Determining Medical Coverage

To determine Medical Coverage:

Step 1: After logging into ProviderOne, click on the Client Tab

Provider	۲	My Inbox 👻	Admin 👻	Provider 👻	Claims 👻	Reference 💌	Client 🕶	TPL 🕶	Drug Rebate 🔻	Rate Settings -	PA 🕶
С	(b) Profile: ProviderOne View Only-Include all administrations										
Mylnbox											
Close ManageAlerts											

Step 2: To view Medicare or Managed Care enrollment, choose Client Search and search by Client ID using the client's P1 ID:

ference -	Client - TPL -	Drug Reb	ate - Rate Settings - I	PA -	,	
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	Benefit Inquiry	π	EPSDT Client Inquiry	π		
	MSV Responses	π				
	Client Search	*			_	
	Buy-In State-to-CMS	π				
O Go	Buy-In CMS to State	π			ve Filter	T N
Alert Mes	CLIENT FILE UPLOAD				t Date	Due D
A 7	Health Home File Errors	+			. V	A 7
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Step 3: Click on the Client ID Link. This takes you to the Client's Demographic Detail screen:

Close Add											
Client List	Client List										
Filter By : Client ID And G Go											
Client ID	SSN	Name Of Client	Date Of Birth	Gender							
	▲ ▼	▲ ▼	▲ ▼	▲ ▼							
123456789WA				Female							
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You can see if a client is enrolled in Medicare and or Managed Care from the Demographic screen.

On the Client Demographic screen in ProviderOne (see above), look for a Y (yes) or N (no) next to Medicare Status and/or Managed Care Enrolled. When Managed Care Enrolled is marked "Yes", clicking on the hyperlink "Managed Care Enrolled" will show you what plan the client is enrolled in.

	Close Save E Generate Correspondence													
Has Hos	Duplicate Cli pice: N EP	ent: N Has PHIP SDT: N Medicare	P Case: N Has Copay e Status: N	Exemption:	N Has R	estricted Provider	: N Manage	ed Care Enrolled: Y	Protected Population: N	Nursing Home/IM	R: N Has	Managed Ca	re Lockin Prov	ider: N
	Demographic Detail													
						n								
	Client History													
Filter	ву:			And Progra	m Type :		♥ 0 Go					Ľ	Save Filter	▼ My Filters ▼
	Enrollment Status	Program	Organization	Start Date	End Date	Start Reason	End Reason	RAC	Medicare Status	Source	Enrollment Mode	Program Type	Modified By	Last Modified
	▲ ▼	_ /			- ·								_ ·	
□,	Enrolled	BHO-Behavioral Health Organization	105020102-North Central	02/01/2017	12/31/2999	PR-Previous Provider Re-connect		1201-Alternative Benefit Plan MAGI adult medicaid income =<133%	d; 0-Not Dual, Not a Medicare Beneficiary	8 -Program Change Impact on Enrollment	Auto	5-Behavioral Health	MCProcessing	01/04/2017 19:43:36
	Enrolled	AHAC-Apple Health Adult Coverage	201599906-Coordinated Care of Washington	06/01/2016	07/31/2032	CC-Client Choice		1201-Alternative Benefit Plan MAGI adult medicaid income =<133%	d; 0-Not Dual, Not a Medicare Beneficiary	22 -MPS	Manual	1-Medical	MCProcessing	05/11/2016 22:48:13

How do I know if a client is enrolled in Medicaid?

Go to 1) the Benefit Inquiry page from the Client tab; 2) type in the client's P1 ID and eligibility as of the date in question; 3) Choose "30-Health Benefit Plan Coverage" from the Service Type Code drop down at the bottom of the screen; 4) click Submit (cont'd on next page).

i C I	My Inbox × An Provident	One user manuals W	
• Q 0		ug Rebate - Rate Settings - PA -	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
	Benefit Inquiry MSV Responses Client Search	EPSDT Client Inquiry	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 Please contact Customer Service Center at (800) 652-3022
	Buy-In State-to-CMS Buy-In CMS to State	★ ★ /o Filt	
: Mes ▲ ▼ ne sy Pha	Health Home File Errors	t Dat	Inquiry Start Date: 01/01/2017[X] Inquiry End Date: 09/28/2017 Image: Service Type Code: 30-Health Benefit Plan Coverage

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5) Scroll down to "Client Eligibility Spans" and verify coverage in the Insurance Type Code field and the ACES Category Group.

	III Client Eligibility Spans											
Insurance Type Code Rec		Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date Eligibility End Date ACES Coverage Group			ACES Case Number	Retro Eligibility	belayed Certification			
	A V	▲ ▼	A V	▲ ▼	$\blacktriangle \nabla$	A V	▲ ▼	▲ ▼	A V			
M	C: Medicaid	1201	ABP	04/01/2016	12/31/2999	N05						

How do I know if a client is a dually eligible client (enrolled in both Medicare and Medicaid)?

If eligible for Medicare **and** either CN or MN Medicaid (see information above), the person is a dual eligible. **Note** – a Medicare Savings Program only (S03, S04, S05, or S06) means a person does <u>not</u> have CN or MN Medicaid.

How do I know if a client has private insurance (third party liability or TPL)?

From the Client Demographic page, check for both Medicaid/Medicare and TPL. The client below has both Medicare and private insurance:

Close	Bave Generate Corresp	pondence C Retrieve C	orrespondence						Show 🗸
Has Dup EPSDT:	Nedicare Status: Y	se: N Has Copay Exen	nption: N Has Re	stricted Provider: I	N Managed Care Enrolled: N Protecte	d Population: N Nursing Home/IMR: N	Has Managed Care Lockin Provider: N	N Hospice: N	
	Demographic Detail			_					^
	Name(Last, First, MI):			- L	Race	\checkmark	Date of Birth:		
	SSN/Verification:		/ FV-VERIFIED	\checkmark			Age:	92	
	Spoken Language:	ENG-English	\checkmark			\checkmark	Gender:	F-Female	
	Written Language:	ENG-English	\checkmark				Estimated Delivery Date:		
	Equal Access:		\checkmark		Alien Indicator:	N	Phone/Extension:		
							Email/Preferred Communication:		
	HIC:	539188421A			Federally Qualified:	Y	Source:	ACES	
	Hispanic:	N-NOT HISPANIC			Tribe:		Address Confidentiality Program:		
	Other Detail								^
	CSO/H	ICS: 066-TACOMA HCS	;		TPL Mortality Date:		Medica	are: Y	
	CSO of Resider	nce: 048-PIERCE SOUT	TH CSO		Source Mortality Date:		Other Insurar	ice: Y	
	County of Reside	nce: 027-PIERCE			SDX Mortality Date:		Manual A	dd: N	
					Vital Stats Mortality Date:		Forced A	dd: Y	