

# 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.

#### q Search Medicaid: MEDICAID Logout Eligibility Claims Care Management Patient Health History Files Exchange Resources Contact Us lome Tuesday 10/11/2022 02:11 PM CST Home Provider Name UNIVERSITY OF MS MEDICAL CENTER GRE Role IDs 1558798603 (NPI) ~ Location 000020026 - UNIVERSITY OF MS MEDICAL CENTER GRE Taxonomy 282N00000X-General Acute Care Hospital 🚜 User Details 📡 Sign Up to Receive News Welcome UNIV of MS MC Secure Correspondence My Profile Manage Accounts Latest News Welcome Health Care Professional! Provider We are committed to make it easier for physicians and other providers to perform Late Breaking News Name UNIVERSITY OF MS their business. In addition to providing the ability to verify member eligibility and Provider Bulletins MEDICAL CENTER GRE submit claims, our secure site provides access to benefits, answers to frequently

## Figure 1: Provider Portal Home Page



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

	ID			Searc	ch Medi	icaid:				
										<u>Logout</u>
Home Eligibilit	/ Claims	Care Mana	gement	Patient Health Hi	story	Files Exchange	Resources	Contact Us		
ligibility Verification	Treatment	History   Newb	orn Enrollm	nent						
Eligibility								Tu	iesday 10/11/2022	02:10 PM CST
Provider Name Location 0000	Provider Name     UNIVERSITY OF MS     MEDICAL CENTER GRE     Role IDs     1558798603 (NPI)       Location     000020026 - UNIVERSITY OF MS     MEDICAL CENTER GRE     Taxonomy     282N00000X-General Acute Care Hospital									
Eligibility										
• Eligibility Verifi	cation									
Treatment Hist	ory									
Newborn Enrol	ment									

- 3. 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.

#### **Figure 3: Eligibility Verification Panel**

Eligibility Verification	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						
SSNe		Birth Date 😖	*							
*Begin Date 🛛	08/16/2023	End Date 🛛								

4. 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.

5. 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 more characters are entered.



Service Type Code or diag Procedure Code 😣

Submit

#### 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 Service Type Code × Code Type

Figure 4: Service Type Code or Procedure Code Search

|--|

73-Diagnostic Medical

4-Diagnostic X-Ray 5-Diagnostic Lab 23-Diagnostic Dental

## **Figure 5: Submit Eligibility Verification Request**

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	688026127		Last Name			First Name				
SSN 0		]	Birth Date 🛛							
*Begin Date 🛛	08/21/2023		End Date 🛛	09/04/2023						
Service Type Code or	Procedure Code S	Search								
If the Service Type Code or	Procedure Code is se	ected from the 'Sea	arch By' dropdown list, th	ne Service Type Code	or Procedure Co	de field is required.				
Se	Search By Code Type V									
Service Type Code or										
Procedure Code 😣										
Submit	Submit Reset									

7. The system returns the eligibility verification for the member, confirming the current assigned coverages. 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.

#### **Figure 6: Eligibility Verification**

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.



