

ProviderOne Provider System User Manual



Verifying Client Eligibility

Disclaimer:

A contract, known as the Core Provider Agreement, governs the relationship between the State of Washington and Medical Assistance providers. The Core Provider Agreement's terms and conditions incorporate federal laws, rules and regulations, state laws, rules and regulations, as well as program policies, numbered memoranda, and billing instructions, including the materials located in this presentation. Providers must submit a claim in accordance with the rules, policies, numbered memoranda, and billing instructions in effect at the time they provided the service.

Every effort has been made to ensure the accuracy of this material. However, in the unlikely event of an actual or apparent conflict between this material and a department rule, the department rule controls.



ProviderOne Provider System User Manual

Document Number: WAMMIS-TRAIN-PTM-CLNT-06-02

Last updated on: January 7, 2012



Table of Contents

Verifying Client Eligibility	5
Locating the Client in ProviderOne.....	7
Viewing Client Benefit Information	9
Viewing the Benefit Service Package	11
Viewing Client Medical Records	13

This page is intentionally blank.

Verifying Client Eligibility

Using ProviderOne to Locate and View Client Demographic, Eligibility, and Benefit Information

The following ProviderOne tasks are covered in this section:

- [Locating the Client in ProviderOne](#)
- [Viewing Client Benefit Information](#)
- [Viewing the Benefit Service Package](#)
- [Viewing Client Medical Records](#)

This page is intentionally blank.

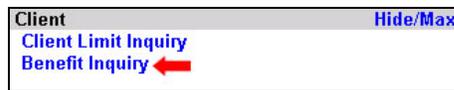
Locating the Client in ProviderOne

ProviderOne allows you to view limited and date-specific client demographic, eligibility, and benefit information for one specific client at a time.

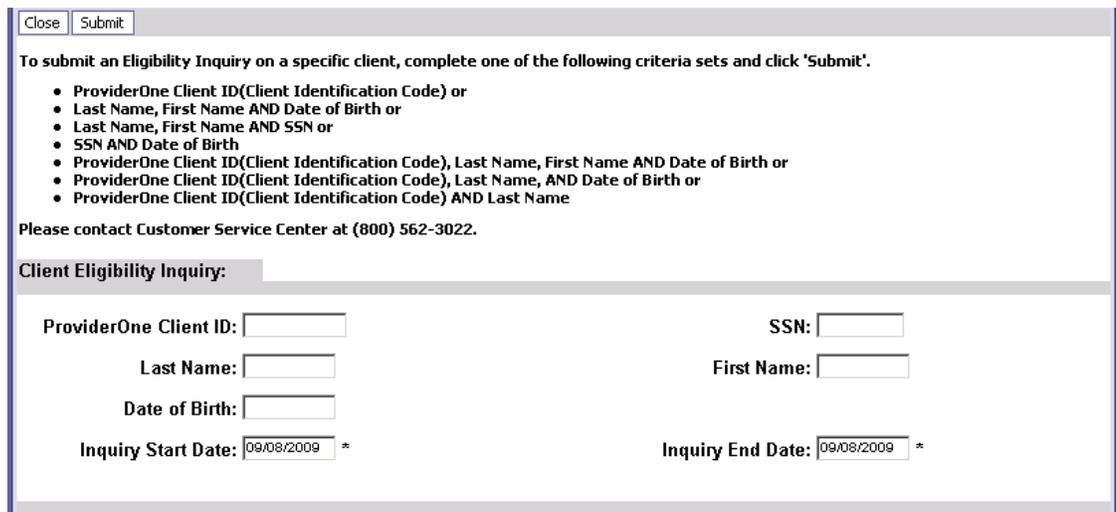
The Client Benefit Inquiry page is used to locate Medical Assistance clients.

Accessing the Client Benefit Inquiry Page

From the Provider Portal, select the Benefit Inquiry link.



ProviderOne launches the Client Benefit Inquiry page.



A screenshot of the 'Client Eligibility Inquiry' page. At the top, there are 'Close' and 'Submit' buttons. Below them is a heading: 'To submit an Eligibility Inquiry on a specific client, complete one of the following criteria sets and click 'Submit'.' This is followed by a bulleted list of search criteria:

- 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

 Below the list is the text: 'Please contact Customer Service Center at (800) 562-3022.' The main section is titled 'Client Eligibility Inquiry:' and contains several input fields:

- ProviderOne Client ID:
- SSN:
- Last Name:
- First Name:
- Date of Birth:
- Inquiry Start Date: *
- Inquiry End Date: *

Figure 1 – Client Benefit Inquiry Page

About the Client Benefit Inquiry Page

- One of the valid search criteria combinations must be entered.
- The Inquiry Start Date defaults to the current date, but you are able to enter any date within the last four years.
- The Inquiry End Date defaults to the current date. A maximum two year date range is allowed for any single benefit inquiry request.

This page is intentionally blank.

