



## Nebraska Medicaid Eligibility Verification Guide for Internet Access

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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](mailto: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
2. Nebraska Medicaid Eligibility System Result

Authorized providers will be able to access recipient eligibility for 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's last and first name

## Using the Recipient's Number Search Option

The following fields are required when using the recipient number search option:

Required Field	Information to enter
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 2024 = 032024). Inquiries for up to five years prior can be made.

## Using the Recipient's Social Security Option

The following fields are required when using the recipient Social Security number search option:

Required Field	Information to enter
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 Social Security Number.
Eligibility Date	The 6-digit month and year (i.e., March 2021 = 032021). Inquiries for up to five years prior can be made.

## Using the Recipient's First and Last Name Search Option

The following fields are required when using the recipient number search option:

Required Field	Information to enter
NPI or Atypical Provider Number	Use your National Provider Identifier (NPI), or the active 11-digit Atypical Provider Number (Medicaid Number).
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's First Name	Enter the Recipient first name. If applicable, enter 'Unborn'.
Eligibility Date	The 6-digit month and year (i.e., March 2021 = 032021). Inquiries for up to five years prior can be made.

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

- 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 be displayed.

After the necessary information is entered, click on the Enter button to display the search results.

### Note:

Quickest eligibility search: Enter the required fields of the recipient number search option.

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.

## Helpful Screen Buttons for Eligibility Verification

Button	Function
Cancel	Clear screen entries
End	Close out of the application
Enter	Search based on the entered information
Exit	Close out of the application
Help	Access the help screen

## 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.
- Notification of when claim payments are restricted
- Co-payment status
- Date of birth and gender
- Nebraska Medicaid Managed Care or PACE program participation
- Plan name and phone number
- Pharmacy benefit manager name and phone number
- Primary care provider name, phone number and address
- Dental home provider name, phone number and address
- Medicare coverage
- Restricted services
- Share of Cost Amount
- Living Arrangement
- Private insurance, and/or casualty 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.)

## Eligibility Search Results Screen

Note: This example is for a Heritage Health recipient with claim restrictions.

State of Nebraska

NEBRASKA MEDICAID ELIGIBILITY SYSTEM

11:11AM 07/17/2024

ELIGIBILITY DATE: 042024

RECIPIENT NUMB: NPI: [REDACTED] ATYPICAL PROVIDER NUMB: STATUS: 1 ELIG BEG: 04-01-2024 ELIG END: 04-30-2024

RECIPIENT NAME: [REDACTED]

RECIPIENT SSN: [REDACTED] DOB: 03/29/1943 GENDER: F COPAY STATUS: 0

AGENCY: [?] PLAN NAME: [?] Molina Healthcare of 844-782-2678

PBM: [?] CaremarkPCS Health L 855-619-9396

PCP: [?] GRAUMAN,SARAH 402-717-4380

PCP ADDRESS: [?] 2510 S 40TH ST

[?] LINCOLN NE 68506-2408

DHP: [?] WIRTH,STEVEN 402-489-1262

DHP ADDRESS: [?] 1919 SO 40TH ST

[?] LINCOLN NE 68506-5247

MEDICARE: [?] MA MB MD

PART D CNTR #: [?] X0001 PLAN ID: 014 PLAN: [?] UNKNOWN PLAN ID

RESTRCT: [?] 88 WALGREENS CO

SHARE OF COST AMOUNT: \$56.04

LIVING ARRANGEMENT: NURSING HOME - LONG TERM CARE

PRIVATE COVERAGE:

CARRIER: BEG:


ADDRESS: END:

POLICY: [?] PCY HLDGR: 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.
EXIT	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's 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.