



Medicaid Information
Technology System

Provider Medicaid Portal User Manual

Volume 5

Eligibility Verification

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1 VERIFYING RECIPIENT ELIGIBILITY

This section contains detailed information about using the panels available in the secure area of the Provider Medicaid Portal to perform tasks associated with verifying recipient eligibility. Recipient eligibility needs to be verified to ensure the recipient qualifies for Medicaid services. Services and procedures rendered to patients who are ineligible for Medicaid program coverage are not reimbursable.

A 'panel' is a work area or information window. Often several related panels are required to perform a task. A primary panel is usually structured to precede subsequent information. One or more secondary panels can appear below the primary panel, depending on the task being performed. This "stacking" of related panels provides an efficient, at – a – glance work area, without the need to toggle back and forth between screens.

The panel groups presented in this document are specific to recipient eligibility verification tasks.

Use this feature to verify eligibility of recipients for benefit programs. Eligibility is determined using dates of service and, either the recipient's Medicaid ID number and date of birth, or the recipient's SSN and date of birth. Benefit Plan, Case Spenddown, Third Party, Managed Care, Lock – In, Medicare, Service Limitation, Patient Liability, Long Term Care, and County Case Worker Information are displayed.

To verify a recipient's eligibility to receive Medicaid services, follow the steps below.

1. Log into the Provider Medicaid Portal.
2. With the mouse, hover over the **Eligibility** menu option in the Main Menu.
3. A sub – menu displays. Select the **eligibility search** option.
4. The **Recipient Eligibility Verification Request** panel displays.

The screenshot shows the Ohio.gov Medicaid Information Technology System interface. The top navigation bar includes 'Providers', 'Account', 'Trading Partners', 'Claims', 'Eligibility', 'Prior Authorization', and 'Reports'. The 'Eligibility' menu is active, showing 'eligibility search'. The 'Eligibility Verification Request' form contains the following fields:

Medicaid Billing Number	<input type="text"/>	Birth Date	<input type="text"/>
SSN	<input type="text"/>	DOS Date Format	MM/DD/YYYY
Procedure Code	<input type="text"/>	From DOS	04/25/2010
		To DOS	04/25/2011

Buttons for 'search' and 'clear' are located at the bottom right of the form.

Recipient Eligibility Verification Request Panel

The Recipient Eligibility Verification Request panel is used to verify recipient eligibility for benefit programs.

Tasks for this Panel

To **search** recipient eligibility for benefits:

1. Enter valid information in the following fields: **Medicaid Billing Number or SSN, Birth Date, DOS Date Format, From DOS, To DOS, and Procedure Code** (optional).
2. Click the **search** button. The system displays the search results.

Field Descriptions – Request

Field	Description	Field Type	Data Type	Length
clear	Clears all the search criteria.	Button	N/A	0
search	Displays the Search Results based on the criteria entered on the search panel.	Button	N/A	0
Birth Date	Recipient's Date of birth.	Field	Date (MM/DD/CCYY)	10
DOS Date Format	Allows user to search by MM/DD/CCYY or MM/CCYY.	Field	Drop Down List Box	0
From DOS	From date of service.	Field	Date (MM/DD/CCYY)	10
Medicaid Billing Number	Recipient's Medicaid ID number.	Field	Number	10
Procedure Code	Code identifying the procedure that has service limitations for the recipient.	Field	Character	9
SSN	Recipient's Social Security Number.	Field	Number	9
To DOS	Through date of service.	Field	Date (MM/DD/CCYY)	10

