

Resource Center Supplemental Documentation for Member Eligibility Verification via the Partner Portal

This supplemental documentation can be used in conjunction with the Resource Center PowerPoint presentation that was provided for the Centralized Enrollment Conference Calls. This information was provided to Long Term Care MCOs during a face-to-face meeting in February to provide a more specific explanation of member eligibility and managed care enrollment information that is provided via the MCO and the Partner Portal Eligibility Verification methods. This handout provides considerably more information about the two methods to verify member eligibility via the portal, so it can replace pages 12 – 15 in the Resource Center PowerPoint.

These screen shots are taken from the secure MCO Portal, which is the same information provided via the Partner Portal for member eligibility verification. Please disregard any tabs that are included in the MCO Portal that are not available in the Partner Portal. Pages 2 and 3 show information provided when enrollment verification is done using the Enrollment Tab, whereas pages 4 -10 show information provided when enrollment verification is done using the iC Functionality tab.

Member Enrollment – Enrollment Tab

To verify a member’s current BC+ or Medicaid eligibility enter a member ID, from date of service, to date of service, and click Search. Member Benefit Plan, Managed Care enrollment, Medicare and TPL information, NH Liability (includes Waiver Cost Share) and Spenddown (includes Waiver Spenddown) information will be returned for the dates of service entered.

- **Benefit Plan** – this is the high level member Medicaid, SSI MA, SSI payment or limited benefit plan eligibility information. Specific medical status codes are not available via the Enrollment tab.
- **Managed Care Enrollment** – this is detailed MCO enrollment information for the member, including enrollment begin and end dates. Member special condition codes, otherwise called level of care, are not given in this section via the Enrollment tab.

*Note that a transaction verification number is returned.

Eligibility - Microsoft Internet Explorer provided by EDS COE

http://192.57.192.139/WIPortal/Enrollment/tabId/52/Default.aspx

ForwardHealth
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Welcome PUNE MCO » September 15, 2008 9:10 AM

Home Search Providers Trading Partners Partners Managed Care **Enrollment** Claims Prior Authorization Trade Files HealthCheck
Account Contact Information Online Handbooks Site Map Portal Admin Security Certification iC Functionality Admin Host

You are logged in with MCO ID: 69004600

Enrollment

Enrollment Verification

Required fields are indicated with an asterisk (*).
Either the Member ID or the Social Security Number and Date of Birth are required.

Member ID Social Security Number Date of Birth
From Date of Service* To Date of Service*

For your reference, the transaction verification number for this search is 0825900005.

Search Results

Member ID 555000021 Name JOHN MILLER
Date of Birth 05/30/1968 County Milwaukee

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid (HPSA Recipient)	01/01/2008	09/13/2008

Managed Care Enrollment

Provider Name	Effective Date	End Date
ABRI HEALTH PLAN INC (Chiropractic)	01/01/2008	07/28/2008
ABRI HEALTH PLAN INC (Dental)	01/01/2008	07/28/2008

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Enrollment Tab continued

Additional search results for a member (with a waiver cost share amount).

- **Medicare** – the member Medicare Coverage information, including the begin and end date associated with each coverage type.
- **Spenddown** - the Spenddown section reflects SeniorCare spenddown information as well as Waiver Spenddown amounts. The “Waiver Cost Share” amount in this section is actually the Waiver Spenddown amount and therefore it is not used to offset Family Care capitation payments.
- **Patient Liability** - the member waiver cost share amount in the Patient Liability section is the waiver cost share amount that would be used to offset the Family Care capitation payment for this member. The member below has a waiver cost share amount of \$184.00 for 01/01/09 – 01/31/09.

