



Provider Portal Update

February 4, 2019

Portal Updates February 2019



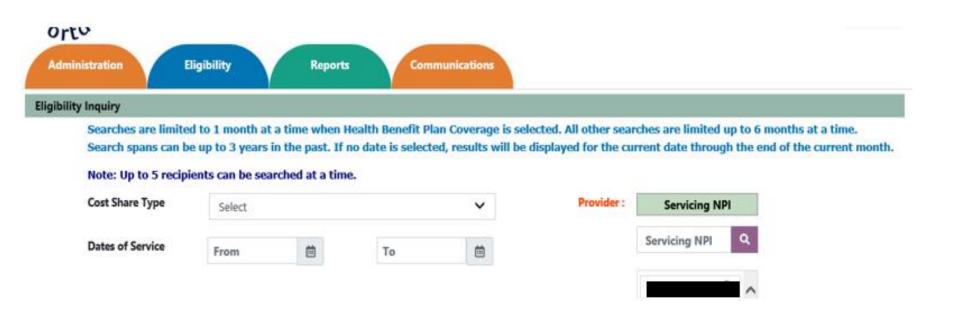
Additional information is now available when checking recipient eligibility:

Detailed cost share information
Possible suspension of benefits
Level of Care information
Long Term Care Information

Cost Share Type



 Upon selecting Eligibility you will be directed to select a Cost Share Type from the drop down menu:



Cost Share Type



You may select from the following options:

Cost Share Ty	pe
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Dates of Service

Select

Health Benefit Plan Coverage

Ambulance

Brand Name Prescription Drugs

Chiropractic

Dental Care

Diabetes Education

Durable Medical Equipment

Emergency Services

Generic Prescription Drugs

Hospital - Inpatient

Hospital - Outpatient/Ambulatory Surgical Center

Independent Mental Health Practitioners

Long Term Care

Physician Services

Podiatry

Vision

Health Benefit Plan Coverage



- This option will provide you with general Medicaid Eligibility information.
- When choosing this option searches are limited to 1 month at a time
- Additional information found on the Inquiry includes cost share, if applicable for:
 - Chiropractic
 - Dental
 - Hospital
 - Emergency Services
 - Prescription drugs
 - Vision
 - Independent Mental Health Practitioners

Health Benefit Plan Coverage Results



South Dakota Medicaid

02/01/2019	Recipient Eligibility Inquiry	Online Portal
Submitter		Page 1 of 2
Name :	NPI:	
Inquiry Date From: 01/01/2019	Inquiry Date To: 01/31/	2019
Transaction ID: 105271-1		
Insured Information		
Recipient ID:	Recipient Name:	
Gender: F		
Date of Birth:		
Eligibility	Dates a	re valid for current query.
40-Active Coverage: Medic	caid - Full Coverage	
Eligibility: 1/1/2019 - 1/31/	/2019	
Primary Care Provider/Health H	lome Provider	
Primary Care Provider	Eligibility: 1	/1/2019 - 1/31/2019
* Cost share amounts excee	ding \$0.00 apply to non-PCP/HH provider visitis only.	Primary Care Co-pay: \$0.00
Cost Share		
Dates	Service Type	Amount
1/1/2019 - 1/31/2019	Chiropractic	\$1.00 per procedure
1/1/2019 - 1/31/2019	Dental Care	\$3.00 per procedure
1/1/2019 - 1/31/2019	Hospital - Inpatient	\$50.00 per visit
1/1/2019 - 1/31/2019	Hospital - Outpatient/Ambulatory Surgical Center	5% of allowable amount up to \$50.00

Health Benefit Plan Coverage Results



/01/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Port
bmitter		Page 2 of 2
1/1/2019 - 1/31/2019	Generic Prescription Drugs	\$1.00 per quantity approved
1/1/2019 - 1/31/2019	Physician Services	\$3.00 per visit
1/1/2019 - 1/31/2019	Vision	\$2.00 per procedure
1/1/2019 - 1/31/2019	Independent Mental Health Practitioners	\$3.00 per procedure

^{*} Non-covered charges are patient's responsibility.

You can see the most common cost share categories. Please note these cost share amounts apply to non-PCP/HH provider visits only.

