered for all applicable programs.
10. Click **Opening Menu**. The *AWARDS Opening Menu* page is displayed.

The process of entering program billing information is now complete.

ENTERING CONSUMER MEDICAID DATA

For each consumer whose Medicaid eligibility you wish to check, you must have separate entitlements records for the Medicaid number (including the effective date), and the Medicaid sequence number (including the effective date). The Medicaid number and Medicaid sequence number (MEDSEQ#) entitlements can be entered through the entitlements section of the face sheet, or through the Entitlements module Certified Entitlements feature.

To enter the consumer Medicaid data from the Entitlements module, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Entitlements**. The *Entitlements Menu* page is displayed.
2. Click the **Program** drop-down arrow and select the program associated with the consumer for whom the entitlements record is to be entered.
3. Click the **Database** drop-down arrow and select "Data Entry."
4. To limit consumer selection by name, click the **A-Z** drop-down arrow and select the initial of the consumer's last name. An asterisk (*) in this field will include all consumers in the selection process.
5. Click **Certified Entitlements**. The *Certified Entitlements Consumer Selection* page is displayed.
6. Click the **Consumer** drop-down arrow and select the consumer for whom the certified entitlements record is to be entered.
7. Click **CONTINUE**. The *Certified Entitlements* page is displayed.
8. Click the **Add New Eligibility** link in the "Insurance / Subsidized Payments Information" portion of the page. A new eligibility record is opened and displayed on the *Certified Entitlements Update* page.
9. Click the **Standard** Eligibility drop-down arrow and select "MEDICAID." Configure the corresponding fields as necessary, including the effective date.

For more information on the Certified Entitlements Update page's fields and options, see AWARDS Online Help.

10. Click **UPDATE**. The certified entitlements record is saved and the updated *Certified Entitlements* page is displayed.

11. Click the **Add New Eligibility** link in the "Insurance / Subsidized Payments Information" portion of the page. A new eligibility record is opened and displayed on the *Certified Entitlements Update* page.
12. Click the **Standard** Eligibility drop-down arrow and select "MEDSEQ#." Configure the corresponding fields as necessary, including the effective date.
13. Click **UPDATE**. The certified entitlements record is saved and the updated *Certified Entitlements* page is displayed.

The process of entering consumer Medicaid data is now complete.

MAKING AN ELIGIBILITY REQUEST

To create the Medicaid eligibility request file, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click Medicaid Eligibility. The *Medicaid Eligibility Menu* page is displayed.

User groups with access to the Medicaid Eligibility page are: Fiscal, Executive Officer, Direct Care Program Director, and Entitlements.

3. Click **Create Eligibility Inquiry File**. The *Medicaid Eligibility Inquiry* page is displayed.
4. Click the **Program** drop-down arrow and select the program associated with the consumer or consumer whose status is to be checked.
5. Click **CONTINUE**. The *Medicaid Eligibility Inquiry date/consumer selection* page is displayed.
6. In the **Eligibility Date** field, type the eligibility date to be used for the check. The default value is today's date.
7. Click the **Consumer** drop-down arrow and select the consumer whose status is to be checked. The default value is "All Consumers."
8. Click **Create 270 Eligibility Inquiry File**. The *HIPAA 270 Eligibility Inquiry File Created* page is displayed, which includes a link to the file itself.
9. Right-click the file link, and select **Save Target As** to save the file to the PC's hard drive or to a disk.

The process of creating the eligibility request file is now complete, and the file must be uploaded to EMedNY eXchange.

The eligibility inquiry file requires a Medicaid CIN for submission, and only includes those consumers who have a CIN entered in AWARDS. When creating an entitlement record in AWARDS for consumers whose Medicaid status is unknown, chose the "Medicaid?" entitlement instead of the "Medicaid" entitlement. When creating an eligibility inquiry file, there is a choice of a single consumer, "All Consumers," or "Medicaid? Consumers." If the 271 Response indicates that a Medicaid? consumer has an active Medicaid status, his or her entitlement should be changed from "Medicaid?" to "Medicaid."

RECEIVING AND UPLOADING AN ELIGIBILITY RESPONSE

271 eligibility response files must be retrieved from the EMedNY interface and saved on a hard drive or disk order for them to be uploaded into AWARDS. The eXchange response on the EMedNY website is usually available within 24 hours of having submitted the 270 file.

To upload the response file once it has been retrieved from EMedNY, complete the following steps in AWARDS:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **Medicaid Eligibility**. The *Medicaid Eligibility Menu* page is displayed.
3. Click **Upload Eligibility Response File**. The *Upload Medicaid Eligibility Response* page is displayed.
4. Indicate which file is to be uploaded by typing its name (including the path to its location on the PC) in the **Browse or type in the name of the file to upload** field, or by clicking **Browse** to select the location of the file.
5. Click **CONTINUE**. The file is uploaded into AWARDS.

The process of uploading a response file is now complete, and the response can be read in AWARDS.

READING THE ELIGIBILITY RESPONSE FILE

To read the eligibility response file in AWARDS, complete the following steps:

1. From the *AWARDS Opening Menu* page, click **Fiscal/Program**. The *Fiscal/Program Reports Menu* page is displayed.
2. Click **Medicaid Eligibility**. The *Medicaid Eligibility Menu* page is displayed.
3. Click **Read Eligibility Response File**. The *Read Medicaid Eligibility Response* page is displayed, which includes a list of the eligibility response files that have been uploaded.
4. Click the radio button next to the file to be read.
5. Click **CONTINUE**. The read-only response file is displayed on the *Medicaid Eligibility Inquiry Response* page. It contains the following information:
 - **CIN** – The Medicaid CIN number of each consumer included in the batch.
 - **Name** – The name of each consumer included in the batch.
 - **Date** – The date for which eligibility has been verified.
 - **Response** – The consumer's eligibility status, which includes Medicaid status and may also include the status of other benefits and entitlements, as well as the Medicaid recertification date.

The response file can be exported to Microsoft Excel using the Excel link at the bottom of the response page.

The process of reading a response file is now complete.