

Spring 2017

Member Eligibility Verification

Presented by Jason Armstrong

Objectives

- Overview of eligibility verification
- How is eligibility determined
- Additional eligibility factors
- What methods are used to verify eligibility

Eligibility Verification

- Verify member eligibility on the date of service.
 - Viewing the card alone does not ensure member eligibility neither does having prior authorization on file.
- Failing to verify eligibility on the date of service may mean a denied claim.
 - If, for example, the member was not eligible on the date of service, or the service provided was outside the member's scope of coverage, the claim will deny.

Eligibility Verification

- Conduent does not determine eligibility.
- Eligibility is determined at the local Office of Public Assistance (OPA).
- Eligibility information from OPA loads to Conduent's system. Any changes to a members coverage is done at the local OPA.

What to check for.

Check for Coverage

What does the member have for coverage?

Different programs mean different coverage.

- Standard Medicaid
- Healthy Montana Kids (HMK)
- Healthy Montana Kids *Plus* (HMK Plus)
- Mental Health Services Plan (MHSP)
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Waiver

Additional Items to Check...

- Are the services provided covered/within time limits?
 - Dental history
 - Dental dollar limits reached
 - Vision exams/glasses
 - Procedure codes
 - Prior authorization

- Is the member enrolled in Passport to Health?

How do you check eligibility?

Eligibility Verification Methods

- Online – Montana Access to Health (MATH) Web Portal.
- Integrated Voice Response (IVR) – (800) 714-0060
– Available after hours
- FaxBack (800) 714-0075
– Available after hours
- Provider Relations Call Center – (800) 624-3958 or (406) 442-1837

Montana Access to Health (MATH) Web Portal

- Can be reached through the Montana Medicaid Provider website: www.medicaprovider.mt.gov.
- Eligibility inquiry capability plus other features
- Secure website
- Date of Service driven, not span
- Dental limits coming soon!

Integrated Voice Response

- (800) 714-0060
- Verbal verification
- Press 1 to search by member ID number
- Press 2 to search by card control number
- Access one member at a time
 - Multiple members within phone call
- Options to check provider payment and claim status

FaxBack

- (800) 714-0075: Prompts for provider ID and member ID number
- Confirm fax number on file 1, receive faxback 2, hear it 3
- Response within 10 minutes
- Paper verification
- TPL information located on page 2

Provider Relations Call Center

- (800) 624-3958 or (406) 442-1837 – Option 1
- Monday through Friday
- 8 a.m. - 5 p.m. Mountain Time

Who to contact if you have questions?

Provider Relations Contact Information

Provider Relations Call Center:

- (800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 a.m. - 5 p.m. Mountain Time

Field Representatives:

- Dan Hickey (406) 457-9553
- Jason Armstrong (406) 457-9598

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