



Benefit Inquiries

Information for BHO/BH-ASO

Benefit Inquiry

- Through the Benefit Inquiry, you should be able to identify the following:
- Client Provider One ID
- CSO/HCS
- County Code
- CSOR
- Managed Care enrollment
- BHO/BHSO enrollment
- Active/Inactive status
- Suspended (due to incarceration)
- Date of death (when eligibility ends mid-month Date of Death can be assumed)

How to Check Eligibility

- To check current eligibility you will need to enter:
 - Client Provider One ID or
 - Client SSN# or
 - Client last, first name and date of birth
- To check back eligibility enter an inquiry start and end date.

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:

SSN:

Last Name:

First Name:

Date of Birth: 

Inquiry Start Date:  *

Inquiry End Date:  *

 **Service Type Code**

Service Type Code: 

Results

- Once you click submit you will see the results screen.
- This will allow you to see:
- County assigned to
- Regional Service Area (RSA) resides in
- Eligibility information (which can include)
 - Program enrolled in
 - Dates of eligibility
 - Suspended (due to incarceration)
 - Death date (eligibility ending mid-month)
- Managed Care Enrollment
- BHO/BHSO Enrollment

Close Submit Another Inquiry Exit

Selection Criteria Entered

Date of Request: 02/01/2019	ProviderOne Client ID: 000000000WA
Time in Request: 10:39:46 AM PST	Client Date of Birth:
Provider ID:	Client SSN:
From Date of Service: 02/01/2019	Client Last Name:
To Date of Service: 02/01/2019	Client First Name:

Demographic and Response Information

Client Demographic Information:

ProviderOne Client ID: 000000000WA
 Client First,Middle,Last Name: Doe, Jane
 CSO/HCS: Southwest
 County Code: Thurston
 CSOR: -----
 Date of Birth: -----
 Gender: -----
 Language: ENG-English
 Placement: -----
 ACES Client ID: -----
 MBI: -----

System Response Information:

Valid Request Indicator: Y
 Reject Reason Code:
 Eligibility or Benefit information Code: 6-Inactive
 Follow-Up Action Code: C - Please correct data and resubmit

In this example the client actually lives in SW (thus their CSO is in SW), but their county code is Thurston, because they are assigned to Thurston BH-ASO. (This example is an ACP client).

Selection Criteria Entered

Date of Request: 02/01/2019
 Time in Request: 11:01:10 AM PST
 Provider ID:
 From Date of Service: 12/01/2018
 To Date of Service: 02/01/2019

ProviderOne Client ID: 000000000WA
 Client Date of Birth:
 Client SSN:
 Client Last Name:
 Client First Name:

Demographic and Response Information

Client Demographic Information:
 ProviderOne Client ID: 000000000WA
 Client First,Middle,Last Name: Doe, Jane
 CSO/HCS: -----
 County Code: -----
 CSOR: -----
 Date of Birth: -----
 Gender: -----
 Language: ENG-English
 Placement:
 ACES Client ID: -----
 MBI: -----

System Response Information:
 Valid Request Indicator: Y
 Reject Reason Code:
 Eligibility or Benefit information Code: 1-Active Coverage
 Follow-Up Action Code:

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	1105	CNP/QMB	04/01/2018	12/19/2018	S01	000000000		

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

This is where to identify the RAC and Benefit package



In this example, because the eligibility ends mid-month, this is most likely the date of death.



Managed Care

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	CHPW Fully Integrated Managed Care				01/01/2016	12/31/2999

This is where you find if the client is assigned to a plan and the effective dates

Managed Care – Integrated Foster Care

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	Coordinated Care Healthy Options Foster Care				12/01/2015	12/31/2999

This is where you would see if a client is Foster Care. Note - as of 1/1/2019 Foster Care is fully integrated, however the screen will still show the above information.

BHO/BHSO Information

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	OptumHealth Behavioral Health Organization				09/01/2015	12/31/2999

This is where you find if the client is assigned to a Behavioral health plan and the effective dates

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	MHC Behavioral Health Services Only				03/01/2016	12/31/2999

Suspended (incarceration)

Client Eligibility Spans					
Insurance Type Code ▲▼	Recipient Aid Category (RAC) ▲▼	Benefit Service Package ▲▼	Eligibility Start Date ▲▼	Eligibility End Date ▲▼	ACES Coverage Group ▲▼
MC: Medicaid	1201	ABP	06/15/2017	12/31/2999	N05
MC: Medicaid	8500	SBP - Institutionalized Dates	01/01/2017	06/15/2017	
MC: Medicaid	1201	Suspended - Inpatient Hospital Services Only	01/02/2017	06/14/2017	N05
MC: Medicaid	1201	ABP	01/01/2014	01/01/2017	N05

Tip: If the results show a client is suspended.
Re-run the inquiry with dates prior to or after the suspension to possibly find original county and plan coverage.

AI/AN Determination

To determine if a client is in the American Indian/Alaska Native you can use the below process. It is a 1-2-3 step process that is more like a process of elimination.

See below:

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1. If the provider is providing SUD Services or mental health,
AND

2. The client has one of these RAC codes for the date of service:

- 1014-1023, 1039,1046-1049, 1052-1055, 1059, 1061, 1065-1074, 1083-1084, 1086, 1088-1089, 1091, 1101-1111, 1121-1122, 1124, 1126, 1134, 1146-1153, 1162-1169, 1174-1175, 1196-1207, 1209, 1217-1225 or 1236-1269

AND

AI/AN Determination, cont.

3. The client is not enrolled in any of these Apple Health Managed Care plans:
 - North Sound Behavioral Health Org
 - Thurston-Mason Behavioral Health Organization
 - Great Rivers Behavioral Health Organization
 - King County Behavioral Health Organization
 - Optum Pierce BHO
 - North Central Washington Behavioral Health
 - Salish Behavior Health Organization
 - Spokane Behavioral Health Organization
 - Greater Columbia Behavioral Health
 - AMG Fully Integrated Managed Care
 - AMG Behavioral Health Services Only
 - CCW Fully Integrated Managed Care
 - CCW Behavioral Health Services Only
 - CHPW Fully Integrated Managed Care
 - CHPW Behavioral Health Services Only
 - MHC Fully Integrated Managed Care
 - MHC Behavioral Health Services Only

THEN

4. The client is AI/AN Fee-For-Service

More Information

- You can find more information about how to check for eligibility in the Provider One Billing and Resource guide (starting on page 21) found at this link:
<https://www.hca.wa.gov/assets/billers-and-providers/providerone-billing-and-resource-guide.pdf>
- For further questions you can also call our customer service line @ 1-800-562-3022 or
- Send an e-mail to the ASO mailbox: HCAbhASO@hca.wa.gov