

Job Aid CCO Member Eligibility Verification

This job aid provides the process for Coordinated Care Organizations (CCOs) viewing member status, service limits, Early Periodic Screening Diagnostic and Treatment (EPSDT) visits, treatment history, lock-in, managed care information, and retro eligibility from the MESA Provider Portal.

View Member Eligibility

Complete the following steps to verify current member eligibility:

1. Log in to the MESA Provider Portal from the MS Division of Medicaid (DOM) website.

Figure 1: Log In



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

Figure 2: Eligibility page

Home Eligibility Claims Care	Management Patient Health History	Files Exchange	Resources	Contact Us
Eligibility Verification Treatment History	Newborn Enrollment			
Home				Wednesday 05/29/2024 08:45 AM CST
Provider Name Location Eligible Programs and MSCHIP ✓ CCO Affiliations	Hovering over the Eligibility Tab will populate direct links that can be selected for	ole IDs conomy 302R00000X		~
😮 User Details	Treatment History, and Newborn Enrollment.		1	Sign Up to Receive News
Welcome	MEDICAID ENTER	PRISE SYSTEM ASSISTANCE	CE	Secure Correspondence
Manage Accounts		c ·		Latest News

3. Select the **Eligibility Verification** link, either at the top or the middle of the page.



Figure 3: Eligibility Link

Home	Eligibility	Claims	Care Manageme	t Patient Health History	Files Exchange	Resources	Contact Us
Eligibili	y Verification	Treatment	History Newborn En	ollment			
Eligib	ility						Wednesday 05/29/2024 08:54 AM CST
Pro	vider Name	-	and the second second	R	ole IDs		~
	Location	-		Tax	onomy 302R00000	<	
Elig	ible Programs	and MSC	HIP 🗸				
	CCO Amiliat	ions					
	Eligibility						
) <u>E</u>	ligibility Verifica	tion					
► I	eatment Histor	K					
► <u>N</u>	ewborn Enrollm	<u>ent</u>					

- 4. 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
- 5. 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 mandatory.
- 6. When search criteria are entered, select **Submit**.
- 7. If a new search is needed, select Reset.

Figure 4: Eligibility Verification

Home	Eligibility	Claims	Care Management	Patient Health Histor	ry Files	Exchange	Resources	Contact Us	
Eligibili	ty Verification	I Treatme	ent History Newborn En	rollment					
<u>Eligibi</u>	Eligibility > Eligibility Verification Monday 05/13/2024 12:45 PM CST								
Prov	Provider Name RCG MISSISSIPPI, INC. Role IDs								
	Location	-	the second second	т	axonomy	261QE0700X	-Clinic/Center -	End-Stage Renal Disease	
						(ESRD) Treat	ment		
Eligi	ble Programs	and Miss	issippi Medicaid	~					
	CCO Affiliati	ons							
Elig	ibility Verifica	tion Requ	est					?	
*	Indicates a requ	uired field.						Click here for Coverage Descriptions	
Ente	the member info	ormation. If M	1ember ID is not known, ente	er 2 of the following: SSN, Birth	Date, Meml	oer Name.			
Note	: Click on the Res	et button to	perform a new inquiry						
	Member	ID		Last Name				First Name	
	SS	N 😝		Birth Date 🔒					
	*Begin Dat	e 🛛 05/13	3/2024	End Date 🔒					
	Subr	nit F	Reset						

 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



EPSDT 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 are shown.
- Living Arrangement Details displays the member's coverage begin/end for their Long-Term Care (LTC) /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.
- 9. Select the **Print Preview** icon if the member Coverage Details need to be saved or physically printed.



