



Commonwealth Coordinated Care
Medicare & Medicaid working together for you

VERIFYING CCC ENROLLMENT

DMAS Web-Based ARS and MediCall

DMAS offers a web-based internet option to access information regarding Medicaid member eligibility including CCC managed care enrollment information. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. The web-based, automated response system (ARS) limits the provider's verification submission to 10 members at a time.

HIPAA Compliant Eligibility Transaction (270/271)

The 270/271 is the HIPAA compliant electronic eligibility benefit inquiry and response transaction that gives providers a method for checking the eligibility/enrollment for up to 999 members at a time. This transaction includes eligibility and managed care enrollment data (including CCC enrollment information). The DMAS 271 response gives back information for up to a year back and one month forward. (*Enrollment information for one month forward is available when sent after the monthly managed care assignment cycle that runs on the 18th of each month*). For DMAS, the 270/271 is handled through Xerox, DMAS' Fiscal Agent. Detailed information on the 270/271 transaction and submission requirements is available on the [Virginia Medicaid Web Portal](#) in the 270/271 EDI Companion Guide, under the EDI Support tab (EDI Companion Guides).