Version History Table			
Date:	**Document:**	**Changes Made:**	**Impacted Pages:**
5/2025	C1 TPL Quick Reference Guide	- Added additional information about Medicare Part C and Part D plans. - Updated names of Managed Care Organizations - Help Desk number added - Dual Complete carrier code information added	Pgs. 2, 12, 14 & 15

C1 Third Party Liability (TPL) Quick Reference Guide
For Eligibility Workers

The C1 system is the database within the Medicaid Management Information System (MMIS) that we use to add, update and change insurance information. It is important that eligibility workers enter insurance information into the C1 system for any Medicaid active individuals and that the coverage dates entered in C1 match the coverage requested dates (e.g. Retro Medicaid dates). Eligibility workers do not enter premium amounts in C1.

Do not add the following policies To C1:
- Medicare Part D Policies (including standalone Part D Policies);
- Medicare Parts A & B Coverage;
- Accidental Death & Dismemberment Policies (AD&D);
- First Diagnosis Policies with no additional benefits; and
- Medicaid Managed Care Coverage.

NOTE: Medicare Part C plans that also include medical and/or hospital benefits must be added to C1.

After entering information into the C1 system, it is sent to the TPL/COB unit(s) who verify and enter or correct information as necessary. Coordination of Benefits (COB) is the process of identifying third party resources, ensuring that claims are properly paid and ensuring that Medicaid only pays when every other liable party has paid first. Medicaid program, by law, is intended to be the payor of last resort. All other available third-party resources must meet their legal obligation to pay claims before the Medicaid program pays for the care of an individual eligible for Medicaid.
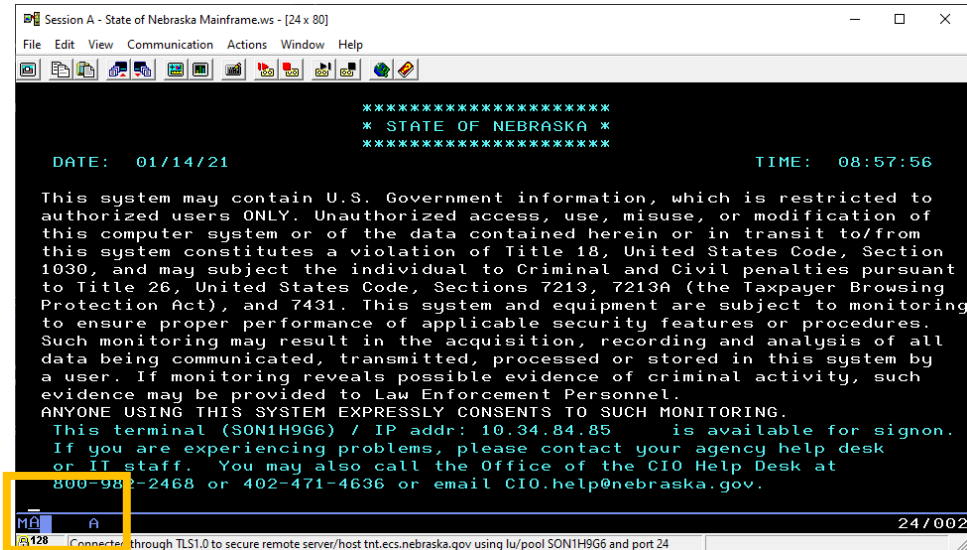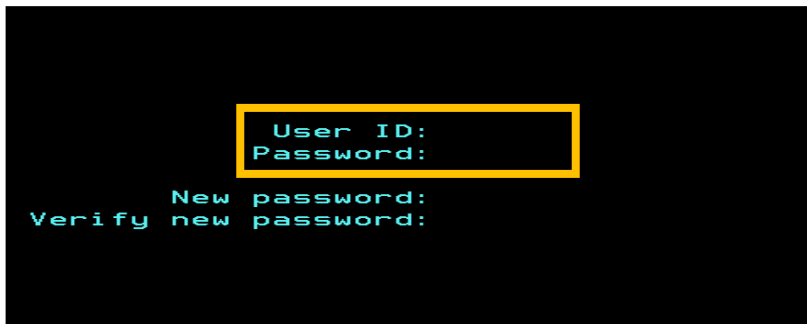
Table of Contents
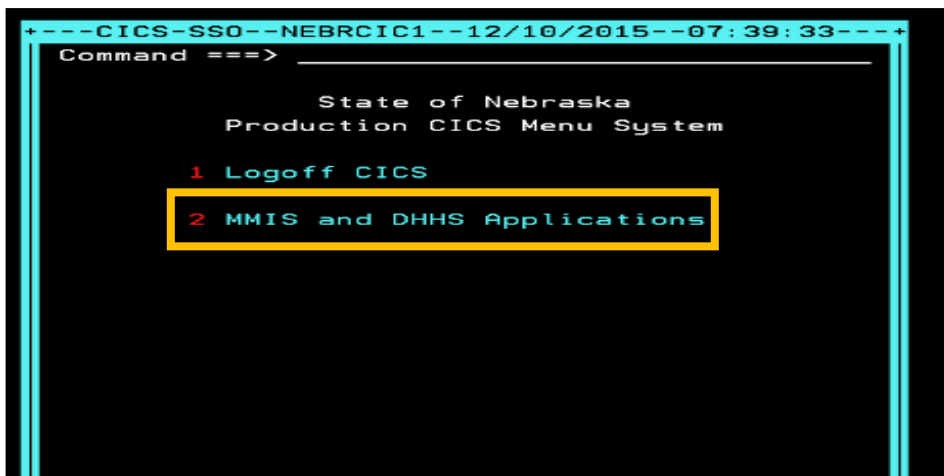
How to Get into the C1 TPL Subsystem:

1. Double click the 'State of Nebraska Mainframe' application to log into C1.

2. Type 'C1' in the lower left-hand corner and press Enter to open the program.

3. Enter login information and press Enter.

4. Select the number of the "MMIS and DHHS Applications" option and press Enter.

5. Select the number of the "Transactions MC10 – RSS1" option and press Enter.

```
+---CICS-SSO--NEBRCIC1--12/10/2015--07:41:11---+
 Command ===> _____
                State of Nebraska
             Medicaid Management (MMIS)
                    Production

          1 Transactions ADM2 - KCRF
          2 Transactions MC10 - RSS1
          3 Transactions SGS0 - VTRD
```

6. Select the number of the " RFS1 – Third Party Liability" option and press Enter.

```
+---CICS-SSO--NEBRCIC1--12/10/2015--07:41:40---+
 Command ===> _____
                State of Nebraska
                 MMIS and DHHS
             Transactions MC10 - RSS1

          1 MC10 - Code Set Maintenance
          2 MCP0 - Claim Inq/Resolve/Adj
          3 MCP1 - UB Claim Entry/Resolve
          4 MCP2 - Limits/DRG/Copay/PCCM
          5 MPS1 - Provider Database
          6 RFS1 - Third Party Liability
          7 RFS5 - Client Eligibility/Auth
          8 RFS6 - Client Eligibilty Inq
          9 RSS1 - Integrated Database
```

NOTE: Workers have different authorities in the program so the number of each menu may be different on each screen.

How to Navigate the C1 TPL Subsystem:

- Navigate to different menus and areas of the C1 system using the Tab key, not the mouse.
  a. There are some options that use keys past F12, these may include F15-16, which are not on the keyboard. Tab over to the option, and hit enter
- If your curser is not in the correct location, your entry may be invalid and require re-entry.

```
+---CICS-SSO--NECIAT(
 Command ===> _____
              _
```

- For menus, you will use the number option and the Enter key to navigate between menus.

- For other screens, different 'codes' can be used in each field along with the Enter key. The code options are described at the bottom of each page. Staff can also use the F1 key which provides information and options on what to enter in each field that your cursor is on.

```
ACTION CODES => A=ADD C=CHANGE D=DELETE I=INQUIRE S=SEARCH V=VIEW DLETD PLCY
P=PENDING CHARTS       ENTER=PROCESS                     X=VIEW DLETD CHARTS
PF1=HELP    PF3=TPL MENU    PF4=CARRIER CODE SEARCH      PF6=PRINT    PF24=EXIT
```

a. **Using the "S" –Search function:** On the "Health Insurance/Medical Liability" screen, type the letter S and tab to 'Master Case' field. After entering MC # hit Enter.

```
RFSAN   PROD                                              01/14/2021
RFS040AN                 THIRD PARTY LIABILITY - HEALTH    09:13:19
                            CASE ACTIVITY SCREEN
ACTION CODE:   S              SSN NO:            OPEN/CLOSE:
MASTER CASE:   ######_        MEDICAID NO:

        CARRIER      TPL     ************* FOR NAME SEARCH ONLY ************** SEARCH
ID      CODE       WORKER  LAST NAME            FIRST                M CODE
**  ***** ***      *****   *************************** ****************** *   **
```

   i. This will result in an overview of everyone that was ever added into the Master Case and any known insurances. Names that appear white are currently active in Medicaid. **NOTE:** It may take some time for C1 to correctly reflect this status if the individual is recently approved or reopened.