Benefit Plan

Payer	Benefit Plan	Effective Date	End Date
MEDICAID	Medicaid for SSI (HPSA Recipient)	09/01/2008	09/30/2008
MEDICAID	Medicaid Waiver (HPSA Recipient)	09/01/2008	02/04/2009
MEDICAID	Family Care Non-MA (HPSA Recipient)	12/01/2008	02/04/2009
MEDICAID	Specified Low-income Medicare Beneficiary (HPSA Recipient)	12/01/2008	02/04/2009

Managed Care Enrollment

Provider Name	Telephone Number	Effective Date	End Date
WESTERN WISCONSIN CARES	(877)657-8766	12/01/2008	02/04/2009

Medicare

Coverage	Medicare Coverage Start Date	Medicare Coverage End Date
Medicare Part A	09/01/2008	02/04/2009
Medicare Part B	09/01/2008	02/04/2009
Medicare Part D	09/01/2008	02/04/2009

Spenddown

Payer	Benefit Plan	Current Balance	Effective Date	End Date
Medicaid	SENIORCARE COST SHARE	\$0.00	12/01/2008	09/30/2009
Medicaid	WAIVER COST SHARE	\$0.00	12/01/2008	07/31/2009

Patient Liability

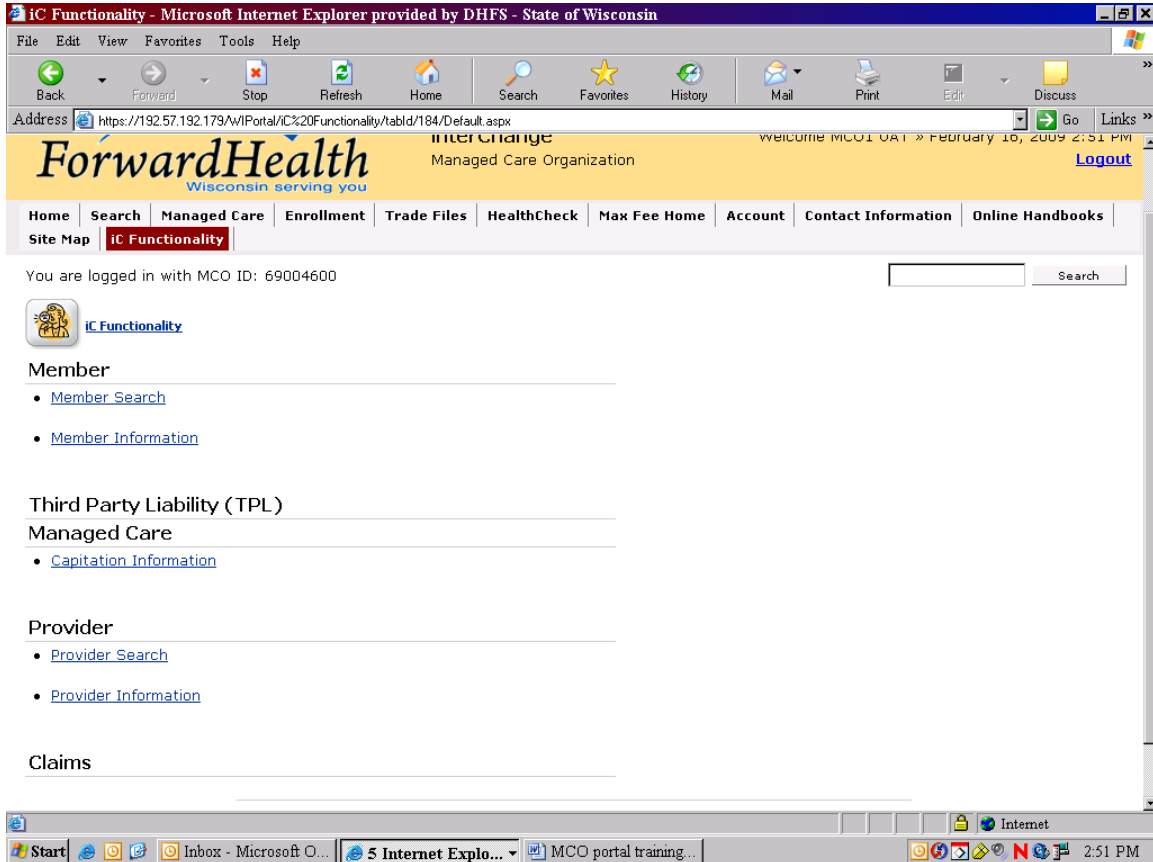
Benefit Plan Group	Liability Amount	Effective Date	End Date
WAIVER COST SHARE	\$184.00	01/01/2009	01/31/2009
WAIVER COST SHARE	\$232.78	12/01/2008	12/31/2008

