

Job Aid

PRP-101 Eligibility, Benefit Usage Verification and Retro Eligibility

This job aid provides the process for viewing member current and future eligibility, service limits, Early Periodic Screening Diagnostic and Treatment (EPSDT) visits, treatment history, lock-in, managed care information, other insurance, and retro eligibility.

View Current Member Eligibility

Complete the following steps to verify current member eligibility:

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



The screenshot displays the Provider Portal Secure Home page. At the top, there is a search bar labeled "Search Medicaid:" and a "Logout" link. The navigation menu includes "Home", "Eligibility" (highlighted with a red box), "Claims", "Care Management", "Patient Health History", "Files Exchange", "Resources", and "Contact Us". The page shows the user's name as "UNIV of MS MC" and the provider's name as "UNIVERSITY OF MS MEDICAL CENTER GRE". A central banner for "MESA MEDICAID ENTERPRISE SYSTEM ASSISTANCE" is visible, along with a "Welcome Health Care Professional!" message. On the right side, there are links for "Sign Up to Receive News", "Secure Correspondence", and "Latest News".

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

The screenshot shows the Medicaid portal interface. At the top, there is a search bar labeled 'Search Medicaid:'. Below it is a navigation bar with links for Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. The 'Eligibility' link is active. Below the navigation bar, there is a sub-menu with 'Eligibility Verification', 'Treatment History', and 'Newborn Enrollment'. The 'Eligibility Verification' link is highlighted with a red box. The main content area shows provider information: 'Provider Name: UNIVERSITY OF MS MEDICAL CENTER GRE', 'Role IDs: 1558798603 (NPI)', 'Location: 000020026 - UNIVERSITY OF MS MEDICAL CENTER GRE', and 'Taxonomy: 282N00000X-General Acute Care Hospital'. There is also a 'Logout' link in the top right corner.

- 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 the user does not receive the expected results with a Member ID search, search with two of the other fields.

The screenshot shows the 'Eligibility Verification Request' form. It includes a legend indicating that an asterisk (*) denotes a required field. Below the legend, there is a prompt: 'Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.' The form contains several input fields: 'Member ID', 'Last Name', 'First Name', 'SSN', 'Birth Date', '*Begin Date', and 'End Date'. The 'Member ID', 'SSN', and 'Birth Date' fields are highlighted with a red box.

- The user does not need to enter dates except to search for a specific time. The Effective To date defaults to the current date if left blank.

Note: Search for eligibility history up to three years in the past and four months into the future.

- To include a service type code or procedure code in your search, select the type of search from the Search By dropdown list, then start typing the desired code. The system will provide a list and narrow it down as more characters are entered.

The screenshot shows the 'Service Type Code or Procedure Code Search' form. It includes a note: 'If the Service Type Code or Procedure Code is selected from the 'Search By' dropdown list, the Service Type Code or Procedure Code field is required.' The form contains a 'Search By' dropdown menu set to 'Service Type Code', a 'Code Type' dropdown menu, and a search input field containing 'diag'. A dropdown list of suggestions is visible below the search field, including '4-Diagnostic X-Ray', '5-Diagnostic Lab', '23-Diagnostic Dental', and '73-Diagnostic Medical'. There are 'Submit' and 'Res' buttons at the bottom of the form.

6. When search criteria are entered, select **Submit**.

Eligibility Verification Request ?

* Indicates a required field.

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.

Member ID Last Name First Name

SSN Birth Date

*Begin Date End Date

Service Type Code or Procedure Code Search

If the Service Type Code or Procedure Code is selected from the 'Search By' dropdown list, the Service Type Code or Procedure Code field is required.

Search By Code Type

Service Type Code or Procedure Code

Submit
Reset

7. The system returns the eligibility verification for the member, confirming the current or future assigned coverages, depending on the date range entered. Remember, coverage is not a guarantee as a member can lose eligibility for a variety of reasons. To view coverage information, click the link for the listed coverage.