   ii. **If multiple names for the same individual are found – check the Medicaid Number and compare to NFOCUS for which is more recent.**

   iii. **Best application of the "S" function is for a quick summary of multiple individuals known insurance.**

b. **Using the "I" – Inquiry function:** On the "Health Insurance/Medical Liability" screen, type the letter I and tab to 'Medicaid No' field. After entering the first 9 digits, C1 should automatically advance to the 'ID' field below. Continue entering the remaining two digits from the MMIS and hit enter.

```
RFSAN   PROD                                              01/14/2021
RFS040AN                 THIRD PARTY LIABILITY - HEALTH    09:18:09
                            CASE ACTIVITY SCREEN
ACTION CODE:   I              SSN NO:            OPEN/CLOSE:
MASTER CASE:                  MEDICAID NO:   #########

        CARRIER      TPL     ************* FOR NAME SEARCH ONLY ************** SEARCH
ID      CODE       WORKER  LAST NAME            FIRST                M CODE
**  ***** ***      *****   *************************** ****************** *   **
##  _
```

   i. This will result in a detail summary page of the most recent insurance policy for this individual.

   ii. If individual has no known TPL the result "No policies found for case and client" will be in blue at the bottom of the screen.

      1. If there are no TPL policies listed on C1 and the Provider is showing TPL, refer them to their Managed Care provider.

   iii. If individual has multiple policies, enter F11 to advance to the next policy.

   iv. If there are policies listed on C1, we must review both the Coverage End Date ***AND*** the Premium End Date. It is possible if both numbers are not updated correctly that the insurance may still appear active when reporting out of C1.

   v. **Best application of the "I" function is for detailed research into individuals TPL for error resolution.**

How to Add a Policy to C1:

1. Choose the number of the "Health Insurance/Medical Liability" option.

```
1    HEALTH INSURANCE/MEDICAL LIABILITY

2    CASUALTY INSURANCE/MEDICAL LIABILITY

3    ACCOUNTS RECEIVABLE

4    CASE SUMMARY

5    INSURANCE CARRIER CODE TABLE

6    CASE TRACKING

7    INVESTIGATIVE QUESTIONNAIRE SYSTEM

8    PAID HEALTH CLAIMS REVIEW/SELECTION

9    CARRIER/GROUP CROSS REFERENCE
```

2. On the Health Insurance/Medical Liability screen, in the Action Code field:
   a. Input "S" (to search);
   b. Tab over to the Master Case field;
   c. Input the Master Case number for the individual and press Enter.

```
RFSAN  PROD                                         12/10/2015
RFS040AN            THIRD PARTY LIABILITY - HEALTH    08:08:32
                       CASE ACTIVITY SCREEN
ACTION CODE:  s              SSN NO:          OPEN/CLOSE:
MASTER CASE:              MEDICAID NO:

      CARRIER    TPL  ************* FOR NAME SEARCH ONLY ************* SEARCH
ID    CODE    WORKER  LAST NAME              FIRST            M  CODE
** ***** ***   *****  ************************* ******************** *   **
```

3. Tab over to the applicable individual name (the name of the individual that is covered by the policy and TPL is being entered):
   a. Input "X" in the space to the left of the individual name and press Enter. (The screen will then go back to the Case Activity Screen.)

```
RFSSN  PROD                                         12/10/2015
RFS040SN              THIRD PARTY LIABILITY          08:12:29
                                          PAGE NUMBER   0001
                        SEARCH REPLY

ACT      NAME              DOB       MEDICAID NO  SSN       MC
    CARRIER              CARRIER CODE  BEG DATE   END DATE  POLICY NO

                        S 06/24/1979          01

 x                      A 12/17/2005          02
```

4. Input "A" in the Action Code field to add the policy;
   a. Tab to the area directly below "LAST NAME;"
   b. Enter the health insurance company name;

```
RFSAN  PROD                                           12/10/2015
RFS040AN              THIRD PARTY LIABILITY - HEALTH      08:20:43
                        CASE ACTIVITY SCREEN
ACTION CODE:  A              SSN NO:              OPEN/CLOSE:
MASTER CASE:             MEDICAID NO:  C


    CARRIER   TPL ************** FOR NAME SEARCH ONLY ************** SEARCH
ID   CODE    WORKER LAST NAME              FIRST        M  CODE
** ***** ***  *****  ************************ ******************** *   **
02                  United Healthcare
```

