

July 2014 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:

- ProviderOne Client ID (Client Identification Code)
- Last Name, First Name AND Date of Birth
- Last Name, First Name AND SSN
- SSN AND Date of Birth
- ProviderOne Client ID, Last Name, First Name AND Date of Birth
- ProviderOne Client ID, Last Name AND Date of Birth
- ProviderOne Client ID AND Last Name

Search by any one of the many combinations available. The inquiry start date will default to today's date. Change this date if you are searching for another date of service, but note that ProviderOne cannot search for future eligibility; only the current date or previous dates can be entered. Information displayed is only valid for the inquiry start and end date. A client's eligibility segment may change for a different date of service search. The max date span for a data return for an eligibility inquiry is 2 years.

NOTE: A span of dates up to two years can be entered, however ProviderOne only holds four years of eligibility information. If confirmation is required for eligibility beyond four years, send a Service Request through "Contact Us" at: <https://fortress.wa.gov/dshs/p1contactus/>. Choose the Provider form button and use the dropdown to enter "Client Eligibility Clarification" as the topic. If you require immediate eligibility assistance (appointment is within 48 hours), please call the Medical Assistance Customer Service Center at 800-562-3022 and follow the prompt for "Provider Services."

ProviderOne displays the search criteria used and provides basic client information including Client ID, Gender, and Date of Birth:

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 Close Submit Another Inquiry Exit

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: [REDACTED]
 Client Date of Birth: [REDACTED]
 Client SSN: [REDACTED]
 Client Last Name: [REDACTED]
 Client First Name: [REDACTED]

Client Demographic Information:

ProviderOne Client ID: [REDACTED]
 Client First,Middle,Last Name: [REDACTED]
 CSO/HCS: 133-OAK HARBOR/ISLAND COUNTY HCS
 County Code: 015-Island
 CSOR: 015-OAK HARBOR CSO
 Date of Birth: [REDACTED]
 Gender: Female
 Language: ENG-English
 Placement: [REDACTED]
 ACES Client ID: [REDACTED]
 HIC: [REDACTED]

System Response Information:

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

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

Unsuccessful eligibility checks will be returned with an error message in the "System Response Information" area stating "Subscriber/Insured ID Not Found" and "Please correct data and resubmit."

Scroll down to view the Client Eligibility Spans and Managed Care Information. If the client had Medicare or commercial insurance, this information would also be shown here with the relevant date spans and carrier codes. **Please note that Nursing Home information will not be displayed in these sections.**

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	1201	ABP	01/01/2014	12/31/2999	N05			

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

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 Apple Health Adult Coverage	[REDACTED]	(800) 869-7165	HEALTHPOINT SEATAC MEDICAL	04/01/2014	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	King County RSN - Mental Health Services Only	[REDACTED]	(800) 790-8049		01/01/2014	12/31/2999

Service Type Code	Insurance Type Code	Eligibility Start Date	Eligibility End Date
30: Health Benefit Plan Coverage	MA: Medicare Part A	05/01/2014	12/31/2999
30: Health Benefit Plan Coverage	MB: Medicare Part B	08/01/2012	12/31/2999

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Message(s): We believe this information to be correct, but you must verify eligibility and coverage with specified payor

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	HEALTHSPRING PRESCRIPTION DRUG PLAN (800) 331-6293	S5932					05/01/2014	12/31/2999

The Coordination of Benefits Information section may also display Medicare Part D prescription benefit information.

NOTE: It is recommended that you verify eligibility for each visit. This screen can be printed using the "Printer Friendly Version" hyperlink at the top of this screen.