Chapter 2. Eligibility benefit verification

The Eligibility Benefit Verification function in EVS is used to confirm member eligibility. The logged in user is able to request eligibility confirmation for the Nevada Medicaid and Nevada Check Up program as well as Managed Care Organizations (MCO) and Third Party Liability (TPL).

The eligibility request is sent to the Nevada Medicaid Management Information System (MMIS) and the response screen returns the requested information, if the recipient is eligible. The information in EVS is updated daily from NV MMIS. EVS can return recipient eligibility for the present month or for up to six years in the past.

2.1. Verifying eligibility

To access Eligibility, you will need to log in and navigate to the My Home page. To perform an eligibility verification request in EVS, all of the following are required:
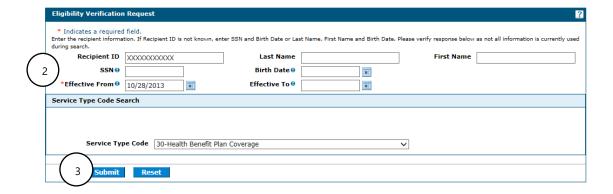
- An 11-digit Recipient ID, nine-digit SSN, or Last Name and First Name

- Birth Date when searching by nine-digit SSN, or Last Name and First Name

- Effective Date

To access the eligibility request:

1. Click the **Eligibility** tab on the My Home page.

The Eligibility Verification Request page displays.

Eligibility Verification Request

* Indicates a required field.
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search.

Recipient ID XXXXXXXXXX	**Last Name**	**First Name**	
SSN	**Birth Date**		
*Effective From 10/28/2013	**Effective To**		

Service Type Code Search

Service Type Code 30-Health Benefit Plan Coverage

Submit **Reset**

2. Enter member information. All fields with a red asterisk (*) are required.
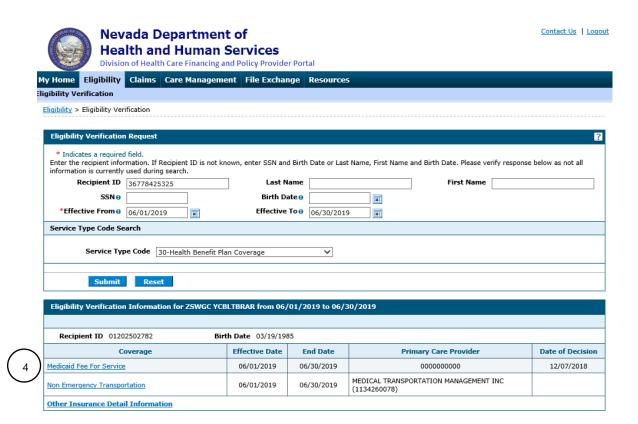
Field	Format
Recipient ID/Member ID	Optional field if using SSN, otherwise required if SSN is not used. Must enter 11-digit recipient/member ID that is found on the front of recipient/member ID card if used. Entered incorrectly will result in "Error" message.
Last Name	Can enter up to 25 characters.
First Name	Can enter up to 20 characters.
SSN	Optional field if using Recipient/Member ID, otherwise required if Recipient/Member ID is not used. Enter 9-digit number without dashes. Entered incorrectly will result in "Error" message. For newborns without SSN, the mother's SSN or recipient/member ID *cannot* be entered
Birth Date	Optional field if using Recipient/Member ID, otherwise required if Recipient/Member ID is not used. Must be entered in MMDDCCYY format.
Effective From Date/Service Date	Required. Service dates cannot span more than one month. Service dates cannot be past current month. Must be entered in MMDDCCYY format. Entered incorrectly will result in "Error" message.
Effective To Date/Service Date	*Effective from* and *effective to* dates must be within the same month and *Effective from* cannot be in the future. Must be entered in MMDDCCYY format. Entered incorrectly will result in "Error" message.
Service Type Code	Optional. This drop-down list contains 50 Service Type codes that can be selected to search by specific Service Type Code. The Service Type code is set to code '30 – Health Benefit Plan Coverage' by default.

3. Click **Submit**.

The eligibility displays on the Eligibility Verification Request screen. It will confirm the Recipient/Member ID, Last Name, First Name, Birth Date and Effective From and To dates. Be sure to verify that the information in the response is for the recipient that you are inquiring about, since all fields may not be used in the eligibility search.

The "Eligibility Verification Information" section will list all available coverage information for that member including current and past Managed Care Organizations (MCO's). Information for other health coverage (OHC) and third party liability (TPL), if applicable, is available by clicking the "Other Insurance Detail Information" link.

