

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

Authorization/Referral		Eligibility - Member Verification		
Capitation			* Member ID:	
Claims			(OR)	
Communication		* Last Name:		Health Plan: 🔍 🗸
Customer Service		First Name:		* Date of Birth:
EDI Services		55N:		Service Date: 02-12-2020
Eligibility		* Gender: None Selected 🗸		
Assessments		Verify Eligibility Report Eligibility Discrepancy Cle	ar All	
Report Eligibility Discrepancy Member Verification				
Information Payment Processing	┛∖	Eligibility		
-		Assessments		
		Report Eligibility Discrepancy		
		Member Verification		

Slide 2 of 13

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 ails	jibility Report Eligib	bility Discrepancy	Clear All	Date of Birth	Member SSN	<u>Health Plan</u>	Provider ID	Name	Other Coverage?	Resp. Code	Policy #	HP Status	PCP Sta
3.		Constant and a second second	F	01-01-1970	111111111	BNDS	4589745630	SPARROW JACK	No	-	2 A	Active	Active

- 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					
	* Last Name: DOE First Name: JANE					Health Plan: * Date of Birth: 01-01-	-1970	1					
	55N:					Service Date: 02-12-							
L	* Gender: Female	~											
Verify Eligibil	lity Report Eligil	oility 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		DOE JANE	F	01-01-1970	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.

	Active - PROVISIO	ONAL				Spar	row, Jack (PCP)				
Member ID: Date Of Birth: Health Plan: Language: Other Coverag Basic Informati		Age: 5: LOB: M Address: 6 9 \$\$(555) 555-5:	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		01-02-2019 rce, CA,		m: 01-01-2019		GENERAL PRACTICE JACK SPARROW DOCTORS SERVICE	NPI: Tax ID:	9743761360 99-9999999
Benefit Code Deta	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 4523 FIRST AVE, LOS ANGELES, CA, 90001				

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

nefit Period: 040-1 - 01/01/2020 - 12/31/2020 ~													
Member Details ▲ Doe, Jane Active Doe, Jane Active Member ID: 12346546549 Date of Birth: 01-01-1970 Health Plan: Brand New Day Language: Cother Coverage: No Basic Information Copay/Coinsura	Gender: Fem Age: 53.7 LOB: MED Address: 6111 900- \$ (555) 555-555	88 yrs ICARE 9 E Washington Blvd Ste 40 5 6 (555) 555-5555	Benefit Code: Eff From: Eff To: 201, Commerce, CA, ality Other Infor	040-1 01-02-2019 mation User Define	PCP ID: 49 Eff From: 00 Eff To: Address: 45 (555) 555-555	Jack (PCP) 1589745630 11-01-2019 523 First Ave, Los Ang 55 💼 (323) 798-3029	Specialty: Organizatio eles, CA, 90001, U	DOCTORS	E IRROW S	NPI: Tax ID:	97437613 99-999999		
Select Benefit Period: 040-1 - 01/01/2020 - 1	2/31/2020 🗸												
Copay/Coinsurance					Utilization	Benefit Code - 04	0-1 (EMBR) -MOC			2-31-2023)			
Copay/Coinsurance Benefits	Details	Copay \$	Coinsurance %	Utilization Range	Utilization Type		0-1 (EMBR) -MOC Member Deducti	Sub	-2023 To: 17 scriber uctible	2-31-2023) Membe	r MOOP	Subscribe	er MOOP
Benefits 76 - URGENT CARE (VISIT), 77 - URGENT CARE FACILITY (OTHER),	Details General	Copay \$	Coinsurance %	Utilization Range	Utilization	A Benefit Level		ole Ded	scriber uctible	Membe	Accum	Limit	Accun
Benefits 76 - URGENT CARE (VISIT), 77 - URGENT CARE FACILITY (OTHER), 78 - URGENT CARE PROFESSIONAL	General		-	-	Utilization	Benefit Level	Member Deducti Limit Acc	ole Ded	scriber uctible	Membe	Accum \$0.00	Limit	Accur \$0.0
Benefits 76 - URGENT CARE (VISIT), 77 - URGENT CARE FACILITY (OTHER), 78 - URGENT CARE PROFESSIONAL 45 - OTHER NON-SPECIFIED MEDICAL SERVICES	General General	•	Coinsurance %	•	Utilization	A Benefit Level	Member Deducti Limit Acc	Subs Ded um Limit	scriber uctible	Membe	Accum \$0.00 \$0.00	Limit	Accur \$0.0 \$0.0
Benefits 76 - URGENT CARE (VISIT), 77 - URGENT CARE FACILITY (OTHER), 78 - URGENT CARE PROFESSIONAL 45 - OTHER NON-SPECIFIED MEDICAL SERVICES 85 - GLAUCOMA SCREENING	General General General	*	-	-	Utilization	Benefit Level	Member Deducti Limit Acc	Subs Ded um Limit	scriber uctible	Membe	Accum \$0.00	Limit	Accun \$0.00 \$0.00
Benefits 76 - URGENT CARE (VISIT), 77 - URGENT CARE RACILITY (OTHER), 78 - URGENT CARE PROFESSIONAL 45 - OTHER NON-SPECIFIED MEDICAL SERVICES 85 - GLAUCOMA SCREENING 57 - PULMONARY REHABILITATION FACILITY	General General	•	-	•	Utilization	Benefit Level	Member Deducti Limit Acc	Subs Ded um Limit	scriber uctible	Membe	Accum \$0.00 \$0.00	Limit -	Accur \$0.0 \$0.0
Benefits 76 - URGENT CARE (VISIT), 77 - URGENT CARE FACILITY (OTHER), 78 - URGENT CARE PROFESSIONAL 45 - OTHER NON-SPECIFIED MEDICAL SERVICES 85 - GLAUCOMA SCREENING	General General General	*	-	•	Utilization	Benefit Level	Member Deducti Limit Acc	Subs Ded um Limit	scriber uctible	Membe	Accum \$0.00 \$0.00	Limit -	Accur \$0.0 \$0.0
Benefits 76 - URGENT CARE (VISIT), 77 - URGENT CARE FACILITY (OTHER), 78 - OTHER NON-SPECIFIED MEDICAL SERVICES 85 - GLAUCOMA SCREENING 57 - PULMONARY REHABILITATION FACILITY 104 - INDIVIDUAL THERAPY - MENTAL HEALTH SPECIALIST, 105 - GROUP THERAPY - MENTAL HEALTH	General General General General	*	- 20.00 Per Line - -	•	Utilization	Benefit Level	Member Deducti Limit Acc	Subs Ded um Limit	scriber uctible	Membe	Accum \$0.00 \$0.00	Limit -	er MOOP Accum \$0.01 \$0.00 \$0.00