Figure 5: Eligibility Verification Information

											Pr	int Preview
Eligibility Verification Informati	on for	-	for 5/13/2	024 to 5	/13/2	2024						?
Member ID			Birth	Date				Gende	r Female			
Head of Household			Authorized	Rep No								
Authorized Rep Name N/	A						Authorize	d Rep Ph	one # N//	Δ.		
Verification Response ID 24	13400008											
										<u>Expar</u>	nd All	Collapse All
Demographic Details												-
Street Address												
City PONTOTOC			Stat	te Mississ	sippi			Zip	Code 3886	53-8158		
Benefit Details												-
	Coverage			E	Effecti	ive Date	End Date	a	Add Date	L	ast Up	date Date
073 - Children age 6-19 with incor	ne at/below the	MAGI			05/0	1/2022	12/31/999	9	03/25/2022	2	09/3	0/2022
Other Insurance Detail Informa	ation											
Medicare Coverage Detail												
	Coverage					Effect	tive Date	End	l Date	La	st Upda	ate Date
None												
Managed Care Assignment De	tails							_				
Managed Care Plan	Mana	iged Car	e Plan Phone	Primary	Care	Provider	Provider Phon	e Bene	fit Plan	Effective	Date	End Date
MOLINA HEALTHCARE OF MISSISS	IPPI IN	1-844-8	09-8438					Missis	sippiCAN	6/1/20	22	12/31/9999
Lock-In Details												
Lock-in Provider		Loc	k-in Provider P	hone		Benefi	t Plan	Effe	ctive Date		End	Date
None												
Living Arrangement Details												
Level of Care Plan			Provid	ler NPI			Provider Name		Effectiv	ve Date	E	nd Date
None												
EPSDT Well Child Service Detail	5											-
Service							Last	Exam		N	ext Ex	am
EPSDT- Medical					05/20	/2021		0	5/20/20	22		
EPSDT- Dental							11/04	/2021		0	5/04/20	22
EPSDT- Hearing							05/20	/2021				
EPSDT- Vision							05/20	/2021				
EPSDT- Other												

10. To obtain more information about the member's benefit coverage, use the code located 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 contains the name and complete description of the benefit coverage. See images below.



Figure 6: Benefit Code

Eligibility Verification Inform	ation for	5/12/2024	to 5/12/2024			Print Preview
ingibility vernication fillorin		3/13/2024	10 3/13/2024	_		
Member ID		Birth Date	e	Ge	nder Female	
Head of Household	ANDERSON,	Authorized Re	p No			
Authorized Rep Name	N/A			Authorized Rep	Phone # N/A	
Verification Response ID	2413400008					
					<u>I</u>	Expand All Collapse A
Demographic Details		Benefit Code				
Street Address	_					
City PONTOTO	с	State	Mississippi	ž	Zip Code 38863-8	158
Benefit Details						
	Coverage		Effective Date	End Date	Add Date	Last Update Date
073 · Children age 6-19 with in	come at/belo	w the MAGI	05/01/2022	12/31/9999	03/25/2022	09/30/2022
Other Insurance Detail Information						

Figure 7: Coverage Discription Link

Eligibility Verification Request	Select this link to open a list of the benefit names	?
* Indicates a required field.	in front of the coverage description, see below.	Click here for Coverage Descriptions
Enter the member information. If Member ID is not known, enter 2 of the fo	llowing: SSN, Birth Date, Member Name.	
Note: Click on the Reset button to perform a new inquiry		

Figure 8: Sample of the Member Coverage Descriptions Job Aid (JA)



Limit Details section will allow a user to view the paid claims that have services with benefit limits.

11. To view Limit Details, enter the desired date, and select **Search Limits**. Only service limits that have <u>paid claims</u> will be displayed.

Figure 9: Limit Details Panel

Limit Details						_
* Only Serv	ice limits that have paid claims v	vill be displayed				
Note: Dollar Li provided is no Service	mits and Service Limits information i t a guarantee for payment. : Date 0	may not reflect recent claims and is :	subject to change daily	as available benefits	s are used and the ir	oformation
			Limit	Used	Remaining	Last Service Date
Individual	5501 Dental max dollar am	ount \$2500 exceeded	\$2,500.00	\$759.81	\$1,740.19	6/23/2022
			Limit	Used	Remaining	Last Service Date
	5504 Dental oral exam Lim	it exceeded	2	1	1	4/11/2022
	5513 Dental prophylaxis se	arvice Limit exceeded	2	1	1	4/11/2022
Individual	5514 Dental fluoride service	e Limit exceeded	2	1	1	4/11/2022
	5520 Physician Office Visit	Service Limit Exceeded	16	з	13	6/7/2022
	5532 Mental Health Assess	ment or Eval Um Exceeded	-4	1	3	4/21/2022
Dates of Serv	rice - 5501 Dental max dollar am	ount \$2500 exceeded	105		- 03	
F	rom Date of Service	To Date of Service		Used Quantity	Use	ed Amount
	4/11/2022 4/11/2022				-	\$131.90
4/21/2022 4/21/2022		4/21/2022			-	\$111.77
	6/23/2022	6/23/2022			-	\$516.14

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

- 12. Select **Reset** to perform a new search.
- 13. By selecting **Scroll to Top** the system will move the user to the top of the page without having to scroll.

Figure 10: Reset/Scroll to Top

Reset Scroll to Top



View Treatment History

Treatment History lists the specific CPT, HCPCS, or Revenue codes that were billed. This can be checked when providers want to know how many of a particular service have been billed.