4. To review coverage, click on the hyperlinks below the Coverage field. The Coverage Details screen displays the **Verification Response ID**.

5. This ID should be noted for future reference.

6. Click **Expand All** to view coverage details.

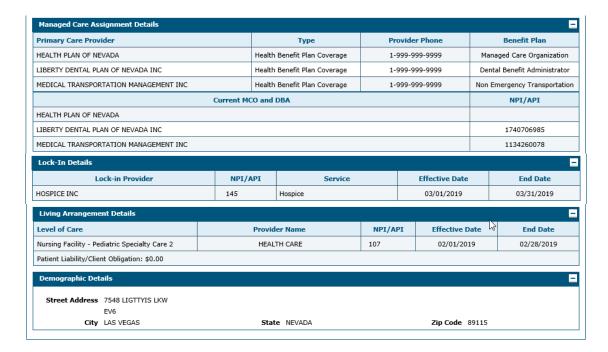For the Nevada Medicaid or Nevada Check Up program, the expanded coverage details will include:

- Coverage
- Patient liability
- Coverage Description (Benefit Plan)
- Effective Date
- Service Types

- Covered
- Co-Pay
- Co-Insurance
- Deductible

Some benefit plan details are located in different coverage sections as of February 1, 2019:

- Nursing Facility (provider type (PT) 19) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (provider types 16 and 68) details are in the Living Arrangement Coverage section.
- Routine Hospice (provider type 64) details are in the Lock-In Detail Coverage section.
- Hospice Room and Board (provider type 65) details are now combined with Hospice, when applicable, and are in the Lock-In Detail Coverage section.
- Patient Liability is in the Living Arrangement Coverage section.

Print Preview

Coverage Details   Back to Eligibility Verification Request [?]

Coverage Details for ZSWGC YCBLTBRAR from 06/01/2019 to 06/30/2019

Verification Response ID   1917900002   (5)   (6)

Expand All | Collapse All

Benefit Details   [−]

Coverage	Description	Effective Date	End Date	Date of Decision
Medicaid Fee For Service	The Medicaid Program is a State administered, federal grant-in-aid program. Its purpose is to help meet the cost of medical services of those individuals receiving public assistance payments, and those individuals and families with low income. The program objective is to provide a broad range of medical and related services to assist individuals to attain or retain an optimal level of health care. Medicaid is jointly funded by the federal and state governments and is administered by the State.	06/01/2019	06/30/2019	12/07/2018

Copayment Details   [−]

Coverage	Service Type	Amount
Medicaid Fee For Service	Medical Care	$0.00
Medicaid Fee For Service	Dental Care	$0.00
Medicaid Fee For Service	Chiropractic	$0.00
Medicaid Fee For Service	Hospital	$0.00
Medicaid Fee For Service	Hospital - Inpatient	$0.00
Medicaid Fee For Service	Urgent Care	$0.00
Medicaid Fee For Service	Emergency Services	$0.00
Medicaid Fee For Service	Pharmacy	$0.00
Medicaid Fee For Service	Professional (Physician) Visit - Office	$0.00
Medicaid Fee For Service	Vision (Optometry)	$0.00
Medicaid Fee For Service	Mental Health	$0.00
Medicaid Fee For Service	Hospital - Outpatient	$0.00

Coinsurance Details   [−]

Coverage	Service Type	Percentage
Medicaid Fee For Service	Medical Care	0%
Medicaid Fee For Service	Dental Care	0%
Medicaid Fee For Service	Chiropractic	0%
Medicaid Fee For Service	Hospital	0%
Medicaid Fee For Service	Hospital - Inpatient	0%
Medicaid Fee For Service	Urgent Care	0%
Medicaid Fee For Service	Emergency Services	0%
Medicaid Fee For Service	Pharmacy	0%
Medicaid Fee For Service	Professional (Physician) Visit - Office	0%
Medicaid Fee For Service	Vision (Optometry)	0%
Medicaid Fee For Service	Mental Health	0%
Medicaid Fee For Service	Hospital - Outpatient	0%

Deductible Details   [−]