Field Edits – Request

Field	Field Type	Error Code	Error Message	To Correct
search	Button	0	Invalid search criteria combination. Search criteria are limited to one of the following: SSN, Birth date and DOS OR Medicaid Billing Number, Birth date and DOS.	Enter a SSN, Birth date and DOS OR Medicaid Billing Number, Birth date and DOS.
search	Button	1	Medicaid Billing Number not found for SSN.	Enter a valid value.
search	Button	2	Birth Date/SSN or Medicaid Billing Number missing or invalid.	Enter the required and valid data.
search	Button	3	Birth Date/SSN missing or invalid.	Enter a valid value for Birth Date/SSN.
All fields	Field	0	Invalid number / Invalid date / Invalid character data.	Ensure that the field matches the datatype as documented in the field descriptions above. Number fields must only contain digits 0 - 9; date fields must only contain valid dates; character fields must only contain A - Z and 0 - 9.
Birth Date	Field	0	Birth Date is not valid.	Enter a valid value.
From DOS	Field	1	From DOS is not valid.	Enter a valid value.
From DOS	Field	2	From DOS must be less than or equal to To DOS.	Enter a valid value.
From DOS	Field	3	From DOS is required when To DOS is specified.	Enter a valid value.
From DOS	Field	4	From and To DOS values must not be older than three years.	Enter a valid value.
From DOS	Field	5	From and To DOS values must be within six months range.	Enter a valid value.
Medicaid Billing Number	Field	1	Medicaid Billing Number is no longer active. The active ID [999999999] will be used.	Message is informational.
Medicaid Billing Number	Field	2	Medicaid Billing Number is not valid.	Enter a valid Medicaid Billing Number.

Field	Field Type	Error Code	Error Message	To Correct
Procedure Code	Field	0	Procedure Code is not valid.	Enter a valid procedure code.
SSN	Field	1	More than one Subscriber found for the search criteria. Please use Medicaid Billing Number instead of SSN.	Enter Medicaid Billing Number instead of SSN to pull eligibility.
To DOS	Field	1	To DOS must be less than or equal to the end of the current month.	Enter a valid value.
To DOS	Field	2	To DOS is not valid.	Enter a valid value.
To DOS	Field	3	From and To DOS values must not be older than three years.	Enter a valid value.
To DOS	Field	4	From and To DOS values must be within six months range.	Enter a valid value.

Recipient Eligibility Verification – Recipient Information

The Recipient Eligibility Verification – Recipient Information panel displays basic information about the recipient.

Recipient Information		?	⌵
Medicaid Billing Number	4805998220	SSN	
Last Name	SMITH	County of Residence	JACKSON
First Name	ALEIDA	County of Eligibility	JACKSON
Gender	MALE	County Office	http://jfs.ohio.gov/county/cntydir.stm
Date of Birth	03/28/1952	Number Bed Hold Days Used Paid CY	2008: 5
Date of Death		Number Bed Hold Days Used Paid CY	2009: 3

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Recipient Information

Field	Description	Field Type	Data Type	Length
Birth Date	Recipient's Date of birth.	Field	Date (MM/DD/CCYY)	10
County of Eligibility	Name of county of case worker.	Field	Character	0
County of Residence	Recipient's county of residence.	Field	Character	0

Field	Description	Field Type	Data Type	Length
Date of Death	Recipient's date of death.	Field	Date (MM/DD/CCYY)	10
First Name	Recipient's First name.	Field	Character	15
Gender	Gender of the recipient.	Field	Character	0
Last Name	Last name of the recipient.	Field	Character	20
Medicaid Billing Number	The Medicare number for the recipient.	Field	Character	10
Number Bed Hold Days Used Paid CY	Number of leave days used by the recipient for the Long Term Care period.	Field	Number	10
SSN	Recipient's Social Security number.	Field	Character	0
County Office	Hyperlink to Ohio Job & Family Services County Agency Directory and Web Sites.	Hyperlink	Alphanumeric	0

Recipient Eligibility Verification – Benefit Plans

The Recipient Eligibility Verification – Benefit Plans panel displays benefit plans and plan effective dates for the recipient.

Benefit / Assignment Plan					
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	Dental Co-Pay Amount	Vision Co-Pay Amount
N : Limited to emergency services	03/01/2009	05/01/2009			
Hospice	03/01/2009	05/01/2009	NATIONAL MENTOR HEALTHCARE, LLC	\$6.30	\$5.35



Tasks for this Panel

To **display** hospice provider address information:

1. Click on a Hospice line item. A popup opens displaying the hospice provider address information. If a non-hospice row is clicked, there is no popup.

Field Descriptions – Benefit Plans

Field	Description	Field Type	Data Type	Length
Dental Co-Pay Amount	Displays the amount of co-pay for plans with dental, otherwise blank.	Field	Number	10
Provider Name	Displays the name of the primary care physician for the assignment plan, blank for benefit plans.	Field	Character	50
Vision Co-Pay Amount	Displays the amount of co-pay for plans with vision, otherwise blank.	Field	Number	10
Benefit Plan / Assignment Plan	Displays the name of each benefit plan.	Listview	Character	30
Effective Date	Displays the effective date of each benefit plan for the recipient.	Listview	Date (MM/DD/CCYY)	10
End Date	Displays the end date of each benefit plan for the recipient.	Listview	Date (MM/DD/CCYY)	10

Recipient Eligibility Verification – Case Spenddown

The Recipient Eligibility Verification – Case Spenddown panel displays specific information about the recipient's Medicaid spenddown and liability balances.

