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:

Client
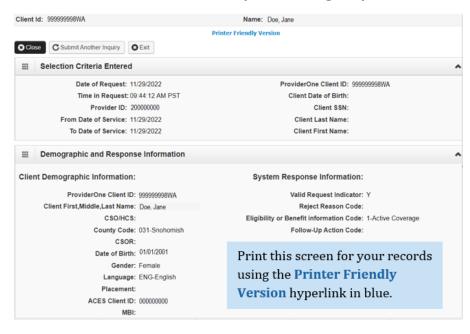
Client Limit Inquiry
Benefit Inquiry

Use **one** of the sets of criteria noted below, as seen on the client eligibility inquiry screen, along with the date(s) of service:

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

ProviderOne cannot search future dates so only enter current or previous dates. The maximum date span is limited to two years. If you require an eligibility check over two years old, use the Contact Us web form and select Client Eligibility as the topic. If the appointment is within 48 hours, contact the customer service center at 800-562-3022.

ProviderOne displays the search criteria used and provides basic client information including client ID, gender, and date of birth. It is recommended that you check eligibility before each client visit.

Client Id: 999999998WA	Name: Doe, Jane

Printer Friendly Version

[Close] [Submit Another Inquiry] [Exit]

Selection Criteria Entered

Date of Request: 11/29/2022	ProviderOne Client ID: 999999998WA
Time in Request: 09:44:12 AM PST	Client Date of Birth:
Provider ID: 200000000	Client SSN:
From Date of Service: 11/29/2022	Client Last Name:
To Date of Service: 11/29/2022	Client First Name:

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID:	999999998WA
Client First,Middle,Last Name:	Doe, Jane
CSO/HCS:	
County Code:	031-Snohomish
CSOR:	
Date of Birth:	01/01/2001
Gender:	Female
Language:	ENG-English
Placement:	
ACES Client ID:	000000000
MBI:	

System Response Information:

Valid Request Indicator:	Y
Reject Reason Code:	
Eligibility or Benefit information Code:	1-Active Coverage
Follow-Up Action Code:	

Print this screen for your records using the **Printer Friendly Version** hyperlink in blue.

Scroll down to view the **client eligibility spans** and **managed care information** with relevant start and end dates.

Insurance Type Code ▲▼	Recipient Aid Category (RAC) ▲▼	Benefit Service Package ▲▼	Eligibility Start Date ▲▼	Eligibility End Date ▲▽	Review End Date ▲▼	ACES Coverage Group ▲▼	ACES Case Number ▲▼	Retro Eligibility ▲▼	Delayed Certification ▲▼
MC: Medicaid	1201	ABP	03/01/2022	12/31/2999	04/30/2024	N05			

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	Optum Pierce BHO		(253) 292-4200		03/01/2017	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	UHC Healthy Options Blind/Disabled		(877) 542-8997		02/01/2017	09/30/2017

If the client had Medicare as their primary, this information would be shown under **Medicare eligibility information**. Please note that nursing home information will not be displayed in these sections.

Medicare Eligibility Information

Service Type Code ▲▼	Insurance Type Code ▲▼	Eligibility Start Date ▲▼	Eligibility End Date ▲▽
30: Health Benefit Plan Coverage	MA: Medicare Part A	07/01/2012	12/31/2999
30: Health Benefit Plan Coverage	MB: Medicare Part B	07/01/2012	12/31/2999

The **coordination of benefits information** section will show if the client has a commercial insurance as their primary coverage, with date spans and applicable carrier code information. Medicare Part D prescription benefit information may also be displayed here.

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	AETNA MEDICARE (800) 213-4599	S5810		Med Part D			01/01/2006	12/31/2999

Important note! If you know an Apple Health client has a commercial insurance and you do not see a Coordination of Benefits Information segment on their eligibility file in ProviderOne, you must complete a Contact Us email. Choose the option "I am an Apple Health (Medicaid) biller or provider" and then choose the "Medical Provider" button. On the "Select Topic" dropdown, choose "Private Commercial Insurance." Enter the client's insurance information in the "Other Comments" section. The agency's Coordination of Benefits unit will update the client's file using this information. Check eligibility again in ProviderOne in 3 – 5 business days to verify the update has been made. Only after verification of this information in ProviderOne should you bill the claim to the system.

> **Note**: Effective for claims with dates of service on and after January 1, 2017, clients with other primary health insurance may be enrolled in an Apple Health Managed Care plan as their secondary insurance. Remember to always check for other primary payers when verifying eligibility in ProviderOne. See the Apple Health Medicaid provider alert dated 11/16/2016.

If your search is unsuccessful, check how the entry was keyed and what criteria you entered for possible correction:

System Response Information:

Valid Request Indicator: N
Reject Reason Code: 72 - Invalid/Missing Subscriber/Insured ID
Eligibility or Benefit information Code:
Follow-Up Action Code: C - Please correct data and resubmit