

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.



MISSISSIPPI DIVISION OF
MEDICAID

Search Medicaid: 

[Home](#) **Eligibility** [Claims](#) [Care Management](#) [Patient Health History](#) [Files Exchange](#) [Resources](#) [Contact Us](#) [Logout](#)

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

Provider Name UNIVERSITY OF MS MEDICAL CENTER GRE **Role IDs** **Location** **Taxonomy** 282N00000X-General Acute Care Hospital

User Details
Welcome UNIV of MS MC
▶ [My Profile](#)
▶ [Manage Accounts](#)

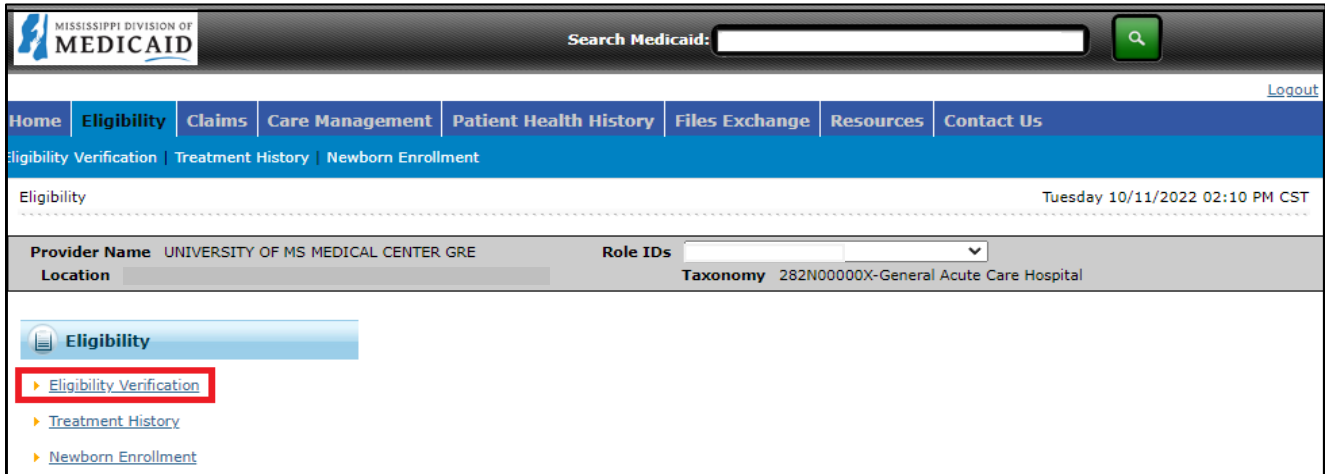
Provider
Name UNIVERSITY OF MS MEDICAL CENTER GRE

MESA
MEDICAID ENTERPRISE SYSTEM ASSISTANCE

Welcome Health Care Professional!
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

[Sign Up to Receive News](#)
[Secure Correspondence](#)
Latest News
▶ [Late Breaking News](#)
▶ [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

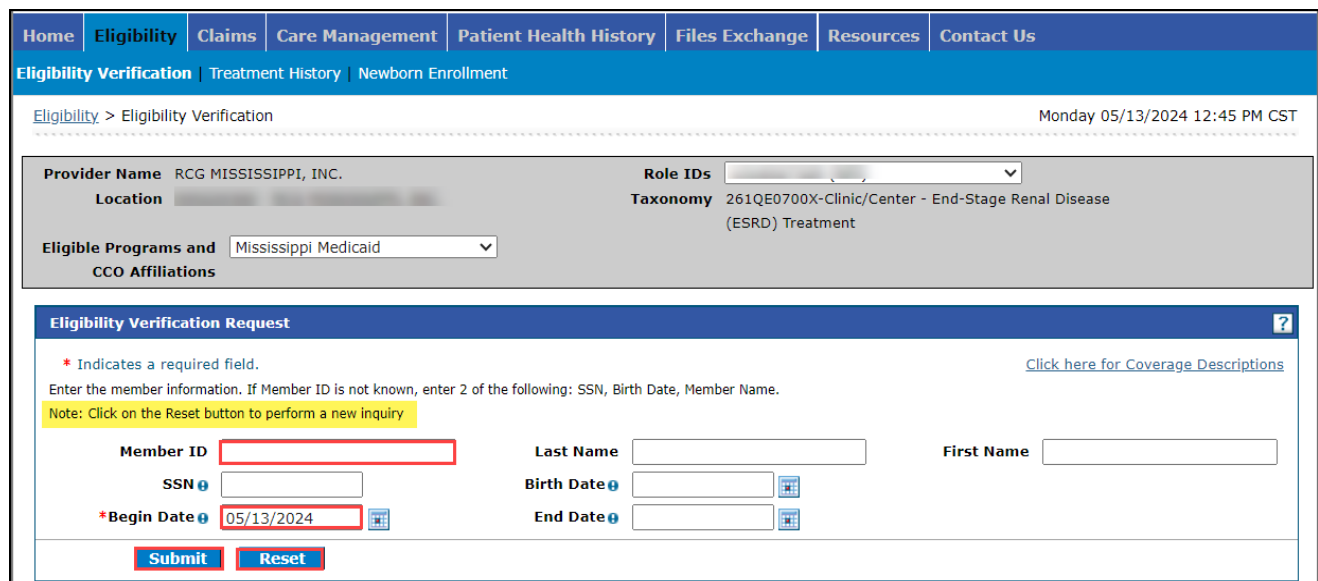
Eligibility

- 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 field.

