



# Provider Portal Update

February 4, 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:

The screenshot shows the 'Eligibility Inquiry' section of a web application. At the top, there are four navigation tabs: 'Administration' (orange), 'Eligibility' (blue), 'Reports' (green), and 'Communications' (orange). Below the tabs is a green header bar with the text 'Eligibility Inquiry'. Underneath the header, there is a blue informational text block: 'Searches are limited to 1 month at a time when Health Benefit Plan Coverage is selected. All other searches are limited up to 6 months at a time. Search spans can be up to 3 years in the past. If no date is selected, results will be displayed for the current date through the end of the current month.' Below this is a note: 'Note: Up to 5 recipients can be searched at a time.' The form contains several input fields: 'Cost Share Type' with a dropdown menu showing 'Select'; 'Dates of Service' with 'From' and 'To' date pickers; and 'Provider:' with a dropdown menu showing 'Servicing NPI' and a search input field with a magnifying glass icon. There is also a search input field with a magnifying glass icon below the provider field.

# Cost Share Type

- You may select from the following options:

**Cost Share Type**

**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



02/01/2019 Recipient Eligibility Inquiry South Dakota Medicaid Online Portal

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Name : [REDACTED] NPI : [REDACTED]  
 Inquiry Date From: 01/01/2019 Inquiry Date To: 01/31/2019  
 Transaction ID : 105271-1

**Insured Information**

Recipient ID: [REDACTED] Recipient Name: [REDACTED]  
 Gender: F [REDACTED]  
 Date of Birth: [REDACTED]

**Eligibility** Dates are valid for current query.

**40-Active Coverage: Medicaid - Full Coverage**

Eligibility : 1/1/2019 - 1/31/2019

**Primary Care Provider/Health Home Provider**

**Primary Care Provider** Eligibility : 1/1/2019 - 1/31/2019

[REDACTED] [REDACTED] Primary Care Co-pay: \$0.00

\* Cost share amounts exceeding \$0.00 apply to non-PCP/HH provider visits only.

**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



02/01/2019	Recipient Eligibility Inquiry	South Dakota Medicaid Online Portal
<b>Submitter</b>		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
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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 - Assisted 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.

## Insured Information

Recipient ID: [REDACTED]

Recipient Name: [REDACTED]

Gender: M

Date of Birth: [REDACTED]

[REDACTED]

## Eligibility

**Dates are valid for current query.**

### 31-Active Coverage: Medicaid - Full Coverage

Eligibility : 2/1/2018 - 2/28/2018

### Possible Suspension of Benefits

Suspension : 2/1/2018 - 2/23/2018

# 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 Portal

Submitter

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Name : [REDACTED]

NPI : [REDACTED]

Inquiry Date From: 08/01/2018

Inquiry Date To: 09/30/2018

Transaction ID : 105272-1

## Insured Information

Recipient ID: [REDACTED]

Recipient Name: [REDACTED]

Gender: F

Date of Birth: [REDACTED]

## Eligibility

Dates are valid for current query.

### INACTIVE

Eligibility : 8/1/2018 - 8/31/2018

### 40-Active Coverage: Medicaid - 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.

- 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
<b>Submitter</b>		Page 1 of 1
Name: [REDACTED]	NPI: [REDACTED]	
Inquiry Date From: 10/01/2018	Inquiry Date To: 11/30/2018	
Transaction ID : 105298-1		
<b>Insured Information</b>		
Recipient ID: [REDACTED]	Recipient Name: [REDACTED]	
Gender: M	[REDACTED]	
Date of Birth: [REDACTED]	[REDACTED]	
<b>Eligibility</b> <span style="float: right;">Dates are valid for current query.</span>		
<b>15-Active Coverage: Medicaid - Full Coverage</b>		
Eligibility : 10/1/2018 - 11/30/2018		
<b>Cost Share</b>		
<b>Dates</b>	<b>Service Type</b>	<b>Amount</b>
10/1/2018 - 10/31/2018	Long Term Care	\$448.00 per month
Provider : [REDACTED] ASSISTED LIVING		
11/1/2018 - 11/30/2018	Long Term Care	\$554.00 per month
Provider : [REDACTED] ASSISTED LIVING		
* Non-covered charges are patient's responsibility.		
* When the recipient is in more than one facility during the same month, the providers should determine the cost share split.		
<b>Level of Care</b>		
HOPE Waiver - Assisted Living		10/1/2018 - 11/30/2018

# 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: [REDACTED]	Recipient Name: [REDACTED]
Gender: F	[REDACTED]
Date of Birth: [REDACTED]	[REDACTED]

  

Eligibility	Dates are valid for current
<b>32-Active Coverage: Medicaid - Full Coverage</b>	
Eligibility : 1/1/2019 - 1/31/2019	
<b>73-Active Coverage: Qualified Medicare Beneficiary - Coverage Limited</b>	
Eligibility : 1/1/2019 - 1/31/2019	Limitations Co-Insurance Deductible

# Additional Notes



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