   c. Press Enter. (The insurance company name should turn white.)
   d. At the bottom of the screen, it will display "PRESS PF4 FOR CARRIER NAME SEARCH"; Press F4.

```
CS01 PROD                                             12/10/2015
RFS040CS                                                 08:25:42
                    INSURANCE CARRIER CODE TABLE
                     SORT ORDER BY COMPANY NAME
A
C  NAIC CODE INSURANCE COMPANY NAME       CITY            ST TELEPHONE
T  _____  ___  UNITED HEALTHCARE_____          __  ___ ___ ____
=  =====  ===  ============================  ====================  ==  ============
   69403 001 UNITED HEALTHCARE HMO          SALT LAKE CITY  UT 800 643 4845
   87726 001 UNITED HEALTHCARE              SALT LAKE CITY  UT 877 842 3210
   87726 016 UNITED HEALTHCARE              ATLANTA         GA 877 842 3210
   87726 033 UNITED HEALTHCARE              SALT LAKE CITY  UT 877 842 3210
   87726 036 UNITED HEALTHCARE              SALT LAKE CITY  UT 800 809 0453
   87726 049 UNITED HEALTHCARE              SALT LAKE CITY  UT 877 816 3596
   88881 657 UNITED HEALTHCARE/RIVER VALLEY KINGSTON        NY 800 747 1446
   88881 676 UNITED HEALTHCARE VISION CLAIM SALT LAKE CITY  UT 866 249 1999
   88888 085 UNITED HEALTHCARE ONE          SALT LAKE CITY  UT 800 657 8205
   88888 201 UNITED HEALTHCARE PPO          DO NOT USE      HI 000 000 0000
   88889 091 UHC/MEDICARE SUPPLEMENT        SALT LAKE CITY  UT 800 851 3802
   88889 095 UNITED HEALTHCARE              EL PASO         TX 877 842 3210
   88889 151 UHC/STUDENT RESOURCES          DALLAS          TX 800 767 0700
   99999 001 TRICARE                        MADISON         WI 877 988 9378
```

5. Tab over until the cursor is next to the insurance company that is being added:
   Tip: Match the following with information on the insurance card or the information provided by the HH to help find the insurance company:
      i. Company Name;
      ii. City; and
      iii. Telephone Number.
   Tip: Do not add carrier codes that start with an alpha character. (e.g., B0004 045 is incorrect. Entering 88888 360 is accurate).
6. When the cursor is next to the correct insurance company:
   a. Input "S" (to select), then press Enter.

```
                   SORT ORDER BY COMPANY NAME
A
C  NAIC CODE INSURANCE COMPANY NAME       CITY            ST TELEPHONE
T  _____  ___  UNITED HEALTHCARE_____          __  ___ ___ ____
=  =====  ===  ============================  ====================  ==  ============
   69403 001 UNITED HEALTHCARE HMO          SALT LAKE CITY  UT 800 643 4845
 S 87726 001 UNITED HEALTHCARE              SALT LAKE CITY  UT 877 842 3210
   87726 016 UNITED HEALTHCARE              ATLANTA         GA 877 842 3210
   87726 033 UNITED HEALTHCARE              SALT LAKE CITY  UT 877 842 3210
   87726 036 UNITED HEALTHCARE              SALT LAKE CITY  UT 800 809 0453
   87726 049 UNITED HEALTHCARE              SALT LAKE CITY  UT 877 816 3596
   88881 657 UNITED HEALTHCARE/RIVER VALLEY KINGSTON        NY 800 747 1446
   88881 676 UNITED HEALTHCARE VISION CLAIM SALT LAKE CITY  UT 866 249 1999
   88888 085 UNITED HEALTHCARE ONE          SALT LAKE CITY  UT 800 657 8205
   88888 201 UNITED HEALTHCARE PPO          DO NOT USE      HI 000 000 0000
   88889 091 UHC/MEDICARE SUPPLEMENT        SALT LAKE CITY  UT 800 851 3802
   88889 095 UNITED HEALTHCARE              EL PASO         TX 877 842 3210
   88889 151 UHC/STUDENT RESOURCES          DALLAS          TX 800 767 0700
   99999 001 TRICARE                        MADISON         WI 877 988 9378
```

7. The Case Activity Screen will display. Press Enter again.
8. Enter the following information on the Health Insurance/Medical Liability screen (Press Tab to move between fields):

a. Name of the Policy Holder (First, Middle Initial, Last);
b. Social Security Number;

> **NOTE:** Do not press F11 to system generate a SSN. Always use the individual's actual SSN. If unable to find the individual's SSN, send an email to **DHHS.MedicaidCOBHelpDesk@nebraska.gov**.

