Medicaid Client Eligibility Verification Tools

HERITAGE HEALTH
IMPLEMENTATION MEETING

AUGUST 12, 2016

Eligibility Verification Tools

Nebraska Medicaid providers may obtain eligibility information of individual clients using 4 verification tools:

- NMES IVR – Telephone voice response system
- RFS6 (Nebraska Medicaid Eligibility System screen) – Internal inquiry of MMIS
- Web inquiry – Internet inquiry of RFS6 Nebraska Medicaid Eligibility System screen in MMIS
- HIPAA 5010 270/271 Health Care Eligibility Benefit Inquiry and Response transactions

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Eligibility Verification Timing

Providers may inquire on a client's status for a selected month and year, as long as the month/year are after the provider's Medicaid effective date.

Future-dated inquiries are only allowed for Medicaid eligibility and only on the last two calendar days of the current month, for the prospective month.

Managed care enrollment data for the prospective month is not available until the first calendar day of that month.

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Eligibility Verification Timing

Information is updated nightly.

All 4 eligibility verification tools report the same information for the same inquiry timeframe.

Historical data is reported for up to five years from the day of the inquiry.

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Eligibility Verification Data

Information available for the month of inquiry (when applicable):

- Medicaid eligibility status (eligible or not, eligible for limited benefits, or pending eligibility);
- Managed care plan and PCP;
- Pharmacy benefit manager associated with the managed care plan (1/1/2017 and later);
- Client restricted service (lock-in) status;
- Copayment status;
- Medicare coverage;
- Third Party Payer (other insurance coverage)

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Eligibility Verification Tools

Nebraska Medicaid Eligibility System (NMES)

Lincoln Area
402-471-9580

Outside Lincoln
1-800-642-6092

NMES is an interactive voice response (IVR) system with 45 lines available 24 hours a day, 7 days a week.

Providers can retrieve information by entering:

1) Provider NPI/Nebraska Medicaid ID;
2) Client Medicaid ID or SSN; and
3) Date of service (month and year).

Eligibility
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HIPAA 5010 270/271 Health Care Eligibility Inquiry and Response

Trading partners may use the HIPAA 5010 **270/271** transaction set.

- 270 transactions are accepted 24 hours a day, 7 days a week.
- 271 transactions are returned for the inquiries received every 2 hours (Sybase) or immediately (Edifecs RealTime).

Eligibility Verification Tools

HIPAA 5010 270/271 Health Care Eligibility Inquiry and Response

Information required on the 270 inquiry transaction:

- Provider NPI/Medicaid ID;
- Client name;
- Client date of birth; and
- Date/date range of inquiry (07052016 or 07012016-07312016).

The inquiry may include other data such as the client's SSN.

Eligibility Verification Tools

RFS6 (Internal User)

The **MMIS RFS6 screen** is used by internal DHHS users to access recipient Medicaid eligibility in the MMIS mainframe.

Information can be retrieved by entering:

1) Provider NPI/Nebraska Medicaid ID;
2) Client Medicaid ID/ SSN/name; and
3) Date of service (month and year).

Eligibility Verification Tools

RFS6 Example

```
RF27                    NEBRASKA MEDICAID ELIGIBILITY SYSTEM   11:59AM  08/08/2016
 CESN                                        ELIGIBILITY DATE: 082016


           NPI: 1871849265  ATYPICAL PROVIDER NUMB:
RECIPIENT NUMB: 99999999901 STATUS: 1 ELIG BEG: 08/01/2016  ELIG END: 08/31/2016
RECIPIENT NAME: LASTNAME, FIRSTNAME M
 RECIPIENT SSN:                DOB: 03/06/1925     GENDER: M COPAY STATUS: 0

 MC MED/SURG: HERITAGE HEALTH PLAN NAME  888-123-4567
         PCP: MORSE, RONALD  MD                      402-857-3398
    PCP ADDR:
               NIOBRARA              NE68760-7044

 MC MH/SA: HERITAGE HEALTH PLAN NAME  888-123-4567

 PBM:      MY PHARMACY BENEFITS MANAGER   888-987-6543

MEDICARE:  MA    MD   HIC: 444444444A
  PART D  CNTR #: S9999  PLAN ID: 145  PLAN: HUMANA PREFERRED RX PLAN

RESTRCT:




PRIVATE COVERAGE:  PPO OR HMO PLAN WITHOUT DENTAL; EXCLUDES RX
 CARRIER:  UNITED HEALTHCARE                                  BEG: 11/01/2012
 ADDRESS:  P O BOX 30555                                      END: 12/31/9999
           SALT LAKE CIT UT 84130  PCY HLDR: LASTNAME, FIRSTNAME M
  POLICY:  999999999              GRP:  87654                   COB 01 OF 02




PF1-HELP PF3-SEARCH PF6-PRT SCR PRNTR ADDR      PF7-BKWD PF8-FRWD PF24-EXIT
```

Eligibility Verification Tools

Web Inquiry (External User)

The Internet-based **web inquiry** is used by external users to inquire on client Medicaid eligibility in MMIS. Providers must register for this access.

Information can be retrieved by entering:

1) Provider NPI/Nebraska Medicaid ID;
2) Client Medicaid ID/ SSN/name; and
3) Date of service (month and year).

Eligibility Verification Tools

Web Inquiry Example

```
                                        State of Nebraska

RF27                          NEBRASKA MEDICAID ELIGIBILITY SYSTEM                        11:59AM
                    08/08/2016
                                                                    ELIGIBILITY DATE:    082016


          NPI: 1871849265                                      ATYPICAL PROVIDER NUMB:
RECIPIENT NUMB: 99999999901                STATUS: 1 ELIG BEG: 08/01/2016     ELIG END: 08/31/2016

RECIPIENT NAME: LASTNAME, FIRSTNAME M
 RECIPIENT SSN:                            DOB: 03/06/1925     GENDER: M COPAY STATUS: 0

AGENCY:  ACCESS NEBRASKA                    PHONE: 1-888-999-9999

 MC MED/SURG: HERITAGE HEALTH PLAN         888-123-4567
         PCP: MORSE, RONALD  MD                    402-857-3398
    PCP ADDR: NIOBRARA                     NE 68760-7044

 MC MH/SA: HERITAGE HEALTH PLAN NAME  888-123-4567

 PBM:      MY PHARMACY BENEFITS MANAGER   888-987-6543

MEDICARE:  MA    MD   HIC: 444444444A
  PART D  CNTR #: S9999  PLAN ID: 145  PLAN: HUMANA PREFERRED RX PLAN

RESTRCT:




PRIVATE COVERAGE:  PPO OR HMO PLAN WITHOUT DENTAL; EXCLUDES RX
 CARRIER:  UNITED HEALTHCARE                                  BEG: 11/01/2012
 ADDRESS:  P O BOX 30555                                      END: 12/31/9999
           SALT LAKE CIT UT 84130  PCY HLDR: LASTNAME, FIRSTNAME M
  POLICY:  999999999              GRP:  87654                  COB 01 OF 02
```

Heritage Health Transition – January 1, 2017

- **December 7-31, 2016** – The eligibility verification tools will show the client as Medicaid eligible and enrolled in the CURRENT physical and/or behavioral health plans when applicable. Note that information on the Heritage Health managed care enrollment for January 1, 2017, will not be available because the enrollment is not finalized.
- **January 1, 2017 and ongoing** – Heritage Health managed care enrollment information, including the pharmacy benefit manager for each MCO, will be available in all 4 eligibility verification tools.

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