

Medicaid Eligibility Verification Guide for Internet Access



State of Nebraska
Health and Human Services System
Medicaid Program

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Medicaid Eligibility Verification System

This Medicaid Eligibility Verification Guide has been developed as a reference for Medicaid providers and their billing staff who have been authorized by the Nebraska Medicaid program to access the Medicaid Eligibility Verification System application.

Specific instructions for logon to the NE CICS are provided as part of the authorization process by the Nebraska EDI Help Desk. You can contact the Help Desk by calling 1-866-498-4357, 402-471-9461, or DHHS.MedicaidEDI@nebraska.gov.

Accessing the Medicaid Eligibility Verification System (RFS6) via the Internet

1. Go to <https://cicsppr1.ecs.nebraska.gov:3113/RFS6>
2. Enter your User Name and Password
3. Click on the Sign In button. The Nebraska Medicaid Eligibility System screen displays.

Medicaid Eligibility Verification Screens and Data

The two screens used for eligibility verification are:

1. Nebraska Medicaid Eligibility System search screen
2. Nebraska Medicaid Eligibility System result screen

Authorized providers will be able to access recipient eligibility for dates up to five years prior to the current date.

Medicaid Eligibility Search Screen

From the Eligibility Search Screen, the following search options can be used:

- Recipient number
- Recipient Social Security number
- Recipient last name and first name.

The screenshot shows a search interface for the Nebraska Medicaid Eligibility System. At the top, it displays 'State of Nebraska' and 'NEBRASKA MEDICAID ELIGIBILITY SYSTEM'. Below this, there are several input fields for search criteria: NPI, ATYPICAL PROVIDER NUMBER, RECIPIENT NUMBER, RECIPIENT SSN, ELIGIBILITY DATE (MMCCYY), RECIPIENT LAST NAME, RECIPIENT FIRST NAME, RECIPIENT MIDDLE INITIAL, RECIPIENT DOB (MM/DD/CCYY), and RECIPIENT GENDER. At the bottom of the screen, there are five buttons: HELP, END, CANCEL, EXIT, and ENTER.

1. When using the Recipient Number search option, the following fields are **required**:

- NPI or Atypical Provider Number Use your National Provider Identifier (NPI), or the active 11-digit Atypical Provider Number (Medicaid Number).
- Recipient Number The recipient's 11-digit Medicaid Identification Number.
- Eligibility Date The 6-digit month and year (i.e., March 2021 = 032021). Inquiries can be made for up to five years prior.

2. When using the Recipient Social Security Number option, the following fields are **required**:

- NPI or Atypical Provider Number Use your National Provider Identifier (NPI), or the active 11-digit Atypical Provider Number (Medicaid Number).
- Recipient Social Security Number The recipient's Social Security Number.
- Eligibility Date The 6-digit month and year (i.e., March 2021 = 032021). Inquiries can be made for up to five years prior.

3. When using the Recipient last name and first name, the following fields are **required**:

- NPI or Atypical Provider Number Use your National Provider Identifier (NPI), or the active 11-digit Atypical Provider Number (Medicaid ID).
- Eligibility Date The 6-digit month and year (i.e., March 2021 = 032021). Inquiries can be made for up to five years prior.
- Recipient Last Name Enter the Recipient last name. If the person has a suffix it must be entered as part of the last name with a space between the last name and suffix (i.e. Smith II).
- Recipient First Name Enter the Recipient first name. If applicable, enter 'Unborn'.

To narrow down the search, enter the additional following fields:

- Gender Enter M, F or U (Unborn).
- Date Of Birth Enter the month, day, and year (MM/DD/CCYY).
- Middle Initial Enter the recipient's middle initial, if known. The middle initial may be needed if two persons with the same first and last name are eligible. If a specific person is not found, no name will display.

After the criteria are entered, click on the Enter button to display the search results.

Notes:
<p>Quickest eligibility search: Enter the required fields of the recipient number search option.</p> <p>Share of cost information: The share of cost amount (if any) and the living arrangement display regardless of whether the share of cost has been met. If the recipient has a share of cost obligation that has not been met, a message 'The recipient is not eligible because the share of cost has not been met' appears.</p>

ELIGIBILITY VERIFICATION – SEARCH SCREEN BUTTONS	
Button	Function
Help	Access the help for the screen
End	Close out of the application
Cancel	Clear screen entries
Exit	Close out of the application
Enter	Search based on the entered criteria

Medicaid Eligibility Search Results

When the recipient is eligible for the requested month and year of service, the following information is provided if available/applicable:

- Verification of current eligibility (expressed as a whole month unless eligibility ends or begins during the month) and pending eligibility for the current month.
- Nebraska Medicaid Managed Care or PACE program participation.
- Primary care provider
- Date of birth and gender.
- Co-payment status.
- Private insurance, casualty coverage, and/or Medicare coverage.
(To view all coverages you may have to page forward with the FRWD key and return to the previous coverage by pressing the BKWD key)
 - Restricted services.
- Notification of when claim payments are restricted.
- Share of Cost Amount.
- Living Arrangement.

