

# ProviderInfoSource®



## Provider User Guide

### Patient Eligibility

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#### Chapter 4

HealthLink®



ProviderInfoSource is an online tool that gives you and your staff immediate access to information pertinent to your practice

<http://providerinfosource.healthlink.com>

## 4.0 PATIENT ELIGIBILITY

### 4.1 Overview

The convenient Patient Eligibility feature allows you to verify eligibility for your patients online. You may check eligibility for a single patient or for all of your patients who access a HealthLink network program. By the end of this Patient Eligibility section, you should be able to:

1. Successfully locate basic patient eligibility information (returned instantly).
2. Successfully request detailed eligibility information for one or multiple patients from participating Payors (most requests are processed within 24 to 48 hours).

### 4.2 How to Verify Patient Eligibility

- a. On *ProviderInfoSource's* Secured Home Page, click the tab labeled Patient Eligibility (Figure 1).

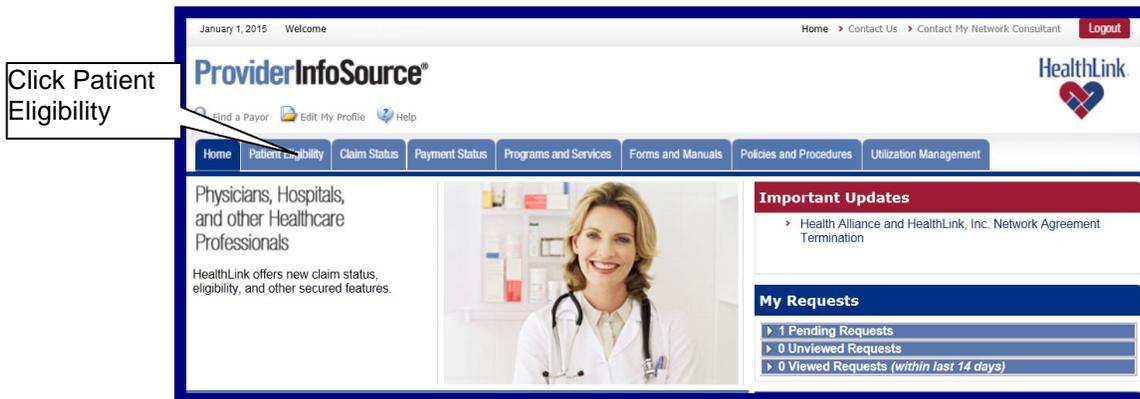


Figure 1. Patient Eligibility–Home Page Link.

- b. When the Patient Lookup window displays (Figure 2), enter two of the following three search criteria, and click **Submit**.
  1. Patient's Last and First Name
  2. Patient's Date of Birth information
  3. Patient's Subscriber ID or Social Security Number (SSN)

The screenshot shows the 'Patient Lookup' form. At the top, it says 'Organization: ABC Provider (123456789)' and 'My Previous Eligibility Inquiries'. Below this is a table with the following columns: Patient Last Name, Patient First Name, Subscriber ID, Patient's Date of Birth, Date of Service, and Type of Information. The table has three rows of input fields. Below the table, there is a '+ Add a Patient' button and a 'Submit' button. The 'Submit' button is highlighted with a mouse cursor. The 'Patient's Date of Birth' field is also highlighted with a blue box.

Patient Last Name	Patient First Name	Subscriber ID	Patient's Date of Birth	Date of Service	Type of Information
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Family
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Family
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Individual <input type="radio"/> Family

Figure 2. Patient Eligibility–Patient Lookup.

- c. *ProviderInfoSource* verifies your entry, and displays your results in the Patient Lookup–Results window (Figure 3).

**Note:** You can also check the status of your previous requests by clicking [My Previous Eligibility Inquiries](#).

Figure 3. Patient Eligibility–Results.

### 4.3 How to Get a Payor Update

- On the Secured Home Page, click the Patient Eligibility tab.
- When the Patient Lookup window displays, enter your search criteria and click **Submit**.
- When the Patient Lookup–Results window displays (Figure 4), find the desired patient, check the checkbox “Request Eligibility Details from Payor”, and click **Submit**.

Figure 4. Patient Eligibility–Results–Request Details from Payor.