Note: Search for eligibility history up to five 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 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 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.
- **Coverage 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.

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

Print Preview

Eligibility Verification Information for **for 5/13/2024 to 5/13/2024**
?

Member ID

Birth Date

Gender Female

Head of Household

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

City PONTOTOC

State Mississippi

Zip Code 38863-8158

Coverage 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 **Coverage 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.

[Print Preview](#)

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

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

Coverage 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

* 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

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](#)

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. For example, enter the effective date of the **current fiscal year**. This will ensure all applicable service limits are returned.

Note: There still may be claims that have not been fully adjudicated at this time. Make sure to submit claims within a timely manner. 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

07/01/2024

Search Limits

		Limit	Used	Remaining	Last Service Date
Individual	5509 Service Limit Cash Allowed for Chiro	\$700.00	\$17.56	\$682.44	7/1/2024
		Limit	Used	Remaining	Last Service Date
Individual	5519 Eye Refraction Limit 1 per 5 yrs - 21 & older	1	1	-	4/4/2024
	5526 Eyeglass Lens Limit 2 per 5 Years - 21 & older	2	1	1	4/2/2024
	5566 Eyeglass Frames Limit 1 per 5 yrs- 21 and older	1	1	-	4/3/2024

Reset

Scroll to Top

View or Add Other Insurance

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

Coverage 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
+	UNITED HEALTHCARE	770714469	710288	SHEIKA M SMITH	HEALTH INSURANCE	11/23/2011	01/31/2013
+	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:

Add **Reset**

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

Reset allows for a new search to be completed.

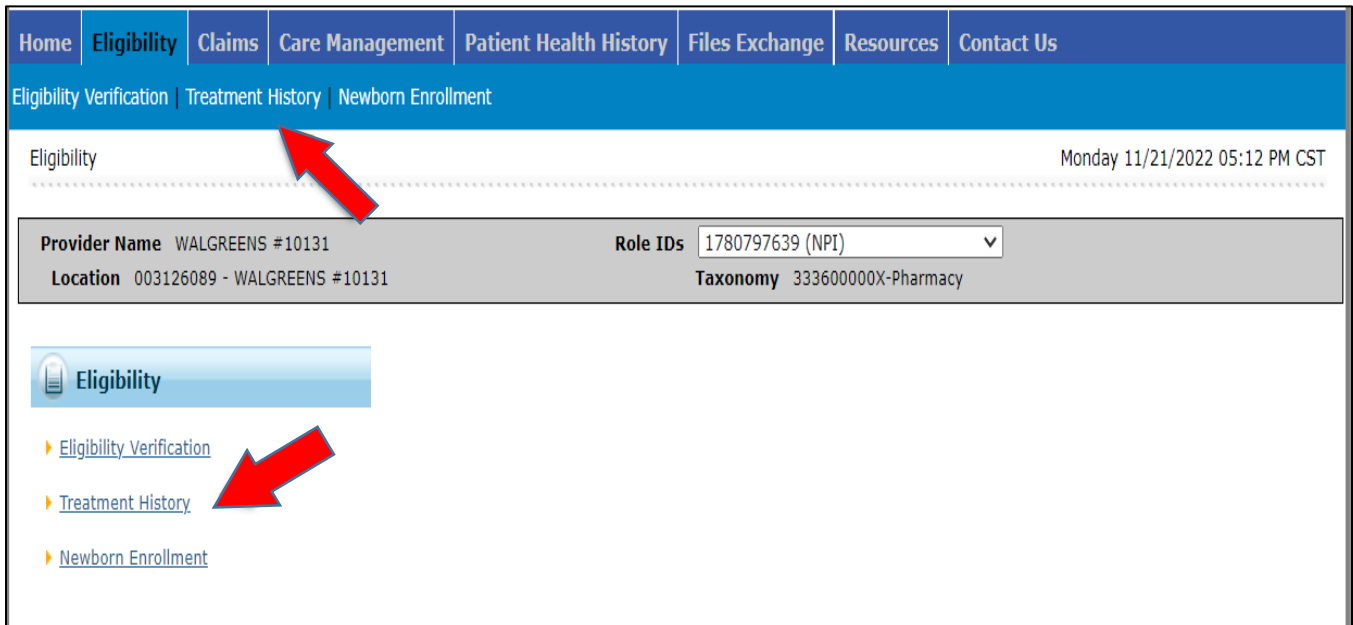
Scroll to the Top allows a user to get to the top of the page without have to scroll.

