

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: 

[Logout](#)

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

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

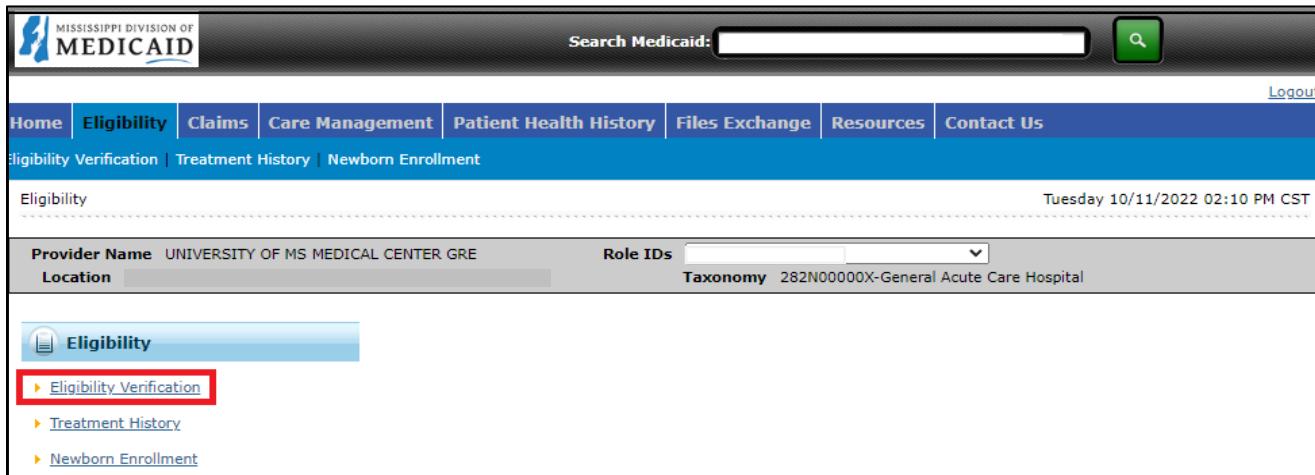
Provider
Name: UNIVERSITY OF MS MEDICAL CENTER GRE

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

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Provider Bulletins

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



The screenshot shows the Mississippi Division of Medicaid website. At the top, there is a navigation bar with links for Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below the navigation bar, there is a search bar labeled "Search Medicaid" and a "Logout" link. The main content area is titled "Eligibility Verification | Treatment History | Newborn Enrollment". It shows provider information: Provider Name (UNIVERSITY OF MS MEDICAL CENTER GRE), Location (282N00000X-General Acute Care Hospital), Role IDs, and Taxonomy. Below this, there is a sidebar with links for "Eligibility", "Eligibility Verification" (which is highlighted with a red box), "Treatment History", and "Newborn Enrollment".