**Important Notes:**

If the checkbox is shaded gray or cannot be checked, it means that the Payor on the claim may not be participating with *ProviderInfoSource*. Check with the Payor for complete information. Roll over the Payor’s name for contact details.

All the results in the window are editable. If you are sending a request for a Payor update, you can change any values and send those values in your request instead of what HealthLink returned.

- d. The Request Confirmation window displays (Figure 5).

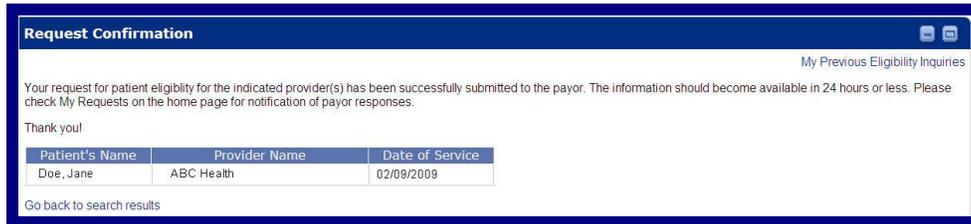


Figure 5. Patient Eligibility–Request Confirmation.

**Note:** Once a request has been made, the Payor’s response should generally be available in 48 hours or less. When a Payor response is received, it will be available under *ProviderInfoSource’s* My Request feature on the Secured Home Page.

- e. Within 48 hours, login and go to the My Requests section on the Secured Home Page. If there is a response from the Payor, it will be under Unviewed Requests. My Requests are categorized as pending, unviewed, or viewed.

Table 1. Patient Eligibility–My Requests Values.

Value	Description
<b>Pending</b>	Requests that were submitted and are pending information from the Payor.
<b>Unviewed</b>	Responses from the Payor that have not yet been viewed. This is information the Payor provided back to <i>ProviderInfoSource</i> . Unviewed responses are available in <b>My Requests</b> for 30 days.
<b>Viewed</b>	Responses that you have previously viewed. Viewed responses are available in <b>My Requests</b> for 14 days. You may print the Payor Responses for your records.

- f. Click a heading (i.e. Unviewed Requests) to expand the My Requests window, and click the request you submitted (Figure 6).



Figure 6. Patient Eligibility–My Requests.

- g. **HIPAA 4010** – If the Payor is participating with *ProviderInfoSource* for HIPAA 4010 transactions, the Patient Lookup window displays. Specific to HIPAA 4010 are the Status, Effective Date, & Termination Date fields.

When the window displays, click the [patient's name](#) (Figure 7).

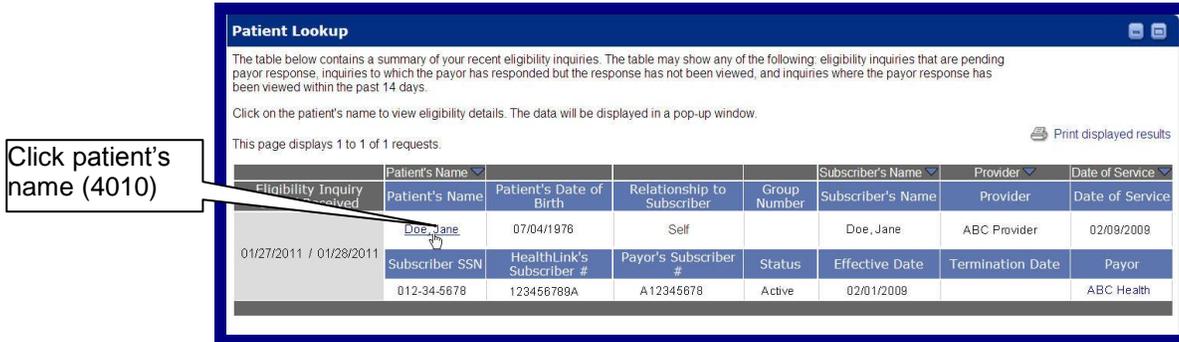


Figure 7. Patient Eligibility–Click Patient's Name–HIPAA 4010.

- h. **HIPAA 5010** – If the Payor is participating with *ProviderInfoSource* for HIPAA 5010 transactions, the Patient Lookup window displays. Specific to HIPAA 5010 is the Status field.

When the window displays, click [View eligibility status detail report](#) (Figure 8).

