

# Eligibility Verification Information System (ELVS)

Last Updated December 2023

# Overview

## Provider Training on ELVS

- ELVS is an online web portal used to verify member eligibility and benefit coverage.

## Link to Iowa Medicaid Portal:

- <https://hhs.iowa.gov/node/1659>

# How to Access ELVS

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Access the [ELVS Web Portal](#)



If you currently do not have access to the ELVS web portal, you can [register your provider](#). Each additional user that would like access to the provider's information can complete the [additional access request form](#).



If you have any questions regarding EDISS registration, please call 1-800-967-7902.

# Login Instructions

- Log in using the assigned **Username** and **Password**.
- Click **Submit**.

17-Aug-2021  
[Sign In](#)

Home

### LOGIN

Welcome to Iowa Medicaid Batch and Real-time submission facilities. Available 24 hours a day to pick up and drop off batch files and submit real-time requests for Eligibility, Claim Status, Prior Authorizations and Provider Summary. Please enter your Username and Password to access your secure account.

Username \*

Password \*

Forgot your password? Please call EDI Support Services at (800) 967-7902 for assistance.

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# Member Eligibility

- Click **Eligibility** to check for a member's eligibility

The screenshot shows the main menu of the Iowa Medicaid Enterprise web application. The header includes the Iowa Department of Human Services logo and the text 'Iowa Medicaid Enterprise'. The user is logged in as '17-Aug-2021 | Logged in as [redacted]' with a 'Sign Out' link. The navigation bar contains 'Home', 'Eligibility', 'Claim Status', and 'Provider Summary'. The main menu is divided into 'Batch Processing' and 'Real-Time Processing' sections. The 'Eligibility' button in the 'Real-Time Processing' section is highlighted with a red arrow.

Department of  
**HUMAN SERVICES**  
Iowa Medicaid Enterprise

17-Aug-2021 | Logged in as [redacted] [Sign Out](#)

Home | Eligibility | Claim Status | Provider Summary


### Main Menu

Batch Processing	Real-Time Processing
<a href="#">Batch FTP</a>	<a href="#">Eligibility</a> (270/271)
	<a href="#">Claim Status</a> (276/277)
	<a href="#">Prior Authorization</a> (278)
	<a href="#">Provider Summary</a>

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# Complete the Eligibility Request

Fill in the **NPI** of the provider, **Last Name** of the member, the **Medicaid Number**, if available, and the **Date of Eligibility** if different from the date the request is being ran.



Click **Submit**

# Benefit Information

- The benefit information will be listed by category. **Be sure to look at all entries on both pages.**

Home | Eligibility | Claim Status | Provider Summary

### Eligibility Request

**Submitting Entity Information**

NPI : \*  Trading Partner ID : ?

**Member Information - Required**

Last Name : \*  First Name :

Middle Name :  Suffix :

