

Provider Tutorial Eligibility Verification and Discrepancy Report ➢In order to verify the member eligibility, select the "Member Verification" submodule from the Eligibility module.

uthorization/Referral				
apitation			* Member ID:	
laims	- W		(OR)	
Communication		* Last Name:		Health Plan:
Lustomer Service		First Name:		* Date of Birth:
EDI Services		55N:		Service Date: 02-12-2020
Eligibility		* Gender: None Selected 🗸		
Assessments		Verify Eligibility Report Eligibility Discrepancy Cl	lear All	
Report Eligibility Discrepancy				
Information	┛∖	Eligibility		
-		Assessments		
		Report Eligibility Discrepancy		
		Member Verification		

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The first way to search for the member is to enter as much of the Member ID as possible.

≻Click the "Verify Eligibility" to see the results.

			l	* Member ID: 12346546	5549								
	* Last Name: First Name: 55N: * Gender: None Sele	ected				Health Plan: * Date of Birth: Service Date:]					
Verify Elig	ibility Report Eligib	Name	Clear All	Date of Birth	Member SSN	<u>Health Plan</u>	Provider ID	Name	Other Coverage?	Resp. Code	Policy #	HP Status	PCP Sta
		Constant and a second second	1 Marca	Spannanasaner/	" april in March in Mark	- Martine -	Transformer and the second strends on	den mere orden og er en meret	19450 m	-	2 A	Transactory and the second	100484400

- The second way to search for the member is to enter as much information as possible in the highlighted fields below.
- Note the required fields are the Last Name, Date of Birth, and Gender.
- Click the "Verify Eligibility" to see the results.

Eligibility - N	Member Verification	1											
				* Member ID:									
r	State Bar			(OR)				7					
	First Name: 1ANF					* Date of Birth: 01-01	-1970	1					
	SSN:					Service Date: 02-12	-2020						
L	* Gender: Female	~											
Verify Eligibi	lity Report Eligil	ility Discrepancy	Clear All	l									
	Member ID	Name	Gender	Date of Birth	Member SSN	Health Plan	Provider ID	Name	Other Coverage?	Resp. Code	Policy #	HP Status	PCP Status
tails			33	01.01.1070	111111111	BNDS	4589745630	SPARROW JACK	No			Active	Active

Click on the magnifying glass to bring up the details on the member.

Here you can see Health Plan details, Effective from date, PCP details, PCP Effective from date, and Benefit details.

Doe, Jane	Active - PROVISIO	ONAL				Spar	row, Jack (PCP)				
Member ID: Date Of Birth: Health Plan: Language: Other Coverag	12346546549 01-01-1970 Brand New Day English e: No Copay/Coinsura	Gender: F4 Age: 52 LOB: M Address: 6 9 \$ (555) 555-52	emale 33.788 yrs MEDICARE 5119 E Washington Blvd S 90040 5555 10 (555) 555-5555 10 (555) 10 (555) 10 (555) 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	Benefit Co Eff From: Eff To: te 201, Commer	ode: 040-1 01-02-2019 rce, CA, er Information User Def	PCP ID Eff Fro Eff To: Addre (555) ned Fields	 t 4589745630 m: 01-01-2019 ss: 4523 First Ave, Los Angle 555-5555 (a) (323) 798-3029 	Specialty: Organization: geles, CA, 90001, Us	GENERAL PRACTICE JACK SPARROW DOCTORS SERVICE	NPI: Tax ID:	9743761360 99-9999999
Benefit Code Det	ils			PCP Details	5			Other IDs Details			
Benefit Code	Emp Group	Benefit From 01-02-2019	Benefit To	ID 4589745630	Name Organization SPARROW JACK	From Date To Date 01-01-2019	Contact Details				

≻Click on the Copay/Coinsurance tab to see member benefit details.