Case/Cat/Seq Spenddown			
Monthly Amount	Effective Date	End Date	Type
1001.99	04/05/2009	04/05/2009	DELAYED

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Case Spenddown

Field	Description	Field Type	Data Type	Length
Effective Date	Effective date of spenddown.	Listview	Date (MM/DD/CCYY)	0
End Date	End date of spenddown.	Listview	Date (MM/DD/CCYY)	0
Monthly Amount	Monthly amount of spenddown.	Listview	Character	0
Type	Type	Listview	Character	0

Recipient Eligibility Verification – Third Party Liability

The Recipient Eligibility Verification – TPL panel displays specific information about the recipient's third party liability (TPL) coverage.

TPL									
Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder	Coverage Type	Coverage	Effective Date	End Date	Group Number
CIGNA HEALTHCARE	PF76617		KOD930369923	THUY CORDEIRO	IND	RX PHARMACY COVERAGE	03/01/2009	03/20/2009	
BC/BS OF FLORIDA	PF77027	12345	910369923	THUY CORDEIRO	IND	RX PHARMACY COVERAGE	03/01/2009	03/20/2009	31892
HALIFAX MEDICAL CENTER	P533967		SQET838778580	THUY CORDEIRO	IND	DENTAL	03/01/2009	03/20/2009	
CIGNA HEALTHCARE	PF76617		KOD930369923	THUY CORDEIRO	IND	VISION	03/01/2009	03/20/2009	



Tasks for this Panel

To **display** a TPL provider's address information:

1. Click on a **TPL provider** name. A popup opens displaying the carrier address information. If a non-TPL provider row is clicked on, there is no popup.

Field Descriptions – Third Party Liability

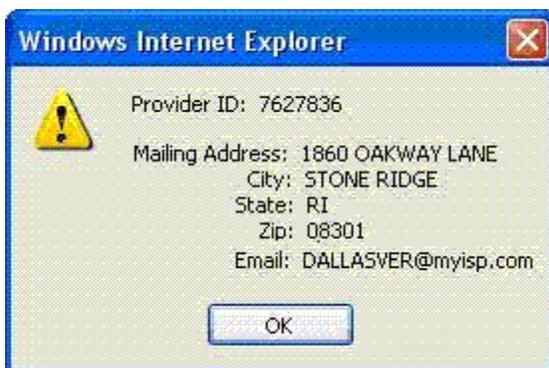
Field	Description	Field Type	Data Type	Length
Carrier Name	Displays the name of each TPL carrier.	Listview	Character	30
Carrier Number	Displays the carrier number of the TPL insurance.	Listview	Character	0
City	City of the carrier. Used for mailing TPL claim facsimiles.	Listview	Character	30
Coverage	Displays the coverage of the TPL insurance.	Listview	Character	0
Coverage Type	Displays the coverage type of the TPL insurance.	Listview	Character	10
Effective Date	Displays the effective date of each TPL insurance.	Listview	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
End Date	Displays the end date of each TPL insurance.	Listview	Date (MM/DD/CCYY)	10
Group Number	Displays the group policy number of the TPL insurance.	Listview	Character	0
Mailing Address	Street address for the carrier. Used for mailing TPL claim facsimiles.	Listview	Character	55
NAIC	Displays the National Association of Insurance Carriers ID number for the TPL carrier.	Listview	Character	0
Phone Number	Telephone number of the carrier's designated contact.	Listview	Character	15
Policy Holder	Displays the policy holder of the TPL insurance.	Listview	Character	30
Policy Number	Displays the policy number of the TPL insurance.	Listview	Character	16
State	Carrier's state. User for mailing TPL claim facsimiles.	Listview	Character	2
Zip	First five digits of the carrier's ZIP code. Used for mailing TPL claim facsimiles.	Listview	Character	5

Recipient Eligibility Verification – Managed Care

The Recipient Eligibility Verification – Managed Care panel displays specific information about the recipient's managed care plan.