Eligibility Verification Information for MABEL M ZACHARY JR. from 08/21/2023 to 09/04/2023				
Member ID	688026127	Birth Date	08/04/2017	
		Gender	Female	
Coverage	Effective Date	End Date	Add Date	Last Update Date
Children age 1-5	08/01/2022	08/31/2023	08/16/2022	09/30/2022
Children age 6-19 with income at/below the MAGI	09/01/2023	12/31/9999	08/16/2022	09/30/2022
Other Insurance Detail Information				

8. To view the coverage limits section, click the **+** at the end of the **Limit Details** row or select **Expand All**.
9. To return to the Eligibility Verification panel, click the **Back to Eligibility Verification** link.

Coverage Details for Member ID 684549557 - CLIFTON A CLEMMONS from 8/16/2023 to 8/16/2023 [Back to Eligibility Verification](#)

Verification Response ID 2322800008 [Expand All](#) | [Collapse All](#)

Benefit Details -

Coverage	Effective Date	End Date	Add Date	Last Update Date
Children age 1-5	07/01/2022	12/31/9999	07/20/2022	09/30/2022

Managed Care Assignment Details -

Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Effective Date	End Date
MOLINA HEALTHCARE OF MISSISSIPPI IN	1-844-809-8438			MississippiCAN	10/1/2022	12/31/9999

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.

Service Date [Search Limits](#)

Used	Remaining	Limit	Used	Remaining	Last Service Date
Individual	5501 Dental max dollar amount \$2500	\$2,500.00	\$108.08	\$2,391.92	9/19/2022
		Limit	Used	Remaining	Last Service Date
Individual	5513 Dental prophylaxis service Limit	2	1	1	9/19/2022
	5514 Dental fluoride service Limit	2	1	1	9/19/2022
	5520 Physician Office Visit Service Limit	16	1	15	8/15/2022

Lock-In Details -

Lock-in Provider	Lock-in Provider Phone	Benefit Plan	Effective Date	End Date
ALEXANDER	1-601-486-2458	Community Support Program Lockin	05/01/2023	12/31/2025

Living Arrangement Details -

Level of Care Plan	Provider NPI	Provider Name	Effective Date	End Date
Mississippi Long Term Care	1932278231	YALOBUSHA COUNTY NURSING HOME	05/18/2015	12/31/9999

EPSDT Well Child Service Details -

Service	Last Exam	Next Exam
EPSDT- Medical		12/01/2027
EPSDT- Dental		
EPSDT- Hearing		
EPSDT- Vision		
EPSDT- Other		

Demographic Details -

Street Address 90 HOSKINS CREEK
City VARDAMAN **State** Mississippi **Zip Code** 38878-9523

- The **Benefit Details** panel displays the aid category assigned to the member.
- The **Managed Care Assignment Details** displays the Managed Care Name, phone number, Primary Care Provider, and phone number also the CCO plan.
- **Limit Details** are displayed once a date is provided, and the **Search Limits** button is clicked.
- **Lock-In Details** will display if the member has a Lock-in segment with the Lock-in provider's name and phone number, Lock-In benefit plan and the effective/end dates of the lock-in.
- **Living Arrangement Details** displays the member's coverage begin/end for their Long-term care /Nursing Home facility coverage, along with the provider LTC/Nursing home provider and NPI. It will display "None" if the member does not have LTC/Nursing Home Facility for the verification period.
- If the individual has **EPSDT Services**, those details will be displayed as well.
- **Demographic Details** will be displayed for all members.

View or Add Other Insurance

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

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	
Other Insurance Detail Information			

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

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
<input type="checkbox"/>	UNITED HEALTHCARE	770714469	710288	SHEIKA M SMITH	HEALTH INSURANCE	11/23/2011	01/31/2013
<input type="checkbox"/>	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

View Treatment History

1. View **Treatment History** to verify if a particular CPT, HCPCS or Rev code has been billed.
2. Under the eligibility page, select **Treatment History** link at the top or the middle of the page.