Coverage	Service Type	Amount
Medicaid Fee For Service	Medical Care	$0.00
Medicaid Fee For Service	Dental Care	$0.00
Medicaid Fee For Service	Chiropractic	$0.00
Medicaid Fee For Service	Hospital	$0.00
Medicaid Fee For Service	Hospital - Inpatient	$0.00
Medicaid Fee For Service	Urgent Care	$0.00
Medicaid Fee For Service	Emergency Services	$0.00
Medicaid Fee For Service	Pharmacy	$0.00
Medicaid Fee For Service	Professional (Physician) Visit - Office	$0.00
Medicaid Fee For Service	Vision (Optometry)	$0.00
Medicaid Fee For Service	Mental Health	$0.00
Medicaid Fee For Service	Hospital - Outpatient	$0.00

Managed Care Assignment Details			
Primary Care Provider	**Type**	**Provider Phone**	**Benefit Plan**
HEALTH PLAN OF NEVADA	Health Benefit Plan Coverage	1-999-999-9999	Managed Care Organization
LIBERTY DENTAL PLAN OF NEVADA INC	Health Benefit Plan Coverage	1-999-999-9999	Dental Benefit Administrator
MEDICAL TRANSPORTATION MANAGEMENT INC	Health Benefit Plan Coverage	1-999-999-9999	Non Emergency Transportation
Current MCO and DBA			**NPI/API**
HEALTH PLAN OF NEVADA			
LIBERTY DENTAL PLAN OF NEVADA INC			1740706985
MEDICAL TRANSPORTATION MANAGEMENT INC			1134260078

Lock-In Details				
Lock-in Provider	**NPI/API**	**Service**	**Effective Date**	**End Date**
HOSPICE INC	145	Hospice	03/01/2019	03/31/2019

Living Arrangement Details				
Level of Care	**Provider Name**	**NPI/API**	**Effective Date**	**End Date**
Nursing Facility - Pediatric Specialty Care 2	HEALTH CARE	107	02/01/2019	02/28/2019
Patient Liability/Client Obligation: $0.00				

Demographic Details

Street Address 7548 LIGTTYIS LKW
EV6
City LAS VEGAS   State NEVADA   Zip Code 89115

Under coverage, the detail may display Medicaid Fee For Service or Nevada Check Up. This verifies that the recipient is eligible to receive basic Nevada Medicaid or Nevada Check Up benefits.

All members are eligible for the Medicaid Fee For Service or Nevada Check Up benefit plan with three exceptions:

- When the Emergency Medical Non Citizens coverage plan is listed. Medicaid Fee For Service benefits are restricted to emergency services only.

- When just the Special Low Income Medicare Beneficiaries, or Qualified Individuals or the Qualified Disabled Working Individuals coverage plan is listed. Medicaid contributes to the member's Medicare premium only. The member is not eligible for other benefits.

- When just the Qualified Medicare Beneficiaries coverage plan is listed. Medicaid pays the member's Medicare coinsurance and deductibles only. The member is not eligible for other benefits.
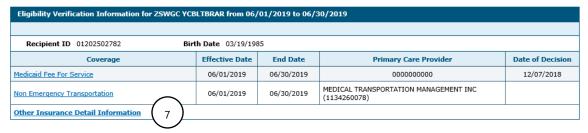
Many members in Nevada are required to be enrolled in an MCO program. EVS displays Medicaid Fee For Service or Nevada Check Upand an Managed Care Organization coverage plan to indicate that a member is enrolled in a MCO.

> ✎ *When a member is enrolled in an MCO, emergency services are covered by the MCO even if emergency services are provided outside of the MCO provider network.*

The table below shows the full name of the coverage plans displayed in the EVS Coverage field. For information on which services are covered under a specific plan, please contact your local Medicaid District Office.

Coverage Name
Aged Waiver-Group Care
Aged Waiver-Home Based
Assisted Living Waiver
Care Management Organization
COVID-19 Temporary
Dental Benefit Administrator
Emergency Medical Non Citizens
Health Insurance for Work Advancements
Hospice
Incarceration
Intellectual Disabilities WAIVER
Intermediate Care Fac - Intellectual Disabilities
Lock-in - Medical
Lock-in - Pharmacy
Managed Care Organization
Medicaid Fee For Service
Medicaid Fee for Service - C
Medicaid No Institutional
Nevada Check Up
Non Emergency Transportation
Nursing Facility - Pediatric Specialty Care 1
Nursing Facility - Pediatric Specialty Care 2
Nursing Facility - Standard
Nursing Facility - Ventilator Dependent
Physically Disabled Waiver
Pregnancy-Non PEPW
Presumptive Eligibility
Presumptive Eligibility-Pregnant Women
Qualified Disabled Working Individuals
Qualified Individuals
Qualified Medicare Beneficiaries
Residential Treatment Center (RTC)
Special Low Income Medicare Beneficiaries

