

471-000-124 Instructions for Using the Nebraska Medicaid Eligibility System (NMES)

The Nebraska Medicaid Eligibility system (NMES) is a dial-up (telephone access) computer system by which enrolled Medicaid providers can obtain information regarding -

1. Verification of Medicaid eligibility;
2. Participation in Nebraska's Medicaid Managed Care Programs;
3. Copayment status;
4. Private insurance coverage;
5. Medicare coverage; and
6. Lock-in status.

NMES is operational 24 hours a day, seven days a week. NMES provides client eligibility information for a maximum of four previous years. **Note:** NMES does NOT supply prior authorization information, or information on coverage of specific services for a client. NMES will provide eligibility information for the next month **ONLY** when the following condition is met: Verification date is within two calendar days of the next month (i.e., 30, 31st). NMES cannot provide historical information if a social security number search is used. Historical eligibility information can only be accessed using the 11-digit client Medicaid number.

NMES may be used before providing services to a client or before submitting claims for payment. Following are instructions for touch-tone telephone access and rotary telephone access.

NOTE: Healthcare providers must use their billing provider National Provider Identifiers (NPI) to access information. Providers not eligible for NPIs, considered “atypical” or “not a healthcare provider”, will continue to use their 11-digit Medicaid billing provider number, see definition below.

Atypical/Not Healthcare Provider Definition: Nebraska Medicaid defines “atypical” or “not healthcare” providers as: MHCP (Medically Handicapped Children’s Program) clinics, MIPS (Medicaid in Public Schools), Personal Care Aides, Mental Health Personal Care Aides/Community Treatment Aides, Mental Health Home Health Care Aides, Non-Emergency Transportation providers and Community Support Workers. **However, please note, effective March 1, 2022, with the exception of Non-Emergency Transportation providers, all other provider types listed above will be required to have an NPI in order to enroll and participate in Nebraska Medicaid.**

If NMES is not working, please contact (402) 471-4636.

Step 1: To access NMES, call -

Lincoln Area	402-471-9580
Outside Lincoln	800-642-6092

NOTE: It is not necessary to wait for the entire message to enter your responses. For example, you may enter the NPI/provider number, recipient number, and date of service (each followed by the pound (#) key) without waiting for each message. **However, it is important to continue through all options to obtain complete information.**

Step 2: After the first message, enter 1 for Healthcare Provider (NPI) or 2 for Atypical/Not a Healthcare Provider (Provider Number.)

Note: Healthcare Providers must use the billing NPI for inquiry and Atypical/Not Healthcare providers will continue to use the Medicaid Provider Number. See above for definition.

Step 3: After the next message, for Healthcare providers, enter the 10-digit billing provider NPI number followed by the pound (#) key or, for atypical/not healthcare providers, enter your 11-digit billing provider number followed by the pound (#) key.

Step 4: After the next message, press 1 if inquiring by client Medicaid number. Press 2 if inquiring by client social security number.

Step 5: After the next message, enter the client's 11-digit Medicaid number followed by the pound (#) key.

OR

Enter the client's nine-digit social security number followed by the pound (#) key.

Step 6: After the next message, enter the 6-digit month and year date of service followed by the pound (#) key. Note that the months of January through September must be entered as two digits (i.e., 01 for January, 02 for February, etc.). For example:

012014#

Examples of messages you may hear include:

A) Provider Eligibility: "No record of NPI"
"Invalid NPI"
"No record of provider number entered"
"Provider not eligible for month/year"

These messages indicate that the NPI or provider number entered is not a correct 10-digit NPI or 11-digit Medicaid provider number for the month/year of inquiry. Verify that the number is valid.

B) Provider Eligibility: "Provider not eligible for month/year"

This message indicates that the NPI or provider number entered is not eligible for requested months and year.

C) Provider Eligibility: "Provider not eligible for billing"

This message indicates that the NPI or provider number entered is not a billing provider.

D) Provider Eligibility: "NPI required for Healthcare Provider"

This message indicates that a healthcare provider entered a Medicaid Provider number, but must enter the billing NPI.

E) Recipient Eligibility: "This recipient is eligible for (month/year)"
"This recipient is not eligible for (month/year)"
"This recipient is pending Medicaid eligibility"
"No record of social security number"

INFORMATION PROVIDED MAY INCLUDE MULTIPLE SCENARIOS (E.G., MORE THAN ONE THIRD PARTY CARRIER, ETC.), SO IT IS IMPORTANT TO LISTEN TO ALL OPTIONS TO OBTAIN COMPLETE INFORMATION REGARDING THE CLIENT.

F) Copayment: "Individual is subject to copay"
"Individual is not subject to copay"
"Individual is subject to copay on prescription drugs only"
"Due to change in status, individual is no longer subject to copay"

G) Managed Care: "Individual is subject to medical managed care. The managed care plan is (Name of Plan).
"The client's primary care physician is (Name of Physician). The phone number is"
"Individual is in behavioral health managed care. The plan is (Name of Plan)."

Note: Medical managed care refers to enrollment in the Basic Benefits Package.

If no reference is made to medical managed care or behavioral health managed care, the individual is not subject to managed care and is Medicaid eligible for the month of inquiry.

5. Medicare/Private Insurance: "Medicare coverage for Part A, (number)"
"Medicare coverage for Part B, (number)"

Listen carefully to the messages and prompts. By following the prompts, you may chose to hear the following:

1. A description of the managed care plans (medical/surgical and/or behavioral health) (also see 471-000-122);
2. The phone number for the managed care plan.

3. Medicare and private insurance. If the client does not have private insurance or Medicare coverage, you will hear the following message:

"No Medicare or private insurance"

If the client has private insurance, you will hear a brief description of the insurance coverage, carrier name and address, policyholder, policy and group number.

4. Lock-In: If the client is locked in to one or more providers, the names of the providers will be given or the caller will be referred to the local office.

Step 7: To inquire about another month for the same client, press 1.
If you have another inquiry, press 2.
If you have no more inquiries, press 3.