Home | Eligibility | Claims | Care Management | Patient Health History | Files Exchange | Resources | Contact Us

Eligibility Verification | Treatment History | Newborn Enrollment

Eligibility Monday 11/21/2022 05:12 PM CST

Provider Name WALGREENS #10131 Role IDs 1780797639 (NPI)

Location 003126089 - WALGREENS #10131 Taxonomy 333600000X-Pharmacy

Eligibility

- ▶ Eligibility Verification
- ▶ Treatment History
- ▶ Newborn Enrollment

3. Select the **Medical or Dental** tab. The medical tab is also for **Vision**.
4. Enter the **Member ID #**.
5. Select **Lifetime** or enter the **Service From / To Date**.
6. Select the **Procedure Code Type** drop down and select CPT/HCPCS or Rev Code.
7. Enter the **Code**. You can enter a few numbers and a code selection will populate.

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

Service Information

*Service From Date To Date Lifetime

*Procedure Code Type *Procedure Code

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

The below example is of the 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

Service Information

*Service From Date To Date Lifetime

*Procedure Code Type *Procedure Code

Search Results

Total Records: 1

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

See the Treatment History – Dental tab.

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 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

Results will show services that are only compensable once per lifetime

Tooth#/Letter

Search Results

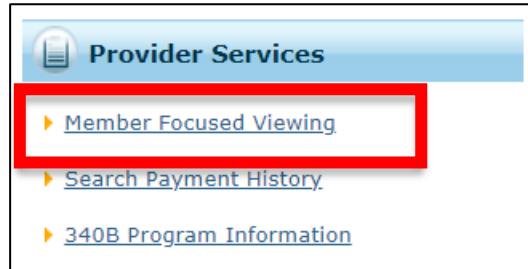
For Treatment Detail, click on any procedure code.

Total Records: 12

Service Date	Procedure Code	Tooth#/Letter	Oral Cavity Area	Tooth Surface
09/13/2022	D0150			
09/13/2022	D0272			
09/13/2022	D1120			

View Retro Eligibility

1. To view **Retro Eligibility**, log into the portal, and select the **Member Focused Viewing Link** found at the bottom, left side of the home page.



2. Select the **Search Tab**, enter the **Member ID**, and select **Search**.
3. The Last Members Viewed Tab will show a list of the members that were searched.

The screenshot shows the "Member Focus Search" interface. At the top, there are two tabs: "Last Members Viewed" and "Search". The "Search" tab is highlighted with a red box. Below the tabs, there is a search form with the following fields: "Member ID" (highlighted with a red box), "Last Name", "City", "First Name", "Zip Code", and "Birth Date". There are "Search" and "Reset" buttons at the bottom of the form.

4. This shows you the member demographics, the original effective date, and the end date of coverage.

The screenshot shows the "Member in Focus" page for Clifton A. Clemmons. The page is divided into two main sections: "Member Details" and "Coverage Details".

Member Details:

- Member ID: 684549557
- Name: CLIFTON A CLEMMONS
- Birth Date: 03/09/2020
- City: FOREST
- State: Mississippi
- Gender: Male
- Primary Language: ENGLISH

Coverage Details:

Coverage	Effective Date	End Date
Children age 1-5	07/01/2022	12/31/9999

Below the coverage table, there is a link: "View eligibility verification information".

Change History

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

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	10/21/2022	Gainwell	Initial publication
1.2	01/13/2023	Gainwell	Updated
1.3	5/18/2023	Gainwell	Updated based on CR1980 and CR1925
1.4	5/19/2023	Gainwell	Updated verbiage and images
1.5	05/22/2023	Gainwell	Updated images per review
1.6	08/17/2023	Gainwell	Updated per CR1982
1.7	08/23/2023	Gainwell	Technical Writer Review