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iC Functionality – Member, Capitation Payment and Provider Search

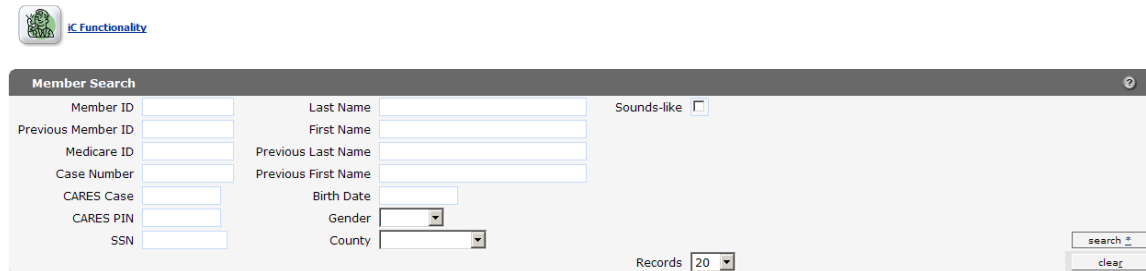
Once the role has been assigned to the user, the user can log in and will see a new menu item called “iC Functionality” at the top of their screen.

Clicking on the “iC Functionality” menu will bring up the following options:



iC Functionality - Member Search

Clicking on “Member Search” will bring up the screen below. As you can see, this screen allows a greater range of options for searching on member information – including a name search and a “sounds-like” search. MCOs are encouraged to narrow their searches by as many fields as possible since search requests that produce too many results will return an error.



Member Search

Member ID Last Name Sounds-like

Previous Member ID First Name

Medicare ID Previous Last Name

Case Number Previous First Name

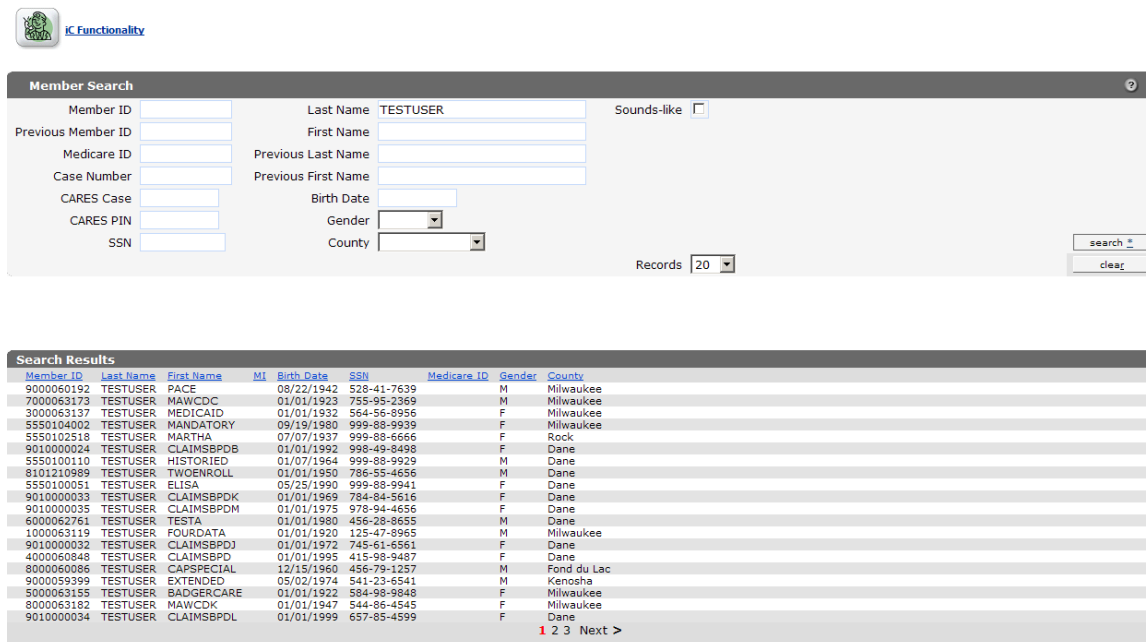
CARES Case Birth Date

CARES PIN Gender

SSN County

Records

The screen below shows an example of the results returned when searching on the last name of “TESTUSER”. As you can see at the bottom, there were at least 3 pages of results returned for this search request.