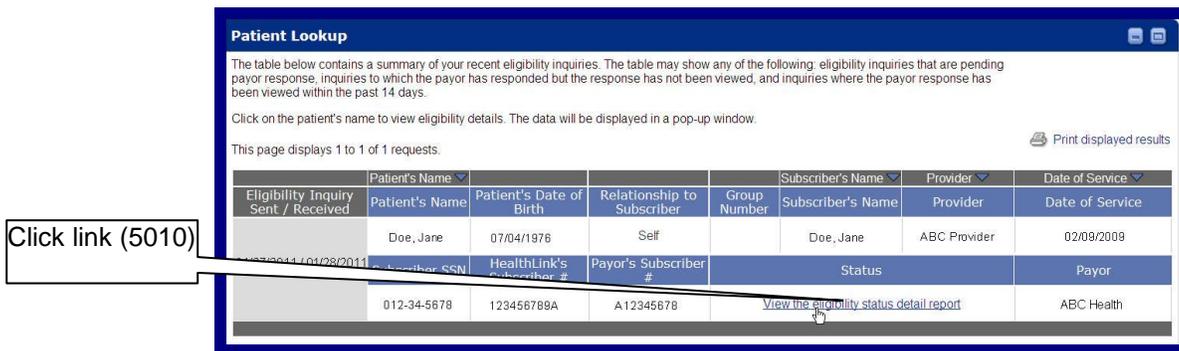


Figure 8. Patient Eligibility–Click Patient's Name–HIPAA 5010.

**Note:** The information displayed by *ProviderInfoSource* in the Patient Lookup window is based on data on file at HealthLink. The information displayed on an Eligibility Status Detail Report comes from data maintained by the Payor in response to eligibility inquiries.

i. Review the Eligibility Status Detail Report

**HIPAA 4010** – If the payor is participating with *ProviderInfoSource* for HIPAA 4010 transactions, the details from the payor will display (Figure 9). As shown below, the Active Coverage section displays the primary identifier but no additional identifiers.

Claim Status

Date Created: 01/14/2011 Date Received: 01/14/2011 Expand All

Please use the up and down arrows at the right to expand and collapse the panes of information below.

**Control Information**

**General Information**

Health Plan		Provider
Name	HealthLink HMO	ABC Provider
Identifier	123456789	123456789

**Patient / Subscriber**

Patient		Subscriber
Name	DOE, JANE	DOE, JANE
Date of Birth	07/04/1976	07/04/1976
Gender	(F) Female	(F) Female
ID	123456788A	
Relationship to Insured	(18) Self	Self
Trace Number	123456789	123456789

**Additional Source Information**

**Additional Receiver Information**

**Additional Patient Information**

**Additional Subscriber Information**

**Eligibility Information**

Coverage Status:	(1 ) Active Coverage
(307) Eligibility:	02/01/2009

**Active Coverage**

Insurance Type:	(HM ) Health Maintenance Organization (HMO)
Service Type:	(30) Health Benefit Plan Coverage
(307) Eligibility:	02/01/2009

**(36 ) Employer**

Name:	ABC Employer
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**Benefit Related Entity Information**

Entity Identifier	(36 ) Employer
Entity Type	(2) Non-Person Entity
Last Name	ABC Employer

**Co-Payment**

**Deductible**

**Limitations**

Active Coverage - 4010  
 4010 displays primary identifier.

Figure 9. Patient Eligibility–Eligibility Status Detail Report–4010

**HIPAA 5010** – If the payor is participating with *ProviderInfoSource* for HIPAA 5010 transactions, the details from the payor will display (Figure 10). As shown, the Active Coverage section displays the primary and additional identifiers.

Claim Status

Date Created: 01/14/2011 Date Received: 01/14/2011 Expand All

Please use the up and down arrows at the right to expand and collapse the panes of information below.