Eligibility Search Results Screen

Note: Example is for a Heritage Health Adult recipient that has claim restrictions.

State of Nebraska


RF27 NEBRASKA MEDICAID ELIGIBILITY SYSTEM 11:26AM 01/28/2021
PROD ELIGIBILITY DATE: 012021

MEDICAID CLAIMS FOR VISION, DENTAL, OTC DRUGS WILL NOT BE PAID FOR CLIENT CONTACT PLAN FOR PCP

NPI: [REDACTED] ATYPICAL PROVIDER NUMB:
RECIPIENT NUMB: [REDACTED] STATUS: [?] 1 ELIG BEG: [?] 01/01/2021 ELIG END: [?] 01/31/2021
RECIPIENT NAME: [REDACTED]
RECIPIENT SSN: [REDACTED] DOB: 12/27/2007 GENDER: M COPAY STATUS: [?] 0
AGENCY: [?] PHONE:
MC MED/SURG: [?] UnitedHealthcare Com 800-641-1902
PCP: [?]
PCP ADDR: [?]
MC MH/SA: [?] UnitedHealthcare Com 800-641-1902
PBM: OptumRx 877-231-0131
DBM: MCNA Dental Plan 844-353-6262
MEDICARE: [?]
PART D CNTR #: [?] PLAN ID: PLAN: [?]
RESTRCT: [?]
SHARE OF COST AMOUNT:
LIVING ARRANGEMENT: HOUSE OR APARTMENT
PRIVATE COVERAGE:
CARRIER: BEG:
ADDRESS: END:
POLICY: [?] PCY HLDR: GRP: COB [?] OF [?]
PRNTR ADDR:

HELP SEARCH PRT SCR BKWD FRWD EXIT

ELIGIBILITY SEARCH RESULT BUTTONS

Button	Function
	Access the help for the field.
HELP	Access the help for the screen.
SEARCH	Return to the search screen to conduct another search. The information that was previously entered will be retained. To conduct another search, key over the previous search criteria and click on the ENTER Button.
PRT SCR	Allows the user to print the eligibility screen if the computer is directed to a printer. Enter the printer address in the PRNTR ADDR field prior to printing.
BKWD	When insurance policy information exists, used to page backward through multiple coverage results when more than 1 policy is available.
FWRD	When insurance policy information exists, used to page forward through multiple coverage results when more than 1 policy is available.
EXT	Close out of the application.

Error Messages

Message	Comments
Date of Service Not Within Allowable Inquiry Period	Inquiry is outside of available data.
Gender Must Be F, M, or U	Gender entered does not match F, M, or U.
Invalid Date of Birth	Date of birth entered does not match the recipient inquiry.
Invalid Eligibility Date	Eligibility month/year is missing or entered values are not valid.
Invalid/Missing Subscriber/Insured ID	Recipient's ID number is less than 11 digits, or missing, or not found.
Invalid/Missing Subscriber/Insured Gender Code	Gender search criteria does not match.
Invalid/Missing Subscriber/Insured Name	Name entered is not valid.
Invalid NPI	NPI entered is not valid
Already at the end of TPL data.	Last page of data displayed.
NPI or Provider Number Required	NPI or Atypical Provider Number is required on this inquiry.
Patient Date of Birth does not match that for the patient on the database.	Date of birth does not match the recipient inquired on.
Provider ineligible for Inquiries	User is not authorized to inquire.
Provider Not On File	No record of the provider.
Provider Number Not Complete	Need 11-digit number.
NPI or Provider number required	No NPI or Atypical Provider Number entered.
Provider Not on File	Not an active Medicaid provider.
Invalid/Missing Subscriber/Insured ID	Recipient ID missing or Recipient ID missing and First and Last Name are not entered.
Recipient Number Not Complete	Less than 11-digit number entered.
Recipient Not Eligible for MM/CCYY	Recipient not eligible for month & year of service.
Recipient SSN Not Complete	Less than 9-digit number entered.

Service Dates Not Within Provider Plan Enrollment	Provider not eligible for month entered.
Subscriber/insured not found	Recipient is not in the database system.
Elig for limited Medicaid Benefits – Prenatal and pregnancy related services.	Client has limited Medicaid coverage as the unborn is a 599CHIP recipient.
Medicaid claims for vision, dental, OTC drugs will not be paid for client.	Heritage Health Adult client has limited Medicaid coverage.

Signing out of the Medicaid Eligibility Application

To sign out of the Nebraska Medicaid Eligibility System, use one of the following options:

1. From the search screen, click on the END or EXIT buttons to close out of the application.
2. From the search results screen, click on the EXIT Button to close out of the application.

To end your Internet access, close the browser window .