1.10 Eligibility

Anyone receiving covered services should have a Medicaid identification card at the time of service. If the beneficiary cannot present an ID card at the time of service, eligibility can be determined through use of either of the following services:

- Automated Voice Response System (AVRS) at 1-866-597-2675
- Provider/Beneficiary Services Call Center at 1-800-884-3222
- Envision web portal at https://ms-medicaid.com
- MEVS transaction using personal computer (PC) software or point of service (POS) swipe card verification device provided by switch vendors.

Eligibility should be verified each time a service is provided whether or not the beneficiary is able to present an ID card.

Medicaid Eligibility Verification Services

Medicaid Eligibility Verification Services (MEVS) transactions may be submitted using PC software or POS devices provided by MEVS switch vendors. When using a POS device the Medicaid card can be swiped through the terminal's card reader slot, or the beneficiary's access information can be entered by hand. This option is not available when using PC software or automated voice response. Various switch vendors offer differing methods for gaining access to the eligibility system. They communicate with the Envision claims processing system to obtain detailed beneficiary eligibility and coverage information. MEVS information is available 24 hours a day, seven days per week. There is a charge for each transaction and rates depend on the MEVS switch vendor selected. Vendors authorized for MEVS services are shown below.

VENDOR	CONTACT INFORMATION
Envoy Corporation	**1-800-366-5716**
Healthcare Data Exchange Corporation	**1-610-219-1784**
Medifax/The Potomac Group Inc.	**1-800-444-4336**
National Data Corporation	**1-800-218-1500**

Mississippi Medicaid Benefits and Categories of Eligibility (COE)

Whether verifying eligibility of beneficiaries through the web portal, the AVRS, the call center or through a MEVS transaction, the chart listed below is for assistance in determining what benefits and exclusions apply to the category of eligibility for which the beneficiary is deemed eligible for Medicaid services.

COE	COE DESCRIPTION	BENEFITS	EXCLUSIONS	Managed Care
001	SSI Individual via SDX	Full Medicaid Benefits	Pharmacy coverage – Medicare Part D (If Medicare eligible)	MSCAN Optional (Age 0 – 19) MSCAN Mandatory (Age 19- 64)
002	SSI Retro Eligibility	Full Medicaid Benefits	Pharmacy coverage – Medicare Part D (If Medicare eligible)	
003	IV-E Foster Care/Adoption Assistance Related	Full Medicaid Benefits		MSCAN Optional (Age 0 – 19)
005	SSI in Institution	Full Medicaid Benefits		
006	Protected SSI Child	Full Medicaid Benefits		
007	Protected Foster Care Child	Full Medicaid Benefits		
010	Nursing Home, under 300% FPL	Full Medicaid Benefits		
011	Long Term Hospital, under 300%	Full Medicaid Benefits		
012	Swing Bed, under 300% FPL	Full Medicaid Benefits		
013	NH, Eligible at Home	Full Medicaid Benefits		
014	Long Term Hospital, SSI Eligible at Home	Full Medicaid Benefits		
015	Swing Bed, SSI Eligible at Home	Full Medicaid Benefits		
019	Disabled Child at Home	Full Medicaid Benefits		MSCAN Optional (Age 0 – 19)
020	Emergency SSI Limitations Case	Full Medicaid Benefits		
021	Emergency Immigrant	Medicaid Benefits for Date of Service Only	Full Medicaid Benefits for date of service ONLY for emergency	
025	Working Disabled	Full Medicaid Benefits		MSCAN Mandatory

COE	COE DESCRIPTION	BENEFITS	EXCLUSIONS	Managed Care
				(Age 19 – 64)
026	CWS Foster Care/Adoption Assistance Child	Full Medicaid Benefits		MSCAN Optional (Age 19 – 64)
027	Breast/Cervical	Full Medicaid Benefits		MSCAN Mandatory (Age 19 – 64)
029	Family Planning	Limited Medicaid; Family Planning Benefits Only	All other benefits	
031	Qualified Medicare Beneficiary (QMB)	Medicare Part B premium and Medicaid payment of Medicare Parts A and B • Premiums • Deductibles • Coinsurance	All other benefits	
035	Qualified Working Disabled Individual (QWDI)	Medicaid payment of Medicare Part A • Premium • Deductible • Coinsurance	All other benefits	
045	Healthier MS Waiver Only (No Medicare)	All State Plan services are covered for beneficiaries enrolled in the Healthier MS Waiver.	Exceptions are for the following: • Long-term care services (including nursing facility and Home and Community Based waivers); • Swing bed in a skilled nursing facility; and • Maternity and newborn care. Children under age 21 are eligible for these services with an approved plan of care	
051	Specified Low-Income	Medicaid payment of	All other Medicaid	

