

Verifying Eligibility

Using the Provider Web Portal and the Automated Response (Telephone) System

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Why Verify Eligibility?

- Ensure recipient has active benefits
- Allows you to check for other coverage (Third Party Liability)
- Eligibility can be verified for multiple recipients per call
- Send claim to the right place the first time
- Reduces claim denials



How Can I Check Eligibility?

There are three ways to check eligibility:

- Through the Provider Web Portal (online system tool)
- Through the Automated Response System (ARS)
 - (Telephone system)
- Through a Swipe Card system
 - (This is a “pay for service” to which the provider can subscribe)



Where Does Eligibility Verification Begin?



Welfare Office



The Division of Welfare and Supportive Services (DWSS) determines and updates medical eligibility through a number of programs for individuals and families.

The services provided may include doctor visits, prescriptions, dental care, eye exams and glasses, and therapies to name a few.

Fiscal Agent

HP Enterprise Services (HPES)

- HPES is the Fiscal Agent for the Fee For Service (FFS) portion of the Nevada Medicaid Program
 - Process Claims
 - Call Center
 - Prior Authorizations
 - Provider Enrollment
 - Third Party Liability (TPL)
 - Pharmacy
 - Provider Services (Provider Services Field Reps/Training)
- Follows the Policies and Guidelines of the Nevada Medicaid Program



ARS – Telephone System

Automated Response System



Using The ARS

ARS is:

- The acronym for Automated Response System
- The automated phone access to recipient eligibility, provider payments, claim status and prior authorization status
- Eligibility can be verified for multiple recipients per call
- **Accessed at 1-800-942-6511**



ARS

Be Prepared to Write Down the Information

You will be asked for the following information:

- **NPI or API**
 - After you enter this information, the system will repeat it back to you, press 1 if correct or press 2 to make changes
- **Select from one of the following options:**
 - For Enrollee Eligibility Verification, press 1
 - For Recent Check Amounts, press 2
 - For Claim Status, press 3
 - For Prior Authorization Status, press 4
 - To Return to the Main Menu, press *



Enrollee Eligibility Verification

- Press 1 for Enrollee Eligibility Verification, enter the following information:
 - Enter 11-digit enrollee ID # or the 9-digit Social Security Number
 - Enter the 8-digit “from” date of service (MM/DD/YEAR format)
 - Enter the 8-digit “through” date of service if different, otherwise press #
- Please be sure to remain on the line and make a note of the verification number.

NOTE: MCO Eligibility and eligibility verification number are provided at the end of the call.
You can return to the Main Menu at any time by pressing the star key (*)



Recent Check Amounts

- Press 2 for Recent Check Amounts:
 - The automated response system will return the most current payment information, including the payment date and EFT or check number
 - Press 1 for the next most current payment information
 - Press 1 for the next most current payment information
- ***TIP:*** ARS gives 3 weeks worth of current payment information



Claim Status

- Press 3 for Claim Status, enter the following information:
 - 11-digit enrollee ID #
 - 8-digit “from” date of service (MM/DD/YEAR)
 - 8-digit “to” date of service (MM/DD/YEAR) if it differs from date of service, otherwise press #
- ***TIP:*** You will then need to select a certain number depending on the claim type you are searching for, see next slide for the numbers to select.



Claim Status

continued

- Press 0 for Inpatient
- Press 1 for Long Term Care (LTC)
- Press 2 for Outpatient/Home Health
- Press 3 for Personal Care
- Press 4 for Practitioner
- Press 5 for Pharmacy
- Press 6 for Independent Lab
- Press 7 for Medicare Crossover
- Press 8 for Dental
- Press 9 for Transportation



Prior Authorization Status

- Press 4 for Prior Authorization Status and enter the following information:
 - 11-digit enrollee ID #
 - 8-digit “from” date of service (MM/DD/YEAR), this is the begin date of your authorization
 - 11-digit prior authorization number if known, otherwise press #
- ***TIP:*** ARS will give you the PA information, including the PA number and the status (Certified, Not Certified, etc.)



