

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 left is the Mississippi Division of Medicaid logo. A search bar labeled "Search Medicaid:" is on the top right. Below the search bar is a navigation menu with tabs: Home, Eligibility (highlighted with a red box), Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. A "Logout" link is in the top right corner. The page header shows "Home" and the date/time "Tuesday 10/11/2022 02:11 PM CST". Below the header, there are fields for "Provider Name" (UNIVERSITY OF MS MEDICAL CENTER GRE), "Role IDs" (a dropdown menu), "Location", and "Taxonomy" (282N00000X-General Acute Care Hospital). The main content area features a "User Details" section with a "Welcome UNIV of MS MC" message and links for "My Profile" and "Manage Accounts". A "Provider" section shows the "Name" as "UNIVERSITY OF MS MEDICAL CENTER GRE". In the center, there is a large "MESA" logo with the text "MEDICAID ENTERPRISE SYSTEM ASSISTANCE" below it. To the right of the MESA logo, there is a "Welcome Health Care Professional!" message and a paragraph of text: "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". On the far right, there are three sections: "Sign Up to Receive News", "Secure Correspondence", and "Latest News" (with sub-links for "Late Breaking News" and "Provider Bulletins").

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

MISSISSIPPI DIVISION OF
MEDICAID

Search Medicaid:

Logout

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

Eligibility Verification | Treatment History | Newborn Enrollment

Eligibility Tuesday 10/11/2022 02:10 PM CST

Provider Name UNIVERSITY OF MS MEDICAL CENTER GRE Role IDs

Location Taxonomy 282N00000X-General Acute Care Hospital

Eligibility

- Eligibility Verification**
- Treatment History
- Newborn Enrollment

- 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
- The **Begin Date** defaults to the current day but it can be changed if needed. The **End Date** can be entered but it is not a mandatory.

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

- When search criteria are entered, select **Submit**.
- If a new search is needed, select **Reset**.

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

Eligibility Verification | Treatment History | Newborn Enrollment

Eligibility > Eligibility Verification Monday 05/13/2024 12:45 PM CST

Provider Name RCG MISSISSIPPI, INC. Role IDs

Location Taxonomy 261QE0700X-Clinic/Center - End-Stage Renal Disease (ESRD) Treatment

Eligible Programs and CCO Affiliations Mississippi Medicaid

Eligibility Verification Request

* Indicates a required field. [Click here for Coverage Descriptions](#)

Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
Note: Click on the Reset button to perform a new inquiry

Member ID Last Name First Name

SSN Birth Date

*Begin Date 05/13/2024 End Date

Submit **Reset**

7. The system returns the eligibility verification for the member including the following: if applicable, Head of Household, Authorized Rep Name, Authorized Rep Phone #, Demographic Details, Benefit Details, Managed Care Details, Lock-In Details, Living Arrangement Details, and EPSTD Details. *Remember, coverage is not a guarantee as a member can lose eligibility for a variety of reasons.*
 - **Head of Household** name displays if applicable.
 - **Authorized Rep Name** displays when there is an authorized representative on file for the member.
 - **Authorized Rep** indicates if the member has an authorized representative on file.
 - **Authorized Rep Phone #** provides phone number of the authorized representative.
 - **Demographic Details** shows the address of member.
 - **Benefit Details** displays the benefit coverage category assigned to the member.
 - **Medicare Coverage Details** will display the Medicare coverage if applicable.
 - **Managed Care Assignment Details** displays the Managed Care Name, phone number, Primary Care Provider, CCO Benefit Plan, Effective, and End Date.
 - **Lock-In Details** if the member is locked-in to a provider 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 name and NPI. It will display "None" if the member does not have LTC/Nursing Home Facility for the verification period.
 - If the individual is under 18 and has any Early and Periodic Screening, Diagnosis, and Treatment **EPSDT Services** those services will be listed.

- Select the **Print Preview** icon if the member Coverage Details needs to be saved or physically printed.

Print Preview

Eligibility Verification Information for [REDACTED] for 5/13/2024 to 5/13/2024 ?

Member ID [REDACTED] Birth Date [REDACTED] Gender Female
 Head of Household [REDACTED] Authorized Rep No
 Authorized Rep Name N/A Authorized Rep Phone # N/A
 Verification Response ID 2413400008 [Expand All](#) | [Collapse All](#)

Demographic Details -

Street Address [REDACTED]
 City PONTOTOC State Mississippi Zip Code 38863-8158

Benefit Details -

Coverage	Effective Date	End Date	Add Date	Last Update Date
073 - Children age 6-19 with income at/below the MAGI	05/01/2022	12/31/9999	03/25/2022	09/30/2022

[Other Insurance Detail Information](#)

Medicare Coverage Detail -

Coverage	Effective Date	End Date	Last Update Date
None			

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	6/1/2022	12/31/9999

Lock-In Details -

Lock-in Provider	Lock-in Provider Phone	Benefit Plan	Effective Date	End Date
None				