Slide 6 of 13

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

Member Deta Doe, Jane	Active - PROV	SIONAL				Sparrow,	Jack (PCP)						"
Member ID: Date of Birth: Health Plan:	123465465 01-01-1970 Brand New Day	Age: 53.788 yrs LOB: MEDICARE	Benefit Eff Fro Eff To: hington Blvd Ste 201, Com	n: 01-02	L 2-2019		589745630 11-01-2019	Specialty: Organization:	GENERAL PRACTICE JACK SPARROW DOCTORS SERVICE	NPI: Tax ID:	9743761 99-9999		
Other Coverag Basic Informatio Select Benefit Code	Copay/Coins			Other Information	User Define	\$ (555) 555-55	523 First Ave, Los Ang 55 💼 (323) 798-3029						
Detail Option Main Description	Effective From	Benefits	Details	Copay \$	Coinsurance	Utilization	Benefit Code - 04		(From: 01-01-2023 To: 1 Subscriber		1		
	Effective From Effective To	Benefits 5 - PART B DRUGS,	Details	Copay \$ -	Coinsurance %	Range		0-1 (EMBR) -MOOP Member Deductible Limit Accun	Subscriber Deductible	2-31-2023) Membe Limit	MOOP	Subscribe	er MOOP Accum
Description	Effective From Effective To				%	Range	^	Member Deductible Limit Accun	Subscriber Deductible	Membe	Accum \$0.00		Accum \$0.00
Description	Effective From Effective To	5 - PART B DRUGS, 6 - TRANSPLANT PART B DRUGS,			%	Range	A Benefit Level	Member Deductible Limit Accun	Subscriber Deductible Limit Accum	Membe	Accum		
215 - DRUGS	Effective From Effective To 01-01-2019	S - PART B DRUGS, G - TRANSPLAIT PART B DRUGS, 7 - CHENOTHERAPY DRUGS 28 - AMBULATORY SURGICAL CENTER, 29 - OUTPATIENT HOSPITAL SURGICAL/OBSERVATION 2 - AMBULANCE - AIR, 3 - AMBULANCE - GROUND TRIPS, 4 - AMBULANCE - GROUND	General		% 20.00 Per Line	Range	Benefit Level	Member Deductible Limit Accun	Subscriber Deductible Limit Accum	Membe	Accum \$0.00 \$0.00		Accum \$0.00 \$0.00
Description 215 - DRUGS 216 - GUIPATTENT SURGICAL SERVICES 217 - GUIPATTENT	Effective From Effective To 01-01-2019 01-01-2019	5 - PART B DRUGS, 6 - TRANSPLANT PART B DRUGS, 7 - CHEMOTHERAPY DRUGS 28 - AMBULATORY SURGICAL CENTER, 29 - OUTPATIENT HOSPITAL SURGICAL/OBSERVATION 2 - AMBULANCE - GROUND TRIPS,	General		% 20.00 Per Line 20.00 Per Line	Range	Benefit Level	Member Deductible Limit Accun	Subscriber Deductible Limit Accum	Membe	Accum \$0.00 \$0.00		Accum \$0.00 \$0.00