**Additional Search Criteria**

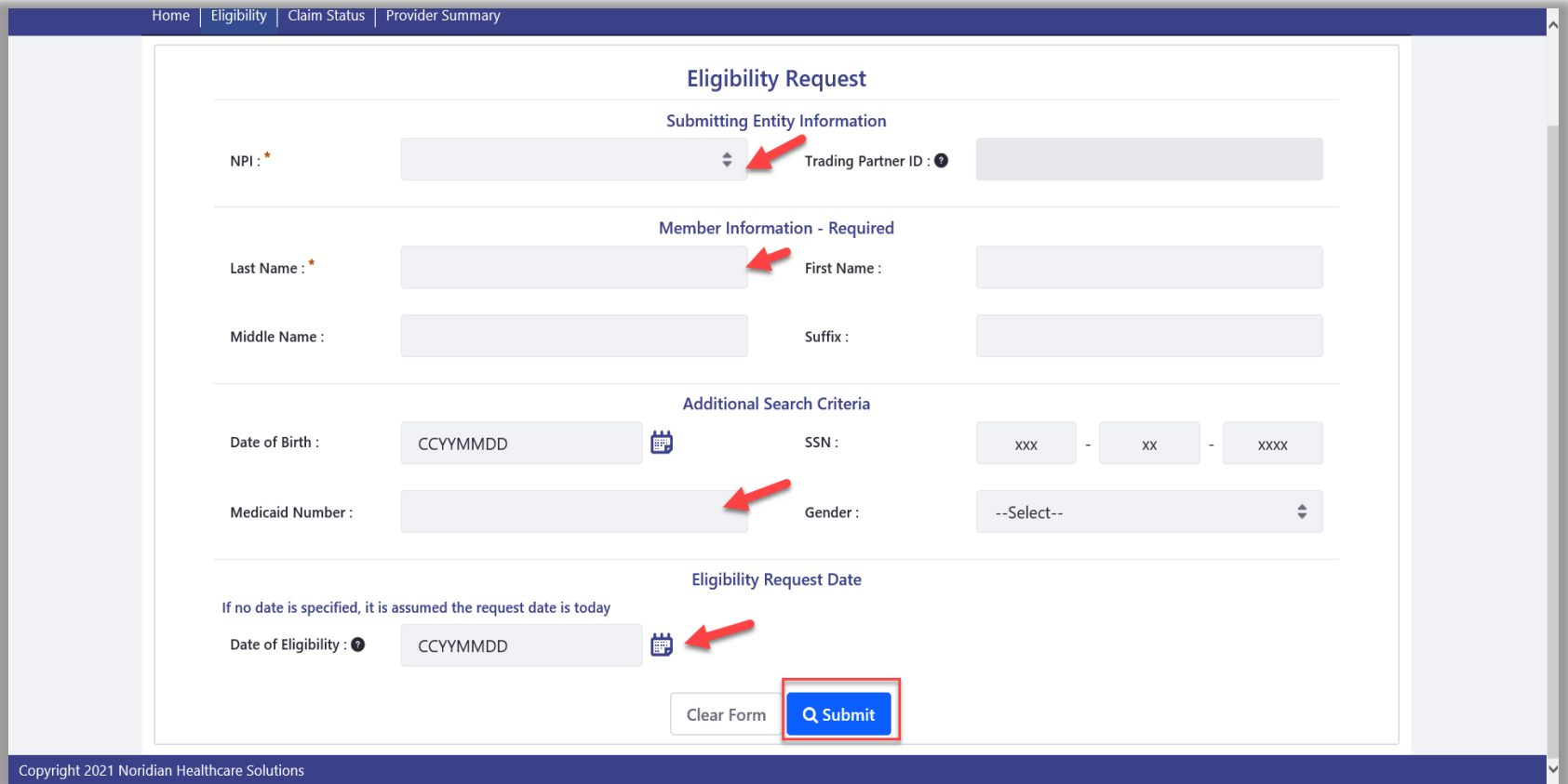
Date of Birth :   SSN :  -  -

Medicaid Number :  Gender :

**Eligibility Request Date**

If no date is specified, it is assumed the request date is today

Date of Eligibility : ?



## Medical Coverage: Inactive Member

- If the member doesn't have active coverage for the date of service, the **Benefit Type** will show **Inactive**.

Benefit Type :	<b>Inactive</b>		
Coverage Level :	Individual		
Service Type :	Health Benefit Plan Coverage		
Insurance Type :	Medicaid		
Plan Coverage Description :	IOWA MEDICAID		
Additional Information :			
Benefit Amount :		Quantity :	Percentage :
Availability Time Period :	Month		
Benefit Specific Dates :	Plan 20200301-20200331		
Benefit Related Entity :			
Benefit Entity Contact :			
Benefit Provider Role :			



## Medical Coverage: Active Member

- An active member will show with a **Benefit Type of Active Coverage.**

Benefit Type :	Active Coverage		
Coverage Level :	Individual		
Service Type :	Health Benefit Plan Coverage		
Insurance Type :	Medicaid		
Plan Coverage Description :	IOWA MEDICAID		
Additional Information :			
Benefit Amount :		Quantity :	Percentage :
Availability Time Period :	Month		
Benefit Specific Dates :	Plan 20210801-20210831		
Benefit Related Entity :			
Benefit Entity Contact :			
Benefit Provider Role :			

# Medical Coverage: Co-Payment Information

- **Co-payment** information will be noted.

Benefit Type :

Co-Payment

Coverage Level :

Individual

Service Type :

Health Benefit Plan Coverage

Insurance Type :

Medicaid

Plan Coverage Description :

IOWA MEDICAID

Additional Information :

This member is excluded from any copayments for services which would otherwise require a copayment.

Benefit Amount :

0

Quantity :

Percentage :

Availability Time Period :

Lifetime Remaining

Benefit Specific Dates :

Plan 20210801-20210831

Benefit Related Entity :

Benefit Entity Contact :

Benefit Provider Role :

# Dental Plans & MCOs

- Dental plan assignment and MCO assignment information will be shown.