**Control Information** [collapse]

**General Information** [collapse]

	Health Plan	Provider
Name	Healthlink HMO	ABC Provider
Identifier	123456789	123456789

**Patient / Subscriber** [collapse]

	Patient	Subscriber
Name	DOE, JANE	DOE, JANE
Date of Birth	07/04/1976	07/04/1976
Gender	(F) Female	(F) Female
ID	123456789A	
Relationship to Insured	(18) Self	(18) Self
Trace Number	123456789	123456789

**Additional Source Information** [collapse]

**Additional Receiver Information** [collapse]

**Additional Patient Information** [collapse]

**Additional Subscriber Information** [collapse]

**Eligibility Information**

Coverage Status:	(1) Active Coverage
(307) Eligibility:	02/01/2009

**Active Coverage**

Insurance Type:	(HM) Health Maintenance Organization (HMO)
Service Type:	(1) Medical Care
(307) Eligibility:	02/01/2009

**Additional Identifiers** [collapse]

(6P) Group Number:	123456
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Insurance Type: (HM) Health Maintenance Organization (HMO)  
 Service Type: (30) Health Benefit Plan Coverage  
 (307) Eligibility: 02/01/2009

**Additional Identifiers** [collapse]

(6P) Group Number:	123456
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Insurance Type: (HM) Health Maintenance Organization (HMO)  
 Service Type: (33) Chiropractic  
 (307) Eligibility: 02/01/2009

**Additional Identifiers** [collapse]

(6P) Group Number:	123456
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Insurance Type: (HM) Health Maintenance Organization (HMO)  
 Service Type: (47) Hospital  
 (307) Eligibility: 02/01/2009

**Additional Identifiers** [collapse]

(6P) Group Number:	123456
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Insurance Type: (HM) Health Maintenance Organization (HMO)  
 Service Type: (86) Emergency Services  
 (307) Eligibility: 02/01/2009

**Active Coverage - 5010**  
 5010 displays additional identifiers (health benefit plan coverage, chiropractic, hospital, emergency services, professional visit-office, mental health, urgent care, etc).

Figure 10. Patient Eligibility–Eligibility Status Detail Report–5010.

#### 4.4 How to View Previous Eligibility Inquiries

- a. Click the Patient Eligibility tab on the Secured Home Page.
- b. When the Patient Lookup window displays, click the [My Previous Eligibility Inquiries](#) link. You can also click this link on the Results window or Request Confirmation window.

Figure 11. Patient Eligibility–My Previous Inquiries Link.

- c. The My Previous Eligibility Inquiries window displays a summary of your recent requests. Records with “Pending” in the Sent/Received column have been submitted to the Payor and are pending a response. As soon as your inquiry receives a response, the record will have a received date.

Figure 12. Patient Eligibility–My Previous Eligibility Inquiries.

#### 4.5 How to View the Payor's Full Information

- a. To view the Payor's full information, roll your cursor over the Payor's name (Ex. "HealthLink HMO-HLHMO"). The Payor's contact information displays in a pop-up window (Figure 13).

**My Previous Eligibility Inquiries**

The table below contains a summary of your recent eligibility inquiries. The table may show any of the following: eligibility inquiries that are pending payor response; inquiries to which the payor has responded but the response has not been viewed, and inquiries where the payor response has been viewed within the past 14 days.

Click on the patient's name to view eligibility details. The data will be displayed in a pop-up window.

This page displays 1 to 10 of 16 requests.

Eligibility Inquiry Sent / Received	Patient's Name	Patient's Date of Birth	Relationship to Subscriber	Group Number	Subscriber's Name	Provider	Date of Service
01/27/2011 / 01/28/2011	Doe, Jane	07/04/1978	Self		Doe, Jane	ABC Health	02/09/2009
	Subscriber SSN	HealthLink's Subscriber #	Payor's Subscriber #	Status	Effective Date	Termination Date	Payor
	012-34-5678	123456789A		Active	01/01/2008		Healthlink Hmo-Hlhmo

**Healthlink Hmo-Hlhmo**  
 Customer Service: 314-925-6200

The main customer service number above may differ from specific support numbers set up by this payor to support your provider organization.

Roll over the Payor's name.

Figure 13. Patient Eligibility–Results–Full Payor Information.

- b. The pop-up window (Figure 14), displays the following information:
  1. Payor's Full Name
  2. Payor's Customer Service Phone Number
  3. Payor's Web Site Address (if available)

**Healthlink Hmo-Hlhmo**  
 Customer Service: 314-925-6200

The main customer service number above may differ from specific support numbers set up by this payor to support your provider organization.

Figure 14. Patient Eligibility–Payor Information.

**Note:** If you are unable to see this window with the Payor's full contact information, please check if you have pop-up blocker software. Depending on the type of software, you can modify the settings to allow pop-up windows for *ProviderInfoSource's* website address.