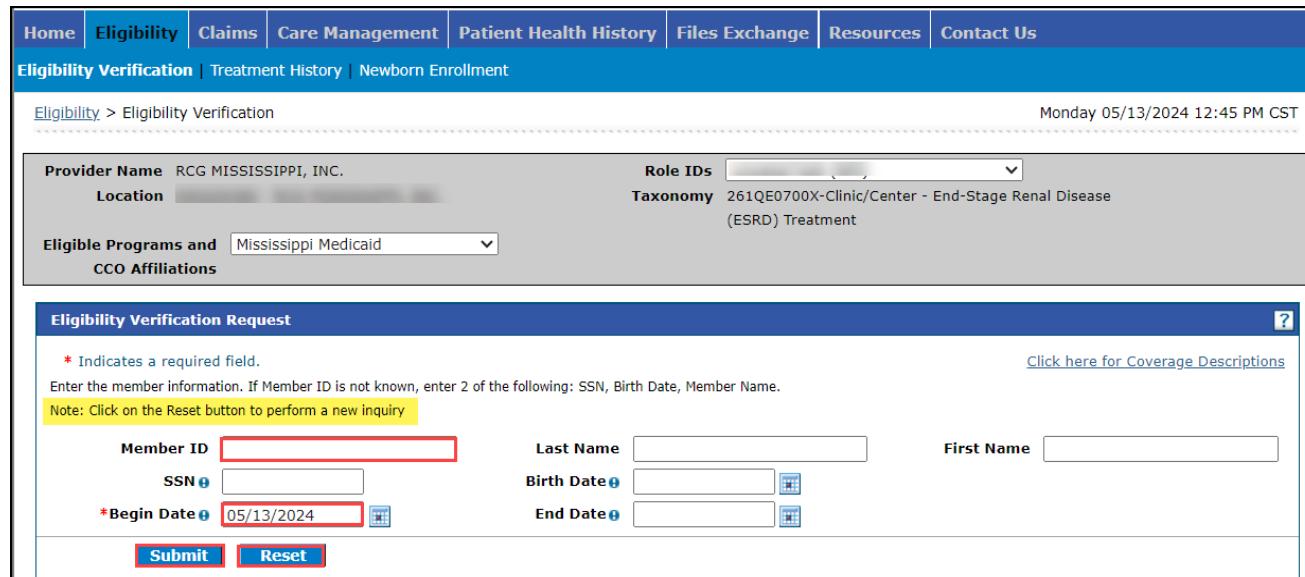
3. Enter the Member ID, or if you don't have it, enter **two** of the following:

- Social Security Number (SSN)
- Birth Date
- Member's Full Name

4. 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*.

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



The screenshot shows the "Eligibility Verification Request" form. At the top, there is a navigation bar with links for Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below the navigation bar, there is a search bar labeled "Eligibility > Eligibility Verification" and a date stamp "Monday 05/13/2024 12:45 PM CST". The main content area shows provider information: Provider Name (RCG MISSISSIPPI, INC.), Location (261QE0700X-Clinic/Center - End-Stage Renal Disease (ESRD) Treatment), Role IDs, and Taxonomy. Below this, there are dropdown menus for "Eligible Programs and" (Mississippi Medicaid) and "CCO Affiliations". The "Eligibility Verification Request" section contains fields for Member ID, Last Name, First Name, SSN, Birth Date, and End Date. The "Begin Date" field is highlighted with a red box. There are "Submit" and "Reset" buttons at the bottom. A note at the top of the form says: "Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name." and "Click here for Coverage Descriptions".

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.

Eligibility Verification Information for		for 5/13/2024 to 5/13/2024			Print Preview	
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		Expand All Collapse All													
Member ID		Birth Date		Gender	Female												
Head of Household	ANDERSON,	Authorized Rep	No														
Authorized Rep Name	N/A	Authorized Rep Phone # N/A															
Verification Response ID	2413400008																
Demographic Details [+] [x]																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Street Address</td> <td colspan="5" style="text-align: center;">Benefit Code</td> </tr> <tr> <td>City PONTOTOC</td> <td>State Mississippi</td> <td colspan="4">Zip Code 38863-8158</td> </tr> </table>						Street Address	Benefit Code					City PONTOTOC	State Mississippi	Zip Code 38863-8158			
Street Address	Benefit Code																
City PONTOTOC	State Mississippi	Zip Code 38863-8158															
Coverage Details [+] [x]																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage</th> <th>Effective Date</th> <th>End Date</th> <th>Add Date</th> <th>Last Update Date</th> </tr> </thead> <tbody> <tr> <td>073 Children age 6-19 with income at/below the MAGI</td> <td>05/01/2022</td> <td>12/31/9999</td> <td>03/25/2022</td> <td>09/30/2022</td> </tr> </tbody> </table>						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		
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	
<small>* Indicates a required field.</small> <small>Enter the member information. If Member ID is not known, enter 2 of the following: SSN, Birth Date, Member Name.</small> <small>Note: Click on the Reset button to perform a new inquiry</small>					

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


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.

