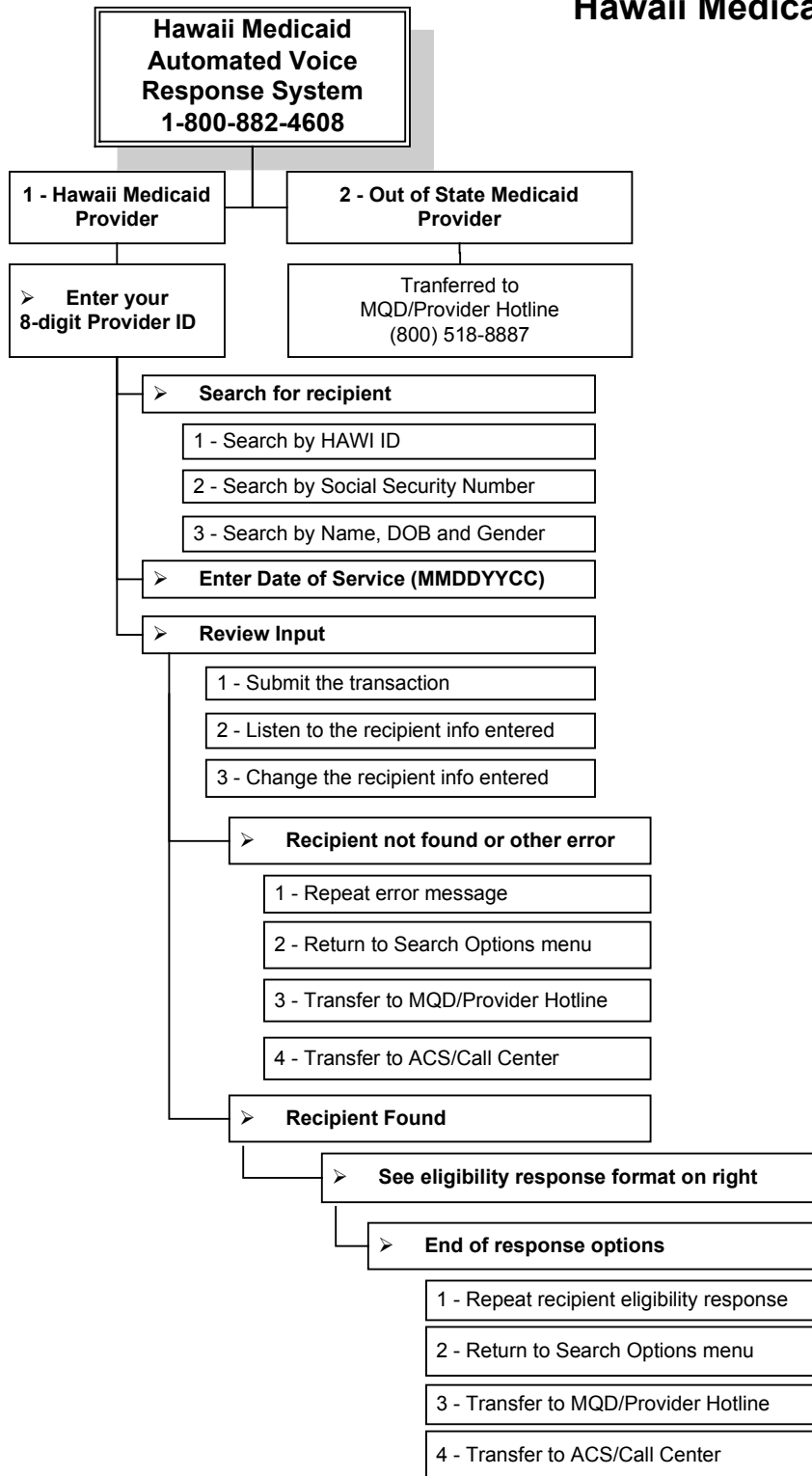


# Hawaii Medicaid AVRS Quick Reference sheet



**> Eligibility Response - The system speaks the following:**

Verify the identity of the recipient with a separate photo ID.  
 The recipient's Social Security Number is: <SSN>  
 The recipient's Last Name is: <Last name>  
 The recipient's First Name is: <First name>  
 The recipient's Middle initial: <Middle initial>  
 The recipient's Date of birth is: <Date of birth>  
 The recipient's Gender is: <Gender>  
 Recipient <HAWI ID> is eligible for Medicaid services for <Date of Service>.

**> If applicable, the system also speaks the following:**

The recipient has Third party coverage.  
 The recipient has Medicare coverage.  
 The recipient is QMB eligible.  
 The recipient has a Cost Share amount of <Cost share amount> for <Date of Service>.  
 The recipient was in the Nursing Home <Nursing Home name> for <Date of Service>.  
 The recipient has a Penalized Nursing Home code.  
 The recipient has Lock-In coverage with <Lock-In Provider name>.

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**> Alpha Keystrokes**

*21 = A	*41 = G	*61 = M	*73 = S	*93 = Y
*22 = B	*42 = H	*62 = N	*81 = T	*12 = Z
*23 = C	*43 = I	*63 = O	*82 = U	*13 = . (period)
*31 = D	*51 = J	*71 = P	*83 = V	*14 = - (hyphen)
*32 = E	*52 = K	*11 = Q	*91 = W	*15 = ' (apostrophe)
*33 = F	*53 = L	*72 = R	*92 = X	*16 = _ (space)
				*17 = * (asterisk)