

Chapter 2. Eligibility benefit verification

The Eligibility Benefit Verification function in the Provider Web Portal (formerly 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 the Provider Web Portal (PWP) is updated daily from NV MMIS. PWP 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 PWP, 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.

2

Recipient ID Last Name First Name

SSN Birth Date

*Effective From Effective To

Service Type Code Search

Service Type Code

3

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 <i>cannot</i> 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	<i>Effective from</i> and <i>effective to</i> dates must be within the same month and <i>Effective from</i> 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.

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

99911129777

Last Name

First Name

SSN

Birth Date

Effective From

03/14/2023

Effective To

03/31/2023

Service Type Code Search

Service Type Code

30-Health Benefit Plan Coverage

Submit

Reset

Eligibility Verification Information for BUGS MINNY from 03/14/2023 to 03/31/2023

Recipient ID

99911129777

Birth Date

03/10/2019

Coverage	Effective Date	End Date	Primary Care Provider	Date of Decision
Medicaid Fee For Service	03/14/2023	03/31/2023	0000000000	03/20/2019
Non Emergency Transportation	03/14/2023	03/31/2023	MEDICAL TRANSPORTATION MANAGEMENT INC (1134260078)	

[Other Insurance Detail Information](#)

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.

Coverage Details

[Back to Eligibility Verification Request](#) ?

Coverage Details for ZSWG YCBLTBRR 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. PWP displays Medicaid Fee For Service or Nevada Check Up and an Managed Care Organization coverage plan to indicate that a member is enrolled in an 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 PWP 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
Psychiatric Residential Treatment Facility (PRTF)
Special Low Income Medicare Beneficiaries

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

Eligibility Verification Information for BUGS MINNY from 03/14/2023 to 03/31/2023				
Recipient ID 99911129777		Birth Date 03/10/2019		
Coverage	Effective Date	End Date	Primary Care Provider	Date of Decision
Medicaid Fee For Service	03/14/2023	03/31/2023	0000000000	03/20/2019
Non Emergency Transportation	03/14/2023	03/31/2023	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 XXXXXXXXXX)
- 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	XXXXXXXXXX		RRCVFHC ZSUTDIPO		30 (Non Specific)	Yes	03/01/2019	03/31/2019
Medicare Part B	XXXXXXXXXX		RRCVFHC ZSUTDIPO		30 (Non Specific)	Yes	03/01/2019	03/31/2019
Medicare Part D	XXXXXXXXXX		RRCVFHC ZSUTDIPO		30 (Non Specific)	Yes	03/01/2019	03/31/2019

Other Insurance Coverage

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		ALDPX KJLPD	HEALTH	PHYSICIAN	Yes	03/01/2019	03/31/2019
BLUE CROSS CA	DXS613C08152		ALDPX 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**.

Coverage Details for from 10/05/2011 to 10/31/2011 **Back to Eligibility Verification Request** ?

Verification Response ID 11600-0000033 **1** [Expand All](#) | [Collapse All](#)

Benefit Details +

Managed Care Assignment Details +

2. Click **Reset**.

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My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

Eligibility Verification

[Eligibility](#) > [Eligibility Verification](#)

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 Last Name First Name

SSN Birth Date

*Effective From Effective To

Service Type Code or Procedure Code Search

Service Type Code

Submit **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 or Medicare Replacement 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 PWP. When you search for other members in PWP, 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.

Member Focus Search ?

Last Members Viewed

The most recent recipients you viewed are listed below. Click on the recipient name below to access the Member Focus View.

Recipient ID	Recipient	Gender	Birth Date	City	Zip Code
36778425325	CQYICK 2	Female		MESQUITE	89027-0000
97338188081	WXEBVG	Female		RENO	89512-0000
13460708776	FLJIXU I FLSEYVZSRUVWYER	Male		LAS VEGAS	89110-0000


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**.