c. Information Source Code (Caseworker is 01);
d. Policy Number;
e. Group name and Group Number (if available);
f. Coverage Verification Code. These are the only codes that would be used:
    i. V – Policies except Champus/Tricare; **OR**
    ii. VX – only CHAMPUS, CHAMPVA, TRICARE policies.
g. Premium Payor (see *List of C1 Codes section* or press F11);
h. Relationship to Policyholder (see *List of C1 Codes section* or press F11);
i. Coverage Type (see *List of C1 Codes section* or press F11);
    i. (Ensure accurate coverage type is used. For example: a PPO or HMO plan can be added with different coverage codes to indicate with dental, without dental, with Rx and without Rx. Using the accurate coverage type ensures Medicaid is always the payer of last resort. If there are questions regarding the coverage type, send an email to: **DHHS.MedicaidCOBHelpDesk@nebraska.gov**);
j. Coverage From and Coverage To (leave Coverage To blank for an active policy)

> **NOTE:** Ensure the policy coverage dates match up with any requests for Medicaid (e.g. dates cover any requested retroactive months).

9. Press Enter. (At the very bottom of the screen, it should say "Record Added"). Now, if you click S (for Search) and Enter, on the screen that pops up, you can see your new policy entered next to the individual's name, with no end date.

```
RFSSN  PROD                                         12/10/2015
RFSO40SN              THIRD PARTY LIABILITY          08:41:41
                                       PAGE NUMBER   0001
                        SEARCH REPLY


ACT       NAME                  DOB        MEDICAID NO  SSN      MC
    CARRIER                CARRIER CODE  BEG DATE   END DATE   POLICY NO

                              A 12/17/2005            02
    UNITED HEALTHCARE         87726 001 101 09/01/2015
```

How to Close a Policy in C1:

When closing a TPL policy, it's important that the actual date the policy terminated is entered. The providers are still filing older claims and Medicaid is still trying to get reimbursed on older dates. If you are unsure of the actual termination date, the closest reasonable date may be entered. A questionnaire letter may be sent to the carrier for the actual coverage dates.

1. After logging into C1 choose the # of the "Health Insurance/Medical Liability" option.

```
1    HEALTH INSURANCE/MEDICAL LIABILITY
2    CASUALTY INSURANCE/MEDICAL LIABILITY
3    ACCOUNTS RECEIVABLE
4    CASE SUMMARY
5    INSURANCE CARRIER CODE TABLE
6    CASE TRACKING
7    INVESTIGATIVE QUESTIONNAIRE SYSTEM
8    PAID HEALTH CLAIMS REVIEW/SELECTION
9    CARRIER/GROUP CROSS REFERENCE
```

2. On the Health Insurance/Medical Liability screen, in the Action Code field:
    a. Input "S" (to search);
    b. Tab over to the Master Case field;
    c. Input the Master Case number for the individual and press Enter.
3. Tab over to the applicable individual name (the name of the individual that is covered by the policy and TPL is being closed for):
    a. Input "X" in the space to the left of the policy code and press Enter. (The screen will then go back to the Case Activity Screen.)
4. On the Case Activity screen, in the Action Code field:

a. Input "C" (to change) and press Enter.

5. Tab down to "Coverage To" and input the date the policy ended:

> **NOTE:** A future date cannot be used. The worker must set a reminder for the day after the policy ends/terminates to update the codes in C1. Do not attempt to enter or alter a different end date for a policy in C1.

6. Tab down to "Coverage To".
7. Input the date the policy ended again.
8. The system will ask for the Info Source Code:
   a. Input "01" and press Enter.
9. The closing date will be highlighted in red. (At the very bottom of the screen, it should say "Information Changed".)

> **NOTE:** If you close the policy with the wrong date or closed the wrong individual's TPL, go back to the policy information and change the end date to 12/31/9999; it will remove the end date. If there are any issues, staff can send an email to: **DHHS.MedicaidCOBHelpDesk@nebraska.gov**.

How to Reopen a Policy in C1:

If an error occurred while closing the policy, or the policy needs to be reopened in C1, and all of the policy information is the same (policy number, company, payor, etc.), the policy can be reopened by following the steps below:

1. After logging into C1 choose the # of the "Health Insurance/Medical Liability" option.

2. On the Health Insurance/Medical Liability screen, in the Action Code field:
   a. Input "S" (to search);
   b. Tab over to Master Case field;
   c. Input the Master Case number for the individual and press Enter.

3. Tab over to the applicable individual name (the name of the individual that is covered by the policy and TPL is being reopened on).
    a. Input "X" in the space to the left of the policy code and press Enter. (This screen will take you back to the Case Activity Screen.)
4. On the Case Activity screen, in the Action Code field:
    a. Input "C" (to change) and press Enter.
5. Tab down to "Coverage To":
    a. Change the end date to 12-31-9999. (This will remove the end date for the policy).

