

Medicaid Eligibility Verification



MISSISSIPPI DIVISION OF
MEDICAID

Medicaid beneficiaries may have traditional fee-for-service Medicaid or may be enrolled in the managed care program called Mississippi Coordinated Access Network (MississippiCAN). Anyone receiving covered services should have a Medicaid identification card at the time of service. Beneficiary eligibility should be verified prior to each time a service is rendered. If the beneficiary cannot present an ID card at the time of service, eligibility can be determined through use of the following services:

- Automated Voice Response System (AVRS) at 1-800-884-3222
- Gainwell Technologies Provider/Beneficiary Services Call Center at 1-800-884-3222
- MESA web portal at <https://portal.msxix.net/ms/provider>
- MEVS transaction using personal computer (PC) software or point of service (POS) swipe card verification device provided by switch vendors.
- 270/271 Health Care Eligibility Benefit Inquiry and Response Transaction (refer to the [EDI Technical Documents Page](#) to locate the latest 270/271 companion guide)

Managed Care Eligibility Verification

The Division of Medicaid contracts with three Coordinated Care Organizations (CCOs), Magnolia Health, Molina Healthcare and UnitedHealthcare Community Plan who are responsible for providing services to beneficiaries who participate in the MississippiCAN program. Beneficiaries in MississippiCAN may be enrolled with one of the three CCOs or they may be enrolled in the separate Children's Health Insurance Program (CHIP). It is important that providers identify the appropriate payer for claims. Contact information for the various CCOs are listed below.

Mississippi Division of Medicaid Managed Care	Toll-free: 1-800-421-2408 Local: 601-359-3789 https://medicaid.ms.gov/programs/managed-care/
Magnolia Health MSCAN – 009253560 MSCHIP – 001935367	1-866-912-6285 http://www.magnoliahealthplan.com
Molina Healthcare MSCAN – 002350871 MSCHIP – 001135031	1-844-826-4335 http://www.molinahealthcare.com
TrueCare MSCAN – 200015593 MSCHIP – 200015775	1-833-230-2050 https://www.mstruecare.com/ms/plans/

Mississippi Medicaid Benefits and Category of Eligibility/Aid Category

Whether verifying eligibility of beneficiaries through the web portal, the AVRS, the call center or through a MEVS transaction, the chart listed below is for assistance in determining what benefits and exclusions apply to the Aid Category for which the beneficiary is deemed eligible for Medicaid services.

COE/Aid Category	COE/Aid Category Description	Benefits	Exclusions	MSCAN Managed Care
001	SSI Individual	Full Medicaid Benefits	Pharmacy coverage – Medicare Part D (If Medicare eligible)	Optional (Age 0 – 19) Mandatory (Age 19- 64)
002	SSI Retro Eligibility	Full Medicaid Benefits	Pharmacy coverage – Medicare Part D (If Medicare eligible)	
003	CWS Foster Care Adoption Assistance Child or Adult Refugee	Full Medicaid Benefits		Optional (Age 0 – 19)
005	SSI in Institution	Full Medicaid Benefits		
006	Protected SSI Child	Full Medicaid Benefits		
007	Protected Foster Care Child up to age 26	Full Medicaid Benefits		
010	Nursing Home, under 300% FPL	Full Medicaid Benefits		
011	Long Term Hospital, under 300% FPL	Full Medicaid Benefits		
012	Swing Bed, under 300% FPL	Full Medicaid Benefits		
013	Nursing Home, Eligible at Home	Full Medicaid Benefits		
014	Long Term Hospital, SSI Eligible at Home	Full Medicaid Benefits		
015	Swing Bed, SSI Eligible at Home	Full Medicaid Benefits		
019	Katie Beckett Program	Full Medicaid Benefits		Optional (Age 0 – 19)
020	Emergency SSI Limitations Case	Full Medicaid Benefits		
021	Emergency Services for Immigrant	Benefits for Date of Service Only	Medicaid Benefits for emergency date of service ONLY	
025	Working Disabled	Full Medicaid Benefits		Mandatory (Age 19 – 64)

COE/Aid Category	COE/Aid Category Description	Benefits	Exclusions	MSCAN Managed Care
026	Child Welfare Services Foster Care/Adoption Assistance Child	Full Medicaid Benefits		Optional (Age 0 – 19)
027	Uninsured Women with Breast/Cervical Cancer	Full Medicaid Benefits		Mandatory (Age 19 – 64)
029	Family Planning	Limited Medicaid; Family Planning Benefits Only	All other benefits	
031	Qualified Medicare Beneficiary (QMB)	Medicare Part B premium and Medicaid payment of Medicare Parts A and B – Premiums, Deductibles, and Coinsurance	All other benefits	
035	Qualified Working Disabled Individual (QWDI)	Medicaid payment of Medicare Part A Premium, Deductible, and Coinsurance	All other benefits	
045	Healthier MS Waiver (May not have Medicare coverage)	Full Medicaid Benefits	<p>Exceptions are for the following:</p> <ul style="list-style-type: none"> • Long-term care services (including nursing facility and Home and Community Based waivers); • Swing bed in a skilled nursing facility; and • Maternity and newborn care. Children under age 21 are eligible for these services with an approved plan of care. 	
051	Specified Low-Income Medicare (SLMB)	Medicaid payment of Medicare Part B Premium	All other Medicaid Benefits	
054	Qualified Individual (QI-1)	Medicaid payment of Medicare Part B Premium	All other Medicaid Benefits	
062	Home Community Based Services Assisted Living Waiver	Full Medicaid Benefits		
063	Home Community Based Services Elderly/Disabled Waiver	Full Medicaid Benefits		
064	Home Community Based Services Intellectual Disabilities/Developmental Disabilities Waiver	Full Medicaid Benefits		