[Close]

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 style="width: 100%; border: 1px solid #ccc; padding: 2px;" type="text" value="07/01/2024"/> [Calendar]	Search Limits
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		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				

10. 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.
11. 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: BCBS
 *Policy #: 123456789
 Policy Type: HEALTH INSURANCE
 *Effective From: 01/01/2022

Other Policy Holder Information

*Subscriber Last Name: Smith
 *First Name: John
 *MI:
 *Birth Date: 01/01/1965
 *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.

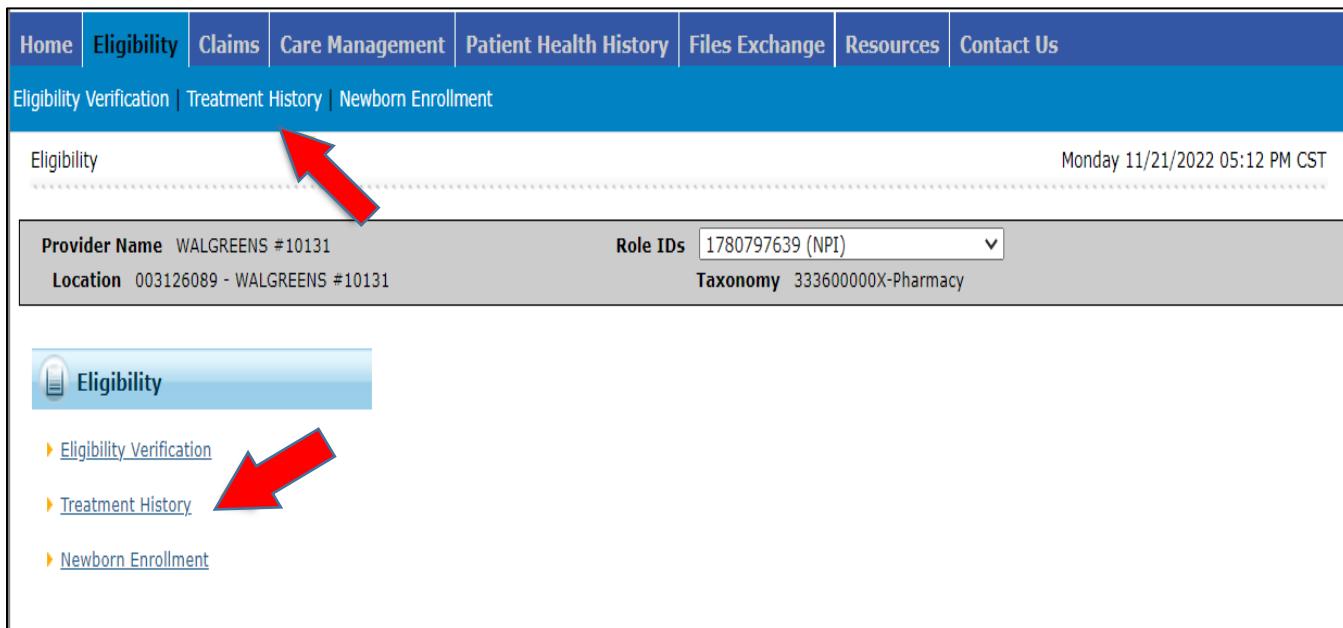
Scroll to the Top allows a user to get to the top of the page without have to scroll.