7. To view Medicare, OHC or TPL details (if applicable), click **Other Insurance Detail Information**.

Eligibility Verification Information for ZSWGC YCBLTBRAR from 06/01/2019 to 06/30/2019				
Recipient ID 01202502782	**Birth Date** 03/19/1985			
Coverage	**Effective Date**	**End Date**	**Primary Care Provider**	**Date of Decision**
Medicaid Fee For Service	06/01/2019	06/30/2019	0000000000	12/07/2018
Non Emergency Transportation	06/01/2019	06/30/2019	MEDICAL TRANSPORTATION MANAGEMENT INC (1134260078)	
Other Insurance Detail Information				

The coverage details will include:

- Carrier Name
- Policy ID (The Policy ID for Medicare Fee-For-Service will be masked and display as XXXXXXXXX)
- Group ID
- Policy Holder
- Coverage Type
- Primary Indicator
- Effective Date and End Date

Medicare Coverage

Other Insurance Information for RRCVFHC ZSUTDIPO							Back to Eligibility Verification Request ?	
Carrier Name	**Policy ID**	**Group ID**	**Policy Holder**	**Policy Type**	**Coverage Type**	**Primary**	**Effective Date**	**End Date**
Medicare Part A	XXXXXXXXX		RRCVFHC ZSUTDIPO		30 (Non Specific)	Yes	03/01/2019	03/31/2019
Medicare Part B	XXXXXXXXX		RRCVFHC ZSUTDIPO		30 (Non Specific)	Yes	03/01/2019	03/31/2019
Medicare Part D	XXXXXXXXX		RRCVFHC ZSUTDIPO		30 (Non Specific)	Yes	03/01/2019	03/31/2019

Other Insurance Coverage

Print Preview

Other Insurance Information for UVTJ KJLPD							Back to Eligibility Verification Request ?	
Carrier Name	**Policy ID**	**Group ID**	**Policy Holder**	**Policy Type**	**Coverage Type**	**Primary**	**Effective Date**	**End Date**
BLUE CROSS CA	DXS613C08152		ALPDPX KJLPD	HEALTH	PHYSICIAN	Yes	03/01/2019	03/31/2019
BLUE CROSS CA	DXS613C08152		ALPDPX KJLPD	HEALTH	HOSPITALIZATION	Yes	03/01/2019	03/31/2019

A coverage code of 30 means that the recipient is eligible for full benefits from the other insurance carrier (that is, a code of 30 is non-specific). All other codes are shown in the table below.

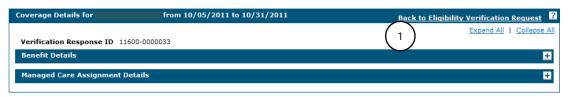| Code-Description	Code-Description
33-Chiropractic	87-Cancer
35-Dental Care	88-Pharmacy
42-Home Health Care	96-Professional (Physician)
47-Hospital	AE-Physical Medicine
54-Long Term Care	AG-Skilled Nursing Care

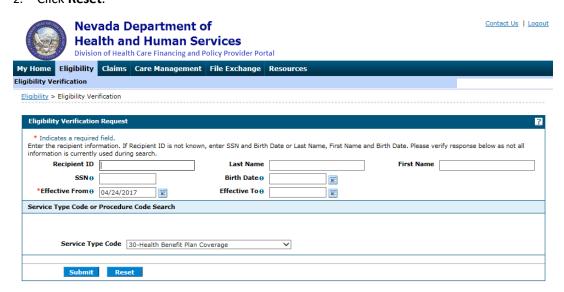|	
55-Major Medical	AL-Vision (Optometry)
56-Medically Related Transportation	AN-Routine Exam
60-General Benefits	A4-Psychiatric
69-Maternity	

☍ *Reminder: Providers are encouraged to verify Medicare, OHC or TPL coverage and benefits with the other insurance carrier prior to rendering services to Nevada Medicaid or Nevada Check Up members.*

☍ *For detailed Medicare eligibility information visit the Noridian Medicare Portal at* *https://www.noridianmedicareportal.com/*

To go back and enter eligibility verification for another recipient:

1. Click **Back to Eligibility Verification Request**.

2. Click **Reset**.

This will clear all fields to enable you to enter another recipient's information.

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 to complete the request. Enter the requested information and click **Submit** to continue.

