

OPERATIONAL WEBINAR SERIES:

**INTERPRETING CLIENT
ELIGIBILITY INFORMATION
RETURNED IN PROVIDERONE**

After Webinar you can:

- Search for the ProviderOne Client ID in ProviderOne
- Determine if the client:
 - has Medical Assistance
 - has a spenddown balance that may affect eligibility
 - has any special limitations or restrictions
 - is enrolled in a Managed Care Plan
- View the categories of services the client is eligible to receive

- **ProviderOne Eligibility Information**
 - **Spenddown information!**
 - **Benefit Service Packages (BSP) are hyperlinked to categories of services a client is eligible to receive**
 - **Restrictions to a specific physician, hospital, or pharmacy**
 - **Hospice coverage**
 - **Developmental Disability Program and children with special healthcare needs**
 - **ProviderOne Client ID (Instead of PIC)**
- **Automatically determines correct timeliness for delayed certification**

Key Terms and Acronyms

- **Benefits Service Package (BSP)**
- **Rural Health Center (RHC)**
- **Regional Support Network (RSN)**
- **Federally Qualified Health Center (FQHC)**
- **Primary Care Case Management (PCCM)**
- **Community Services Office (CSO)**
- **Spenddown - an expense or portion of an expense which has been determined by the Department to be a client liability**

How Do I Obtain Eligibility In ProviderOne

- Select the proper user profile

Welcome
to the
Medicaid Management Information System
for



Select a profile to use during this session:

EXT Provider Eligibility Checker	▼	*	Go
EXT Provider Eligibility Checker-Claims Submitter			
EXT Provider Super User			

Note: There are three different profiles that can be used for checking client eligibility in ProviderOne

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

How Do I Obtain Eligibility In ProviderOne

- Select “Benefit Inquiry” under the “Client” section of the Provider Portal

Online Services:	
Claims	Hide/Max
Claim Inquiry Claim Adjustment/Void On-line Claims Entry On-line Batch Claims Submission (837) Resubmit Denied/Voided Claim Retrieve Saved Claims Manage Templates Create Claims from Saved Templates Manage Batch Claim Submission	
Client	Hide/Max
Client Limit Inquiry Benefit Inquiry	

How Do I Obtain Eligibility In ProviderOne

- Use one of the search criteria listed along with the dates of service to verify eligibility

Close Submit

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

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry:

ProviderOne Client ID: <input type="text"/>	SSN: <input type="text"/>
Last Name: <input type="text"/>	First Name: <input type="text"/>
Date of Birth: <input type="text"/>	
Inquiry Start Date: <input type="text" value="12/20/2011"/> *	Inquiry End Date: <input type="text" value="12/20/2011"/> *

Unsuccessful Eligibility Checks

Printer Friendly Version

Search Criteria Used

Selection Criteria Entered:

Date of Request: 12/20/2011
 Time in Request: 09:02:28 AM PST
 Provider ID: 200320900
 From Date of Service: 12/20/2011
 To Date of Service: 12/20/2011

ProviderOne Client ID:
 Client Date of Birth: 05/16/1973
 Client SSN:
 Client Last Name: JONES
 Client First Name: JOE