Reset

Scroll to Top

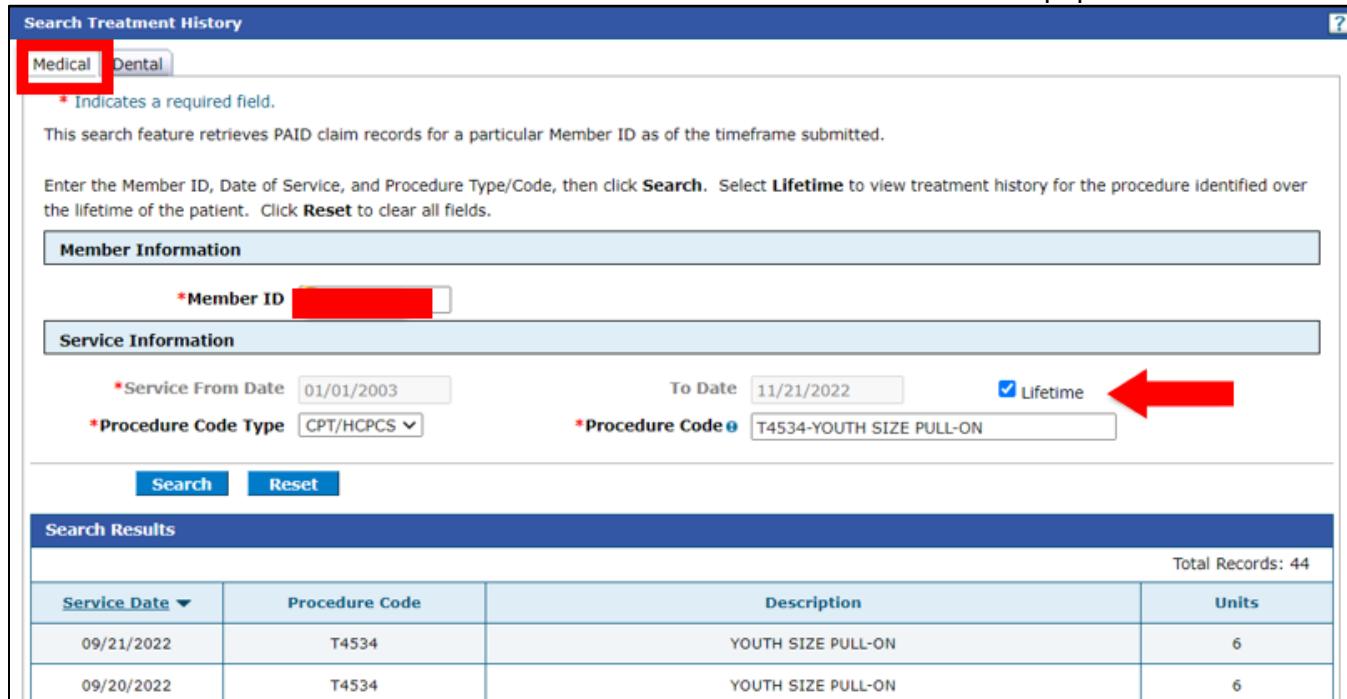
View Treatment History

1. View **Treatment History** to verify if a particular CPT, 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.



The screenshot shows the Medicaid Eligibility Verification page. At the top, there is a navigation bar with links for Home, Eligibility, Claims, Care Management, Patient Health History, Files Exchange, Resources, and Contact Us. Below the navigation bar, the page title is "Eligibility Verification | Treatment History | Newborn Enrollment". On the right side of the page, the date is displayed as "Monday 11/21/2022 05:12 PM CST". The main content area shows provider information: "Provider Name" is WALGREENS #10131, "Role IDs" is 1780797639 (NPI), and "Taxonomy" is 333600000X-Pharmacy. Below this, there is a sidebar with a "Treatment History" link, which is highlighted with a red arrow. The sidebar also includes links for "Eligibility Verification" and "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.