## 4.6 Field Descriptions

Following are descriptions of the fields displayed in the Patient Eligibility windows.

### a. Fields – Patient Lookup (Figure 15)

Figure 15. Patient Eligibility–Patient Lookup Fields.

Table 2. Patient Eligibility–Patient Lookup Fields.

Field	Descriptions
<b>My Previous Eligibility Inquiries</b>	Click this link to display your pending eligibility requests and unviewed and viewed responses received from the Payor.
<b>Patient's Last Name</b>	The last name of the patient.
<b>Patient's First Name</b>	The first name of the patient.
<b>Subscriber ID</b>	The subscriber's ID or SSN.
<b>Patient's Date of Birth</b>	The patient's date of birth.
<b>Date of Service</b>	The date of service you are requesting eligibility information. The date of service must not be more than 15 months in the past and no more than 30 days in the future.
<b>Type of Information</b>	Allows you to choose if you are requesting eligibility information for the patient or for the entire family.
<b>Add a Patient</b>	Allows you to add another patient to the Patient Eligibility Lookup window.

**b. Fields – Patient Lookup–Results (Figure 16)**

**Patient Lookup - Results**

The table below displays patient records retrieved from HealthLink's database. You may send an eligibility inquiry requests to payors or review criteria for searches that returned no patient records. To submit an eligibility inquiry request for a payor, first review and correct any patient information as necessary, and then click Submit. To review search criteria click "Refine your search criteria".

My Previous Eligibility Inquiries

This page displays 1 to 1 of 1 results. [Print displayed results](#)

Patient Last Name	Patient First Name	Patient's Date of Birth	Relationship to Subscriber	Subscriber's Last Name	Subscriber's First Name	Request Action
Doe	Jane	07 / 04 / 1976	Self	Doe	Jane	<input type="checkbox"/> Request Eligibility Details from Payor
Subscriber SSN	HealthLink's Subscriber #	Payor's Subscriber #	Date of Service	Provider	Payor	
987654321	123456789A		2 / 10 / 2009	ABC Provider (123456)	ABC Health	

Figure 16. Patient Eligibility–Results Fields.

Table 3. Patient Eligibility–Results Fields.

Field	Description
<b>Printer Friendly icon</b>	Click the Printer Friendly icon to print the Patient Eligibility Inquiry.
<b>Request Eligibility Details from Payor</b>	If you check this checkbox and click the <b>Submit</b> button, an electronic eligibility status request will be generated and sent to the Payor. This checkbox is disabled if the Payor is not participating with <i>ProviderInfoSource</i> .
<b>Patient Last Name</b>	The last name of the patient.
<b>Patient First Name</b>	The first name of the patient.
<b>Patient's Date of Birth</b>	The date of birth of the patient.
<b>Relationship to Subscriber</b>	The patient's relationship to the subscriber: <ul style="list-style-type: none"> <li>- Self</li> <li>- Child</li> <li>- Spouse</li> <li>- Other Adult</li> </ul>
<b>Subscriber's Last Name</b>	The last name of the subscriber. The Subscriber Last Name will be the same as Patient Last Name if the patient is the subscriber.
<b>Subscriber's First name</b>	The first name of the subscriber. The Subscriber First Name will be the same as the Patient First Name if the patient is the subscriber.
<b>Subscriber SSN</b>	The Social Security Number of the subscriber. The field is numeric, 9 digits in length separated by dashes.
<b>HealthLink's Subscriber #</b>	The subscriber number assigned by HealthLink.
<b>Payor's Subscriber #</b>	The subscriber number assigned by the Payor.
<b>Date of Service</b>	The date of service in mm/dd/yyyy format.
<b>Provider</b>	The name of the provider or provider organization (Last Name, First Name).
<b>Payor</b>	The name of the Payor.