How to find a Managed Care policy in NFOCUS and C1:

NFOCUS - Workers can view an individual's Managed Care provider and plan in NFOCUS by:

1. Navigating to the Person Detail screen of any active participants that information is needed for.
2. Click on the "MMIS/MCE History" button.
3. Current MCO information will be available in the Managed Care Entity Details box.

    NOTE: NFOCUS may not be updated yet with the managed care plan if the individual was recently approved.

C1 – The C1 program can also be used to research if an MCO has been assigned to an individual. To find the individual's Managed Care provider in C1, follow the steps below:

1. Double click on State of Nebraska C-1 icon.
2. Type C1 in the lower right had corner and use Enter.
3. Type in your User ID and Password and use Enter.
4. Select the # of the "MMIS and DHHS Applications" option and use Enter.
5. Select the # of the "Transactions MC10 – RSS1" option and use Enter.
6. Select the # for "Client Eligibility/Auth", and use Enter.

7. Select the # for "Inquire by Recipient Number" option and press Enter.

```
    PROD  ******* RECIPIENT/PRIOR AUTHORIZATION MENU SCREEN ********

                            OPERATOR ID  07557

                        ENTER PROCESSING OPTION -

 1-INQUIRE BY RECIPIENT NUMBER          6-CHANGE PRIOR AUTHORIZATION
 2-INQUIRE BY PRIOR AUTHORIZATION NUMBER 7-CHANGE RESTRICTED SERVICES
 3-INQUIRE BY HIC NUMBER                8-RECIPIENT NAME SEARCH
 4-CHANGE RECIPIENT ELIGIBILITY         9-CHANGE RECIPIENT MHSA DATES
 5-ADD PRIOR AUTHORIZATION              L-INQUIRE ON SERVICE LIMITS
 X-278 ELECTRONIC RESPONSE ENTRY        Z-ELECTRONIC ATTACHMENT
 D-MEDICARE PART D                      N-NF ASSESSMENTS
```

8. Under Recipient Number, enter the individual's MMIS# (View this on the NFOCUS Detail Program Case window) and press Enter.


```
      **RECIPIENT ELIGIBILITY** TERMINAL AUDIT
    INQUIRY

 RECIPIENT NUMBER                       RECIPIENT NAME
   ######## ##

SEX      RACE        DATE OF BIRTH                LI

REA OPEN          FREEZE CD        RSTRCTD CD        THER
```

    a. There is no End Date at the bottom of screen stating, "Medicaid Eligibility Date Sets". This means the individual is active in Medicaid.


```
      **RECIPIENT ELIGIBILITY** TERMINAL AUDIT 2015329/0105875/03180/PO75/WCE
    INQUIRY
RECIPIENT NUMBER                 RECIPIENT NAME        INDIV SOC SEC NO
          02                                    A
EX 1    RACE 1    DATE OF BIRTH 12 17 2005   LIVNG ARRGMNT 01    CNTY OF RES 66
EA OPEN 100    FREEZE CD O   RSTRCTD CD O    THER LEAVE DAYS---CURR OOO   PREV OOO
HSA SERVICE DATES * * * * * * * *  DEL MHSA SERVICE DATES * * * * * * *  DEL
HSA ASSESSMENT                         MHSA OR COMPRHSV ADDENDA
SYCHIATRIC DIAG INTERVIEW              COMPREHENSIVE ASSESSMENT
NNUAL VISIT
MHP DIAG INTERVIEW
  * MONEY/NO MONEY CODES  *     * * * *  CATEGORICAL PROGRAMS  * * * *
    J F M A M J J A S O N D     ABD ADC  F/C MED SS  IVD SSI SDP FSP  REF
    F F F F F F F F   F F        3   O   OO   1   O      1   O   O   OO
                                X-MEDREF
 * HIC NUMBER  *                              * *  EXCESS INCOME  * *
                                                 AMOUNT      DATE



       * * * * * * *  MEDICAID ELIGIBILITY DATE SETS  * * * * * * * *   PAGE OO1
                                                        PMPM
EGIN DATE   END DATE REA CLS PAYSER   COPAY SPI MDCR PARTD MC  E   R   M   P
 09012015   00000000   OOO   30 30     O    E    O          Y

RESS:ENTER-PROCESS PF1-HELP PF3-MENU  PF4-PMPM PF7-BACK PF8-FWD   PF11-MORE INFO
 AUTH-GRP    DETAIL    RSTRCTD   LIMIT    MDCR D   L ARR                PF24-EXT
                                                              LAST PAGE
```

9. Press F4 to view Managed Care details. This shows which managed care plan the individual has and effective dates.
    a. Managed Care is either <u>Nebraska Total Care</u>, United Healthcare or <u>Heritage Health (AHS)</u>
    b. Magellan is the Mental Health Contractor.
    c. Radiology is Straight Medicaid/No Managed Care.