The screenshot shows the "Search Treatment History" page. At the top, there is a "Search Treatment History" header with a "Medical" tab (which is highlighted with a red box) and a "Dental" tab. Below the header, there is a note: "* Indicates a required field." and a description: "This search feature retrieves PAID claim records for a particular Member ID as of the timeframe submitted." The page then asks to "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." The "Member Information" section contains a required "Member ID" field (highlighted with a red box). The "Service Information" section contains "Service From Date" (01/01/2003), "To Date" (11/21/2022), and a "Lifetime" checkbox (which is checked and highlighted with a red arrow). The "Procedure Code Type" is set to "CPT/HCPCS". The "Procedure Code" field contains "T4534-YOUTH SIZE PULL-ON". At the bottom, there are "Search" and "Reset" buttons. The "Search Results" section shows a table with 44 total records. The table has columns for "Service Date", "Procedure Code", "Description", and "Units". The data in the table is as follows:

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 <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>			
Service Information			
*Service From Date	01/01/2003	To Date	11/21/2022
*Procedure Code Type	CPT/HCPCS	<input checked="" type="checkbox"/> Lifetime V2020-VISION SVCS FRAMES PURCHASES	
<input style="border: 1px solid blue; padding: 2px; margin-right: 10px;" type="button" value="Search"/> <input style="border: 1px solid blue; padding: 2px;" type="button" value="Reset"/>			
Search Results			
Total Records: 1			
Service Date	Procedure Code	Description	
02/16/2022	V2020	VISION SVCS FRAMES PURCHASES	

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 <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>				
Service Information				
Either Procedure Code or Tooth Number is required.				
Procedure Code	*Date of Service <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/> Lifetime			
Tooth#/Letter <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/> Any Tooth				
<input style="border: 1px solid blue; padding: 2px; margin-right: 10px;" type="button" value="Search"/> <input style="border: 1px solid blue; padding: 2px;" type="button" value="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.



Member Focus Search

Last Members Viewed **Search**

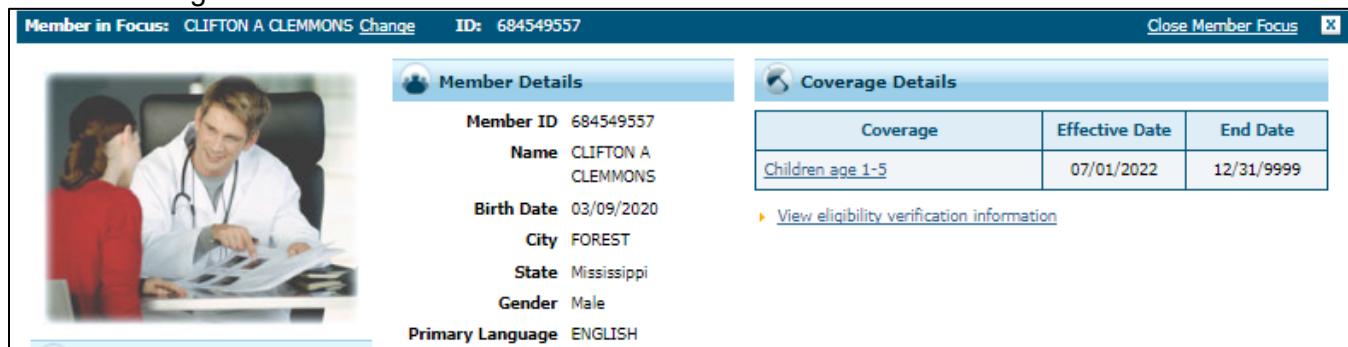
* Indicates a required field.

Enter the Member ID or Last Name, First Name and Birth Date.

Member ID	First Name	Birth Date
Last Name		
City	Zip Code	

Search **Reset**

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



Member in Focus: CLIFTON A CLEMONS **Change** **ID:** 684549557 **Close Member Focus**

Member Details	Coverage Details			
 <p>Member ID: 684549557 Name: CLIFTON A CLEMONS Birth Date: 03/09/2020 City: FOREST State: Mississippi Gender: Male Primary Language: ENGLISH</p>	<p>Coverage Effective Date End Date</p> <table border="1"> <tr> <td>Children age 1-5</td> <td>07/01/2022</td> <td>12/31/9999</td> </tr> </table> <p>View eligibility verification information</p>	Children age 1-5	07/01/2022	12/31/9999
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