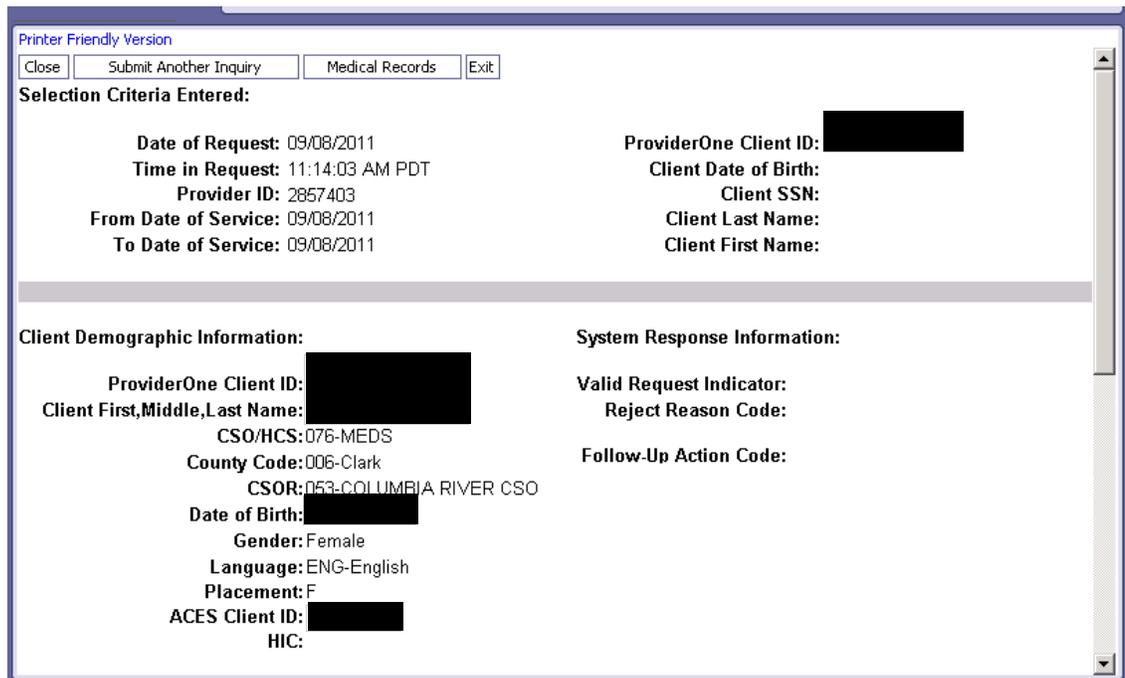
Viewing Client Benefit Information



From the Client Benefit Inquiry page, enter the search criteria and click the Submit button.



ProviderOne displays the Client Benefit Level page. If your search was successful, the client's benefit information is displayed.



Printer Friendly Version
Close Submit Another Inquiry Medical Records Exit

Selection Criteria Entered:

Date of Request: 09/08/2011	ProviderOne Client ID: [REDACTED]
Time in Request: 11:14:03 AM PDT	Client Date of Birth:
Provider ID: 2857403	Client SSN:
From Date of Service: 09/08/2011	Client Last Name:
To Date of Service: 09/08/2011	Client First Name:

Client Demographic Information:

ProviderOne Client ID: [REDACTED]	System Response Information:
Client First,Middle,Last Name: [REDACTED]	Valid Request Indicator:
CSO/HCS: 076-MEDS	Reject Reason Code:
County Code: 006-Clark	Follow-Up Action Code:
CSOR: 053-COLUMBIA RIVER CSO	
Date of Birth: [REDACTED]	
Gender: Female	
Language: ENG-English	
Placement: F	
ACES Client ID: [REDACTED]	
HIC:	

Figure 2 – Client Benefit Level Page



If the request was unsuccessful, ProviderOne indicates the reason.

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

About the Client Benefit Inquiry Page

- The Client Benefit Inquiry page is used to view your Client's Medical Assistance coverage details, as well as other information you may need to determine eligibility. Only tables pertaining to this particular client are displayed.
- The information on this page is read-only and the SaveToXLS button is disabled for all tables displayed on this page.

The following information is available by scrolling the listing:

- Selection Criteria Entered
- Client Demographic Information
- Client Eligibility Spans
- Spenddown Status and Information
- Managed Care Information
- Medicare Eligibility Information
- Coordination of Benefits Information
- Restricted Care Information
- Type of Restriction
- Hospice Coverage
- Developmental Disability Information
- Children with Special Health Care Needs Information
- Information Source and Receiver Data



To perform another search, click the Submit Another Inquiry button.

ProviderOne displays the Client Benefit Inquiry page.

Viewing the Benefit Service Package

The Benefit Service Package provides a detailed description of a Client's Benefit Service Package.



From the Client Benefit Level page, scroll down until the Client Eligibility Spans table appears. Click the hyperlinked entry in the Benefit Service Package column.

Client Eligibility Spans

Insurance Type Code ▲ ▼	Recipient Aid Category ▲ ▼	Benefit Service Package ▲ ▼	Eligibility Start Date ▲ ▼	Eligibility End Date ▲ □	ACES Coverage Group ▲ ▼	ACES Case Number ▲ ▼	Retro Eligibility ▲ ▼	Delayed Certification ▲ ▼
MC: Medicaid	1026	CNP/QMB	05/01/2011	08/31/2011	F02			
MC: Medicaid	1026	CNP	09/01/2003	04/30/2011	F02			

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Message(s): This is the Client's eligibility as of this date, based on information available at this time

Figure 3 – Client Eligibility Spans



ProviderOne displays the View Benefit Dictionary page.