Member Search

Member ID Last Name Sounds-like

Previous Member ID First Name

Medicare ID Previous Last Name

Case Number Previous First Name

CARES Case Birth Date

CARES PIN Gender

SSN County

Records

Search Results

Member ID	Last Name	First Name	MI	Birth Date	SSN	Medicare ID	Gender	County
9000060192	TESTUSER	PACE		08/22/1942	528-41-7639		M	Milwaukee
7000063173	TESTUSER	MAWCDC		01/01/1923	755-95-8369		M	Milwaukee
3000063137	TESTUSER	MEDICAID		01/01/1932	564-56-8956		F	Milwaukee
5550104002	TESTUSER	MANDATORY		09/19/1980	999-88-9939		F	Milwaukee
5550102518	TESTUSER	MARTHA		07/07/1937	999-88-6666		F	Rock
9010000024	TESTUSER	CLAIMSPDB		01/01/1992	998-49-8498		F	Dane
5550100110	TESTUSER	HISTORIED		01/07/1964	999-88-9929		M	Dane
8101210989	TESTUSER	TWOENROLL		01/01/1950	786-55-4656		M	Dane
5550100051	TESTUSER	ELISA		05/25/1990	999-88-9941		F	Dane
9010000033	TESTUSER	CLAIMSPDK		01/01/1969	784-94-5616		F	Dane
9010000035	TESTUSER	CLAIMSPDM		01/01/1975	978-94-4656		F	Dane
6000062761	TESTUSER	TESTA		01/01/1980	456-28-8655		M	Dane
1000063119	TESTUSER	FOURDATA		01/01/1920	125-47-8965		M	Milwaukee
9010000032	TESTUSER	CLAIMSPDJ		01/01/1972	745-51-6561		F	Dane
4000060848	TESTUSER	CLAIMSPD		01/01/1995	415-98-9487		F	Dane
8000060086	TESTUSER	CAPSPECIAL		12/15/1960	456-79-1257		M	Fond du Lac
9000059399	TESTUSER	EXTENDED		05/02/1974	541-23-6541		M	Kenosha
5000063155	TESTUSER	BADGERCARE		01/01/1922	584-98-9848		F	Milwaukee
8000063182	TESTUSER	MAWCDC		01/01/1947	544-86-4545		F	Milwaukee
9010000034	TESTUSER	CLAIMSPDL		01/01/1999	657-85-4599		F	Dane

1 2 3 Next >

MCO’s must select the row (by clicking on it) to bring up member information for the member they are looking for.

iC Functionality - Member Information

The Member Information screen includes the demographic information for the member, in the first two columns, as well as high level eligibility, enrollment, Medicare, TPL, and Patient Liability information. The following fields, all on the right hand side of the screen, should be noted for the LTC MCOs:

- **Active** – this indicates whether the Member ID that was entered is the active ID for this member. When a Member ID is linked to another Member ID, usually due to permanent demographic changes that assign a new MCI ID for the member, the old Member ID will display as Inactive.
- **Linked ID** – if the Member ID entered was inactivated, and linked to a new Member ID, then the new Member ID will display in this field (and the Active field will be “Inactive”).
- **Benefit Plan** – this is the high level member Medicaid, SSI MA, SSI payment or limited benefit plan eligibility information. This is the same Benefit Plan information provided via the Enrollment Tab.
- **Managed Care** – this is the Managed Care program enrollment information for a member. Valid values are: FAMCR (Family Care), PACPB (PACE and Partnership), HMOM_ (HMO enrollment), SSIM_ (SSI HMO enrollment), WAMMM (Wraparound Milwaukee) and CCFMM (Children Come First).
- **MC Special Cond** – this is either the level of care for members enrolled in LTC MCOs or an exemption from HMO or SSI HMO enrollment. Exemptions are E01-E99 and they do not prevent LTC MCO enrollment.
- **Patient Liability** – this field includes a member’s Waiver Cost Share amount. The Waiver Cost Share amount in this field will be the amount sent to iC from the CARES system and it includes Family Care cost share amounts for members with Waiver MA as well as Nursing Home MA.

