

# ProviderOne Provider System User Manual



## Verifying Client Eligibility

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### 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.

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# ProviderOne Provider System User Manual

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# Verifying Client Eligibility

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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](#)

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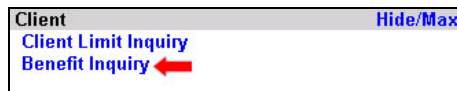
## Locating the Client in ProviderOne

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

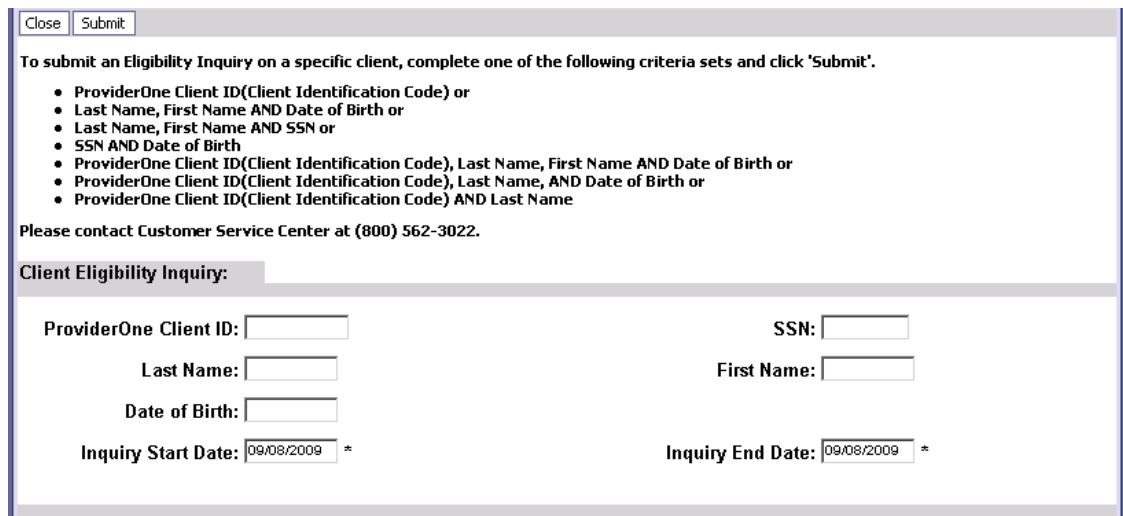
The Client Benefit Inquiry page is used to locate Medical Assistance clients.

### 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. The page has a 'Close' and 'Submit' button at the top left. Below the buttons is a heading: 'To submit an Eligibility Inquiry on a specific client, complete one of the following criteria sets and click 'Submit''. There are five bullet points listing search criteria: 1. 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; 2. 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:' (text box), 'SSN:' (text box), 'Last Name:' (text box), 'First Name:' (text box), 'Date of Birth:' (text box), 'Inquiry Start Date:' (text box with value '09/08/2009' and an asterisk), and 'Inquiry End Date:' (text box with value '09/08/2009' and an asterisk).

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.

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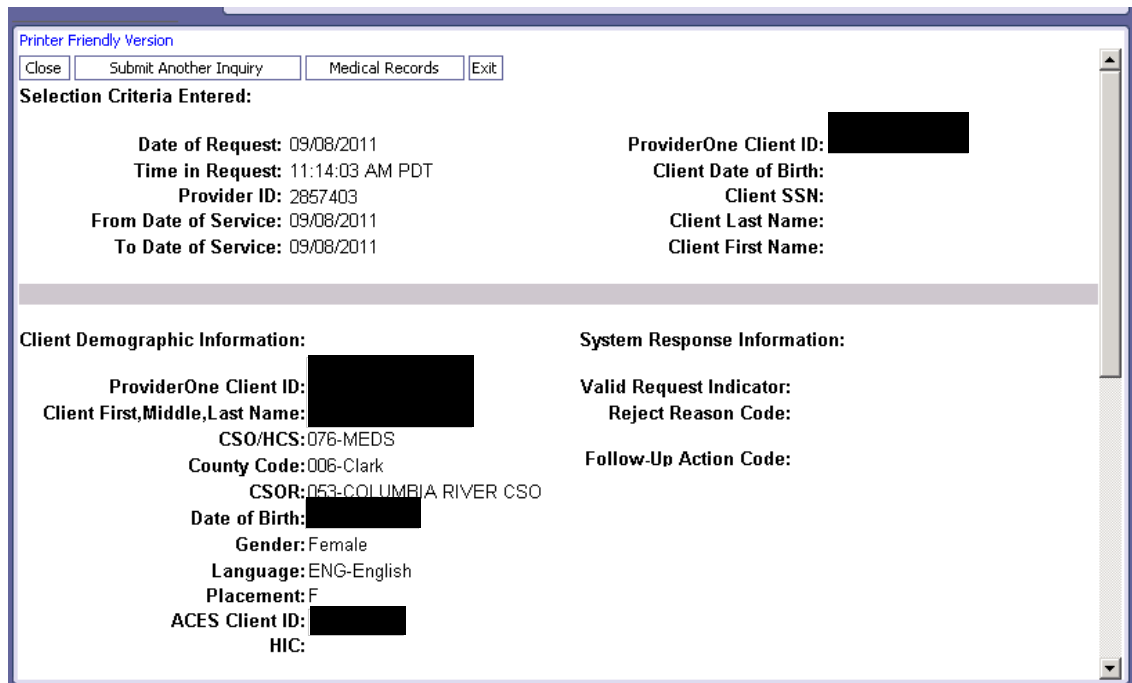
## Viewing Client Benefit Information