Benefit Type :	Active Coverage	
Coverage Level :	Individual	
Service Type :	Dental Care	
Insurance Type :	Medicaid	
Plan Coverage Description :	IOWA MEDICAID	
Additional Information :	The member is also enrolled in the Dental Wellness Plan with MCNA Dental for dental services. Please contact MCNA Dental at (855) 247-6262 for benefit or service limitations,TPL and ABM accruals.	
Benefit Amount :	Quantity :	Percentage :
Availability Time Period :	Month	
Benefit Specific Dates :	Plan 20210801-20210831	
Benefit Related Entity :		
Benefit Entity Contact :		
Benefit Provider Role :		

# Contact Information

- MCO or dental plan contact information will be shown.

Benefit Type : Contact Following Entity for Eligibility or Benefit Information

Coverage Level :

Service Type :

Insurance Type :

Plan Coverage Description : MCO

Additional Information :

Benefit Amount :

Quantity :

Percentage :

Availability Time Period :

Benefit Specific Dates :

Benefit Related Entity : IOWA TOTAL CARE INC

Benefit Entity Contact : 8334041061

Benefit Provider Role :

# Other Payor Information: Medicare

- Medicare may also be shown as a payor.

Benefit Type : **Other or Additional Payor**  
Coverage Level : Individual  
Service Type : Health Benefit Plan Coverage  
Insurance Type : Medicare Part A  
Plan Coverage Description : **MEDICARE PART A**  
Additional Information :  
Benefit Amount : Quantity : Percentage :  
Availability Time Period : Month  
Benefit Specific Dates : Plan 20210801-20210831  
Benefit Related Entity :  
Benefit Entity Contact :  
Benefit Provider Role :

Benefit Type : **Other or Additional Payor**  
Coverage Level : Individual  
Service Type : Health Benefit Plan Coverage  
Insurance Type : Medicare Part B  
Plan Coverage Description : **MEDICARE PART B**  
Additional Information :  
Benefit Amount : Quantity : Percentage :  
Availability Time Period : Month  
Benefit Specific Dates : Plan 20210801-20210831  
Benefit Related Entity :  
Benefit Entity Contact :  
Benefit Provider Role :

# Other Payor Information

- Or another additional payor may be shown.

Benefit Type : Other or Additional Payor  
Coverage Level : Individual  
Service Type : Health Benefit Plan Coverage  
Insurance Type : Medicare Part A  
Plan Coverage Description : MEDICARE PART A  
Additional Information :  
Benefit Amount : Quantity : Percentage :  
Availability Time Period : Month  
Benefit Specific Dates : Plan 20210801-20210831  
Benefit Related Entity :  
Benefit Entity Contact :  
Benefit Provider Role :

Benefit Type : Other or Additional Payor  
Coverage Level : Individual  
Service Type : Health Benefit Plan Coverage  
Insurance Type : Medicare Part B  
Plan Coverage Description : MEDICARE PART B  
Additional Information :  
Benefit Amount : Quantity : Percentage :  
Availability Time Period : Month  
Benefit Specific Dates : Plan 20210801-20210831  
Benefit Related Entity :  
Benefit Entity Contact :  
Benefit Provider Role :

## Limited Services

- ELVS will also show if a member has limited benefits.

Benefit Type :

Limitations

Coverage Level :

Individual

Service Type :

Health Benefit Plan Coverage

Insurance Type :

Plan Coverage Description :

IOWA WELLNESS PLAN

Additional Information :

The member has limited benefits and is only eligible for inpatient hospital services.

Benefit Amount :

Quantity :

Percentage :

Availability Time Period :

Visit

Benefit Specific Dates :

Plan 20210801-20210831

Benefit Related Entity :

Benefit Entity Contact :

Benefit Provider Role :

# Non-Covered Services

- ELVS will also show if a member has non-covered services.

Benefit Type :

Non-Covered

Coverage Level :

Individual

Service Type :

Vision (Optometry)

Insurance Type :

Plan Coverage Description :

IOWA WELLNESS PLAN

Additional Information :

There is no coverage for frames or lenses under this benefit option for members age 21 and over.

Benefit Amount :

Quantity :

Percentage :

Availability Time Period :

Month

Benefit Specific Dates :

Plan 20210801-20210831

Benefit Related Entity :

Benefit Entity Contact :

Benefit Provider Role :



# Resources



**Link to Iowa Medicaid Portal:**

**<https://ime-ediss5010.noridian.com/>**

Please contact EDISS for any additional questions.



**Additional information:**

**<https://www.edissweb.com/med/>**