Provider Web Portal



Check Eligibility Online

SITE: <https://www.medicaid.nv.gov>

- Use the EVS User Manual
- You must register first as an administrator or as a delegate
- 24/7 availability
- Print your EVS screen verification



Medicaid Benefits

continued

The table below shows abbreviations used in the EVS Coverage field and the full name of the corresponding coverage plan. For information on which services are covered under a specific plan, please refer to the Medicaid Services Manual (MSM) or your local Medicaid District Office.

EVS Abbreviation	Coverage Full Name
XXI CMM PHAR	Check-Up CMM Lock-In Pharmacy
XXI CMM PHYS	Check-Up CMM Lock-In Physician
XXI CMM TRAN	Check-Up CMM Lock-In Transportation
XXI MAN DFLT	Check-Up Default MCO
XXI VOL DFLT	Check-Up Default Primary Care Case Management (PCCM)
CHECK-UP FFS	Check-Up Fee For Service
XXI HOSP R&B	Check-Up Hospice Room and Board – Nursing Facility
XXI HOSP SVC	Check-Up Hospice Services
XXI ICF/MR	Check-Up Intermediate Care Facility for Mentally Retarded Resident
XXI BECKETT	Check-Up Katie Beckett
XXI MAN NNEV	Check-Up Mandatory MCO North
XXI MAN SNEV	Check-Up Mandatory MCO South
XXI NF	Check-Up Nursing Facility Resident
XXI RTC	Check-Up Residential Treatment Center (RTC) Resident
AGED GRP WVS	Medicaid Aged Waiver – Elderly in Adult Residential Care
AGED HOME WV	Medicaid Aged Waiver - Home Based Senior (Frail Elderly)
ASST LVG WVR	Medicaid Assisted Living Waiver
XIX CMM PHAR	Medicaid CMM Lock-In Pharmacy
XIX CMM PHYS	Medicaid CMM Lock-In Physician
XIX CMM TRAN	Medicaid CMM Lock-In Transportation
XIX MAN DFLT	Medicaid Default MCO
XIX VOL DFLT	Medicaid Default Primary Case Care Management (PCCM)
XIX EMERGENCY	Medicaid Emergency Services
MEDICAID FFS	Medicaid Fee For Service
XIX HIPP	Medicaid HIPP Premium Payments



Medicaid Benefits

continued

EVS Abbreviation	Coverage Full Name
XIX HOSP R&B	Medicaid Hospice Room and Board – Nursing Facility
XIX HOSP SVC	Medicaid Hospice Services
XIX ICF/MR	Medicaid Intermediate Care Facility for Mentally Retarded Resident
XIX BECKETT	Medicaid Katie Beckett
XIX MAN NNEV	Medicaid Mandatory MCO North
XIX MAN SNEV	Medicaid Mandatory MCO South
MR WAIVER	Medicaid Mentally Retarded (MR) Waiver
XIX NF	Medicaid Nursing Facility Resident
DISABLED WVS	Medicaid Physically Disabled Waiver
XIX PRGNANCY	Medicaid Pregnancy Related Services
XIX RTC	Medicaid Residential Treatment Center (RTC) Resident
TICKET WORK	Medicaid Ticket to Work
NOMATCH FFS	No match Fee For Service
NOMATCH HIPP	No match HIPP Premium Payments
NMTCH ICF/	MR No match Intermediate Care Facility for the Mentally Retarded Resident
NOMATCH NF	No match Nursing Facility Resident
NOMATCH RTC	No match Residential Treatment Center (RTC) Resident
MED PREMIUM	Full Medicare Premiums
PRT MED PREM	Partial Medicare Premiums
MED CO & DED	Medicare Coinsurance and Deductible



Medicaid FFS

Fee For Service

Eligibility Verification Information for			
Recipient ID	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	02/27/2012	02/29/2012	0000000000
Other Insurance Detail Information			
Other Insurance Information for			Back to Eligibility Verification Request ?
There is no information available for the Other Insurance. Contact Us for more information.			