Level of Care Information



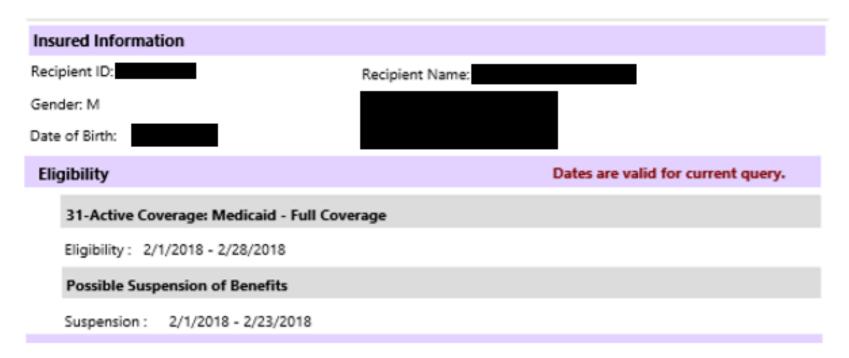
- If the recipient is eligible for a waiver program or another type of Level of Care, that information is at the bottom of any Recipient Eligibility Inquiry:
- If there is no Level of Care assigned, no Level of Care will be shown.

02/01/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
Submitter		Page 2 of 2
10/1/2018 - 10/31/2018	Independent Mental Health Practitioners	\$0.00 per procedure
* Non-covered charges	are patient's responsibility.	
Level of Care		
HOPE Waiver - Assiste	d Living	10/1/2018 - 10/31/2018

Possible Suspension of Benefits information



- Below you will notice that there is a possible suspension of benefits during the searched time frame.
- Medicaid may not cover charges billed during that time frame. Please call our service unit for more information.



Specialized cost share search



 When you select an specialized cost share type, such as Brand Name Prescription Drugs, you may search up to a 6 month time frame as far back as 3 years.

 Notice on the following example there is no cost share during the inactive period.

Brand Name Prescription Drugs Results



02/01/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Porta
Submitter		Page 1 of 1
Name :	NPI:	
Inquiry Date From: 08/01/2018	Inquiry Date To: 09/30/	/2018
Transaction ID: 105272-1		
Insured Information		
Recipient ID:	Recipient Name:	
Gender: F		
Date of Birth:		
Eligibility	Dates	are valid for current query.
INACTIVE		
Eligibility: 8/1/2018 - 8/31	/2018	
40-Active Coverage: Medi	caid - Full Coverage	
Eligibility: 9/1/2018 - 9/30	/2018	
Cost Share		
Dates	Service Type	Amount
9/1/2018 - 9/30/2018	Brand Name Prescription Drugs	\$3.30 per quantity approved

^{*} Non-covered charges are patient's responsibility.

Long Term Care search



- This search gives you the Long Term Care cost share information for the requested time frame.
- If the recipient is in more than one facility for a month, split cost share amount should be determined by the providers.
 - The full Long Term Care cost share amount for the month is listed
- The associated level of care for the recipient is located at the bottom of the report.

Long Term Care results



02/05/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
Submitter		Page 1 of 1
Name :	NPI:	
Inquiry Date From: 10/01/2018	Inquiry Date To: 11/	30/2018
Transaction ID: 105298-1		
Insured Information		
Recipient ID:	Recipient Name:	
Gender: M		
Date of Birth:		
Eligibility	Dat	es are valid for current query.
15-Active Coverage: Medicai	d - Full Coverage	
Eligibility: 10/1/2018 - 11/30/	2018	
Cost Share		
Dates	Service Type	Amount
10/1/2018 - 10/31/2018	Long Term Care	\$448.00 per month
Provider : ASSIS LIVING	TED	
11/1/2018 - 11/30/2018	Long Term Care	\$554.00 per month
Provider : ASSIS LIVING	TED	
* Non-covered charges are pat	tient's responsibility.	
* When the recipient is in more share split.	e than one facility during the same month, the p	providers should determine the cost
Level of Care		

Additional Notes



 Aid category with limitations are displayed as follows. Should you have questions on these limitations please contact our service unit.

Insured Information	
Recipient ID:	Recipient Name:
Gender: F	
Date of Birth:	
Eligibility	Dates are valid for curren
32-Active Coverage: Medicaid - Full Cove	rage
Eligibility: 1/1/2019 - 1/31/2019	
73-Active Coverage: Qualified Medicare	Beneficiary - Coverage Limited
Eligibility: 1/1/2019 - 1/31/2019	Limitations Co-Insurance Deductible

Additional Notes



- SD Medicaid Telephone Service unit
 - -1-800-452-7691