(some information was removed from this screenshot for privacy)

MCO History: In the example above, you can see that individual was eligible with Magellan, then NTC, then UHC. The Begin Date and End Date column will show you the dates the individual was eligible with each provider. If the individual had billing issues emerge about previous care and has been in touch with their current provider without success – we may want to review if we are making the correct referral and if the provider is using a MCO policy that was not effective for a given time frame.

This feature will allow workers to research who the individual's previous MCO was and when changes to the MCO were effective. This can also be helpful around open enrollment periods when individuals can opt for a new MCO.

Lock-In Pharmacy and Medical:

- **471 NAC 2-004** Client Lock-In: The Department investigates individuals who through utilization review, provider referral, or local office referral are identified as misutilizing medical assistance services. If the investigation establishes that the individual has abused or overutilized services provided through the Nebraska Medical Assistance Program, the individual may be locked in. The Department's Utilization Review Committee has made the decision to lock in an individual.
  - o An individual is allowed to choose their lock-in provider and can change it once every three months (unless determined by the Utilization Review Committee that the individual has good cause).
  - o An individual can fill out the MC-66 form to change their lock-in provider. Individuals can get assistance completing the form by calling Pharmacy Unit at 1-877-255-3092, Option 2. Forms can be mailed to:
    - § DHHS – Attn: Pharmacy Unit
      P.O. Box 95026
      Lincoln, NE 68509-5026
  - o Lock-in status may be verified by calling the NMES line or Medicaid Inquiry Line.

- **471 NAC 2-004.04** Services by Other Providers: Claims for services provided to a lock-in individual by other than the chosen provider(s) will not be approved, with the following exceptions.
  - o Medical emergencies, primary physician referrals, osteopaths, dentists, and podiatrists.
  - o An individual will receive at least 10 days' notice before a lock-in is imposed.

How to find Lock-In policies in C1:

1. Double click on State of Nebraska C-1 icon.
2. Type C1 in the lower right had corner and use Enter.
3. Type in your User ID and Password and use Enter.
4. Select the # of the "MMIS and DHHS Applications" option and use Enter.
5. Select the # of the "Transactions MC10 – RSS1" option and use Enter.
6. Select the # for "Client Eligibility/Auth", and use Enter.
7. Select the # for "Inquire by Recipient Number" option and press Enter.
8. Type individual's MMIS# under Recipient Number and press Enter.
9. Tab over to "RESTRCTD CD" → Press F1 for Help menu.
    a. Help menu shows coding numbers as to which lock-in category the individual has (if any).
    b. 0 means No Lock-In for individual.

```
**RECIPIENT ELIGIBILITY** TERMINAL AUDIT 2015078/0012165/03180/P075/WCE
  INQUIRY                        SPEND DOWN OBLIGATION NOT MET

  RECIPIENT NUMBER                  RECIPIENT NAME           INDIV SOC SEC NO
  _____-01        _____  _____ __     _____

SEX 1   RACE 1    DATE OF BIRTH 06 12 1955   LIVNG ARRGMNT 01   CNTY OF RES 74

REA OPEN 100   FREEZE CD 0   RSTRCTD CD 0   THER LEAVE DAYS---CURR 000  PREV 000
                               lock in      +---------------------------------+
MHSA SERVICE DATES * * * * * * * *    DE | RESTRICTED SERVICE HELP            |
MHSA ASSESSMENT                          |                                    |
PSYCHIATRIC DIAG INTERVIEW               | N = NO RESTRICTED SERVICES         |
ANNUAL VISIT                             | 1 = ONE PHARMACY                   |
LIMHP DIAG INTERVIEW                     | 2 = ONE PRIMARY PHYSYCIAN AND      |
    * MONEY/NO MONEY CODES   *     *     |     ONE PHARMACY                   |
      J F M A M J J A S O N D      ABD | 3 = ONE PRIMARY PHYSICIAN,          |
                                    3    |     ONE PHARMACY AND ONE HOSPITAL  |
                                  X-M  | 4 = ONE PRESCRIBING PHYSICIAN AND   |
                                         |     ONE PHARMACY                   |
  * HIC NUMBER  *                        | 9 = ALL MEDICAL SERVICES           |
                                         | A = RESTRICTED SERVICE PROVIDER    |
  _____                       |                                    |
                                         | F3=EXIT                            |
                                         +---------------------------------+
```

NOTE: If an individual wants to know WHICH pharmacy they are locked in to, refer them to the Pharmacy Unit 1-877-255-3092.