- This screen verifies that the recipient is eligible to receive basic Nevada Medicaid FFS benefits.
- There is no other TPL on file.
- Provider has 180 days from the Date of Service (DOS) or the Date of Decision (DOD) to submit a clean and correct claim for reimbursement.



Medicaid FFS / MCO

Eligibility Verification Information for			
Recipient ID	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	12/28/2011	12/31/2011	0000000000
XIX MAN NNEV	12/28/2011	12/31/2011	HEALTH PLAN OF NEVADA, INC
Other Insurance Detail Information			

Shows the name of the MCO.

- This eligibility screen shows the recipient has Medicaid benefits and is enrolled with a Medicaid Managed Care Organization (MCO).
- You must be contracted with this Medicaid MCO in order to provide services.
- Check the “Other Insurance Detail Information” for any other payers before submitting a claim to Medicaid.

Expanded View of MCO

Verification number

Verification Response ID

Benefit Details		
Coverage	Description	Date of Decision
MEDICAID FFS	Medicaid Fee For Service (Patient Pay : 0.00)	06/03/2011
XIX MAN NNEV	Medicaid Mandatory MCO North	06/03/2011

Managed Care Assignment Details

Date of Decision

Managed Care Assignment Details			
Primary Care Provider	Type	Provider Phone	Benefit Plan
HEALTH PLAN OF NEVADA, INC	Health Benefit Plan Coverage		XIX MAN NNEV
Current MCO			NPI/API
HEALTH PLAN OF NEVADA, INC			

Bill your claims to this MCO



Medicaid FFS / Med Co & Ded

Eligibility Verification Information for

Recipient ID	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	02/27/2012	02/29/2012	0000000000
MED CO & DED	02/27/2012	02/29/2012	0000000000

[Other Insurance Detail Information](#)

Coverage Details for from to

[Back to Eligibility Verification Request](#) 

[Expand All](#) | [Collapse All](#)

Verification Response ID

Benefit Details		Date of Decision
Coverage		
MEDICAID FFS	Medicaid Fee For Service	07/07/2011
MED CO & DED	Medicare Coinsurance and Deductible	07/07/2011

In this example, the recipient is eligible for full Medicaid benefits as well as Medicare coinsurance and deductible payable up to the Medicaid maximum allowable amount.



Other Insurance Information

Other Insurance Information for :								Back to Eligibility Verification Request ?
Carrier	Policy ID	Group ID	Policy Holder	Policy Type	Coverage Type	Primary	Effective Date	End Date
MEDICARE OPS CTR PART A		-		-	30 (Non Specific)	Yes	11/01/2008	12/31/9999
MEDICARE OPS CTR PART B		-		-	30 (Non Specific)	Yes	11/01/2008	12/31/9999
MEDICARE OPS CTR PART D		-		-	30 (Non Specific)	Yes	12/01/2008	12/31/9999

When you see Med Co & Ded, always click on “Other Insurance Detailed Information” for further details.

Policy ID, coverage type and effective begin and end date are important information you will need when billing the primary payer.



Other Insurance Details – Continued

Other Insurance Information for						Back to Eligibility Verification Request ?		
Carrier	Policy ID	Group ID	Policy Holder	Policy Type	Coverage Type	Primary	Effective Date	End Date
MEDICARE OPS CTR PART A	Example: 999999999A	-			30 (Non Specific)	Yes	05/01/1986	12/31/9999
MEDICARE OPS CTR PART B		-			30 (Non Specific)	Yes	05/01/1986	12/31/9999
MEDICARE OPS CTR PART D		-			30 (Non Specific)	Yes	01/01/2006	12/31/9999
TEAMSTERS BENEFIT TRUST		-			55 (Major Medical)	Yes	01/01/2000	12/31/9999
TEAMSTERS BENEFIT TRUST		-			AL (Vision (Optometry))	Yes	01/01/2000	12/31/9999
TEAMSTERS BENEFIT TRUST		-			35 (Dental Care)	Yes	01/01/2000	12/31/9999
TRIWEST		-			55 (Major Medical)	Yes	09/12/2002	12/31/9999
TRIWEST		-			A4 (Psychiatric)	Yes	09/12/2002	12/31/9999
EXPRESS SCRIPTS		-			88 (Pharmacy)	Yes	11/04/2009	12/31/9999