# Figure 7: Coverage Details

Coverage Details for Member ID 684549557 - CLIFTON A CLEMMONS from 8/30/2020 to 8/30/2023													
Verification Response ID 2324200001													
Benefit Details													
Coverage Effective Date End Date Add Date Last Update Dat									date Date				
Children age 1-5         07/01/2022         12/31/9999         07/20/2022         09/30									0/2022				
Medicare Coverage Detail													
Coverage Effective Date End Date Last Update Date									ate Date				
None													
Managed Care Assignment Details													
Managed Care Pla	n	Managed Car	e Plan Phone	Primary	y Care	e Provider	Pro	ovider Phone	Bene	fit Plan	Effective	Date	End Date
MOLINA HEALTHCAP	RE OF MISSISSIPPI IN	1-844-8	809-8438						Missis	sippiCAN	10/1/2	022	12/31/9999
Limit Details													=
* Only Service I	imits that have paid o	claims will be o	displayed										
Note: Dollar Limits	and Service Limits infor	mation may not	t reflect recent o	laims and	d is su	ubject to cha	nge d	daily as availat	ole benef	fits are us	ed and the	inform	ation
Service Dat	ee 08/16/2022	E Sear	ch Limits										
Used		Remaining	-		-	Limit		Used		Remaining		Last	Service Date
Individual	5501 Dental max dolla	ar amount \$250	0			\$2,500	0.00	\$	\$108.08		\$2,391.92		/19/2022
	5512 Deetel errebuler	de energian limit			-	Limit	2	Used	ed 1		Kemaining L		Service Date
Individual	5514 Dental fluoride s	ervice Limit	lice Limit		+		2	2 1			1		/19/2022
	5520 Physician Office	Visit Service Lin	nit		$\vdash$		16		1		15 (		/15/2022
Lock-In Details													
Lod	k-in Provider	Loc	k-in Provider P	hone		Benef	fit Pla	an	Effe	ctive Da	te	En	d Date
					Community Support Program			15/01/2023 12/31					
ALEXANDER			1-601-486-245	8	Loc	Lockin 05/01			01/2023	1/2023			
Living Arrangeme	ent Details												=
Level of Care Plan	1		Provider NF	и		Prov	ider	Name		Effec	tive Date		End Date
Mississippi Long Terr	m Care		193227823	1 YAL	OBUS	SHA COUNTY	( NUR	SING HOME		05/:	18/2015	1	2/31/9999
EPSDT Well Child Service Details													
Service								Last E	xam			Next Ex	(am
EPSDT- Medical 12/01/2027							027						
EPSDT- Dental													
EPSDT- Hearing													
EPSDT- Vision													
EPSDT- Other													
Demographic Det	ails												=
Street Address	90 HOSKINS CREEK												
City	VARDAMAN		Stat	te Missis	ssippi				Zip	Code 38	878-9523		
· · ·									-				



- The **Benefit Details** panel displays the aid category assigned to the member.
- The Medicare Coverage Details display if the member has coverage, or it will state 'None' when the member does not have Medicaid coverage.
- 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**

10. To view or add other insurance for a member, click **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						
Medicaid State Plan		10/01/2022	10/30/2022						
PHARM EPSDT (PBM Plan 400)		10/01/2022	10/30/2022						
Other Insurance Detail Information									

- 11. The portal displays any other insurance policies for the member. If the member does not have TPL coverage, the Other Insurance Panel will display 'None'. To view details for any record in this list, click the **plus +** sign on the left.
- 12. 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.



# Figure 9: Other Insurance Panel

Oth	er Insurance Information f	or Member ID 349983	687 - HERMAN A SU	LLIVAN from 8/30/2023	to 8/30/2023	Back to Eligibilit	Verification
tick Ther mer	Indicates a required field. : '+' to view details in a row. C e is no Third-Party Liability (Ti Iber profile after validation.	lick '-' to collapse the ro PL) Insurance Informatio	a. n available on records	s. Click on the Add button to	add TPL information. It	Will be reviewed and a	idded to the
┝	Carrier Name	Policy #	Group #	Policy Holder	Policy Type	Effective From	Effective To
	CAREMARK/CVS	F020659745954	RX5449	HERMAN & SULLEVAN	OTHER INSURANCE	09/01/2017	09/30/2017
Đ	CAREMARK/CVS	v362354838474	RX5449	HERMAN A SULLIVAN	OTHER INSURANCE	02/01/2017	08/24/2017
Ð	HUMANA	01656344012	R8679001	HERMAN A SULLIVAN	HEALTH INSURANCE	06/01/2015	12/31/2016
Ð	CEGNA	Q70579203	R8679001	HERMAN A SULLIVAN	OTHER INSURANCE	06/01/2015	12/31/2016
1	A. ()			10 million (1997)			
oth	er Insurance Carrier Inform	nation					
	*Carrier Name	Aetna					
	*Policy #	123123123123123		"Group #	A98765		
	Policy Type	OTHER INSURANCE		~			
	*Effective From 0	06/01/2022	8				
oth	er Policy Holder Informatio	10					
	*Subscriber Last Name	Sullivan		*First Name	Harriet	MLQ	1
	"Birth Date o	11/12/1960					
	Social Security Number o						
	*Confirm Social Security						
	Number ()						
-							
	Add Basel						