Managed Care				
Plan Name	Plan Description	Effective Date	End Date	
Buckeye Community Health Plan - ABD	HMO, ABD	07/01/2008	07/31/2008	
Unison Health Plan - CFC	HMO, CFC	07/01/2008	07/31/2008	
Amerigroup Ohio, Inc. - ABD	HMO, ABD	06/01/2008	06/30/2008	



Tasks for this Panel

To **display** managed care provider address information:

1. Click on a managed care **provider name**. A popup opens displaying the managed care provider address information. If a non-managed care provider row is clicked on, there is no popup.

Field Descriptions – Managed Care

Field	Description	Field Type	Data Type	Length
Effective Date	Effective date for the health plan for managed care.	Listview	Date (MM/DD/CCYY)	10
End Date	End date for the health plan for managed care.	Listview	Date (MM/DD/CCYY)	10
Plan Description	Displays the name of the health plan for managed care.	Listview	Character	20
Plan Name	Displays the name of the primary care physician for the managed care program.	Listview	Character	50

Recipient Eligibility Verification – Lock-In

The Recipient Eligibility Verification – Lock-In panel displays specific information about the recipient's Lock-In coverage.

Lock-In					
Lock-In Plan	Lock-In Type	Effective Date	End Date	Provider Name	Provider Phone
Hospice	HOSPC	03/01/2009	05/01/2009	NATIONAL MENTOR HEALTHCARE, LLC	(429)546-0695

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Lock-In

Field	Description	Field Type	Data Type	Length
Effective Date	Displays the effective date of each lock-in period.	Listview	Date (MM/DD/CCYY)	10
End Date	Displays the end date of each lock-in period.	Listview	Date (MM/DD/CCYY)	10
LockIn Plan	Description of the lock-in plan.	Listview	Alphanumeric	50
LockIn Type	Type of lock-in plan. Example value: Physician.	Listview	Character	5
Provider Name	Displays the name of the lock-in provider.	Listview	Alphanumeric	30

Field	Description	Field Type	Data Type	Length
Provider Phone	Displays the phone number of the lock-in provider.	Listview	Alphanumeric	12

Recipient Eligibility Verification – Medicare

The Recipient Eligibility Verification – Medicare panel displays specific information about the recipient's Medicare information.

Medicare						
Coverage	Effective Date	End Date	Plan Name	Plan ID	HIC	
PART A	04/05/2009	04/05/2009			030408362A	
PART B	04/05/2009	04/05/2009			030408362A	
PART D	04/05/2009	04/05/2009	ADVANTAGE STAR PLAN BY RXAMERICA	188	030408362A	
PART D	04/05/2009	04/05/2009	PACIFICARE SELECT PLAN	141	030408362A	

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Medicare

Field	Description	Field Type	Data Type	Length
Coverage	Type of coverage. Example value: Part A.	Listview	Character	0
Effective Date	Displays the effective date of each part of Medicare coverage.	Listview	Date (MM/DD/CCYY)	10
End Date	Displays the end date of each part of Medicare coverage.	Listview	Date (MM/DD/CCYY)	10
HIC	Health Insurance Claim number for the Medicare recipient.	Listview	Character	0
Plan ID	Identification number of the Medicare Prescription Drug Plan.	Listview	Character	0
Plan Name	Name of the Medicare Prescription Drug Plan.	Listview	Character	0

Recipient Eligibility Verification – Service Limitation

The Recipient Eligibility Verification – Service Limitation panel displays specific information about the recipient's services that are limited during certain timeframes.

Service Limitation		
Procedure Code	Description	Service Limitation
D2385	RESIN ONE SURF POSTER PERMAN	NEXT POSSIBLE DATE OF SERVICE IS 01/01/2010

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Service Limitation

Field	Description	Field Type	Data Type	Length
Description	Description of the type of service limitation.	Listview	Character	0
Procedure Code	Code identifying the procedure that has service limitations for the recipient.	Listview	Character	0
Service Limitation	Text description of the service limitation.	Listview	Character	0

Recipient Eligibility Verification – Long Term Care

The Recipient Eligibility Verification – LTC panel displays specific information about the recipient's Long Term Care coverage.