**c. Fields – My Previous Eligibility Inquiries (Figure 17)**

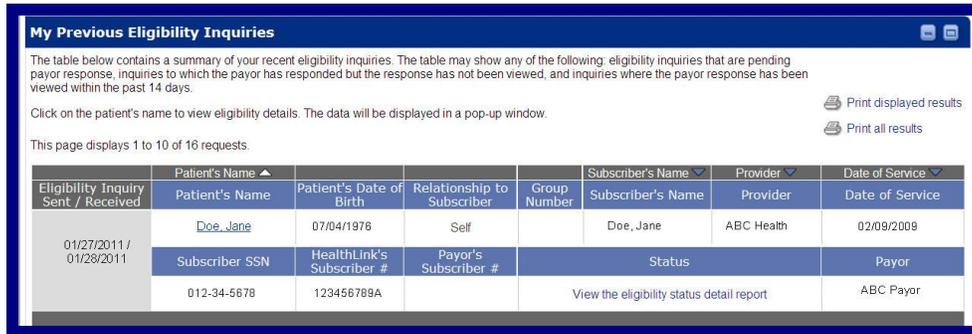


Figure 17. Patient Eligibility–My Previous Eligibility Inquiries Fields.

Table 4. Patient Eligibility–My Previous Eligibility Inquiries Fields.

Field	Description
<b>Print displayed results</b>	Click this icon to print only the results that are displayed.
<b>Print all results</b>	If your inquiry returns more than one page of results, you can click this icon to print all results, even the results not displayed.
<b>Eligibility Inquiry Sent/Received</b>	The date you submitted your request, followed by the date the request was received.
<b>Patient's Name</b>	The patient's name (Last Name, First Name).
<b>Patient's Date of Birth</b>	The date of birth of the patient.
<b>Relationship to Subscriber</b>	The patient's relationship to the subscriber: <ul style="list-style-type: none"> <li>▪ Self</li> <li>▪ Child</li> <li>▪ Spouse</li> <li>▪ Other Adult last name of the patient.</li> </ul>
<b>Group Number</b>	The group's identification number.
<b>Subscriber's Name</b>	The subscriber's name (Last Name, First Name). If the patient is the subscriber, the Subscriber's Name will be the same as the Patient's Name.
<b>Provider</b>	The name of the provider or provider organization (Last Name, First Name).
<b>Date of Service</b>	The date of service in mm/dd/yyyy format.
<b>Subscriber SSN</b>	The subscriber's 9-digit Tax Identification Number.
<b>HealthLink's Subscriber #</b>	The subscriber number assigned by HealthLink.
<b>Payor's Subscriber #</b>	The subscriber number assigned by the Payor.
<b>Status (if 4010)</b>	If the payor is HIPAA 4010, this displays the status of the patient (active, inactive).
<b>Status (if 5010)</b>	If the payor is HIPAA 5010, this displays a link to the status detail report.
<b>Effective Date</b>	Note: this is only displayed if payor is HIPAA 4010. The date the patient became effective.
<b>Termination Date</b>	Note: this is only displayed if payor is HIPAA 4010. The date the patient was terminated.
<b>Payor</b>	The name of the Payor.

#### 4.7 Frequently Asked Questions (FAQ)

If you were not able to complete a Patient Eligibility task, this Frequently Asked Questions (FAQ) section offers you assistance. This section describes possible scenarios in which you may not be able to complete a task, along with the solutions to those scenarios.

**Question:**

What if I am unable to complete the Patient Lookup window? I logged into *ProviderInfoSource*, clicked Patient Eligibility, and started a search, but when I click **Submit**, the following error message window displays:

"Please enter two out of the three following items: 'Subscriber ID' 'Patient's First/Last Name (partial or full)' and 'Patient Date of Birth' to proceed."

**Answer:**

This error message is displaying because two of the following three items below for a patient have not been completed. All fields that have not been filled in properly will have their field labels highlighted (bold and red text) to indicate where the error has occurred. Please re-try your search again including two of the three requested items.

- a) Subscriber ID
- b) Patient's Last and First Name (partial or full)
- c) Patient's Date of Birth

**Question:**

What are the limitations on service dates? What if I enter a future date?

"Please enter a service date no more than thirty days in the future."

The date of service must not be more than 15 months in the past and no more than 30 days in the future. An error message displays if you enter a date more than thirty days in the future. Please try your search again.

**Question:**

What if I enter an invalid month, day, or year?

"Invalid combination of month, day, and year!"

**Answer:**

*ProviderInfoSource* displays an error message, please try your search again.

**Question:**

What if the patient's eligibility information cannot be located?

**Answer:**

If *ProviderInfoSource* is not able to locate the patient's information using the information you provided, please verify the information located on the patient's ID card. If you verified the information and the patient is a HealthLink enrollee, please contact Customer Service toll-free at 800-624-2356.