Checking Medicaid Eligibility in ProviderOne

School-Based Health Care Services
May 2018
Logging into ProviderOne

• Before logging into ProviderOne:
  ➢ Make sure you are using one of the following and your pop-up blockers are turned OFF:

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<th>Computer operating systems</th>
<th>Internet browsers</th>
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Logging into ProviderOne

- Log into ProviderOne using either EXT Provider Super User or EXT Provider Eligibility Checker profile.
Checking Medicaid Eligibility

➢ After you have logged into ProviderOne, click on Benefit Inquiry under the Client Tab on the left hand side of your screen.
Checking Medicaid Eligibility

- Use one of the search criteria listed along with the dates of service to verify eligibility.

- To check for current eligibility, enter today’s date. To check for previous eligibility, enter a date span for Inquiry Start Date and Inquiry End Date.
Unsuccessful Eligibility Check

- An unsuccessful check looks like this:

- An unsuccessful check means that the student doesn’t have Medicaid coverage for the date of service entered, or there is a keying error.

- Unsuccessful eligibility checks will be returned with an error message.
Successful Eligibility Check

Basic client detail returned, including ID, gender, and DOB. The eligibility information can be printed out using the **Printer Friendly Version** link in blue.
Successful Eligibility Check

After scrolling down the page the first entry is the **Client Eligibility Spans** which shows:

- The eligibility program (CNP, MNP, etc.)
- The date span for coverage
- The RAC code

![Client Eligibility Spans Table](image-url)
Successful Eligibility Check

- If a student has private insurance (TPL) in addition to Medicaid, TPL information will be displayed farther down the page.

![Coordination of Benefits Information Table]

NOTE: Private insurance must be billed prior to billing Medicaid. If a school district chooses to seek Medicaid reimbursement for a child who has private insurance, the district must first submit the claim to private insurance. Once a denial has been obtained, the district can submit the claim to HCA for Medicaid reimbursement.
Which students are eligible for SBHS?

In order for school districts to receive reimbursement through the SBHS program, students must:

- Have active Title XIX Medicaid at the time of service delivery
- Be covered under a Medicaid categorically needy program (CNP) or medically needy program (MNP)
- Have an eligible recipient aid category (RAC)
- Be ages 0 through 20
- Be receiving medically necessary health-related services per an individualized education program (IEP) or individual family service plan (IFSP)
- Obtain one-time written parental consent and annual notification (per IDEA)

Students covered by Apple Health (Medicaid) managed care receive SBHS fee–for–service. Students with private insurance (TPL) are eligible for SBHS but the district must bill TPL prior to billing Medicaid.
Which students are not eligible for reimbursement through SBHS?

Students with IEPs/IFSPs who are not eligible for SBHS include those:

- Covered by “state-only” funded Medicaid
- Covered by the Medicaid Children’s Health Insurance Program (CHIP)
  - Identified by their RAC code
- Who receive services after they turn 21
- Who do not have medically necessary related services in their IEP or IFSP
- Who do not have parental consent

If a student is not eligible for reimbursement through SBHS, schools are still required to provide special education and related services to a student with an IEP, per the Individuals with Disabilities Education Act (IDEA).
Ineligible RAC Codes

• Students ineligible for reimbursement through SBHS are identified by their recipient aid category (RAC) code. The following RAC codes are **not eligible** for reimbursement through the SBHS program:

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Date of Birth Mismatch

- If a school district identifies a date of birth error, schools can send a secure email to mmishelp@hca.wa.gov with the student’s ProviderOne ID, name, and correct DOB.
- Once the DOB is fixed, schools can resubmit denied claims within 24 months of the date of service.

NOTE: Make sure that the ProviderOne ID number on the claim is the correct one. Many of the DOB claim denials are due to providers entering the incorrect ProviderOne ID number.
Questions?

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Tel: (360) 725-1153

Resources
SBHS Billing Guide
SBHS Fee Schedule

Sign up to receive SBHS email updates!