COE/Aid Category	COE/Aid Category Description	Benefits	Exclusions	MSCAN Managed Care
065	Home Community Based Services Independent Living Waiver	Full Medicaid Benefits		
066	Traumatic Brain Injury/Spinal Cord Injury	Full Medicaid Benefits		
071	Newborns up to age 1 with income at or below 194% FPL	Full Medicaid Benefits		Mandatory (Age 0 – 1)
072	Children 1 – 5 with income at or below 143% FPL	Full Medicaid Benefits		Mandatory (Age 1 – 5)
073	Children 6 – 19 with income at or below 107% FPL	Full Medicaid Benefits		Mandatory (Age 6 – 19)
074	Quasi-CHIP – Children age 6 – 19 with income between 107% and 133% FPL who would have qualified for CHIP under per-ACA rules.	Full Medicaid Benefits		Mandatory (Age 6 – 19)
075	Parents/Caretakers of children under the age of 18	Full Medicaid Benefits		Mandatory (Age 19 – 64)
088	Pregnant Women under 194%	Full Medicaid Benefits		Mandatory (Age 8 – 64)
093	Former SSI recipient Ineligible due to Cost-of-Living Increase	Full Medicaid Benefits		
094	Former SSI Recipient Disabled Adult Child	Full Medicaid Benefits		
095	Former SSI Recipient Widow(er) 60+yrs without Medicare	Full Medicaid Benefits		
096	Former SSI Recipient Widow(er) 50+yrs without Medicare	Full Medicaid Benefits		
099	<ul style="list-style-type: none"> Children Health Insurance Program (CHIP) Children age 1 – 19 with income between 133% and 200% FPL Children age 0 – 1 with income above 194% to 209% FPL 	Full CHIP Benefits	All Medicaid benefits	Separate CHIP Program, not Medicaid or MSCAN

Beneficiary Dual Eligibility

People who are dually enrolled in both Medicaid and Medicare, also known as dually eligible individuals, may fall into several eligibility categories. Medicare coverage has four parts:

- Part A Hospital Insurance
- Part B Supplemental Medical Insurance
- Part C Medicare health plans – also called Medicare Advantage
- Part D (Outpatient prescription drugs) Medicare Part D payment is considered payment in full and should not be submitted to Medicaid. For drugs not covered by Medicare Part D, Medicaid offers limited coverage of some drugs. If Medicare-eligible with full Medicaid benefits: Pharmacy coverage is thru Medicare Part D. Medicaid only covers Medicare excluded drugs.

Medicaid Eligibility for Non-Qualified Immigrants *(Emergency Medical Services Only)*

Immigrants that can qualify for emergency medical services should be directed to apply for coverage of the emergency condition, which is usually limited to one day of service coverage, at the Medicaid Regional Office that serves the county where the immigrant resides. Refer to the Mississippi Medicaid [Administrative Code](#) for more information about emergency medical services for Immigrants.

Retroactive Eligibility

If an individual meets certain financial and need requirements before applying for Medicaid, eligibility for Medicaid is possible during all or part of a **three-month period before the date of the application**. This period is called **retroactive eligibility**. Refer to the Mississippi Medicaid [Administrative Code](#) for more information about retroactive eligibility and prior authorization timelines when eligibility is added.

Newborns/Infants with Medicaid

A newborn whose mother is a Medicaid beneficiary is eligible for Medicaid for the first year of life. This includes infants born to immigrant mothers who are eligible only for emergency labor and delivery services. A newborn released for adoption is also automatically entitled to the one-year period of eligibility.

Well newborn services provided in the hospital must be billed separately from the mother's hospital claim. Hospitals must notify the Division of Medicaid within 5 calendar days of a newborn's birth using the Newborn Enrollment link on the Medicaid Enterprise System Assistance (MESA) [Portal for Providers](#). The Division of Medicaid, Office of Eligibility, will notify the provider within 5 business days of the newborn's permanent Medicaid Identification (ID) number. Refer to the Mississippi Medicaid Administrative Code [Part 202: Hospital Services](#) for more information about Newborn Enrollment and coverage of Inpatient Hospital Services.

Questions about the newborn enrollment process should be directed to the Division of Medicaid, Office of Eligibility at 1-800-421-2408.

Fraud

If you suspect a case of fraud, please call MS Medicaid Program of Integrity 1-800-880-5920 or 601-576-4162 or via the web at <http://www.medicaid.ms.gov/PI/FraudAbuse/WebFormFraudAbuse.aspx>.