# **View Treatment History**

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

## Figure 10: Treatment History

Home Eligibility Claims	Care Management	Patient Health History	Files Exchange	Resources	Contact Us
Eligibility Verification   Treatment	History   Newborn Enroll	ment			
Eligibility					Monday 11/21/2022 05:12 PM CST
Provider Name WALGREENS	#10131	Role ID:	1780797639 (NP	[)	v
Location 003126089 - WALG	GREENS #10131		Taxonomy 33360	)0000X-Pharma	су
<ul> <li>Eligibility</li> <li>Eligibility Verification</li> <li>Treatment History</li> <li>Newborn Enrollment</li> </ul>					

- 3. Select the Medical or Dental tab. The medical tab is also for Vision. (See Figure 11).
- 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.



# Figure 11: Treatment History – Medical Tab

Search Treatment History										
Medical Dental										
* Indicates a require	* 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	on									
*Men	*Member ID									
Service Informatio	n									
*Service Fro	m Date 01/01/2003	<b>To Date</b> 11/21/2022								
*Procedure Coo	le Type CPT/HCPCS V	*Procedure Code  T4534-YOUTH SIZE PULL-ON								
Search Results										
Total Records: 44										
<u>Service Date</u> <b>▼</b>	Procedure Code	Description	Units							
09/21/2022	T4534	YOUTH SIZE PULL-ON 6								
09/20/2022	T4534	YOUTH SIZE PULL-ON	6							



## 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 <b>Search</b> . Select <b>Lifetime</b> to view treatment history for the procedure identified over the lifetime of the patient. Click <b>Reset</b> to clear all fields.									
Member Information	on								
*Member ID									
Service Informatio	Service Information								
*Service Fro	*Service From Date 01/01/2003 To Date 11/21/2022 ✓ Lifetime								
*Procedure Coo	*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

Medical Dental	Medical Dental								
Indicates a require	* 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	on								
*Member ID									
Service Information									
Either Procedure Code or Tooth Number is required.									
Procedure Code e									
	Results will show services that are only compensable once per lifetime								
Tooth#/Lette	Tooth#/Letter Any Tooth								
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	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.

#### Figure 14: Member Focused Viewing Link



- 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.

#### Figure 15: Member Focus Search

Member Focus Search						
ist Members Viewed Search						
Indicates a required field.						
Enter the Member ID or Last Name, First Name and Birth Date.						
Member ID						
Last Name Birth Date e						
City Zip Code e						
Soarch Doset						

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

#### **Figure 16: Member Focus Details**

Member in Focus:         CLIFTON A CLEMMONS         Change         ID:         684549557         Close Member Focus					Member Focus		
	谢 Member Deta	ils	Coverage Details				
	Member ID	684549557	Coverage	Effective Date	End Date		
	Name	CLIFTON A CLEMMONS	Children age 1-5	07/01/2022	12/31/9999		
	Birth Date	03/09/2020	View eligibility verification informati	<ul> <li>View eligibility verification information</li> </ul>			
A A A A A A A A A A A A A A A A A A A	City	FOREST					
1 22 63	State	Mississippi					
	Gender	Male					
	Primary Language	ENGLISH					



# **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	8/17/2023	Gainwell	Updated per CR1982
1.7	8/30/2023	Gainwell	Updated per CR1983