

## Job Aid

# PRP-101 Eligibility, Retro Eligibility and Benefit Usage Verification

This Job Aid provides the process for reviewing member eligibility, retro eligibility service limits, treatment history, Early Periodic Screening Diagnostic and Treatment (EPSDT) visits, and other insurance.

Complete the following steps to verify member eligibility:

1. From the Provider Portal Home page, Select the **Eligibility** tab.

**Figure 1: Provider Portal Home Page**



The screenshot displays the Provider Portal Home Page for the Mississippi Division of Medicaid. The top navigation bar includes links for Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. A search bar for Medicaid is located at the top right. The page is dated Monday 11/28/2022 04:19 PM CST.

**Provider Information:**

- Provider Name: SERVICE ADDRESS
- Location: 200000047 - SERVICE ADDRESS
- Eligible Programs and CCO Affiliation: Mississippi Medicaid
- Role IDs: 1112211135 (NPI)
- Taxonomy: 363A00000X-Physician Assistant

**User Details:**

- Welcome UAT Demo
- My Profile
- Manage Accounts

**Provider Information:**

- Name: SERVICE ADDRESS
- Provider ID: 1112211135 (NPI)
- Location ID: 200000047
- Characteristics

**MESA MEDICAID ENTERPRISE SYSTEM ASSISTANCE**

**Welcome Health Care Professional!**

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

**Sign Up to Receive News**

**Secure Correspondence**

**Latest News**

- ▶ Late Breaking News
- ▶ Provider Bulletins
- ▶ UM/QIO
- ▶ Report Fraud

- On the **Eligibility** landing page, Select the **Eligibility Verification** link, either at the top or the middle of the page.

**Figure 2: Eligibility Landing Page**

- Enter the Member ID, or if you don't have it, enter two of the following:
  - Social Security Number (SSN)
  - Birth date
  - Member's full name

**Note:** If you don't receive the expected results with a Member ID search, try searching with two of the other fields.

**Figure 3: Eligibility Verification Panel**

- You do not need to enter dates unless you are searching for a specific time period. The **Effective To** date defaults to the current date if you leave it blank.
- If you wish to include a service type code or procedure code in your search, select the type of search from the Search By drop-down list, then start typing the desired code. The system will provide a list and narrow it down as you enter more characters.

**Note:** You can search for eligibility history up to one year in the past and four months into the future. The **Effective From** and **Effective To** dates can only have a maximum span of 30 days between them.

**Figure 4: Service Type Code or Procedure Code Search**

6. When your search criteria is entered, select **Submit**.

**Figure 5: Submit Eligibility Verification Request**

7. The system returns the eligibility verification for the member, confirming the current assigned coverages. Remember, coverage is not a guarantee of payment, as a member can lose eligibility for a variety of reasons. To view coverage information, select the link for the listed coverage.
8. To return to the Eligibility Verification panel, select the **Back to Eligibility Verification** link.

**Figure 6: Eligibility Verification**

| Eligibility Verification Information for HERMAN A SULLIVAN from 10/01/2022 to 10/30/2022 |                |            |               |
|--|----------------|------------|---------------|
| Member ID  | Birth Date     | 12/01/2014 | Gender Female |
| Coverage   | Effective Date | End Date   |               |
| Medicaid State Plan  | 10/01/2022     | 10/30/2022 |               |
| PHARM EPSDT (PBM Plan 400)   | 10/01/2022     | 10/30/2022 |               |
| <a href="#">Other Insurance Detail Information</a>                                       |                |            |               |

**Figure 7: Coverage Details**

**Coverage Details for Member ID 684549557 - CLIFTON A CLEMONS from 5/4/2023 to 5/4/2023**
Back to Eligibility Verification ?

**Verification Response ID** 2312400005
[Expand All](#) | [Collapse All](#)

Benefit Details

| Coverage | Description                      | Effective Date | End Date   |
|----------|----------------------------------|----------------|------------|
| PB400    | PHARM EPSDT (PBM Plan 400) - 072 | 05/04/2023     | 12/31/9999 |
| TXIX     | Medicaid State Plan - 072        | 05/04/2023     | 12/31/9999 |

Managed Care Assignment Details

| Managed Care Plan                   | Managed Care Plan Phone | Primary Care Provider               | Provider Phone | Benefit Plan   |
|-------------------------------------|-------------------------|-------------------------------------|----------------|----------------|
| MOLINA HEALTHCARE OF MISSISSIPPI IN | 1-844-809-8438          | MOLINA HEALTHCARE OF MISSISSIPPI IN | 1-888-562-5442 | MississippiCAN |

Limit Details

\* Only Service limits that have paid claims will be displayed

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

|            |  | Limit      | Used     | Remaining  | Last Service Date |
|------------|--|------------|----------|------------|-------------------|
| Individual | Dental max dollar amount \$2500 exceeded | \$2,500.00 | \$108.08 | \$2,391.92 | 9/19/2022         |

|            |   | Limit | Used | Remaining | Last Service Date |
|------------|---|-------|------|-----------|-------------------|
| Individual | Dental prophylaxis service Limit exceeded     | 2     | 1    | 1         | 9/19/2022         |
|            | Dental fluoride service Limit exceeded        | 2     | 1    | 1         | 9/19/2022         |
|            | Physician Office Visit Service Limit Exceeded | 16    | 1    | 15        | 8/15/2022         |