If the recipient is not eligible to receive Nevada Medicaid or Nevada Check Up coverage for the dates entered, the following message will display: "Enrollee is not eligible"

☍ *If you believe a recipient's **private** insurance records are incorrect, please contact Health Management Systems, Inc. (HMS) at:*

Mailing Address:

HMS – NV Third Party Liability
P.O. Box 12610
Reno, NV 89510

Phone: (775) 335-1040; Toll Free: (855) 528-2596
Fax: (972) 284-5959
Email: NVTPL@hms.com

? *If you believe a recipient's **Medicare** record is incorrect, please contact*
the DHCFP at: TPL@dhcfp.nv.gov.
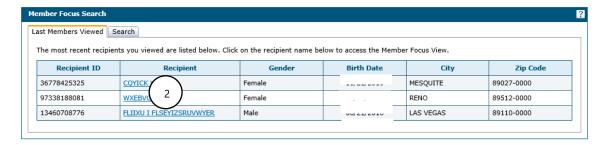
2.2. Verifying eligibility through member focused viewing

The Member Focused Viewing link allows you to view a summary of all members' information on one page, based on the last 10 members previously viewed in EVS. When you search for other members in EVS, the Member Focus View page remains available, so you do not have to repeat searches.

To verify eligibility:

1. Click **Member Focused Viewing** from the **My Home** page.

The Member Focus Search page displays two tabs. If you have previously viewed members, the Last Members Viewed tab displays up to the last ten searches. If no members have been previously viewed, then only the Search tab displays. Selection of an individual member from either tab displays the Member In Focus bar at the top of the page, and summary information below, including their recent activity.

2. Click the name that is listed on the Member Focus Search screen.
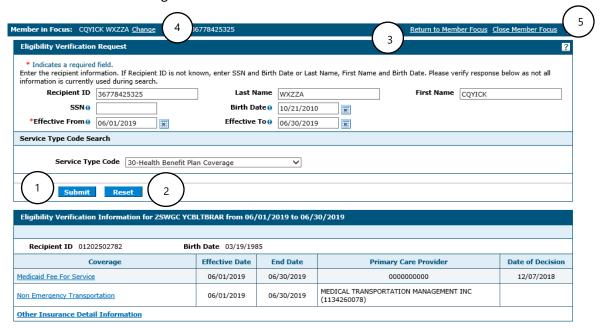
The member details displays:

3. Member's demographics

4. Benefit plans

5. Pending claims

6. Authorizations

7. At the top of the screen, the member will remain in focus even if the user performs eligibility requests on other members. To check eligibility for current member in focus:

8. Click **View eligibility verification information**.

The Eligibility Verification Request screen displays the current Nevada Medicaid and Nevada Check Up coverage for the member/recipient chosen.

1. To check on another eligible date for the same recipient, fill in the **From** and **To** dates and click **Submit**.

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2. To check on eligibility for another recipient, click **Reset** and fill in the member's information, then click **Submit**. Even if another recipient's information is displayed for eligibility, the previous member/recipient will still remain in focus.

3. To go back to the previous recipient's detail screen, click **Return to Member Focus**.

4. To change the member in focus, click **Change** next to the name in the Member in Focus. This will take you back to the Member in Focus screen. You then can select from the other members on the list.

5. To remove the member in focus while obtaining eligibility on another member, click **Close Member Focus** or click "⊠" icon. The Eligibility screen displays and you will no longer be in Member Focus Viewing.

The **Search** tab allows you to search for recipients and select a recipient to view. When searching for recipients using name information, you must enter the complete first and last name information. Partial name searches are not supported and will generate a "not found" search response.

> ✍ *To avoid generating a large number of search results, you should enter as much information as possible to limit your searches.*

You can view more eligibility searches clicking **Reset**; entering in the member's information and then click **Search**. The search automatically executes and displays results, or displays a message for no results available.

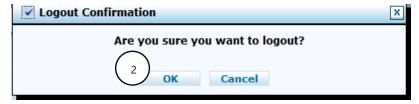## 2.3. Logging out of eligibility verification

After verifying eligibility, it is strongly recommended that you log off after each session. This will ensure Protected Health Information (PHI) is secure and makes the login readily available for the next user. To log out of eligibility verification:

1. Click **Logout** located at the top right-hand corner of the page.

   ✍ *This hyperlink is located in the same area on all screens within EVS.*

After clicking on **Logout**, you will see a Logout Confirmation screen.

2. Click **Ok**, or click **Cancel** to go back to previous screen.

After clicking **OK**, you will be taken back to the Provider Login Home page.