Living Arrangement Details -

Level of Care Plan	Provider NPI	Provider Name	Effective Date	End Date
None				

EPSDT Well Child Service Details -

Service	Last Exam	Next Exam
EPSDT- Medical	05/20/2021	05/20/2022
EPSDT- Dental	11/04/2021	05/04/2022
EPSDT- Hearing	05/20/2021	
EPSDT- Vision	05/20/2021	
EPSDT- Other		

9. For the full information on the members' benefit coverage, use the code under **Benefit Details** to search the Job Aid (JA) found by selecting the hyperlink "[Click here for Coverage Descriptions.](#)" The JA is linked to the DOM website and includes the name and full description of the benefit coverage. See images below.

Eligibility Verification Information for 5/13/2024 to 5/13/2024 Print Preview

Member ID [REDACTED] Birth Date [REDACTED] Gender Female
 Head of Household ANDERSON, Authorized Rep No
 Authorized Rep Name N/A Authorized Rep Phone # N/A
 Verification Response ID 2413400008 Expand All | Collapse All

Demographic Details

Street Address [REDACTED]
 City PONTOTOC State Mississippi Zip Code 38863-8158

Benefit Details		Coverage	Effective Date	End Date	Add Date	Last Update Date
073	Children age 6-19 with income at/below the MAGI		05/01/2022	12/31/9999	03/25/2022	09/30/2022

[Other Insurance Detail Information](#)

Eligibility Verification Request Select this link to open a list of the benefit names and descriptions. Use the Benefit number located in front of the coverage description, see below. [Click here for Coverage Descriptions](#)

* Indicates a required field.
 Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.
 Note: Click on the Reset button to perform a new inquiry

Sample of the Member Coverage Descriptions Job Aid (JA).

MISSISSIPPI DIVISION OF
MEDICAID

Job Aid
Member Coverage Descriptions

This Job Aid provides the full description of a member's coverage and coverage level.

Coverage	Coverage Description	Coverage Level
001 - Supplemental Security Income (SSI) Individual	SSI Cash Assistance program for low-income aged/blind/disabled individuals. Includes those receiving cash payments & those "deemed" to be cash recipients. Aged, blind and disabled individuals. This beneficiary has Full Medicaid Benefits Coverage.	Full Medicaid Benefits

Limit Details are displayed once a date is provided, and the **Search Limits** button is clicked. Only service limits that have **paid claims** will be displayed.

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		<input type="text"/>	Search Limits		
		Limit	Used	Remaining	Last Service Date
Individual	5501 Dental max dollar amount \$2500 exceeded	\$2,500.00	\$759.81	\$1,740.19	6/23/2022
		Limit	Used	Remaining	Last Service Date
Individual	5504 Dental oral exam Limit exceeded	2	1	1	4/11/2022
	5513 Dental prophylaxis service Limit exceeded	2	1	1	4/11/2022
	5514 Dental fluoride service Limit exceeded	2	1	1	4/11/2022
	5520 Physician Office Visit Service Limit Exceeded	16	3	13	6/7/2022
	5532 Mental Health Assessment or Eval Lim Exceeded	4	1	3	4/21/2022
Dates of Service - 5501 Dental max dollar amount \$2500 exceeded					
	From Date of Service	To Date of Service	Used Quantity	Used Amount	
	4/11/2022	4/11/2022	-	\$131.90	
	4/21/2022	4/21/2022	-	\$111.77	
	6/23/2022	6/23/2022	-	\$516.14	

View or Add Other Insurance

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

Benefit Details					
	Coverage	Effective Date	End Date	Add Date	Last Update Date
	072 - Children age 1-5	08/01/2022	08/31/2023	08/16/2022	09/30/2022
	073 - 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					

- 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.
- 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

The end of the page shows **Reset** and **Scroll to Top**.

Reset allows for a new search to be completed.

Scroll to the Top allows a user to get to the top of the page without have to scroll.



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

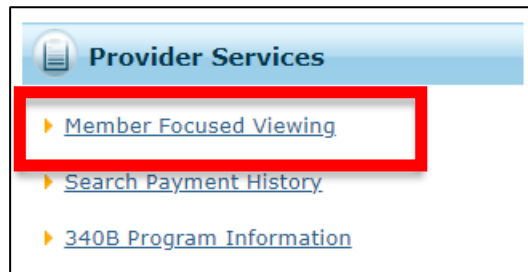
For Treatment Detail, click on any procedure code.

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
1.8	12/20/2023	Gainwell	Updated per CR 2290
1.9	02/13/2024	Gainwell	Updated per CR2004
2.0	04/12/2024	Gainwell	Updated per CR1984
2.1	5/14/2024	Gainwell	Updated per CR1984, HOH, Auth rep, etc.