Level of Care Determinations						
LOC Requested	Status	Determination Date	LOC Determination	Description	LOC Begin Date	LOC End Date
07/01/2009	TEST DSC STATUS CODE FOR A	02/02/2010	NURSING FACILITY	INTERMEDIATE (ILOC)	01/05/2009	01/01/2010

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Long Term Care

Field	Description	Field Type	Data Type	Length
Determination Date	Level of Care determination date.	Field	Date (MM/DD/CCYY)	10
LOC Determination	Level of Care determination.	Field	Alphanumeric	0
Status	Level of Care status.	Field	Alphanumeric	0
Description	Level of care for the Long Term Care services.	Listview	Character	0
LOC Begin Date	Beginning date of the Long Term Care period.	Listview	Date (MM/DD/CCYY)	10
LOC End Date	End date of the Long Term Care period.	Listview	Date (MM/DD/CCYY)	10
LOC Requested	Level of Care requested date.	Listview	Date (MM/DD/CCYY)	10

Recipient Eligibility Verification – Patient Liability

The Recipient Eligibility Verification – Patient Liability panel displays specific information about the recipient's patient liability.

Patient Liability						
Financial Payer	Monthly Amount	Type	Effective Date	End Date	Month	Monthly Patient Liability Withheld
Default	\$0.00	Nursing Home	01/01/2007	01/31/2007	2007/01	\$498.27
Default	\$100.00	Pro-rated Wavier	01/01/2007	01/31/2007	2007/01	\$498.27

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Patient Liability

Field	Description	Field Type	Data Type	Length
Effective Date	Effective date for provided services.	Listview	Date (MM/DD/CCYY)	10
End Date	End date for provided services.	Listview	Date (MM/DD/CCYY)	10
Financial Payer	Party responsible for payment.	Listview	Character	0
Month	Month of services.	Listview	Character	0
Monthly Amount	Monthly cost for provided services.	Listview	Number	0
Monthly Patient Liability Withheld	Monthly patient liability amount withheld.	Listview	Number	0
Total Patient Liability Withheld	Total patient liability amount withheld.	Listview	Number	0
Type	Type of care provided to the recipient.	Listview	Character	0

Recipient Eligibility Verification – LTC Placements

The Long Term Care Facility Placements panel displays the LTC Facility Placements information for a consumer.

Long Term Care Facility Placements				
Facility Type	Date of Admission	Effective Begin Date of Medicaid Coverage	End Date of Medicaid Coverage	Date of Discharge
Hospital	01/01/1999	01/01/2000	12/31/2299	08/15/2009
Non-State Operated ICF-MR	01/01/2000	01/01/2000	12/31/2299	12/31/2299

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – LTC Placements

Field	Description	Field Type	Data Type	Length
Date of Admission	The date of admission.	Field	Date (MM/DD/CCYY)	0

Field	Description	Field Type	Data Type	Length
Date of Discharge	The date the recipient was discharged.	Field	Date (MM/DD/CCYY)	0
Effective Begin Date of Medicaid Coverage	The start date of placement.	Field	Date (MM/DD/CCYY)	0
End Date of Medicaid Coverage	The last date of enrollment for the placement.	Field	Date (MM/DD/CCYY)	0
Facility Type	The type of facility.	Field	Alphanumeric	0

Recipient Eligibility Verification – Special Program

The Recipient Eligibility Verification – Special Program panel displays specific information about the recipient's special programs.

Special Program						
Special Program	Date Application Received	Status of Application	Provider Name	Provider Phone Number	Program Start Date	Program End Date
Old Ohio Home Care Waiver	07/01/2009	TEST DSC STATUS CODE FOR D	TEST	(555)555-5555	01/05/2009	03/31/2009
Assisted Living Waiver - ODA	06/01/2009	TEST DSC STATUS CODE FOR A	TEST	(555)555-5555	01/05/2009	03/31/2009

Tasks for this Panel

There are no tasks to perform in this panel.

Field Descriptions – Special Program

Field	Description	Field Type	Data Type	Length
Date Application Received	Date Application Received	Field	Date (MM/DD/CCYY)	10
Program End Date	Program End Date	Field	Date (MM/DD/CCYY)	10
Program Start Date	Program Start Date	Field	Date (MM/DD/CCYY)	10
Provider Name	Name of provider.	Field	Alphanumeric	0
Provider Phone Number	Provider phone number.	Field	Number	13
Special Program	Special Program	Field	Alphanumeric	0
Status of Application	Status of Application	Field	Alphanumeric	0

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