

471-000-123 Explanation of Nebraska Medicaid Identification Card

Nebraska Medicaid, also known as the Nebraska Medical Assistance Program, issues one of the following client eligibility documents to individuals who are eligible for Medicaid to present to a medical provider when seeking medical services:

1. The Nebraska Medicaid Identification Card; or
2. The Nebraska Medicaid Presumptive Eligibility Application.

Nebraska Medicaid Identification Cards are issued at initial eligibility as a permanent card.

Clients residing in nursing facilities do not receive Nebraska Medicaid Identification Cards.

The Medicaid Identification Card is issued under a 9-digit case number used for all Medicaid-eligible members of the household. The name of each eligible client is listed, along with his/ her unique two-digit identification number. The 9-digit case number combined with the two-digit identification number is the unique **client's Medicaid number**.

The Nebraska Medicaid Presumptive Eligibility Application is issued at the time the client is determined eligible by a qualified presumptive eligibility provider. Presumptive eligibility may begin or end on any day of the month. When presented with the Nebraska Medicaid Presumptive Eligibility Application as proof of Medicaid eligibility, the provider must verify eligibility through the Nebraska Medicaid Eligibility System using the client's Social Security Number.

An explanation and example of each eligibility document is included in this Appendix.

USE OF MEDICAID IDENTIFICATION CARD AND VERIFYING ELIGIBILITY

Providers must verify current Medicaid eligibility and managed care participation before providing services.

Medicaid clients should carry their Medicaid Identification Card as identification when receiving Medicaid services.

Verifying Medicaid Eligibility: Medicaid client eligibility must be verified from:

1. The Nebraska Medicaid Eligibility System (NMES) voice response system. For NMES instructions, see 471-000-124;
2. The Department Internet Access for Enrolled Providers (www.dhhs.ne.gov/med/internetaccess.htm)
3. Medicaid Inquiry Line, 877-255-3092 (in Lincoln 471-9128).
4. The standard electronic Health Care Eligibility Benefit Inquiry and Response transaction (ASC X12N 270/271). For electronic transaction submission instructions, see 471-000-50.

Lock-In Status: Certain clients are restricted in the physicians, pharmacies, hospitals, and/or prescribing physicians they may use. The designated “lock-in” provider and/or authorized prescribing physician are available on the Medicaid electronic eligibility verification systems listed in “Verifying Medicaid Eligibility”. Claims for services provided or prescribed by other than the designated “lock-in” provider may not be paid unless documentation of a bona fide emergency or a letter of referral from the designated physician is attached to the claim. For Medicaid lock-in regulations, see 471 NAC 2-004.

EXPLANATION OF THE NEBRASKA MEDICAID IDENTIFICATION CARD

The Nebraska Medicaid Identification Card is issued for Medicaid clients, including those clients participating in Managed Care. For a listing of NHC plans, see 471-000-122.

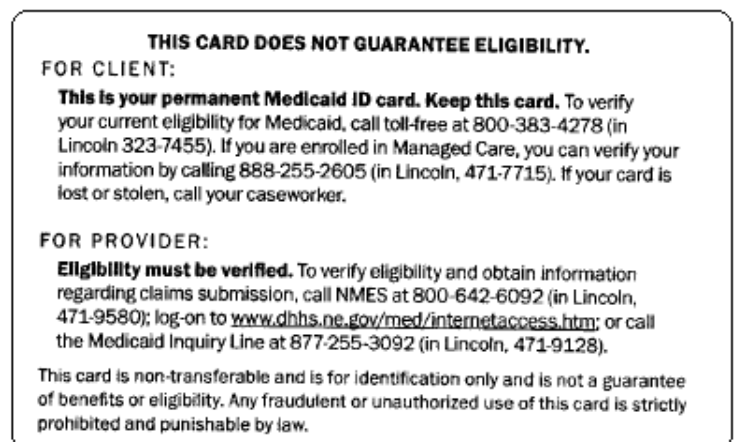
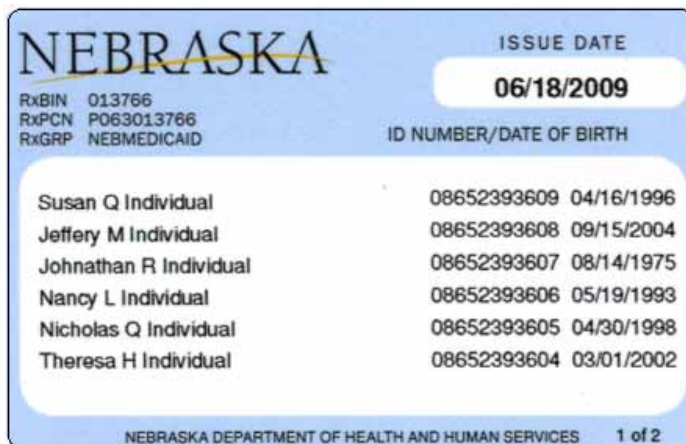
The Nebraska Medicaid Identification Card contains the following information. See example below.

1. The date of issuance;
2. For each member of the household who is eligible for Nebraska Medicaid:
 - a. The client’s name;
 - b. The client’s unique 9-digit case number and two-digit identification number – this number identifies each individual within a case. The 9-digit case number combined with the two-digit identification number is the client’s Medicaid number; and
3. Electronic routing information for pharmacy claims (upper left corner).

