Providers are able to check recipient eligibility using the Eligibility Verification tool, the Automated Voice Response System (AVRS) and the FMMIS 270/271 Eligibility Inquiry and Response Transaction Companion Guide. Providers seeking more information on eligibility verification may refer to this quick reference guide (QRG).

**Eligibility Verification Request Basics**

In an effort to assist providers with checking current eligibility status, the Eligibility Verification Request panel allows users to search Medicaid fields for eligible recipients, using information such as the Recipient ID, Card Control Number, Social Security Number (SSN), and Recipient Name.

To access the panel, begin by logging in to the secure Web Portal at [https://home.flmmis.com](https://home.flmmis.com) using the correct username and password.

Once logged in, select the **Eligibility** tab. The Eligibility Verification Request panel will display. Complete one or more fields, and then click **Search**.

Medicare information and other service limit details, related to the recipient, will display in the following screen, if applicable.
Note: If a specific date of service is not entered into the search criteria, the system will use the current date.

Automated Voice Response System (AVRS)

Providers can also check eligibility for Florida Medicaid recipients by calling the Florida Medicaid Automated Voice Response System (AVRS) at the following phone number: 1-800-239-7560. The AVRS requires the use of nine-digit active Florida Medicaid provider identification (ID) number to verify recipient eligibility.

To check recipient eligibility, using the AVRS, please use the following instructions.

1. Dial the AVRS at 1-800-239-7560.
2. Select 1 for English or 2 for Spanish prompts.
3. Enter in the provider ID and press pound (#).
4. Press 1 for recipient eligibility.
5. Use the following recipient identification options to check eligibility:
   - Press 1 to use the 10-digit Florida Medicaid recipient ID.
   - Press 2 to use the combination of the recipient’s Social Security Number (SSN) and Date of Birth (DOB) in the MM/DD/CCYY format.
   - Press 3 to use the recipient’s Florida Medicaid 8-digit plastic card control number.
6. Enter Date of Service (DOS) in a MM/DD/CCYY format or press pound (#) to use today’s date.
7. Press 2 to hear the recipient’s eligibility information for the date entered.

The AVRS will confirm if the recipient is eligible for Florida Medicaid. For additional information, follow the prompts below.

<table>
<thead>
<tr>
<th>Option</th>
<th>Press</th>
</tr>
</thead>
<tbody>
<tr>
<td>To hear the Recipient’s First and Last Name.</td>
<td>1</td>
</tr>
<tr>
<td>For Managed Care Information.</td>
<td>2</td>
</tr>
<tr>
<td>For Medicare Information.</td>
<td>3</td>
</tr>
<tr>
<td>For Nursing Home Information.</td>
<td>4</td>
</tr>
<tr>
<td>For Third Party Liability (TPL).</td>
<td>5</td>
</tr>
<tr>
<td>For Service Limitations.</td>
<td>6</td>
</tr>
</tbody>
</table>

FMMIS 270/271 Eligibility Inquiry and Response Transaction Companion Guide

Eligibility transactions can also be sent via Electronic Data Interchange (EDI) transaction by submitting a 270 Health Care Eligibility Inquiry and receiving a 271 Health Care Eligibility Response file. The FMMIS 270/271 Interactive Health Care Eligibility Inquiry and Response Transaction Companion Guide has been made available for providers seeking additional information. Please access the 270/271 Companion Guide via the Florida Medicaid Public Web Portal. Navigate to the Provider Services tab and select EDI Companion Guides. The information in this guide is subject to change. Providers are encouraged to visit http://mymedicaid-florida.com, periodically, to obtain the most current information available from Florida Medicaid.
It is important to verify the Managed Care information for a recipient, for all methods of eligibility requests. If a recipient is actively enrolled with a Florida Medicaid managed care health plan on the date of service you are verifying, the health plan name and contact telephone number will be provided. You must contact the health plan directly to discuss reimbursement for services rendered.

**We’re here to help!**

For additional eligibility assistance, via the secure Web Portal, providers should contact the Provider Services Contact Center at 1-800-289-7799, Option, 7. For inquiries regarding 270/271 transactions, please contact Electronic Data Interchange (EDI) at 1-866-586-0961.