

# Sample Screen Shot of the Virginia Medicaid Portal Showing CCC Plus and Early Intervention Enrollments

## Eligibility Inquiry

Service Date From: 08/01/2017

Service Date To: 08/31/2017

Confirmation Number:

### Member Information

Name:

Date of Birth:

Member ID:

Member SSN:

### Benefit Plan

Plan Description - CoPay Indicator	Plan From	Plan To	Provider ID	Provider Name	Provider Phone
EI - A	08/01/2017	08/31/2017	1861562472	CITY OF VA BEACH CSB MHMRSAS	757-385-0687
XIX CCCP TD	08/01/2017	08/31/2017	0247726596	AETNA BETTER HEALTH OF VIRGINIA	855-652-8249
MEDICAID FFS	08/01/2017	08/31/2017			

CCC Plus = CCCP

Member's Assigned CCC Plus Health Plan

Showing 1 - 3 of 3

### TPL Spans

Carrier Code	Carrier Name	Coverage Type	CoPay Amount	Policy Number	Policy Begin Date	Policy End Date
00G82	TRICARE PRIME	30	0.00	<input type="text"/>	09/25/2016	12/31/9999
00271	NEW ENGLAND GENERAL LIFE INS CO	30	0.00	<input type="text"/>	01/01/2016	12/31/9999

Showing 1 - 2 of 2

### Patient Pay Information

Begin Date	End Date	Patient Pay	Status
08/01/2017	08/31/2017	0.00	ACTIVE