Basic Information	Copay/Coinsurance Detail Op 040-1 - 01/01/2020 - 12/31/2020	tion Maintenance	Quality												
	Member Details ≜ Doe, Jane Active - PROVISIO Member ID: 12346546549 Date of Birth: 01-01-1970 Health Plan: Brand New Day Language: English Other Coverage: No Basic Information	ONAL Gender: Fema Age: 53.78 LOB: MEDI Address: 6119 9004/ (555) 555-5555	le 8 yrs CARE E Washington Blvd Ste 0 (555) 555-5555	Benefit Code: Eff From: Eff To: 201, Commerce, CA,	040-1 01-02-2019	Sparrow PCP ID: Eff From: Eff To: Address: (555) 555-5	1, Ja 4589 01-0 4523 5555	rck (PCP) 9745630 11-2019 First Ave, Los Ange First Ave, Los Ange	Specialty: Organization eles, CA, 90001, Us	GENERAI PRACTIO JACK SP. DOCTOR SERVICE	L E ARROW IS	NPI: Tax ID:	9743761 99-9999	360 999	
	Select Benefit Period: 040-1 - 01/01/2020 - 12	/31/2020 🗸	er nomeenomee – qu	anty other and											
	Copay/Coinsurance Benefits	Details	Copay \$	Coinsurance %	Utilization Range	Utilization Type	^	Benefit Code - 04	0-1 (EMBR) -MOOF	e (From: 01-0 Sub	1-2023 To: oscriber ductible	12-31-2023) Membe	er MOOP	Subscribe	er MOOP
	76 - URGENT CARE (VISIT), 77 - URGENT CARE FACILITY (OTHER), 78 - URGENT CARE FACILITY (OTHER),	General	•	-	-			- unu	Limit Accu	m Limi	t Accur	n Limit	Accum	Limit	Accum
	45 - OTHER NON-SPECIFIED MEDICAL SERVICES	General	•	20.00 Per Line				Out-N/W	Limits n	ot configured.		-	\$0.00	-	\$0.00
	85 - GLAUCOMA SCREENING	General	*	•	*			Combined					\$0.00	-	\$0.00
	57 - PULMONARY REHABILITATION FACILITY	General	30.00 Per Day	*	*	•									
	104 - INDIVIDUAL THERAPY - MENTAL HEALTH SPECIALIST, 105 - GROUP THERAPY - MENTAL HEALTH SPECIALIST	General	-	20.00 Per Line	-	2									
	107 - INDIVIDUAL THERAPY - PSYCHIATRIST, 108 - GROUP THERAPY - PSYCHIATRIST	General	40.00 Per Day	-	*	-									
	5 - PART B DRUGS, 6 - TRANSPLANT PART B DRUGS, 2 - CHEMOTHERABY DRUGS	General		20.00 Per Line	*	s									

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Click on the Detail Option Maintenance tab to see additional member benefit details.