EPSDT Well Child Service Details

| Service        | Last Exam  | Next Exam  |
|----------------|------------|------------|
| EPSDT- Medical |            | 04/01/2041 |
| EPSDT- Dental  | 09/19/2022 | 03/19/2023 |
| EPSDT- Hearing |            |            |
| EPSDT- Vision  |            |            |
| EPSDT- Other   |            |            |

Demographic Details

**Street Address** 566 PINERIDGE CIR  
**City** FOREST      **State** Mississippi      **Zip Code** 39074-8814

**Note:** If a service limit is not displayed, then the service has not been used as of the first date of the input range.

**Lock-In Details** and **Living Arrangement Details** will also be displayed if applicable to the member as well as **Managed Care Assignment Details**, **Limit Details** and **EPSDT Well Child Service Details** as shown in the screenshot above.

**Demographic Details** are always displayed.

To view or add other insurance for a member, select **Other Insurance Detail Information**.

**Figure 8: Access Other Insurance**

| Eligibility Verification Information for HERMAN A SULLIVAN from 10/01/2022 to 10/30/2022 |                       |               |
|--|-----------------------|---------------|
| Member ID  | Birth Date 12/01/2014 | Gender Female |
| Coverage   | Effective Date        | End Date      |
| <a href="#">Medicaid State Plan</a>  | 10/01/2022            | 10/30/2022    |
| <a href="#">PHARM EPSDT (PBM Plan 400)</a>   | 10/01/2022            | 10/30/2022    |
| <b>Other Insurance Detail Information</b>  |                       |               |

- The portal displays any other insurance policies for the member. To view details for any record in this list, select the **plus +** sign on the left.
- To add other insurance, enter the carrier and policy holder information, then select **Add**. The system creates the record and stores it in the Other Insurance list; however, it will not appear when you come back to this list until it is validated.

**Figure 9: Other Insurance Panel**

Other Insurance Information for Member ID 587834203 - SHEIKA M SMITH
Back to Eligibility Verification ?

\* Indicates a required field.

Click '+' to view details in a row. Click '-' to collapse the row.

|   | Carrier Name      | Policy #       | Group # | Policy Holder  | Policy Type      | Effective From | Effective To |
|---|-------------------|----------------|---------|----------------|------------------|----------------|--------------|
| + | UNITED HEALTHCARE | 770714469      | 710288  | SHEIKA M SMITH | HEALTH INSURANCE | 11/23/2011     | 01/31/2013   |
| + | CAREMARK          | 59009821880469 | AIRGS   | SHEIKA M SMITH | OTHER INSURANCE  | 11/23/2011     | 01/31/2013   |

Other Insurance Carrier Information

\*Carrier Name

\*Policy #

\*Group #

Policy Type

\*Effective From

Other Policy Holder Information

\*Subscriber Last Name

\*First Name  MI

\*Birth Date

\*Social Security Number

\*Confirm Social Security Number

Add
Reset

11. View **Treatment History** to verify if a particular Healthcare Common Procedure Coding System (HCPCS) or Rev code has been billed.
12. Under the eligibility page, select **Treatment History link** at the top or the middle of the page.

**Figure 10: Treatment History**

The screenshot displays the Medicaid Eligibility system interface. At the top, there is a navigation bar with links: Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below this, a sub-navigation bar shows 'Eligibility Verification', 'Treatment History', and 'Newborn Enrollment'. The 'Eligibility' section is active, showing a header with 'Eligibility' and a timestamp 'Monday 11/21/2022 05:12 PM CST'. A red arrow points to the 'Eligibility' link in the sub-navigation bar. Below the header, there is a section for provider information: 'Provider Name WALGREENS #10131', 'Location 003126089 - WALGREENS #10131', 'Role IDs 1780797639 (NPI)', and 'Taxonomy 333600000X-Pharmacy'. Below this, there is a section for 'Eligibility' with a list of links: 'Eligibility Verification', 'Treatment History', and 'Newborn Enrollment'. A red arrow points to the 'Treatment History' link in this list.

**Figure 11: Treatment History – Medical Tab**

**Search Treatment History**

**Medical** Dental

\* Indicates a required field.

This search feature retrieves PAID claim records for a particular Member ID as of the timeframe submitted.