NEBRASKA MEDICAID IDENTIFICATION CARD

Front Side

Back Side



EXPLANATION OF THE NEBRASKA MEDICAID PRESUMPTIVE ELIGIBILITY APPLICATION

This document is a temporary eligibility document issued to clients at the time they are determined to be presumptively eligible for Nebraska Medicaid by a qualified presumptive eligibility provider. See example on page 4.

Presumptive eligibility may begin or end on any day of the month. When presented with the Nebraska Medicaid Presumptive Eligibility Application as proof of Medicaid eligibility, the provider must verify eligibility through the Nebraska Medicaid Eligibility System using the client's Social Security Number.



**Presumptive Application
for Pregnant Women**



Instructions: Read carefully. Please write clearly.

This is not a valid application until it contains your name, address and signature

Name of Applicant	Social Security Number
Address (Number, Street, City, Zip Code)	Telephone Home/Work
Did anyone in your household get services through Department of Health and Human Services this month or last month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain under what name, where, when and type of services:	
My Family's Current Physician(s) is (are):	

List everyone in your family who lives with you (parents & children): (Give the information listed. Use more paper if you need to.)

Name: (First Name, Middle Initial, Last Name)	U.S. Citizen (Y/N)	Social Security Number	Race	Birthdate	Sex (M/F)	Pregnant (Y/N)	If Pregnant, What is Expected Date of Delivery?
(Adults in Home)							
(Children)							

I certify that the above woman is eligible for Presumptive Eligibility. Individuals on this form who ARE NOT pregnant, ARE NOT Presumptively Eligible.

Sign Here _____
Provider Representative
Name of Provider

Date of PE Determination Provider Address Provider Phone Number

NOTICE TO PROVIDERS: Please accept this form as proof of temporary Medical coverage for pregnant women. To check Medical presumptive eligibility, in most instances, use the woman's social security number with a two digit suffix when calling the Nebraska Medicaid Eligibility (NMES) line at 1-800-642-6092.

NOTICE TO APPLICANT: Show this form to providers of services as proof of medical coverage for children and outpatient prenatal coverage for pregnant women.

NOTICE & APPEAL RIGHTS!

Presumptive

1. If you are found ineligible for Presumptive Eligibility, this form is your notice and no further action is required. You cannot appeal this decision.
2. If you are found eligible for Presumptive Eligibility and do not provide the additional information requested, presumptive eligibility will end. No further notice is required.

Medicaid

1. This is also an application for continuing Medical Assistance. If the Medicaid application is denied, you have the right to appeal this action.
2. If the local Department of Health and Human Services office does not make a timely decision (within 45 days) on your Medicaid application and send you notice of the reason, you may appeal this action.



Does any Person Currently Receive any Money From:	Yes	No	If Yes, Who is it?	Gross Amount	How Often Received?
Salaries, Wages, Tips, Commissions, etc., (Include Income from Self-Employment)					
Salaries, Wages, Tips, Commissions, etc., (Include Income from Self-Employment)					
Unearned Income Such As: Child Support/Alimony Spousal Support					
Unearned Income Such As: Workman's Compensation, Unemployment Compensation, Social Security					
Does anyone pay child care costs? Please give names of the children and the monthly amount you pay for each child.					
Name of Child	Monthly Amount		Name and Address of Provider		

Income Computations: (FOR AGENCY USE ONLY)			
1. Total Monthly Gross Earned Income	\$ _____	4. Subtract \$100 (For each employed adults from earned income only)	\$ _____
2. Total Net Self-Employment Income	\$ _____	5. Total Child Care Costs	\$ _____
3. Total Earned Income (Add Lines 1 & 2)	\$ _____	6. Total Monthly Unearned Income	\$ _____
		7. Total Countable Income (Line 4 minus Line 5 plus Line 6)	\$ _____

SOCIAL SECURITY NUMBER:

I understand that the Nebraska Department of Health and Human Services will require Social Security numbers for each individual in my family who receives assistance. The Social Security number for each person in your household will be computer matched with the following programs to assist in determination of eligibility:

- Department of Health and Human Services – Vital Statistics
- Social Security Benefits – Social Security Administration
- Supplemental Security Income (SSI) – Social Security Administration
- Unemployment Compensation Benefits – State Department of Labor
- Department of Health and Human Services – Block Grants
- Child Support – Clerk of District Court
- Resources and Income – Internal Revenue Service

The information received from these agencies will be used and verified and could affect your food stamp, public assistance and Medicaid eligibility and benefits. I authorize the release of my Social Security number to the Nebraska Department of Health and Human Services to use for the purposes mentioned above. The use of my Social Security number will also be used in computer matching and program reviews or audits to make sure my household is eligible for assistance. This may result in criminal or civil action or administrative claims against persons fraudulently participating.

Sign Here _____ Date _____
 Signature or Mark of Applicant (Witness if mark)

I certify that the information I have provided is true to the best of my knowledge and I give permission for the State of Nebraska to make any necessary contacts to check my statements. I have read the list of my rights and responsibilities. I know that I could be penalized if I knowingly give false information.

COMPLETED BY LOCAL HHS OFFICE:	
Request Date/Date of P.E. Determination	Date