

Great Rivers Behavioral Health Administrative Services Organization

Policy Title:	Medicaid Eligibility Verification and/or Enrollment	Policy No. 6019.03
Category:	Clinical	Date Adopted: 1/10/2020 Date Revised: 11/3/2021 Date Reviewed: 06/08/2021, 5/15/2023
Reference:	Washington Health Care Authority (HCA) Contract	

POLICY

- 1.1. Great Rivers Behavioral Health Administrative Services Organization (Great Rivers BH-ASO), through its contractual agreements with providers, delegates the responsibility of Medicaid Eligibility verification and/or enrollment to the provider of services.
- 1.2. Great Rivers BH-ASO will monitor the network providers' eligibility functions through onsite reviews and periodic desk audits to ensure compliance when determining eligibility.
- 1.3. Great Rivers BH-ASO developed protocols for individuals with frequent eligibility changes. The protocols address, at a minimum, coordination with the AH-IMC MCOs, referrals, reconciliations, and potential transfer of GFS/FBG funds to promote Continuity of Care for individuals.

PROCEDURE

- 2.1. Contracted providers must check an individual's eligibility at each visit, before the service is provided, and must document the following information after each check:
 - 2.1.1. Eligibility dates (be sure to check for the current month and year);
 - 2.1.2. ProviderOne Client ID number (ProviderOne identification card); and
 - 2.1.3. Other specific and relevant information (e.g. other insurance, MCO, Medicare, Apple Health, FIMC, BHSO, AI/AN, etc.)
- 2.2. Contracted providers can verify an individual's eligibility by checking the following:
 - 2.2.1. ProviderOne website at <https://www.waproviderone.org/> or via a Services Card swipe card reader. The following individual information is required to check ProviderOne online:
 - 2.2.1.1. ProviderOne Client ID number; or
 - 2.2.1.2. Last name, first name, and birth date or Social Security Number.
 - 2.2.2. Providers may use a Medical Eligibility Verification (MEV) service. Some MEV services provide access to online Medicaid Member eligibility data and can be purchased through approved Health Care Authority (HCA)

- vendors. MEV services provide eligibility information for billing purposes, such as:
 - 2.2.2.1. Eligibility status
 - 2.2.2.2. Plan enrollment and plan name
- 2.2.3. HCA updates the MEV vendor list as new vendors develop MEV services. For more information and a current list of HCA vendors, providers may call HCA at (800) 562-3022.
- 2.3. If the individual does not have Medicaid, but is eligible, the provider must assist the individual with renewing coverage, reporting a change, or applying for coverage through one of the following methods:
 - 2.3.1. Calling HCA at (800) 562-3022; or
 - 2.3.2. Going to <https://www.wahealthplanfinder.org>
- 2.4. Providers must collect sufficient demographic, financial, and other information to support eligibility determinations and reporting requirements.
- 2.5. Medical assistance is not transferable. If a provider suspects a member has presented a ProviderOne identification number belonging to someone else, the provider must request to see a photo ID or another form of identification. To report suspected fraud, call the Medicaid Fraud Hotline (800) 562-6906. Providers must not accept a Services Card that appears to have been altered.
- 2.6. Registration for BH-ASO non-crisis services.
 - 2.6.1. If an individual needs services, but there are not sufficient funds to admit them into public behavioral health services, the individual is referred to other local free or low-cost community resources.
 - 2.6.2. Providers requesting services for non-Medicaid individuals are required to fill out the income verification information and send it to Great Rivers BH-ASO.
 - 2.6.2.1. On a monthly basis, the provider will verify the individual's income and send in the information when requesting extensions of the authorization period.
 - 2.6.2.2. Providers or Individuals seeking non-crisis system services must complete the enrollment paperwork in the electronic health record once it has been determined the individual meets medical necessity and is eligible for services.
- 2.7. BH-ASO Crisis Services
 - 2.7.1. For crisis services, there is no eligibility requirement.
 - 2.7.2. Great Rivers BH-ASO contracted crisis providers are required to capture sufficient demographic, financial, and other information to support

eligibility decisions and reporting requirements. Great Rivers BH-ASO providers will enter the following registration information into their electronic record system which will transmit to the Great Rivers BH-ASO record system. Registration information must include:

- 2.7.2.1. Full Legal Name (first name, middle name/initial, last name)
- 2.7.2.2. Known alias(s) if applicable
- 2.7.2.3. DOB, if provided
- 2.7.2.4. Address, at a minimum county of residence
- 2.7.2.5. Social Security Number
- 2.7.2.6. Phone Number

2.7.3. If unable to ascertain the information, the provider will identify the individual by date of service and location of in person visit. This information will be used to track service needs in the Great Rivers BH-ASO region and to track individuals, served by the crisis service providers, who are not known in the crisis system.

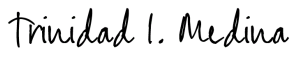
MONITORING

- 3.1. Great Rivers BH-ASO will monitor this delegated function through onsite reviews and periodic desk reviews to ensure compliance when determining eligibility.
- 3.2. Great Rivers BH-ASO will follow the Sanctions and Monitoring of Contractors policies if the provider's performance is inadequate related to the delegated functions described in this policy.

ATTACHMENTS

None.

POLICY SIGNATURE

DocuSigned by:

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10/19/2023

Trinidad Medina,
Chief Executive Director

Date