7

Member in Focus: CQYICK WXZZA [Change](#) **ID:** 36778425325 [Close Member Focus](#)



3 Member Details
4 Coverage Details

Recipient ID 36778425325

Name CQYICK WXZZA

Birth Date 10/21/2010

City MESQUITE

State NEVADA

Gender Female

Primary Language English

Coverage	Effective Date	End Date
Medicaid Fee For Service	01/15/2019	01/31/2019

8 [View eligibility verification information](#)

5 Other Details
6 Your Member Claims

Secure Correspondence

Review previously sent messages or send new secure messages.

Medical/Dental

[Submit a Professional Claim](#)

[Submit a Dental Claim](#)

[Submit an Institutional Claim](#)

There are no claims for this member.

6 Your Member Authorizations

[Submit an Authorization](#)

There are no authorizations for this member.

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**.

- 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.
- To go back to the previous recipient's detail screen, click **Return to Member Focus**.
- 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.
- 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 screenshot shows the 'Eligibility Verification Request' form. At the top, a header bar contains 'Member in Focus: BUGS MINNY' with a 'Change' link (callout 4), the ID '9911129777', and buttons for 'Return to Member Focus' (callout 3) and 'Close Member Focus' (callout 5). The form itself has a title bar with a question mark icon. Below this, a note states: '* 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.' The form fields include: Recipient ID (99911129777), Last Name (MINNY), First Name (BUGS), SSN (empty), Birth Date (03/10/2019), *Effective From (03/14/2023), and Effective To (03/31/2023). Below these is the 'Service Type Code Search' section with a dropdown menu showing '30-Health Benefit Plan Coverage' (callout 1) and 'Submit' (callout 2) and 'Reset' buttons. The bottom section is titled 'Eligibility Verification Information for BUGS MINNY from 03/14/2023 to 03/31/2023' and contains a table with recipient details and coverage information.

Recipient ID 99911129777		Birth Date 03/10/2019		
Coverage	Effective Date	End Date	Primary Care Provider	Date of Decision
Medicaid Fee For Service	03/14/2023	03/31/2023	0000000000	03/20/2019
Non Emergency Transportation	03/14/2023	03/31/2023	MEDICAL TRANSPORTATION MANAGEMENT INC (1134260078)	
Other Insurance Detail Information				

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.

Member Focus Search

Last Members Viewed **Search**

* Indicates a required field.
Enter the Recipient ID or Last Name, First Name and Birth Date.

Recipient ID

Last Name First Name Birth Date

City ZIP Code


Search **Reset**

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 PWP.

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My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources**

My Home

Provider

Name: ABC MEDICAL
Provider ID: 1073518007 (NPI)
Location ID: 250000259
Revalidation Date: 05/17/2028
License: 

[My Profile](#)
[Manage Accounts](#)

Provider Services

[Member Focused Viewing](#)
[Search Payment History](#)
[Revalidate-Update Provider](#)
[Pharmacy PA](#)
[PASRR](#)
[Presumptive Eligibility](#)
[Affiliated Providers](#)

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)
Provider Web Portal Quick Reference Guide [\[Review\]](#)

[Contact Us](#)

[Secure Correspondence](#)

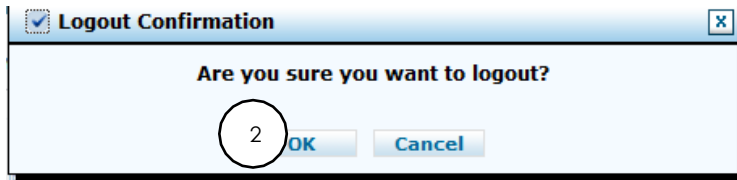
Use Secure Correspondence to communicate with Nevada Medicaid representatives regarding Nevada Medicaid questions and to submit claim appeals.

A Contact Tracking Number (CTN) will be generated once the request is submitted. You will receive an email to notify you when there is a response to your inquiry.

1

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.