Ma	ember Details Doe, Jane 🚺	Active - PROVI	SIONAL				Sparrow	, Jac	k (PCP)								÷
,	Member ID:	1234654654	19 Gender: Female	Benefit	t Code: 040-1		PCP ID:	45897	45630	Specialt	t y:	GENERAL		NPI:	974376	1360	
E H	Date Of Birth: Jealth Plan:	01-01-1970 Brand New Day	Age: 53.788 yrs LOB: MEDICARE	Eff From Eff To:	m: 01-02	-2019	Eff To:	01-01-	-2019	Organiza	ation:	JACK SPARF	ROW	Tax ID:	99-9999	999	
Sele	Other Coverage: Basic Information	No Copay/Coinsi iod: 040-1-01/0	(555) 555-555 🔒 (55 urance Detail Option Main 1/2019 - ACTIVE	55) 555-5555 tenance Quality	Other Information	User Define	Address: (555) 555-5 d Fields	4523 F	First Ave, Los Ang (323) 798-3029	geles, CA, 9000)1, Us						
D	etail Option Mainter	ance							Benefit Code - 04	40-1 (EMBR) -	MOOP (Fr	om: 01-01-24	023 To: 12	-31-2023)			
D	etail Option Mainter Description	Effective From Effective To	Benefits	Details	Copay \$	Coinsurance	Utilization Range	^	Benefit Code - 04 Benefit Level	40-1 (EMBR) - Member Ded	MOOP (Fr	om: 01-01-20 Subscri Deduct	023 To: 12 iber tible	1-31-2023) Member	моор	Subscribe	er MOOP
D	etail Option Mainter Description <u>215 - DRUGS</u>	Effective From Effective To 01-01-2019	Benefits 5 - PART B DRUGS, 6 - TRANSPLANT PART B	Details General	Copay \$	Coinsurance % 20.00 Per Line	Utilization Range	î	Benefit Code - 04 Benefit Level	40-1 (EMBR) - Member Ded Limit	MOOP (Fro	om: 01-01-20 Subscri Deduct Limit	023 To: 12 iber ible Accum	-31-2023) Member Limit	MOOP	Subscribe Limit	er MOOP Accu
D	etail Option Mainter Description <u>215 - DRUGS</u>	Effective From Effective To 01-01-2019	Benefits 5 - PART B DRUGS, 6 - TRANSPLANT PART B DRUGS, 7 - CHENOTHERAPY DRUGS	Details General	Copay \$ -	Coinsurance % 20.00 Per Line	Utilization Range	Î	Benefit Code - 04 Benefit Level In-N/W	HO-1 (EMBR) - Member Ded Limit	MOOP (Fro luctible Accum	om: 01-01-20 Subscri Deducti Limit	023 To: 12 iber ible Accum	31-2023) Member Limit \$6700.00	MOOP Accum \$0.00	Subscribe Limit	er MOOP Accu \$0.1
D	etail Option Mainter Description 215 - DRUGS 216 - OUTPATIENT SI POTCAL	Effective From Effective To 01-01-2019	Benefits 5 - PART B DRUGS, 6 - TRAISPLANT PART B DRUGS, 7 - CHEHOTHERAPY DRUGS 28 - AMPULATORY SURGICAL CENTER, 9 - OLITISTIC HOSOTAL	Details General General	Сорау \$ - -	Coinsurance % 20.00 Per Line	Utilization Range	Î	Benefit Code - 04 Benefit Level In-N/W Out-N/W Combined	40-1 (EMBR) - Member Ded Limit	MOOP (Fro	om: 01-01-20 Subscri Deducti Limit	023 To: 12 iber ible Accum	31-2023) Member Limit \$6700.00 	MOOP Accum \$0.00 \$0.00 \$0.00	Subscribe Limit	er MOOP Accu \$0.1 \$0.1
D	215 - DRUGS 215 - State 216 - OUTPATIENT SURGICAL SERVICES	Effective From Effective To 01-01-2019 01-01-2019	Benefits 5 - PART B DRUGS, 6 - TRAINSPLAIT PART B DRUGS, 7 - CHEMOTHERAPY DRUGS 28 - AMPRULATORY SURGICAL CENTER, 29 - OUTPATIENT HOSPITAL SURGICAL/OBSERVATION	Details General General	Copay \$	Coinsurance % 20.00 Per Line	Utilization Range -	î	Benefit Code - 04 Benefit Level In-N/W Out-N/W Combined	10-1 (EMBR) -1 Member Ded Limit	MOOP (Free Juctible Accum	om: 01-01-24 Subscri Deduct Limit nfigured.	023 To: 12 iber ible Accum	31-2023) Member Limit \$6700.00 -	MOOP Accum \$0.00 \$0.00 \$0.00	Subscribe Limit - -	er MOOF Accu \$0. \$0. \$0.
Đ	etail Option Mainter Description 215 - DRUGS QUESTION QUESTION SERVICES	Effective From Effective To 01-01-2019 01-01-2019 01-01-2019	Benefits 5 - PART B DRUGS, 6 - TRAINSPLANT PART B DRUGS, 7 - CHEMOTHERAPY DRUGS 23 - AMBULATORY SURGICAL CENTER, 29 - OUTPATTENT HOSPITAL SURGICAL/OBSERVATION 2 - AMBULANCE - AIR, 3 - AMBULANCE - GROUND TRPS, 4 - AMBULANCE - GROUND OTHER	Details General General General	Copay \$	Coinsurance % 20.00 Per Line 20.00 Per Line 20.00 Per Line 20.00 Per Line	Utilization Range	Î	Benefit Level In-N/W Out-N/W Combined	10-1 (EMBR) - Member Ded Limit	MOOP (Fre	sm: 01-01-24 Subscri Deduct Limit	023 To: 12 iber ible Accum	-31-2023) Member Limit \$6700.00	Accum \$0.00 \$0.00 \$0.00	Subscrib Limit - -	er MOOF Accu \$0. \$0. \$0.
Đ	United and the second secon	Effective From Effective To 01-01-2019 01-01-2019 01-01-2019 01-01-2019 01-01-2019	Benefits 5 - PART B DRUGS, 6 - TRAINSPLANT PART B DRUGS, 7 - CHEMOTHERAPY DRUGS 20 - ANBULANCE - AIR, 3 - AMBULANCE - AIR, 3 - AMBULANCE - GROUND THPS, 4 - AMBULANCE - GROUND OTHER 89 - SKILLED NURSING FALLITY JIPATIENT	Details General General General General Hospital Admission - SNF	Copay \$ - - - - 0.00 Per Day	Coinsurance % 20.00 Per Line 20.00 Per Line 20.00 Per Line -	Utilization Range		Benefit Level In-N/W Out-N/W Combined	Io-1 (EHBR) - Hember Ded Limit	HOOP (Fr luctible Accum	sm: 01-01-24 Subscri Deduct Limit	023 To: 12 iber ible Accum	-31-2023) Member Limit \$5700.00 -	MOOP Accum \$0.00 \$0.00	Subscribe Limit -	er M004 Accu \$0. \$0. \$0.