Enter the Member ID, Date of Service, and Procedure Type/Code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

**Member Information**

\*Member ID [REDACTED]

**Service Information**

\*Service From Date 01/01/2003 To Date 11/21/2022 ☒ Lifetime

\*Procedure Code Type CPT/HCPCS Procedure Code T4534-YOUTH SIZE PULL-ON

**Search** **Reset**

**Search Results**

Total Records: 44

| Service Date | Procedure Code | Description        | Units |
|--------------|----------------|--------------------|-------|
| 09/21/2022   | T4534          | YOUTH SIZE PULL-ON | 6     |
| 09/20/2022   | T4534          | YOUTH SIZE PULL-ON | 6     |

13. Select the **Medical or Dental tab**. The medical tab is also for **Vision**.
14. Enter the **Member ID #**.
15. Select **Lifetime** or enter the **Service From Date**.
16. Enter the **Procedure Code Type**, Current Procedural Terminology (CPT)/HCPCS or Rev.
17. Enter the **Procedure Code**. You can enter a few numbers and a code selection will populate.

**Figure 12: Treatment History – Medical Tab-Vision CPT Code Search**

**Medical** Dental

\* Indicates a required field.

This search feature retrieves PAID claim records for a particular Member ID as of the timeframe submitted.

Enter the Member ID, Date of Service, and Procedure Type/Code, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the patient. Click **Reset** to clear all fields.

**Member Information**

\*Member ID [REDACTED]

**Service Information**

\*Service From Date 01/01/2003 To Date 11/21/2022 ☒ Lifetime

\*Procedure Code Type CPT/HCPCS Procedure Code V2020-VISION SVCS FRAMES PURCHASES

**Search** **Reset**

**Search Results**

Total Records: 1

| Service Date | Procedure Code | Description                  | Units |
|--------------|----------------|------------------------------|-------|
| 02/16/2022   | V2020          | VISION SVCS FRAMES PURCHASES | 1     |



**Figure 13: Treatment History – Dental Tab**

\* Indicates a required field.

This search feature retrieves PAID claim records for a particular Member ID as of the timeframe submitted.

Enter the Member ID, Date of Service, and Procedure Code or Tooth Number, then click **Search**. Click **Reset** to clear all fields.

**Member Information**

\*Member ID

**Service Information**

Either Procedure Code or Tooth Number is required.

Procedure Code  \*Date of Service

Tooth#/Letter

Results will show services that are only compensable once per lifetime

**Search** **Reset**

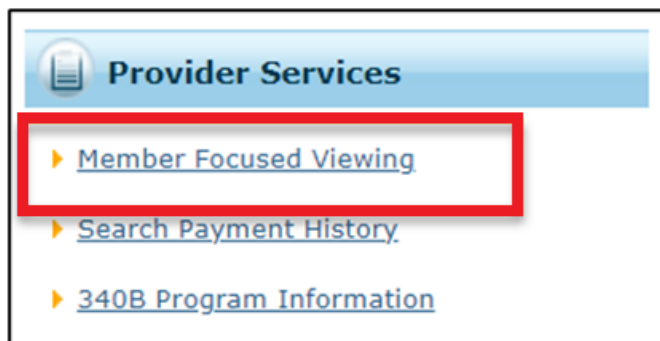
**Search Results**

For Treatment Detail, click on any procedure code.

Total Records: 12

| Service Date ▼ | Procedure Code        | Tooth#/Letter | Oral Cavity Area | Tooth Surface |
|----------------|-----------------------|---------------|------------------|---------------|
| 09/13/2022     | <a href="#">D0150</a> |               |                  |               |
| 09/13/2022     | <a href="#">D0272</a> |               |                  |               |
| 09/13/2022     | <a href="#">D1120</a> |               |                  |               |


18. To view **Retro Eligibility** or the members original effective date, after logging in, select the **Member Focused Viewing Link** on the **Home Page** under **Provider Services**.





**Figure 14: Member Focused Viewing Panel**

**Member in Focus:** ANGELA L MAGGARD [Change](#)
**ID:** 266142422
 [Close Member Focus](#)



**Member Details**

**Member ID** 266142422  
**Name** ANGELA L MAGGARD  
**Birth Date** 12/17/2012  
**City** JACKSON  
**State** Mississippi  
**Gender** Female  
**Primary Language** UNDETERMINED

**Coverage Details**

| Coverage   | Effective Date | End Date   |
|--|----------------|------------|
| <a href="#">Medicaid State Plan - 001</a>        | 08/01/2013     | 12/31/9999 |
| <a href="#">PHARM EPSDT (PBM Plan 400) - 001</a> | 08/01/2015     | 12/31/2033 |

[View eligibility verification information](#)

**Note:** This indicates the member's original effective date or the date of retro eligibility.

## Change History

The following change history log contains a record of changes made to this document:

| Version # | Published/<br>Revised | Author   | Section/Nature of Change             |
|-----------|-----------------------|----------|--------------------------------------|
| 0.1       | 10/21/2022            | Gainwell | Initial document                     |
| 0.2       | 01/13/2023            | Gainwell | Updated                              |
| 0.3       | 05/18/2023            | Gainwell | Updated based on CR 1980 and CR 1925 |
| 0.4       | 05/19/2023            | Gainwell | Updated verbiage and images          |
| 0.5       | 05/22/2023            | Gainwell | Updated images per review            |