Individuals eligible for Medicare may also qualify for benefits from the Medicare Beneficiaries program. Coverage provided by this program is different from other Medicaid groups as it does not provide the full scope of medical benefits.

Qualified Medicare Beneficiaries (QMBs) are Medicare recipients with income at or below 100% of the federal poverty level. Medicaid pays for their Medicare premiums, co-insurance and deductibles on Medicare-covered services. Eligibility begins the month following the month the decision is made.



Med Co / Deductible Only

Recipient ID		Birth Date	
Coverage	Effective Date	End Date	Primary Care Provider
MED_CO & DED	01/03/2012	01/31/2012	0000000000

Verification Response ID

Benefit Details		
Coverage	Description	Date of Decision
MED_CO & DED	Medicare Coinsurance and Deductible	02/11/2010

Medicaid pays the Medicare premiums, the deductibles and co-insurance for QMB recipients **only** up to Medicaid allowable amounts.

If Medicare does not cover the code, neither will Medicaid. Be sure to check other insurance details.



Med Premium

Med Premium	
MED PREMIUM	Full Medicare Premiums
PRT MED PREM	Partial Medicare Premiums

No Medicaid Benefits
The recipient is responsible for payment

When just the *MED PREMIUM* or the *PRT MED PREMIUM* coverage plan is listed, Medicaid contributes to the member's Medicare premium only.

The member is not eligible for other benefits.



Nursing Facility

Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	01/03/2012	01/31/2012	0000000000
XIX NF	01/03/2012	01/31/2012	15

XIX NF is a Nursing Facility

Benefit Details		
Coverage	Description	Date of Decision
MEDICAID FFS	Medicaid Fee For Service	07/02/2011
XIX NF	Medicaid Nursing Facility Resident	07/02/2011



ICF/MR

Intermediate Care Facility for Mentally Retarded

Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	02/27/2012	02/29/2012	0000000000
XIX ICF/MR	02/27/2012	02/29/2012	
Other Insurance Detail Information			

XIX ICF/MR is an Intermediate Care Facility for Mentally Retarded

Verification Response ID

Benefit Details -

Coverage	Description	Date of Decision
MEDICAID FFS	Medicaid Fee For Service (Patient Pay : 0.00)	09/08/2004
XIX ICF/MR	Medicaid Intermediate Care Facility for Mentally Retarded Resident	09/08/2004

Managed Care Assignment Details +



RTC

Residential Treatment Center

XIX RTC is a Residential Treatment Center

Eligibility Verification Information for			
Recipient ID	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	12/28/2011	12/31/2011	0000000000
XIX RTC	12/28/2011	12/28/2011	
Other Insurance Detail Information			

Coverage Details for		Back to Eligibility Verification Request ?
Verification Response ID _____		Expand All Collapse All
Benefit Details		
Coverage	Description	Date of Decision
MEDICAID FFS	Medicaid Fee For Service	09/20/2011
XIX RTC	Medicaid Residential Treatment Center (RTC) Resident	09/20/2011



Aged Waiver Program

Eligibility Verification Information			
Recipient	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	02/13/2012	02/29/2012	0000000000
AGED HOME WV	02/13/2012	02/29/2012	0000000000

[Other Insurance Detail Information](#)

Verification Response ID		
Benefit Details		
Coverage	Description	Date of Decision
MEDICAID FFS	Medicaid Fee For Service (Patient Pay : 0.00)	03/07/2009
AGED HOME WV	Medicaid Aged Waiver - Home Based Senior (Frail Elderly)	03/07/2009

[Expand All](#) | [Collapse All](#)

Points out the patient liability if there is any.