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Click on the printer icon to bring up the dialog to save a copy and print.

Details	₩ <u>1 of2</u> • 100% •		
Member Deta	ls:		
Member ID:	12346546549	24 1 1 1	Toologie
Last Name:	DOE	First Name:	JANE
Middle Name:	15. 	Suffix:	
Gender:	F	Birth Date:	01/01/1970
Member SSN:	111111111	Age:	50.11
Member Status:		Patient ID:	
Address1: Address2:	6119 E Washington Blvd ste 201	2 	ř.
City:	commerce	State:	CA
Zip:	90040	County:	
Phone:	555555555	Fax:	555555555
PCP Informat	on:		
PCP ID:	4589745630		
PCP Name:	JACK SPARROW		
PCP From Date:	01/01/2019	PCP To Date:	
Address1:	6119 E WASHINGTON BLVD STE 201		
Address2:			
City:	COMMERCE	State:	CA
Zip:	900402452	Maintenance	
Phone:	2	Fax:	3237391130

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- There are two cases where this sub-module should be used: The member is confirmed eligible from the Health Plan but (1) does not show in the system, or (2) An existing member shows as not active with the Health Plan at the time.
- In the event of a discrepancy within the Member's Eligibility, there are two methods to report it directly.
- First, click on the "Report Eligibility Discrepancy" button next to the Verify Eligibility button previously used.

nort Flir	nihility Disa	renancy		* Member ID: (OR)					
Verify Eligit	First Name: SSN: * Gender: Female bility Report Eligib	v ility Discrepancy	Clear All			Health Plan: * Date of Birth: 01-01 Service Date: 02-12	-1970		
Details	Member ID	Name	Gender	Date of Birth	Member SSN	Health Plan	Provider ID	Name	
B.B	12346546549	DOE JANE	F	01-01-1970	11111111	BNDS	4589745630	SPARROW JACK	

- A pop-up will appear requesting information regarding the member in question and the issues found.
- Please note the Type (of Request), Last Name, PCP Last Name, Member ID, Health Plan, Gender, Date of Birth (DOB), and Effective Date are required fields.

lember Not Exists	✓ *Type: Member Not Exists	*Member ID		*Gender: Male
ember Not Exists	*Last Name:	First Name	:	*DOB:
date Eligibility	*PCP Last Name:	*Health Plan	:	*Effective Date:
,	Benefit Code:			Mala
	Proof of Eligibility: Browse No file	selected. Notes	:	Male 🗸
	[Max file size 256M]			Male
				Female
				Other
		Save	Reset	2020 ×
			« < Toda	ay > >>
			wk Sun Mon Tue V	Ned Thu Fri Sat
	ity Disconnego		5 2 3 4	5 6 7 8
Report Fligihi				
Report Eligibi	ity Discrepancy		6 9 10 11	12 13 14 15
Report Eligibi	icy Discrepancy		6 9 10 11 7 16 17 18 8 23 24 25	12 13 14 15 19 20 21 22 26 27 28 29

- ➢ If documentation of the discrepancy is available, click the browse button to open the File Upload window.
- > Find the document and click the Open Button to attach.

	Member Not Exists	\sim	*Member ID:			*Gender: Male 🔍				
*Last Name:			First Name:	Ele Unload		1000				
PCP Last Name:			*Health Plan:	← → ~ ↑ □ > Thi	s PC → Documents → Custom Office	e Templates		Search (Custom Office Templa	·. ۵
Benefit Code:				Organize 🔻 New folde	r				EE • 🔳	0
oof of Eligibility:	Browse No file sele	cted.	Notes:	^	Name	Date modified	Туре	Size		
	[Max file size 256M]			Desktop	💼 Sample Elig Documentation	2/6/2020 9:51 AM	Microsoft Word D	12 KB		
				United Street						
				🚆 Documents 🖈						
				📰 Pictures 🛛 🖈						
				Company Logos		\mathbf{X}				
			Save	Expenses						
				Quick Cap From						
				One Drive						
				Glieblive						
				This PC			\searrow			
				Deskton						
				Desktop						
				🖶 Documents 💙						

- The document will now show in the dialog box.
- Once completed, click the Save button.
- > The notification "Record added successfully" will appear at the top, center of the window.
- The pop-up window can now be closed.