Reminders/Helpful Hints:

- If you have been locked out of your account or need to change your C1 password, contact DHHS Help Desk at (402) 471-9069.
- Coverage of First Diagnosis policies must be verified (especially policies offered by Aetna). If the policy pays a single, one-time benefit-with no additional coverage for medical services, do not add the policy to C1. The policy should also not be allowed as an expense in the budget.
- If information is received about a Long-Term Care policy:
    - Add the LTC plan to C1 with a coverage type code of '150', this must be done prior to sending the e-mail to the mailbox or a file can't be started.

- Send an email to: DHHS.MedicaidLTCInsurance@Nebraska.gov with the following information (this information is needed to send the Assignment of Benefit Letter):
  - o Advise the Medicaid-eligible individual has entered a nursing home or assisted living facility;
  - o Full contact information for the Power of Attorney;
  - o Who the Authorized Representative is
- All Medicare Advantage plans must be added to C1.
  - Medicare Advantage plans change each year.
  - United Healthcare Dual Complete plans are Medicare Advantage plans.
    - **NOTE:** For Nebraska UHC Dual Complete policies, please default to using carrier code 88889-184; the address matches the information on the insurance card.
  - Additional information can be found through the Nebraska SHIP website: https://doi.nebraska.gov/consumer/senior-health
- If an individual has a Medicare Advantage Plan (Part C Medicare):
  - Add the plan to C1 with a coverage type code of '130'.
  - Send an email with the Master Case Name and Medicaid ID number to: DHHS.MedicaidCOBHelpDesk@nebraska.gov and indicate the code should be changed to '375'.
- Workers are unable to close a policy where HIPP is the premium payor. If this issue is encountered, email HIPP at DHHS.MedicaidHIPP@Nebraska.gov with the following information:
  - Include any information on the change/update and any documentation provided by the individual.
- Prescription (Rx) policies should be added to C1 if the company administers the prescription plan separately from the full policy. This information can be found on the back of the medical card. For example, United Health Care policies might have prescription benefits with Optum Rx. These are two separate policies. The Rx policy should be added to C1 separately with the Coverage Code '552'.
- Citizen Security Life policies should be added to C1.
- 'Midlands Choice' is not an insurance company.
- For Rider Policy numbers with the same policy number as the original, add "A" at the end of the policy number.
- Make sure to look closely at the insurance card; sometimes they can be tricky.

For clarification or questions send an email to: DHHS.MedicaidCOBHelpDesk@nebraska.gov

- To assist the COB Help Desk, include the Master Case number, the Medicaid ID number (if it exists), a brief description of the issue, and attach the policy information or other related documents to the email (the "Print to PDF" feature can be used). The COB Help Desk does not have full access to NFOCUS and any information that can be provided in the email is helpful.

List of C1 Codes:

PREMIUM PAYOR CODES:
01-49   If premium payor is in the MC, enter the 2-digit suffix of their Medicaid number.
50   Parent (Natural or Adoptive)
51   Stepparent
52   Grandparent
53   Foster parent
60   Spouse - not legally separated or divorced
61   Ex-spouse - legally separated or divorced
70   Employer/Union pays entire premium
80   Voluntary - payor is not related and has no legal obligation to pay the premium
90   HIPP Program - state pays premium
98   BCBS data match (payor is unidentified)

RELATIONSHIP TO POLICYHOLDER CODES:
10   Self
11   Eligible spouse living in the home with this individual under this or another Medicaid number
12   Ineligible spouse living in the home with this individual
13   Spouse not in the home, but not separated or divorced
14   Ex-spouse not in the home, legally separated or divorced
15   Common-law spouse, friend or roommate living in the home
20   Parent (natural, adoptive or step) living in the home and not part of this or any other Med case
21   Parent (natural, adoptive or step) living in the home and part of this or any MED case
22   Parent (step) not in the home
23   Parent (natural or adoptive) not in the home
31   Grandparent living in the home
32   Grandparent not living in the home
50   Adoptive parent – financially responsible
51   Other person w/ legal obligation to pay

COVERAGE TYPE:
101   Group or standard individual plan
120   HMO (Except SHARE Seniorcare)
130   Medicare Supplement
140   Hospital (inpatient)
149   Hospital/surgical/medical LIMITED (Ex. Urgent Care and ER Only)
150   Nursing Home – Confinement/Long Term Care
160   PPO
301   HMO/PPO without dental
375   Medicare Advantage Plan
500   CHAMPUS/CHAMPVA
501   Indemnity Policies .
533   Hospital Policies
550   Dental Plan
551   Vision Plan
552   Rx Plan
554   Vision and Dental Plan
560   Cancer Plan
600   Heart Policy (Caseworkers can't use, must call TPL Dept)