Emergency Benefit

Eligibility Verification Information for			
Recipient ID	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
MEDICAID FFS	02/27/2012	02/29/2012	0000000000
XIX EMERGENCY	02/27/2012	02/29/2012	0000000000
Other Insurance Detail Information			

Verification Response ID

Benefit Details		
Coverage	Description	Date of Decision
MEDICAID FFS	Medicaid Fee For Service (Patient Pay : 0.00)	11/09/2011
XIX EMERGENCY	Medicaid Emergency Services	11/09/2011

This person has Medicaid medical benefits for Emergency Services only as defined in Chapter 100 of the Medicaid Services Manual.



Tips on Verifying Eligibility



Search Criteria Entered

- Remember – What and how you enter information into the portal is how you will receive information back. You can search for other months by changing your search dates.

*Effective From	<input type="text" value="02/01/2012"/>		Effective To	<input type="text" value="02/27/2012"/>	
<input type="button" value="Submit"/>		<input type="button" value="Reset"/>			
There are no coverage details to show based on the search criteria selected.					

Enter your date of service range here to find the effective coverage dates.

Verifying Eligibility Outside of The Month

The screenshot shows a web interface with a navigation bar at the top containing 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. Below the navigation bar is a header area with 'Eligibility' and a dashed line. A 'Member in Focus:' bar includes a 'Change ID:' link, 'Return to Member Focus', and 'Close Member Focus' with a close icon. An error message in red text reads 'Error Effective From cannot be in the future.' with a green arrow pointing to it. Below this is the 'Eligibility Verification Request' form. The form includes a legend: '* Indicates a required field. Enter the Patient information. Verification for a Member requires either Recipient ID or SSN.' The form fields are: Recipient ID (empty), SSN (empty), *Last Name (empty), *Birth Date (06/24/1949), *First Name (empty), *Effective From (01/01/2014), and Effective To (01/31/2012). A red error message 'Effective From cannot be in the future.' is displayed below the *Effective From field, with a green arrow pointing to it. At the bottom of the form are 'Submit' and 'Reset' buttons.

If any information entered on the Eligibility Verification Request screen was incorrect or incomplete, a red “Error” message displays letting you know what information is needed.

Third Party Liability Records

Always check for Third Party Liability (TPL)

-  Emdeon is the company that partners with HPES to perform TPL identification and recovery of private insurance.
- If you believe a recipient's private insurance records are incorrect, please contact Emdeon at:
 - Phone: (855) 528-2596
 - Email: TPL-NV@emdeon.com

Third Party Liability Records

continued

Medicare

- If you believe a recipient's Medicare record is incorrect, please contact the Division of Health Care Financing and Policy at:
Email: tpl@dhcfp.nv.gov



Member Focused Viewing

Member Focus View

 **Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

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[My Home](#) > [Member Focus Search](#) > Member Focus View

Member in Focus: [Change](#) ID: [Close Member Focus](#) X



Member Details

- Recipient ID
- Name
- Birth Date
- City
- State
- Gender
- Primary Language

Coverage Details

There are no coverages for this member.

[View eligibility verification information](#)

Your Member Claims

Other Details

Medical/Dental



Learning Check

1. Which company partners with HPES to perform Third Party Liability (TPL) identification and recovery.
 - a. SXC
 - b. DHCFP
 - c. Emdeon
 - d. Provider Services

2. What should you always check for?
 - a. Third Party Liability
 - b. Eligibility
 - c. Expiration Date
 - d. All of the above



Questions?



PLEASE COMPLETE YOUR EVALUATION

WE APPRECIATE THE FEEDBACK

THANK YOU!