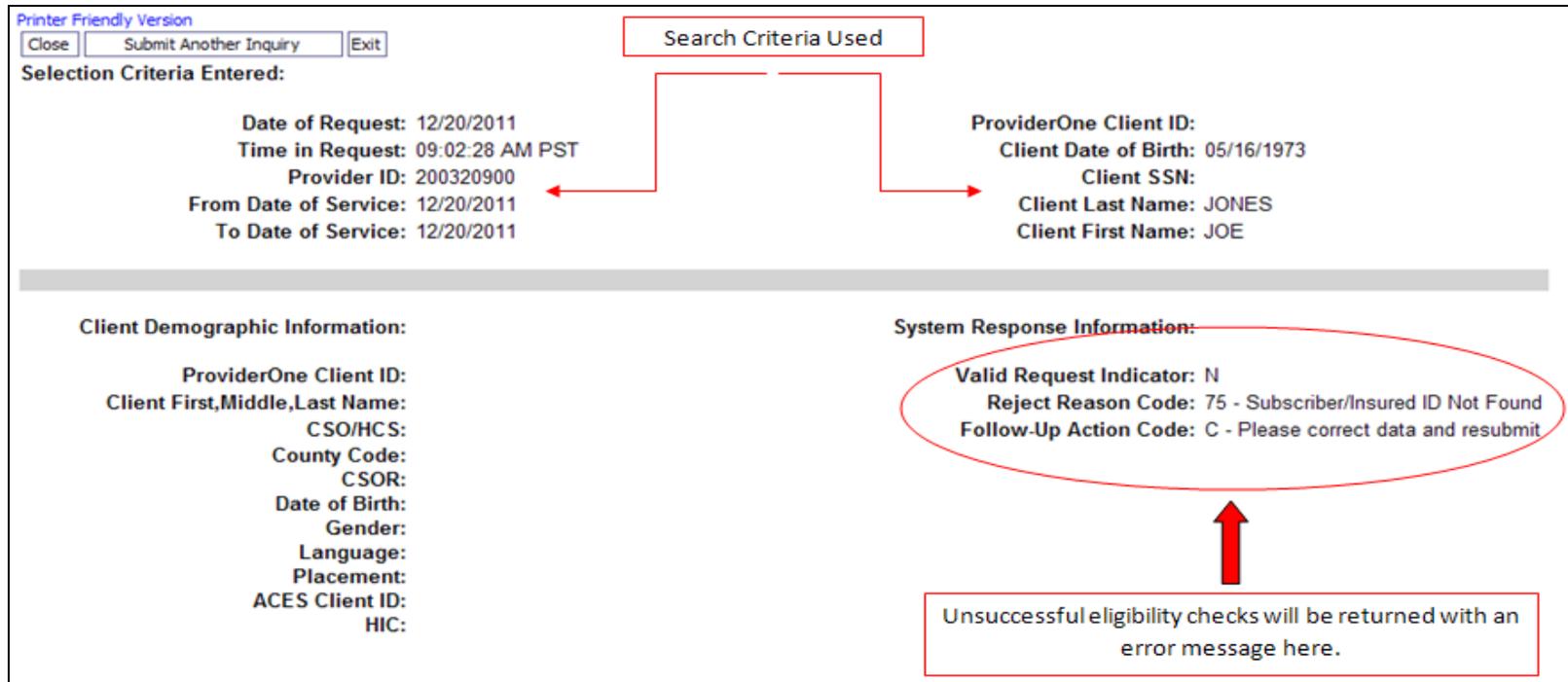
Client Demographic Information:

ProviderOne Client ID:
 Client First,Middle,Last Name:
 CSO/HCS:
 County Code:
 CSOR:
 Date of Birth:
 Gender:
 Language:
 Placement:
 ACES Client ID:
 HIC:

System Response Information:

Valid Request Indicator: N
 Reject Reason Code: 75 - Subscriber/Insured ID Not Found
 Follow-Up Action Code: C - Please correct data and resubmit

Unsuccessful eligibility checks will be returned with an error message here.



Note: If unsuccessful eligibility error message is displayed a couple of issues could have happened:

- Keying in of information is incorrect. Verify what was entered,
- Client is not eligible for dates of service entered.

Successful Eligibility Checks

Printer Friendly Version

Selection Criteria Entered:

Date of Request: 12/20/2011
 Time in Request: 10:11:16 AM PST
 Provider ID: 110320900
 From Date of Service: 12/20/2011
 To Date of Service: 12/20/2011

Search Criteria Used

ProviderOne Client ID: 999999998WA
 Client Date of Birth:
 Client SSN:
 Client Last Name:
 Client First Name:

Client Demographic Information:

ProviderOne Client ID: 999999998WA
 Client First,Middle,Last Name:
 CSO/HCS: 133-OAK HARBOR/ISLAND COUNTY HCS
 County Code: 015-Island
 CSOR: 015-OAK HARBOR CSO
 Date of Birth: 06/28/1951
 Gender: Female
 Language: ENG-English
 Placement:
 ACES Client ID: 602411160
 HIC:

System Response Information:

Valid Request Indicator:
 Reject Reason Code:
 Follow-Up Action Code:

Basic client information returned including Client ID, Gender, and Date of Birth

Note: Notice that the eligibility information can be printed out using the “Printer Friendly Version” link located in the upper left corner.