*Type: Member Not Exists	*Member ID: 124876325A	*Gender: Male 🗸	
*Last Name: DOE	First Name: JOHN	*DOB: 01-01-1960	
*PCP Last Name: STARK	*Health Plan: BND	*Effective Date: 02-01-2020	
Benefit Code: 024			
Proof of Eligibility Browse Sample Elig Documentation	Notes: MEMBER WAS ADDED AT TH	E BEGINNING OF THE MONTH.	
[Max file size 256M]			
The state of the s			
	Envir Breat		
	Save		
	Save		
⇒ R	Save Reset		
	Save Reset Report Eligibility Discrepancy		
⇒ R	Save Reset Report Eligibility Discrepancy	Record added successfully.	
∳ R	Save Reset	Record added successfully.	*Cender: Int.

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- > The second method is to select the "Report Eligibility Discrepancy" submodule from the Eligibility module.
- > Please note the highlighted Box 1 matches the previous method but rearranges the placement of the boxes.
- > Highlighted Box 2 shows the options to search and filter previous discrepancy submissions.
- Note in highlighted Box 3, the example of the previous method is showing as a discrepancy.

1	ility Dissessory			2	
ration/Referral on mication roservice vy ents	IIITY DISCREPANCY Eligibility Discrepancy *Type: Member Not Exists *DOB: *Effective Date: Benefit Code: Notes: Proof of Eligibility: Browse No file selected. [Max file size 120M]	*Member ID: *Gender: Male ~ *PCP Last Name:	*Last Name: First Name: *Health Plan: Status: Pending v Save Clear All	Search Elipibility Discrepancy Select Type First Name PCP Last Name Select Created By Created Date From:	Member ID Last Name Health Plan Select Status V Created Date To:
Verification Ition Eligibil Assess Repor Membri	Member ID Last Name First Name er Not Exists 124876325A DOE JOHN ity ments : Eligibility Discrepancy er Verification	DOB Gender Health Plan Effective Date PCP Last Har 01-01-1960 Male BND 02-01-2020 STARK	e Benefit Code Note 24 MEMBER WAS ADDED AT THE BEGINUING OF Search Eligibility Discrepancy Select Type First Name PCP Last Name Select Created By Created Date From:	Status Created By Pending TEST ADMIN 1 Member ID Last Name Health Plan Select Status Created Date To:	Created Date View 02-12-2020 Sample Elio Documentation.docx

- There are two clickable items in this section.
- > The edit button is for internal use only and will display the message shown below.
- In the "View" area, any attached documents will be displayed. Clicking on it will allow the document to be opened or saved.

t Type Member ID Member Not Exists 124876325A	Last Name Fi	OHN 01-01-	B Gender 1960 Male	Health Plan BND	Effective Date 02-01-2020	PCP Last Name STARK	Benefit Code 024	Note MEMBER WAS ADDED AT THE BEGINNING OF THE MONTH.	Status Pending	Created By TEST ADMIN 1	Created Date 02-12-2020	View Sample Elig Documentation.docx
You are not allow	ed to edit Elig	gibility Discreps	ancy.			S	ampi	e Elig Docume Opening 5.ocx Vou have chosen to S.ocx which is: occ f from: https:// What should Firefo ○ Open with @Save File Do this autor	open: ile (11.5 KB) juickcap.imsm c do with this f Browse	so.com	.doc	X

- As the discrepancy is being investigated the Status will be updated to "In Progress."
- Once resolved, the Status will be shown as "Completed."

									1.0			2					
Edit	Туре	Member ID	Last Name	First Name	DOB	Gender	Health Plan	Effective Da	te PCP Last	Name Benefi	it Code	Note	2	Status	reated By	Created Date	View
	Member Not Exists	124876325A	DOE	JOHN	01-01-1960	Male	BND	02-01-202	STARK	024		MEMBER WAS ADDED AT THE BEGINNING OF THE	MONTH.	n progress	EST ADMIN 1	02-12-2020	Sample Elig Documentation.docx
													In proor	000			
													Inprogr	Caa			
Edit	Туре	Member ID	ast Name Fi	irst Name	DOB Ge	nder Hea	ith Plan Eff	fective Date PO	P Last Name	Benefit Code	Note			Status	reated By	Created Dat	e View
	Member Not Exists	124876325A	DOE JO	OHN 01	L-01-1960 Mal	le BND		02-01-2020 ST	ARK	024	MEMBER	WAS ADDED AT THE BEGINNING OF THE MONTH.		Complete	EST ADMIN	1 02-12-2020	Sample Elig Documentation.docx
														1			
													Compl	etea			

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