



Checking Medicaid Eligibility in ProviderOne

School-Based Health Care Services
May 2018

Logging into ProviderOne

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

Computer operating systems	Internet browsers
Windows <ul style="list-style-type: none"> • 10 • 8.1 • 8 • 7 	Internet Explorer <ul style="list-style-type: none"> • 11 • 10
Macintosh <ul style="list-style-type: none"> • OS 10.12 Sierra • OS X 10.11 El Capitan • OS X 10.10 Yosemite 	Google Chrome <ul style="list-style-type: none"> • 55.0.2883 • 54.0.2840
	Firefox <ul style="list-style-type: none"> • 50.0.2 • 45.5.1 ESR
	Safari <ul style="list-style-type: none"> • 10.0.1

Logging into ProviderOne

Welcome to the Medicaid Management Information System
for

ProviderOne

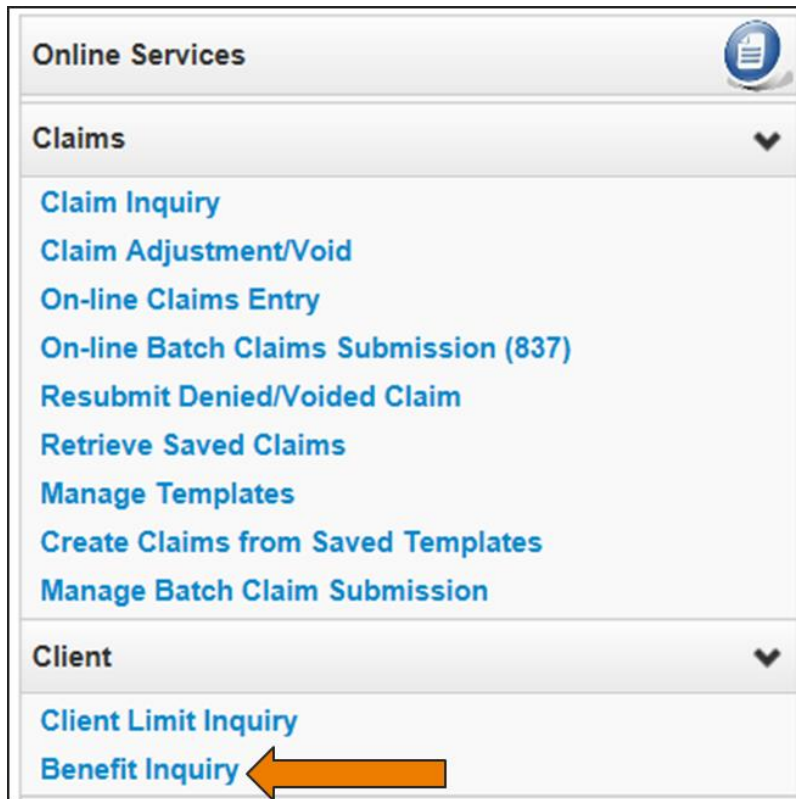
Select a profile to use during this session:

EXT Limited Provider Social Services
EXT Provider Claims Payment Status Checker
EXT Provider Claims Submitter
EXT Provider Download Files
EXT Provider EHR Administrator
EXT Provider Eligibility Checker
EXT Provider Eligibility Checker-Claims Submitter
EXT Provider File Maintenance
EXT Provider File View Only
EXT Provider Managed Care Only
EXT Provider Social Services Medical
EXT Provider Social Services
EXT Provider Super User
EXT Provider System Administrator
EXT Provider Upload Files
EXT Provider Upload and Download Files

Go

- 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.

Close Submit

To submit an Eligibility Inquiry on a specific client, complete one of the following criteria sets and click 'Submit'.