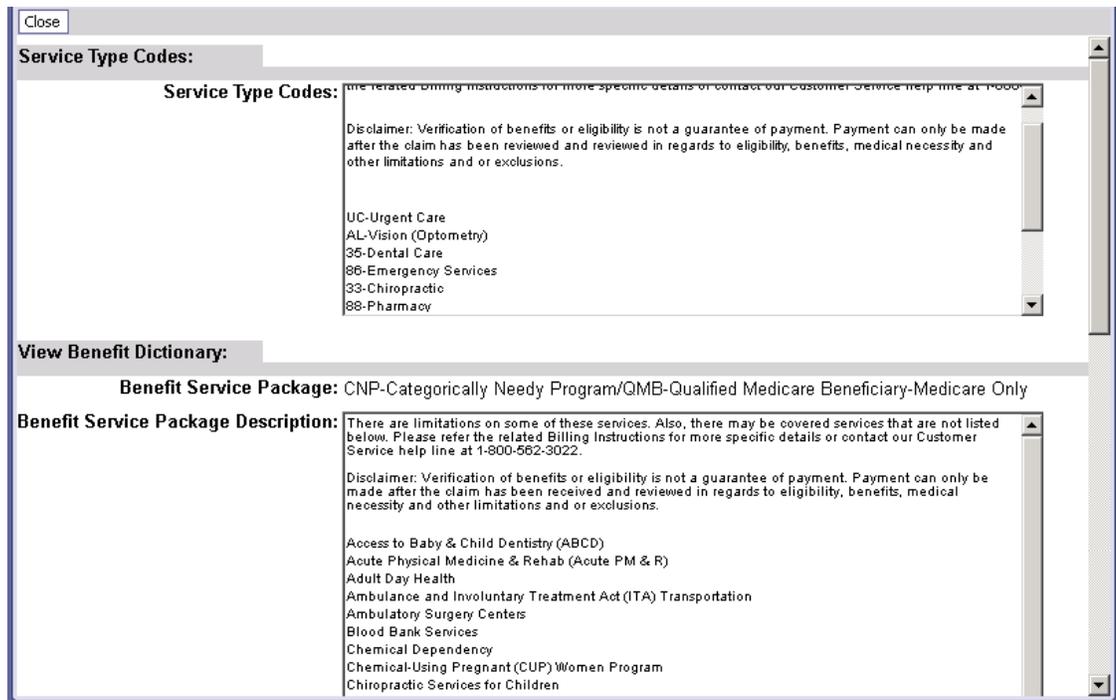


Figure 4 – View Benefit Dictionary

Viewing Client Medical Records

ProviderOne allows you to view the medical records of certain clients.



From the Client Benefit Level page, click the Medical Records button.



ProviderOne displays the Medical Records page.

Printer Friendly Version
Close

ProviderOne Client ID: [REDACTED]
Name: [REDACTED]
Date of Birth: [REDACTED]

Pharmacy: [REDACTED]

Filter By Period: All [] [] Go

Fill Date	Drug Name	Strength	Qty	Days	Refill Sequence	Prescriber Name	Pharmacy Name	Pharmacy Phone #
No Records Found !								

Medical Services (primary and specialty care):

Filter By Period: All [] [] Go

Start Date	End Date	Primary Code:DX Description	Other Diagnosis Codes	Procedure Code	Servicing Provider Name	Billing Provider Name	Billing Provider Phone #
01/06/2011	01/06/2011			D0150,00330,D0272,D1203, D0220,D0230	[REDACTED]	[REDACTED]	[REDACTED]
01/06/2011	01/06/2011			D1110	[REDACTED]	[REDACTED]	[REDACTED]
12/30/2010	12/30/2010	V202 - Routin child health exam	7061,V829,6264	81002,99384	[REDACTED]	[REDACTED]	[REDACTED]
12/30/2010	12/30/2010	59970 - Hematuria NOS		87008	[REDACTED]	[REDACTED]	[REDACTED]
12/30/2010	12/30/2010	6264 - Irregular menstruation		81025	[REDACTED]	[REDACTED]	[REDACTED]

Figure 5 – Medical Records Page

About the Client Medical Records Page

- When you enter either the primary or a secondary client, all linked client information is returned. All demographics are from the primary client, and all other data is a combination of both, depending on the inquiry dates.
- The Medical Records button is displayed only if the client (either primary or secondary) has a Placement Code of A, D, F or R.
- By default, the medical records for the past two years' are displayed. Use the date filter for each claim type section (Pharmacy, Medical Services and Hospital care) to perform additional filtering on dates as needed within the 2 year extent.

Table of Figures

Figure 1 – Client Benefit Inquiry Page.....	7
Figure 2 – Client Benefit Level.....	9
Figure 3 – Client Eligibility Spans.....	11
Figure 4 – View Benefit Dictionary.....	12
Figure 5 – Medical Records Page.....	13