Successful Eligibility Checks

“Client Eligibility Spans”

Client Eligibility Spans								
Insurance Type Code ▲ ▼	Recipient Aid Category (RAC) ▲ ▼	Benefit Service Package ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ ▼	ACES Coverage Group ▲ ▼	ACES Case Number ▲ ▼	Retro Eligibility ▲ ▼	Delayed Certification ▲ ▼
MC: Medicaid	1147	CNP	02/01/2011	12/31/2999	L21			

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Note: Clicking on the “Benefit Service Package” hyperlink will provide a list of covered services for the client.

Spendedown Information

- **Spendedown is a Client Liability**
 - DSHS determines the Spendedown liability that a client is responsible for
 - DSHS does not pay for services or an expense used to meet a client's Spendedown liability and reduces a provider's payment by any amount that is determined to be a client liability
- **Spendedown liability must be reported on claims for clients who**
 - Become eligible for LCP-MNP by incurring medical expenses equal to or greater than the Spendedown liability, and some or all of those expenses are included in the claim
 - Receive medical services on the Medicaid eligibility start date
- **Not all LCP-MNP clients are subject to Spendedown reporting**
 - **Aces coverage groups ending in 99 (e.g. S99,P99,F99)**
 - May have a Spendedown liability
 - **Aces coverage groups ending in 95 (e.g. S95, L95, C95)**
 - Not required to meet a Spendedown requirement prior to eligibility

Spendedown Information

- **How do I find out if a client has Spendedown Liability?**
 - Ask the client for a copy of the Medicaid approval letter that identifies the client's medical bills and the dollar amounts Medicaid used to determine Spendedown liability
- **Call the customer service line at 1-800-394-4571 to find out the following:**
 - The client's Medicaid eligibility beginning and ending dates, if questionable
 - If the claim was assigned to a client's Spendedown liability
 - The exact amount of the Spendedown liability that was assigned on the claim
- **Review the client eligibility screens in ProviderOne**

For further information regarding Spendedown, refer the Spendedown Fact Sheet.

Successful Eligibility Checks

“Client Eligibility Spans” - Spenddown

Client Eligibility Spans								
Insurance Type Code ▲ ▼	Recipient Aid Category (RAC) ▲ ▼	Benefit Service Package ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ ▼	ACES Coverage Group ▲ ▼	ACES Case Number ▲ ▼	Retro Eligibility ▲ ▼	Delayed Certification ▲ ▼
MC: Medicaid	1030	Pending Spenddown - No Medical	04/01/2011	12/31/2999	\$99			

Spenddown Information							
RAC C  - 1124		Base Period - Start: 08/01/2011 End: 01/31/2012					
Total Spenddown ▲ ▼	Spenddown Liability ▲ ▼	Remaining Spenddown ▲ ▼	EMER Liability ▲ ▼	Remaining EMER ▲ ▼	Spenddown Status ▲ ▼	Update Date ▲ ▼	Spenddown Start Date ▲ ▼
2022.00	2022.00	2022.00	0.00	0.00	Pending	08/09/2011	08/01/2011

Note: Client may not have eligibility due to a “Spenddown” amount. If a remaining balance needs to be met, it will be shown here.

Successful Eligibility Checks

“Managed Care Information”

Healthy Options managed care plans will be listed

Managed Care Information

Insurance Type Code	PCCM Code	Plan/PCCM Name	Plan/PCCM ID	Plan/PCCM Phone Number	PCP Clinic Name	Start Date	End Date
HM: Health Maintenance Organization	MC: Capitated	MHC Healthy Options		(800) 869-7165		06/01/2010	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	Spokane County Regional Support Network		(800) 273-5864		06/01/2010	12/31/2999

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If the local Regional Support Network has been paid to provider mental health services the RSN will display in this section.

PCP clinic name provided for RHC's, FQHC's, and PCCM's when available. Info will be displayed here.

Successful Eligibility Checks

“Medicare Eligibility Information”

Medicare Eligibility Information			
Service Type Code ▲▼	Insurance Type Code ▲▼	Eligibility Start Date ▲▼	Eligibility End Date ▲▼
30: Health Benefit Plan Coverage	MB: Medicare Part B	03/01/1980	12/31/2999
30: Health Benefit Plan Coverage	MA: Medicare Part A	02/01/1979	12/31/2999

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- If client has Medicare Part A or Part B this information will be shown with the Medicare eligibility effective dates of service.

Successful Eligibility Checks

“Coordination of Benefits Information”

- Will display phone number and any policy or group numbers on file with WA Medicaid for the commercial plans listed.