- ProviderOne Client ID(Client Identification Code) or
- Last Name, First Name AND Date of Birth or
- Last Name, First Name AND SSN or
- SSN AND Date of Birth
- ProviderOne Client ID(Client Identification Code), Last Name, First Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code), Last Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code) AND Last Name

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry

ProviderOne Client ID:

SSN:

Last Name:

First Name:

Date of Birth:

Inquiry Start Date: 12/29/2015

Inquiry End Date: 12/29/2015

- 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:

Close Submit Another Inquiry Exit

Selection Criteria Entered

Date of Request: 12/29/2015
Time in Request: 10:27:21 AM PST
Provider ID: 200320900
From Date of Service: 12/29/2015
To Date of Service: 12/29/2015

ProviderOne Client ID: 9999999900
Client Date of Birth:
Client SSN:
Client Last Name:
Client First Name:

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID:
Client First,Middle,Last Name:
CSO/HCS:
County Code:
CSOR:
Date of Birth:
Gender:
Language:
Placement:
ACES Client ID:
HIC:

System Response Information:

Valid Request Indicator: N
Reject Reason Code: 72 - Invalid/Missing Subscriber/Insured ID
Eligibility or Benefit Information Code:
Follow-Up Action Code: C - Please correct data and resubmit

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

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

Successful Eligibility Check

Client Id: 000000000WA Name: Doe, Jane

[Printer Friendly Version](#)

Close Submit Another Inquiry Exit

Selection Criteria Entered Search Criteria

Used

Date of Request: 05/02/2016	ProviderOne Client ID: 000000000WA
Time in Request: 09:06:50 AM PDT	Client Date of Birth:
Provider ID: 200320900	Client SSN:
From Date of Service: 05/02/2016	Client Last Name:
To Date of Service: 05/02/2016	Client First Name:

Demographic and Response Information

<p>Client Demographic Information:</p> <p>ProviderOne Client ID: 000000000WA</p> <p>Client First,Middle,Last Name: Doe, Jane</p> <p>CSO/HCS:</p> <p>County Code: 031-Snohomish</p> <p>CSOR: 065-SMOKEY POINT CSO</p> <p>Date of Birth: 01/30/1999</p> <p>Gender: Female</p> <p>Language: ENG-English</p> <p>Placement:</p> <p>ACES Client ID: 000000000</p> <p>HIC:</p>	<p>System Response Information:</p> <p>Valid Request Indicator: Y</p> <p>Reject Reason Code:</p> <p>Eligibility or Benefit information Code: 1-Active Coverage</p> <p>Follow-Up Action Code:</p>
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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								
Insurance Type Code ▲▼	Recipient Aid Category (RAC) ▲▼	Benefit Service Package ▲▼	Eligibility Start Date ▲▼	Eligibility End Date ▲▼	ACES Coverage Group ▲▼	ACES Case Number ▲▼	Retro Eligibility ▲▼	Delayed Certification ▲▼
MC: Medicaid	1203	CNP	02/01/2014	12/31/2999	N11	000000000		

View Page: 1 Viewing Page: 1

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									
Service Type Code ▲▼	Insurance Type Code ▲▼	Insurance Co. Name & Contact ▲▼	Carrier Code ▲▼	Policy Holder Name ▲▼	Policy Number ▲▼	Group Number ▲▼	Plan Sponsor ▲▼	Start Date ▲▼	End Date ▲▼
30: Health Benefit Plan Coverage	C1: Commercial	CIGNA DENTAL	DN18					01/01/2012	12/31/2999
30: Health Benefit Plan Coverage	C1: Commercial	CIGNA HEALTHCARE	CH55					01/01/2012	12/31/2999

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:

1032	1179	1189	1211-1213
1033	1184	1193-1195	1215
1138-1142	1185	1206	1216
1176	1187	1207	

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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[Sign up](#) to receive
SBHS email updates!

Resources

[SBHS Billing Guide](#)

[SBHS Fee Schedule](#)

SBHS Webpage: <https://www.hca.wa.gov/billers-providers/programs-and-services/school-based-health-care-services-sbhs>