Slide 7 of 13

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

Details	₩ <u>1 of2</u> • 100% •		
Member Deta	- T		
Member ID:	12346546549		Toologie
Last Name:	DOE	First Name:	JANE
Middle Name:	15. 	Suffix:	
Gender:	FIL	Birth Date:	01/01/1970
Member SSN:	111111111	Age:	50.11
Member Status:		Patient ID:	
Member Addr 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

Slide 8 of 13

- 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	gibility Disc	renancy		* Member ID: (OR)					
Verify Eligit	First Name: SSN: * Gender: Female	v ility Discrepancy	Clear All			Health Plan: * Date of Birth: 01-01 Service Date: 02-12	10 March 10		
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 I	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 29	56M]			Male
					Female
					Other
			Save Reset	? February, 202	20 ×
				« < Today	> >>
		_		wk Sun Mon Tue Wed	Thu Fri Sat
	ity Discrepance	r.		5 2 3 4 5	6 7 8
Report Fligibil					10 14 15
Report Eligibil	icy Discrepaticy			6 9 10 11 12	13 14 15
Report Eligibil	icy Discrepancy			6 9 10 11 12 7 16 17 18 19 8 23 24 25 26	20 21 22

- ➢ 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.

*Type:	Member Not Exists	~	*Member ID:			*Gender: Male	~				
*Last Name:			First Name:	🔞 File Upload		20-00 L					_
PCP Last Name:			*Health Plan:		his PC → Documents → Custom Of	ffice Templates		5 V	Search Custom Of	ffice Templa	م
Benefit Code:				Organize 🔻 New fol	der				E	•	0
of of Eligibility:	Browse No file selec	ted.	Notes:	10:1	Name	Date modified	Туре	Size			
	[Max file size 256M]			Quick access Desktop	Sample Elig Documentation	2/6/2020 9:51 AM	Microsoft Word	I D	12 KB		
				Downloads #							
				🚰 Documents 🖈							
				Fictures 🖈		\mathbf{X}					
				Company Logos		\mathbf{X}					
			Save	Expenses							
			P. 18	Quick Cap Provi							
				OneDrive							
				💻 This PC			\sim				
				3D Objects							
				E Desktop							
									All Files		v
				File	name: Sample Elig Documentation			× 1	All Flies		×.

- 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 Documentati	Notes: MEMBER WAS ADDED AT TH	E BEGINNING OF THE MONTH.	
[Max file size 256M]			
	Entro Breat		
	Save		
	Save Reset		
•	Save Reset Report Eligibility Discrepancy		
\$		Record added successfully.	
•		Record added successfully.	*Gender: Male

Slide 12 of 13

- > 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				2	
10 In I 1	Eligibility Discrepancy Add/Edit Eligibility Discrepancy Type: Member Not Exists *OOB: *OOB: *Effective Date: Benefit Code: Notes: Proof of Eligibility: Browse No file selected. [Max file size 120M]	*Member ID: *Gender: Male v *PCP Last Name:	*Last Name: First Name: *Health Plan: Status: Pending Save Clear All	Search Elgibility 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:
	dit Type Member JD Last Name First Name Image: Member Not Exists 124976325A DOE JOHN igibility ssessments eport Eligibility Discrepancy lember Verification Image: Member Verification Image: Member Verification	DOB Sender Health Plan Effective Date PCP Last Name 01-01-1960 Male BND 02-01-2020 STARK	Benefit Code Note 124 MEMBER WAS ADDED AT THE BEGINNING OF Select Type First Name PCP Jast Name Select Created By Created Date From: Email 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 Elip 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.

	DOB Gender Health Pla 1-01-1960 Male BND	Effective Date PCP Last I 02-01-2020 STARK	Name Benefit Code 024	Note MEMBER WAS ADDED AT THE BEGINNING OF THE MONTH.		Created By TEST ADMIN 1	Created Date 02-12-2020	View Sample Elig Documentation.docx
You are not allowed to edit Eligibility Discret	epancy.		Samp	Define Elig Docume	open: File (11.5 KB) quickcap.imsm <u>x do with this t</u> <u>B</u> rowse	so.com	ow on.	×

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

Edit Type			Last Name	First Name	DOB		Health Plan	Effective Da	ate PCP Last		it Code No	ote	1		reated By	Created Date	View
Memb	er Not Exists 12	24876325A	DOE	JOHN	01-01-1960	Male	BND	02-01-202	0 STARK	024	M	EMBER WAS ADDED AT THE BEGINNING OF THE	MONTH.	n progress	EST ADMIN 1	02-12-2020	Sample Elig Documentation.docs
													In progr	ess			
															_		
Edit Type	Me	ember ID La	ast Name Fi	rst Name	DOB Ge	nder Hea	lth Plan Eff	fective Date P	CP Last Name	Benefit Code	Note			Status	ireated By	Created Date	View
Membe	er Not Exists 124	4876325A D	OE JO	OHN 01-	-01-1960 Mal	le BND	(02-01-2020 ST	ARK	024	MEMBER WA	S ADDED AT THE BEGINNING OF THE MONTH.		Completed	EST ADMIN 1	02-12-2020	Sample Elig Documentation.doo

Slide 15 of 13