

## How to read the Web portal eligibility verification screen

When you enter a client’s 8-digit ID number and a valid date of service (“From” date no more than 13 months before the date of inquiry, and the “To” date no later than the date of inquiry) on the Eligibility Verification Request screen, you will see the following information.

- **This information does not include OHP Plus copayment information.** If you need to verify whether an OHP Plus client is required to pay a copayment, use the Automated Voice Response (AVR) eligibility verification system (866-692-3864).
- For more tools, such as carrier contact information, benefit plan references, and the AVR user guide, go to [www.oregon.gov/DHS/healthplan/tools\\_prov/electronverify.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml).

1 Client Information	
<b>Client ID</b>	AA#####A
<b>SSN</b>	#####
<b>Birth Date</b>	12/09/2000
<b>Last EPSDT</b>	
<b>Last Dental Visit</b>	06/19/2008
<b>Branch ID</b>	5503
<b>Phone Number</b>	(503) 378-2666
<b>Last Name</b>	DOE
<b>First Name</b>	JANE A
<b>Medicare A</b>	11/19/2008 11/19/2008
<b>Medicare B</b>	11/19/2008 11/19/2008
<b>MedicareD</b>	

- ① **Client information:**
- ◆ The client’s recipient ID number, name, Social Security number and birth date;
  - ◆ Date of the client’s last dental visit; the “Last EPSDT” field is not used.
  - ◆ Medicare Part A, B or D coverage (the To date will display with your date of inquiry).
  - ◆ The client’s DHS branch office ID and telephone number.

2 Benefit Plan		
Benefit Plan	Effective Date	End Date
BMH	05/22/2008	11/19/2008
CRN	05/22/2008	11/19/2008
SMHS	05/22/2008	11/19/2008

- ② **Benefit plan(s):** If the client is eligible, the end date will display as the date of your inquiry. The following codes indicate DHS medical benefit packages:
- ◆ BMD - OHP with Limited Drug
  - ◆ BMH - OHP Plus
  - ◆ KIT - OHP Standard
  - ◆ CWM - CAWEM
  - ◆ CWX - CAWEM Plus
  - ◆ MED - Qualified Medicare Beneficiary (QMB)
  - ◆ BMM - QMB plus OHP with Limited Drug
- “CRN” (Contract Nursing) and “SMHS” (State Medicaid Mental Health Services) benefit plans will also display for clients with BMD, BMH, KIT, BMM, or CWX.

For more information about benefit plans and OHP Plus copayments, go to [www.oregon.gov/DHS/healthplan/tools\\_prov/electronverify.shtml](http://www.oregon.gov/DHS/healthplan/tools_prov/electronverify.shtml)

3 TPL			
Carrier Name	Policy Number	Policy Holder	Coverage Type
BLUE CARD CUST SERV DEPT	#####	JOHN DOE	MAJOR MEDICAL MAT
VISION SERVICE PLAN	#####	JOHN DOE	OPTICAL
CIGNA HEALTH CARE	#####	JOHANNA DOE	DENTAL
PRIME THERAPEUTICS/PAPER	#####	JOE DOE	PRESCRIPTION DRUG

- ③ **Third-party liability (TPL):** The carrier name, policy number, policy holder information, coverage type and coverage dates for any third-party resources.

4 Managed Care				
Provider Name	Provider Phone	Plan Type	Effective Date	End Date
ADVANTAGE DENTAL	(866)268-9631	DCO	11/19/2008	11/19/2008

- ④ **Managed care:** The name, phone number, and effective dates for enrollment with an OHP medical, dental, or mental health plan or a Primary Care Manager (PCM).
- ◆ Provider Name and Phone Number - The plan or PCM’s name and telephone number.
  - ◆ Plan Type - DCO (Dental), FCH (Fully Capitated Health Plan), MHO (Mental Health), PCO (Physician Care Organization).

5 Lockin				
Lockin Plan	Effective Date	End Date	Provider	Provider Name
Lockin Pharmacy	08/01/2000	12/31/2000	1234567890 NPI	YE OLDE PILL SHOP

- ⑤ **Lockin:** If the client is locked into using a specific pharmacy through the Pharmacy Management Program, the effective dates and contact information will display here.

⑥ **Service Limitations**  
Service Limitation has been found for Procedure Code 92002, next possible date of service is 11/19/2008

- ⑥ **Service limitation:** If you enter a procedure code with a service limitation when entering the client ID and dates of service on the Eligibility Verification Request screen, the next available date of service for that procedure will display here.