Reset

Scroll to Top

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

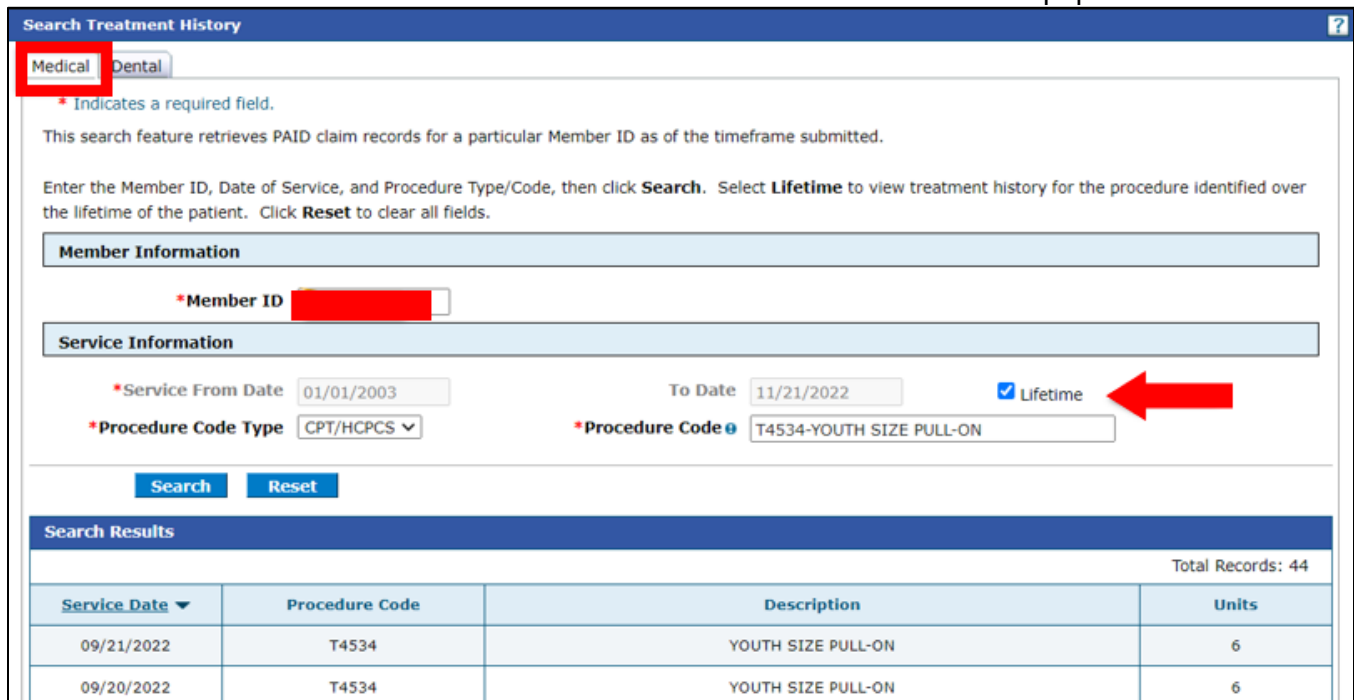
Eligibility Monday 11/21/2022 05:12 PM CST

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 01/01/2003 To Date 11/21/2022 ☒ Lifetime

*Procedure Code Type CPT/HCPCS *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 – 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
Reset

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
Reset

Search Results

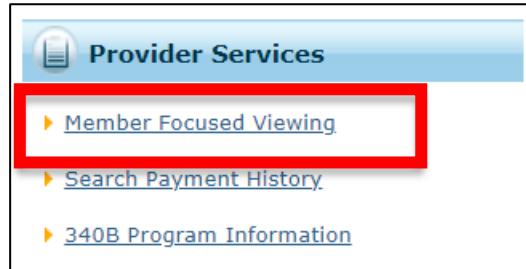
For Treatment Detail, click on any procedure code.

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.



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.

A screenshot of the 'Member Focus Search' form. The 'Last Members Viewed' tab is selected, and the 'Search' button is highlighted with a red box. The form contains a search area with the following fields: 'Member ID' (highlighted with a red box), 'Last Name', 'City', 'First Name', 'Zip Code', and 'Birth Date'. Below the fields are 'Search' and 'Reset' buttons. A red box also highlights the 'Search' button.

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

A screenshot of the 'Member in Focus' page for CLIFTON A CLEMMONS. The page shows member details and coverage information. The 'Member Details' section includes fields for Member ID, Name, Birth Date, City, State, Gender, and Primary Language. The 'Coverage Details' section includes a table with Coverage, Effective Date, and End Date. A red box highlights the 'Search' button in the previous screenshot.

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

To see benefit comparisons with MSCAN and MSCHIP along with Traditional Medicaid, see links below:

- [Mississippi CAN Comparison Chart](#)
- [CHIP Comparison Chart](#)

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.
2.2	05/01/2025	Gainwell	Updated Limit Details per provider feedback
2.3	7/14/2025	Gainwell	Updated per CR2765
2.4	01/29/2026	Gainwell	Updated per CR2688