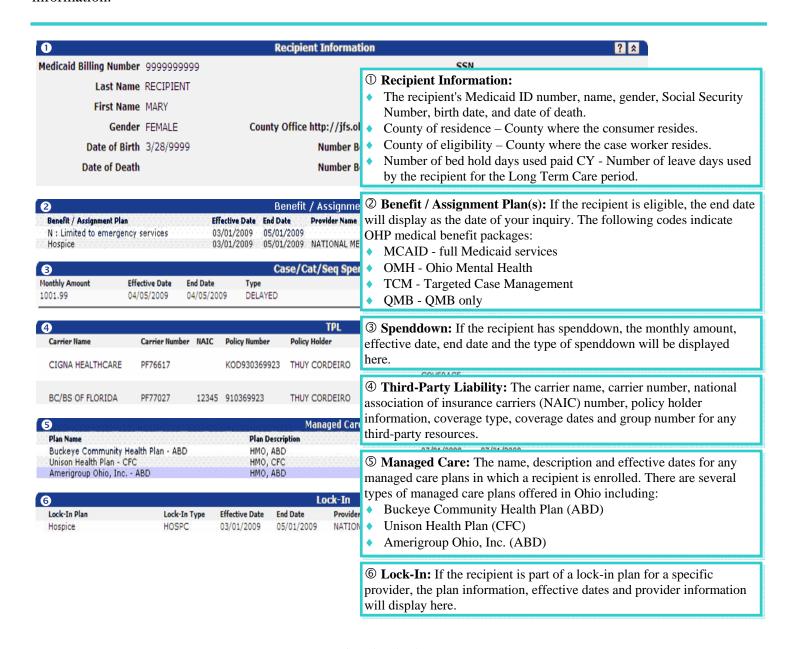


How to read the Web Portal eligibility verification screen

On the Eligibility Request screen, when you enter a recipient's 12-digit ID number, birthdate, and a valid date of service (DOS) OR Social Security Number, birthdate, and DOS, you will see the following panels shown below. **Note:** From and To DOS values must be within a six month range.

Have questions about client eligibility? Contact our provider call center at 1-800-686-1516 through the Interactive Voice Response System (IVR). It provides 24 hour, 7 days a week access to information regarding client eligibility, claim and payment status, prior authorization, drug and procedure codes, and provider information.





Assisted Living Waiver - ODA 06/01/2009

FOR D
TEST DSC STATUS CODE TEST

FOR A

7					Medicare	
Coverage PART A PART B PART D PART D	04/05/2 04/05/2 04/05/2 04/05/2	009 04 009 04 009 04	4/05/2009 4/05/2009 4/05/2009 4/05/2009	ADVANTAGE STAR PLAN PACIFICARE SELECT PL		② Medicare: If the recipient is enrolled in Medicare part A, B, or D, the effective dates, plan information and health insurance claim number (HIC) name will display here.
8 Procedure Code D2385				Ser Description RESIN ONE SURF POSTER	vice Limita PERMAN	Service Limitation: If you enter a procedure code with a service limitation when entering the client ID and the dates of service on the Eligibility Verification Request screen, the next available data of service for that procedure will display here.
9 .OC Requested Sta			Determination D	Level of Care	Determinal Descript	Devel of Care Determinations: If the recipient is in long term care, the level of care type and associated dates are displayed here.
17/01/2009	ST DSC STA	105	02/02/2010	NURSING FACILITY	INTERN atient Liabi	® Patient Liability: If the recipient has any patient liabilities, the payer information, type and amount of liabilities and effective dates will display here.
Financial Payer Default Default	\$0.00	Type Nursing H Pro-rated		Effective Date 01/01/2007 01/01/2007	e End Date 01/31/2007 01/31/2007	11 Long Term Care Facility Placements: If the recipient is in long term care, the LTC facility, admission and effective dates will display here.
11				Long Term Care	Facility Plac	HIGH COMMISSION AND C
F acility Type Hospital Non-State Operat	ed ICF-MR		Date of Admissio 01/01/1 01/01/2		End Date of Medicaid Cove 12/31/2299 12/31/2299	12 Special Program: If the recipient enrolled in any special (waiver) programs, the description of the program, the application status and provider information and program effective dates will display here.
12 Special Program						
Special Program		Date Ap Receive	pplication ed Stat	tus of Application	Provider Nar	Provider Program Program ne Phone Number Start Date End Date
Old Ohio Home	Care Waive	r 07/01/	711114	ST DSC STATUS CODE	TEST	(555)555-5555 01/05/2009 03/31/2009

(555)555-5555

01/05/2009 03/31/2009