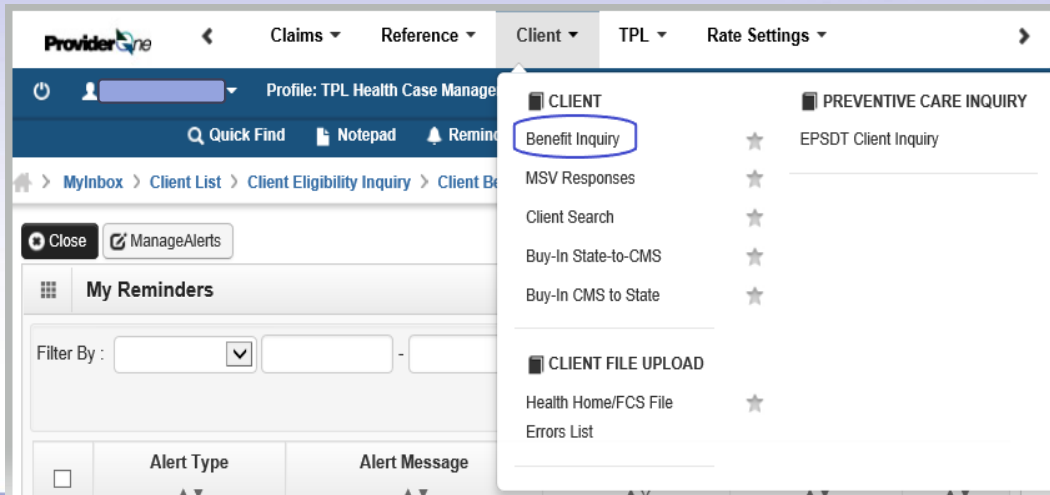


## Go to Client and select Benefit Inquiry



We will review a few screens in ProviderOne Benefit Inquiry that show how to identify clients that are eligible for the Health Home program.

At the end of this module there will be a handout of these screens for future reference.

Some of you may not receive access to ProviderOne. Check with your agency and Lead if you will be gaining access.

In many cases you will not be able to tell for sure that a client is eligible, but by understanding the Benefit Inquiry screen you will be able to answer some eligibility questions.

Go to the Client tab in ProviderOne and select Benefit Inquiry.

## Enter information available to identify the client

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

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry	
ProviderOne Client ID:	<input type="text"/>
SSN:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Inquiry Start Date:	<input type="text"/> 02/26/2020
Inquiry End Date:	<input type="text"/> 02/26/2020
Service Type Code	
Service Type Code:	30-Health Benefit Plan Coverage

Enter what information that you have available to identify the client.

**In this example, all sections are closed. Note: There is no Health Home Eligibility section, so we already know the client is not currently documented as eligible for Health Home**

The screenshot shows a web-based form for client information. At the top, there are fields for 'Client Id' and 'Name', both containing redacted information. Below these fields is a 'Printer Friendly Version' link. A row of three buttons is present: 'Close', 'Submit Another Inquiry', and 'Exit'. The main body of the form consists of ten collapsible sections, each with a list icon on the left and a dropdown arrow on the right. All sections are currently closed. The sections are: 'Selection Criteria Entered', 'Demographic and Response Information', 'Client Eligibility Spans', 'Managed Care Information', 'Coordination of Benefits Information', 'Developmental Disability Information', 'Information Source Data', and 'Information Receiver Data'. The 'Coordination of Benefits Information' section has a small icon in its dropdown arrow.

Client Id:	Name:
[Redacted]	[Redacted]

[Printer Friendly Version](#)

[Close](#) [Submit Another Inquiry](#) [Exit](#)

- Selection Criteria Entered
- Demographic and Response Information
- Client Eligibility Spans
- Managed Care Information
- Coordination of Benefits Information
- Developmental Disability Information
- Information Source Data
- Information Receiver Data

In this example, all sections are closed so that you can see this client does not have a Health Home section.

This means that the client has not been identified as Health Home eligible or they are not currently eligible. A client could however be identified as eligible in the future.

## Here is a client with a Health Home Eligibility screen

Client Id: [REDACTED] Name: [REDACTED]

[Printer Friendly Version](#)

- Selection Criteria Entered
- Demographic and Response Information
- Client Eligibility Spans
- Managed Care Information
- Medicare Eligibility Information
- Health Home Eligibility**
- Coordination of Benefits Information
- Information Source Data
- Information Receiver Data

Here is a client with a Health Home eligibility screen and has a Health Home segment entered into their profile.

Although this tab is titled Health Home Eligibility, It takes more than just a Health Home segment to make a client eligible.

In this example, the client was made Health Home eligible starting 10/1/2013 and continues to be eligible as the end date is in the future

The screenshot displays a web application interface with a sidebar on the left containing several expandable sections: Selection Criteria Entered, Demographic and Response Information, Client Eligibility Spans, Managed Care Information, Medicare Eligibility Information, Health Home Eligibility (highlighted with a blue circle), Coordination of Benefits Information, Information Source Data, and Information Receiver Data. The main content area shows the 'Health Home Eligibility' form. It has two input fields: 'Start Date' with the value '10/01/2013' and 'End Date' with the value '12/31/2999'. Red arrows point to these dates. Below the date fields are navigation controls: 'View Page: 1' with a 'Go' button, 'Viewing Page: 1', and buttons for 'First', 'Prev', 'Next', and 'Last'. At the bottom left of the form are buttons for 'Page Count' and 'SaveToXLS'.

In this example, the client was made Health Home eligible starting 10/1/2013 and continues to be eligible as the end date is in the future.

## Same client continued

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	CCW Behavioral Health Services Only	201599908	(877) 644-4613		07/01/2019	12/31/2999
HM: Health Maintenance Organization	MC: Capitated	Northwest Regional Council - Health Home Only	203067601	(800) 585-6749		05/01/2018	12/31/2999

View Page: 1 Go Viewing Page: 1 << First < Prev > Next >> Last

+ Page Count SaveToXLS

Message(s):

Let us look at other information on this client.

In the Managed Care Information section, we see that the client is receiving Health Home services through *Northwest Regional Council – Health Home Only* program. Note that the start date is in the past and the end date is in the future.

Health Home services are never received through a Behavioral Health Services Only contract such as the one listed here. This is also true with Employment, Housing PACE and PCCM programs.

There must be a separate line that mentions Health Home. There may also be different organizations providing different services such as in this example.

## Same client continued

Client Eligibility Spans								
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	1146	CNP/QMB	02/01/2020	12/31/2999	L51	024048433		
MC: Medicaid	1244	CNP/QMB	04/01/2018	02/29/2020	L51	024048433		

View Page: 1 Go Viewing Page: 1 << First < Prev > Next >> Last

+ Page Count SaveToXLS

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

Here is the *Client Eligibility Spans* information for the same client.

For a non-managed care Fee-For-Service client to be Health Home eligible they must have a CNP or ABP Benefit Service Package (Categorically Needy or Alternative Benefit Program). If eligible, they may be enrolled with a Health Home Only provider.

Also, note the start and end date.

## Managed Care Client example

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	1217	ABP	10/01/2019	12/31/2999	N05	026308049		

View Page: 1  Viewing Page: 1

Message(s): This is the Clients 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	UHC Fully Integrated Managed Care	201609409	(877) 542-8997		01/01/2020	09/30/2034

View Page: 1  Viewing Page: 1

Message(s):

Here is an example of a client in Apple Health managed care (Fully Integrated Managed Care) with a Benefit Services Package of ABP. Managed care clients may also be CNP.