Coordination of Benefits Information									
Service Type Code ▲▼	Insurance Type Code ▲▼	Insurance Co. Name & Contact ▲▼	Carrier Code ▲▼	Policy Holder Name ▲▼	Policy Number ▲▼	Group Number ▲▼	Plan Sponsor ▲▼	Start Date ▲▼	End Date ▲▼
30: Health Benefit Plan Coverage	C1: Commercial	KAISER PERMANENTE MED CARE (800) 813-2000	HM10					09/01/2010	12/31/2999

Coordination of Benefits Information									
Service Type Code ▲▼	Insurance Type Code ▲▼	Insurance Co. Name & Contact ▲▼	Carrier Code ▲▼	Policy Holder Name ▲▼	Policy Number ▲▼	Group Number ▲▼	Plan Sponsor ▲▼	Start Date ▲▼	End Date ▲▼
30: Health Benefit Plan Coverage	C1: Commercial	RXAMERICA (800) 429-6686	S5644		Med Part D			01/01/2008	12/31/2011
30: Health Benefit Plan Coverage	C1: Commercial	STERLING LIFE INSURANCE COMPANY (360) 647-9080	H5006		Med Part C			03/01/2006	12/31/2010

Note: The Coordination of Benefits section not only displays commercial insurance information but will also display the Medicare Part C and D plans.

Successful Eligibility Checks

“Restricted Client Information”

- Client’s may be restricted to specific Hospitals, PCP’s, and Pharmacies for care

Restricted Client Information				
Assignment Type ▲ ▼	Provider Name ▲ ▼	Provider Phone Number ▲ ▼	Period Start Date ▲ ▼	Period End Date ▲ ▼
Hospital	MULTICARE HEALTH SYSTEM		01/05/2010	12/31/2999
Pharmacy	WALGREEN CO		01/01/2010	12/31/2999
Primary Care Physician	SEA-MAR COMMUNITY HEALTH CENTER		01/01/2010	12/31/2999
Primary Care Physician	DITTMER, STEPHANIE		01/01/2010	12/31/2999

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Note: If a client is restricted to specific providers, you will need to get a referral from these providers to see the client. Use this referral when billing your claims.

Successful Eligibility Checks

“Hospice Information”

- Client’s may be enrolled in a Hospice agency for care

Hospice Information					
Hospice agency ▲ ▼	Hospice Address ▲ ▼	Hospice Phone ▲ ▼	Hospice Contact ▲ ▼	Start date ▲ ▼	End date ▲ ▼
102071700	PROVIDENCE HOSPICE OF SEAT, 425 PONTIUS AVE N STE 300, SEATTLE, WA 98109-5312			03/15/2011	03/18/2011

Note: If a client is assigned to a Hospice agency, bill the Hospice agency for any care related to the client’s terminal illness. WA Medicaid has paid a monthly payment to the agency to cover these services.

Note: If service is not related to the client’s terminal illness, bill these services to WA Medicaid with a note “SCI=K” or with a statement “Not related to terminal illness”.

Successful Eligibility Checks

“Developmental Disability Information”

- Client’s may be enrolled in the “Developmental Disability” program.

Developmental Disability Information	
Start Date ▲▼	End Date ▲▼
12/05/1995	12/31/2999

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Note: If a client is enrolled in the “Developmental Disability” program they could be entitled to additional services

Successful Eligibility Checks

“Children with Special Health Care Needs Information”

- Client’s may be enrolled in the “Children with Special Health Care Needs (CSHCN)” program.

Children with Special Health Care Needs Information	
Start Date ▲▼	End Date ▲▼
02/01/2011	02/29/2012

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Note: If a client is enrolled in the “Children with Special Health Care Needs (CSHCN)” program they could be entitled to additional services

Successful Eligibility Checks

Information Source Data / Information Receiver Data

- Information Source Data is where the eligibility results were received from
- Information Receiver Data is the office that is requesting the eligibility

Information Source Data

Name: WA State DSHS
Identification Code Qualifier: PI: Payor Identification
Primary Identifier: 77045
Contact Name: WA State DSHS Provider Relations
Communications Number: (800) 562-3022

Information Receiver Data

Organization:
Provider Name:
Provider Number:

Helpful Resources

- [ProviderOne Resources web page](#)
- Visit the [ProviderOne Billing and Resource Guide](#)