

Successful eligibility checks using ProviderOne

There are three different profiles that can be used to check client eligibility in ProviderOne:

- EXT Provider Eligibility Checker
- EXT Provider Eligibility Checker-Claims Submitter
- EXT Provider Super User

Next choose the **Benefit Inquiry** link under the client section of the provider portal:



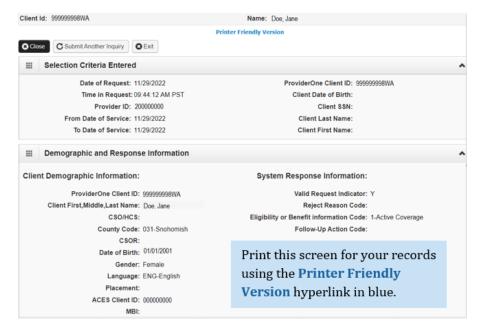
Use **one** of the sets of criteria noted below, as seen on the client eligibility inquiry screen, along with the date(s) of service:

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

ProviderOne cannot search future dates so only enter current or previous dates. The maximum date span is limited to two years. If you require an eligibility check over two years old, use the <u>Contact Us web form</u> and select Client Eligibility as the topic. If the appointment is within 48 hours, contact the customer service center at 800-562-3022.

ProviderOne displays the search criteria used and provides basic client information including client ID, gender, and date of birth. It is recommended that you check eligibility before each client visit.





Scroll down to view the **client eligibility spans** and **managed care information** with relevant start and end dates.



If the client had Medicare as their primary, this information would be shown under **Medicare eligibility information**. Please note that nursing home information will not be displayed in these sections.



The **coordination of benefits information** section will show if the client has a commercial insurance as their primary coverage, with date spans and applicable carrier code information. Medicare Part D prescription benefit information may also be displayed here.



Important note! If you know an Apple Health client has a commercial insurance and you do not see a Coordination of Benefits Information segment on their eligibility file in ProviderOne, you must complete a Contact Us email. Choose the option "I am an Apple Health (Medicaid) biller or provider" and then choose the "Medical Provider" button. On the "Select Topic" dropdown, choose "Private Commercial Insurance." Enter the client's insurance information in the "Other Comments" section. The agency's Coordination of Benefits unit will update the client's file using this information. Check eligibility again in ProviderOne in 3 – 5 business days to verify the update has been made. Only after verification of this information in ProviderOne should you bill the claim to the system.

Note: Effective for claims with dates of service on and after January 1, 2017, clients with other primary health insurance may be enrolled in an Apple Health Managed Care plan as their secondary insurance. Remember to always check for other primary payers when verifying eligibility in ProviderOne. See the Apple Health Medicaid provider alert dated 11/16/2016.



If your search is unsuccessful, check how the entry was keyed and what criteria you entered for possible correction:

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