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:**

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

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**Client Demographic Information:**

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

Figure 2 – Client Benefit Level Page



If the request was unsuccessful, ProviderOne indicates the reason.

<p><b>System Response Information:</b></p> <p><b>Valid Request Indicator:</b> N</p> <p><b>Reject Reason Code:</b> 75 - Subscriber/Insured ID Not Found</p> <p><b>Follow-Up Action Code:</b> C - Please correct data and resubmit</p>
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## 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	<a href="#">CNP/QMB</a>	05/01/2011	08/31/2011	F02			
MC: Medicaid	1026	<a href="#">CNP</a>	09/01/2003	04/30/2011	F02			

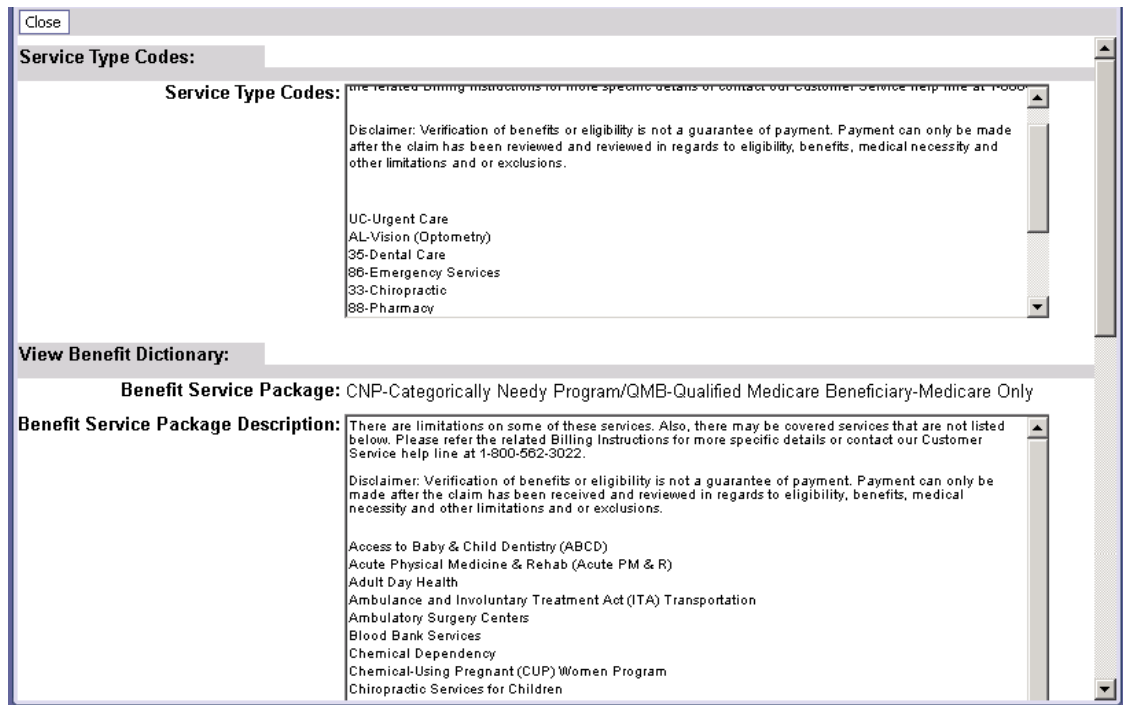
<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

**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.

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