COE	COE DESCRIPTION	BENEFITS	EXCLUSIONS	Managed Care
	Medicare (SLMB)	Medicare Part B Premium	Benefits	
054	Qualified Individual (QI-1)	Medicaid payment of Medicare Part B Premium	All other Medicaid Benefits	
062	HCBS Assisted Living Waiver	Full Medicaid Benefits		
063	HCBS Elderly/Disabled Waiver	Full Medicaid Benefits		
064	HCBS ID/DD Waiver	Full Medicaid Benefits		
065	HCBS Independent Living Waiver	Full Medicaid Benefits		
066	TBI/SCI Waiver (Traumatic Brain Injury/Spinal Cord Injury)	Full Medicaid Benefits		
071	Newborns age 0 – 1 with income at or below 194% FPL **(EFFECTIVE: 1/1/2014)**	Full Medicaid Benefits		MSCAN Mandatory (Age 0 – 1)
072	Children 1 – 5 with income at or below 143% FPL **(EFFECTIVE 1/1/2014)**	Full Medicaid Benefits		MSCAN Mandatory (Age 1 – 5)
073	Children 6 – 19 with income at or below 107% FPL **(EFFECTIVE: 1/1/2014)**	Full Medicaid Benefits		MSCAN Mandatory (Age 6 – 19)
074	Quasi-CHIP – Children age 6 – 19 with income between 107% and 133% FPL who would have qualified for CHIP under per-ACA rules. **(EFFECTIVE: 1/1/2014)**	Full Medicaid Benefits		MSCAN Mandatory (Age 6 – 19)
075	Parents/Caretakers of children under the age 18 **(EFFECTIVE: 1/1/2014)**	Full Medicaid Benefits		MSCAN Mandatory (Age 19 – 64)
085	Medical Assistance – Intact Family **(END: 12/31/2013)**	Full Medicaid Benefits		
087	Children up to Age 6 **(END: 12/31/2013)**	Full Medicaid Benefits		
088	Pregnant Women and children under Age 1, under 185% FPL **(END: 12/31/2013)**	Full Medicaid Benefits, Except beneficiaries Age 21 and older	Eyeglasses & Dental for beneficiaries Age 21 and older **(END: 12/31/2013)**	
088	Pregnant Women under 194% **(EFFECTIVE:**	Full Medicaid Benefits		MSCAN

COE	COE DESCRIPTION	BENEFITS	EXCLUSIONS	Managed Care
	1/1/2014)			Mandatory (Age 8 – 64)
091	Child Under Age 19, under 100% **(END: 12/31/2013)**	Full Medicaid Benefits **(END: 12/31/2013)**		
093	Cost of Living	Full Medicaid Benefits		
094	Disabled Adult Child-DAC	Full Medicaid Benefits		
095	Widow(er) 60+yrs	Full Medicaid Benefits		
096	Widow(er) 50+yrs	Full Medicaid Benefits		
099	Children Health Insurance Program (CHIP) **(EFFECTIVE: 1/1/2014**) • Children age 1 – 19 with income between 133% and 200% FPL • Children age 0 – 1 with income above 194% to 209% FPL	No Medicaid Benefits, Administered by United Healthcare 1-800-992-9940 and effective **1/1/2015** Magnolia Health 1-866-912-6285 will also administer CHIP	All	
099	CHIP (pre-MAGI) – Children under 200% **(END: 12/31/2013)**	No Medicaid Benefits	All **(END: 12/31/2013)**	

***If Medicare-eligible with full Medicaid benefits:** Pharmacy coverage is thru Medicare Part D. Medicaid only covers Medicare excluded drugs.

Medicaid Eligibility for Non-Qualified Immigrants - Emergency Medical Services Only

The Division of Medicaid must provide coverage to immigrants that are not otherwise eligible for Medicaid due to their immigration status. An immigrant who is undocumented or in the U.S. only on a temporary basis or one who cannot qualify under Medicaid's statutory categories of "qualified" aliens can be covered under the following circumstances:

A. **The immigrant must be otherwise eligible for Medicaid**, meaning the immigrant fits into a covered category of eligibility that is limited to:

- Children under age 19, or
- Pregnant women, or
- Low income adults (mother or father) with dependent children under age 18, or
- Disabled individuals (of any age), or
- Aged individuals (age 65 and over).

Immigrants that do not fit into any of the 5 broad categories described above **cannot** qualify for emergency medical services under Medicaid.

B. **An "emergency" medical condition must exist.** An emergency is defined as a medical condition, after sudden onset, manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy,

- Serious impairment to bodily functions, or
- Serious dysfunctions of any bodily organ or part.

The above definition does not include care and services related to either an organ transplant procedure or routine prenatal or post-partum care. An emergency medical condition does include labor and delivery.

C. **The time limit for filing an application for coverage is the same as any Medicaid application**. The applicant must file for the service in a timely manner because Medicaid can only certify eligibility for up to 3 months prior to the application. For example: If the emergency service occurred in June, application for coverage of the service through Medicaid must be filed by the end of September for the June emergency to be covered.

Immigrants that can qualify for emergency medical services should be directed to **apply for coverage of the emergency condition**, which is usually limited to one day of service coverage, at the **Medicaid Regional Office that serves the county where the immigrant resides.**

Retroactive Eligibility

If an individual meets certain financial and need requirements before applying for Medicaid, eligibility for Medicaid is possible during all or part of a **three month period before the date of the application**. This period is called **retroactive eligibility**.

When a beneficiary has paid a provider for a service for which the beneficiary would be entitled to have payment made under Medicaid, the provider has the option to refund the payment to the beneficiary and bill Medicaid for the service if the beneficiary furnishes valid eligibility identification (a valid Medicaid identification card for the dates of services provided) during the timely filing requirements (discussed in Section 1.13).

Some services provided during the period of retroactive eligibility are special services that require prior authorization. The services cannot be denied because of failure to secure such prior authorization, but the authorization must be obtained before payment can be made.