1. Under the eligibility page, select **Treatment History link** at the top or the middle of the page.

Figure 11: Treatment History link

Home Eligibility Claims	Care Management	Patient Health History	Resou	rces Switc	h Provider	Contact Us
Eligibility Verification Treatment Hi	istory Newborn Enroll	ment				
Eligibility						Wednesday (
Delegate for mxdreg1039		Ro	le IDs 🛛	009253560		~
Provider Name MAGNOLIA HEA	ALTH PLAN INC					
Location 009253560 - M	MAGNOLIA HEALTH PLAN	N INC Taxo	nomy 3	02R00000X		
Eligible Programs and MSCH	IP 🗸					
CCO Affiliations						
Eligibility						
Eligibility Verification						
. Transfer and History						
reatment History						
<u>Newborn Enrollment</u>						

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

Figure 12: Search Treatment History

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 Reset



Figure 13: Medical Tab Lifetime

earch Treatment History							
Medical Dental							
* Indicates a require	d field.						
This search feature ret	rieves PAID claim records for a pa	articular Member ID as of the timeframe submitted.					
Enter the Member ID, I the lifetime of the patie	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 Informatio	on						
*Men	*Member ID						
Service Informatio	n						
*Service Fro	m Date 01/01/2003	To Date 11/21/2022					
*Procedure Cod	le Type CPT/HCPCS V	*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				

The below example is of the Treatment History – Medical Tab – Lifetime – Vision CPT Code Search.

Figure 14: Medical Tab - Vision CPT Code

Medical Dental								
* Indicates a require	ed field.							
This search feature ret	rieves PAID claim records for a pa	articular Member ID as of the timeframe submitted.						
Enter the Member ID,	Date of Service, and Procedure Ty	pe/Code, then click Search. Select Lifetime to view treatment history for the proc	edure identified over					
the lifetime of the patie	ent. Click Reset to clear all fields							
Member Informati	on							
*Men	nher ID	1						
Service Informatio	on							
*Service Fro	m Date 01/01/2003	To Date 11/21/2022						
*Procedure Coo	de Type CPT/HCPCS V	*Procedure Code						
Search	Reset							
Search Results	Search Results							
	Total Records: 1							
<u>Service Date</u> ▼	Procedure Code	Description	Units					
02/16/2022	V2020	VISION SVCS FRAMES PURCHASES	1					



This example shows – Dental Tab – Any Tooth – Lifetime. With the dental tab it is best to select Lifetime as the date of service.

		0		
Medical Dental				
 Indicates a require 	d field.			
This search feature ret	rieves PAID claim records for a part	ticular Member ID as of the timefran	ne submitted.	
Enter the Member ID, I	Date of Service, and Procedure Cod	e or Tooth Number, then click Sear	ch. Click Reset to clear all fields.	
Member Informatio	on			
*Member II)			
Service Informatio	n			
Either Procedure Code	or Tooth Number is required.			
Procedure Code	9	*Date of Serv	vice Lifetime	
		Results will show services	that are only compensable once pe	r lifetime
Tooth#/Letter	Any Tooth			
Search	Reset			
Search Results				
For Treatment Detail, o	lick 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			

Figure 15: Dental Tab



View Retro Eligibility

These steps will show a user how to view a members original Medicaid effective date and the end date, if applicable.

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.

Fi	gure 16: Member Focused Viewing Link
	Welcome Health Care Professional!
Provider	
Name	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
Provider ID	asked questions, and the ability to search for providers.
Location ID	
Brouider Services	
Provider Services	
<u>Member Focused Viewing</u>	
Search Payment History	
<u>340B Program Information</u>	

- 2. Select the Search Tab, enter the Member ID, and select Search.
- 3. The Last Members Viewed Tab shows a list of the most recent members that you viewed.
- 4. Reset will clear the fields to allow for a new search.

Figure 17: Member Focus Search

lember Focus Search	?				
Last 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 0					
City Zip Code 🛛					
Search Reset					

5. This shows the member demographics, the original Medicaid effective date, and the end date of coverage. If an infinity end date is listed (9999) then the member is still active.

Figure 18: Member in Focus

Member in Focus: CLIFTON A CLEMMONS Change ID:			Close Member Focus		
	谢 Member Deta	ils	Coverage Details		
	Member ID		Coverage	Effective Date	End Date
	Name		Children age 1-5	07/01/2022	12/31/9999
	Birth Date		View eligibility verification information		
	City				
	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	08/31/2024	Gainwell	Initial publication