Member Information

Next search by: **Member ID** Case Number

Member ID	5550102518	Name	TESTUSER, MARTHA	Active	Active
MCI Ind		Prev Name	WASHINGTON, MARTHA	Linked ID	
CARES Pin	0000000000	CARES Case	0000000000	Case History	5550102518 07/16/08
Medicare ID		Address		Benefit Plan	MAP 01/01/08-12/31/99
SSN	999-88-6666	Address 2	1100 N PENNSLYVANIA A'	Medicare Cov	
Gender	Female	Address 3		Managed Care	
Birth Date	07/07/1937	City	JANESVILLE	MC Special Cond	
Death Date		State	WI	TPL	No
Age	71	Zip	53546	Lockin	
Race	7 - Not Provided	Alt Address	No	NH Level of Care	
Ethnicity	09 Ethnicity Unknown	Phone		Patient Liability	
Language	UND - UNDETERMINED	Phone Type	No Phone	Deductible	
County	53 - Rock	Add Phone		Last HlthChk Scrn	
Tribal Ind		Add Type	No Phone	Last HlthChk Dntf	

Member Maintenance Select area to add or modify below.

- Member**
- Managed Care
- Medicare
- Previous Data
- HealthCheck
- SSI

iC Functionality – Member Maintenance Menu

The “Member Maintenance” Menu is shown at the bottom of the Member Information screen. This allows the user access to more specific information for the member. By clicking the categories on the left (Member, Managed Care, Medicare, etc...) the user will be given sub-menu options to choose from.

In the above example, the category “Member” is selected, which reveals sub-menu items of “Benefit Plan”, “Member ID Cards”, and “Member Review”.

RCs will have access to the following “Member Maintenance” Categories:

- Member
- Managed Care
- Medicare
- SSI
- Case Search
- TPL
- Provider

The screenshot shows the iC Functionality interface. At the top, there is a search bar with "Next search by: Member ID" and a search button. Below this is the "Member Information" section, which displays a grid of fields for a member named TESTUSER, MARTHA. The fields include Member ID (5550102518), Name (TESTUSER, MARTHA), Active status (Active), MCI Ind, Prev Name (WASHINGTON, MARTHA), Linked ID, CARES Pin (0000000000), CARES Case (0000000000), Case History (5550102518 07/16/08), Medicare ID, Address (1100 N PENNSYLVANIA A'), Benefit Plan (MAP 01/01/08-12/31/99), SSN (999-88-6666), Address 2, Medicare Cov, Gender (Female), Address 3, Managed Care, Birth Date (07/07/1937), City (JANESVILLE), MC Special Cond, Death Date, State (WI), TPL (No), Age (71), Zip (53546), Lockin, Race (7 - Not Provided), Alt Address (No), NH Level of Care, Ethnicity (09 Ethnicity Unknown), Phone, Patient Liability, Language (UND - UNDETERMINED), Phone Type (No Phone), Deductible, County (53 - Rock), Add Phone, Last HlthChk Scrn, Tribal Ind, and Add Type (No Phone), Last HlthChk Dntl.

Below the Member Information section is the "Member Maintenance" section. It has a header "Select area to add or modify below." and a "Prefs Bot" button. On the left, there is a list of categories: Member (selected), Managed Care, Medicare, Previous Data, HealthCheck, and SSI. On the right, there are sub-menu options: Benefit Plan, Member ID Cards, and Member Review. At the bottom of the Member Maintenance section, there are "save" and "cancel" buttons.

iC Functionality - Member Benefit Plan Information

The sub-menu “Benefit Plan” will allow the user to view more detailed member eligibility information. All of the benefit plans that a member is or was eligible for will display. The user can select any of the rows of Benefit Plan information to view more detailed information for that specific Benefit Plan.

In the example below, the member’s Medicaid Waiver (MCDW) Benefit Plan was selected and now the user can determine that the member’s Medical Status code associated with the MCDW Benefit Plan was W5 from 8/1/08 – 8/31/08 and WA from 9/1/08 – 7/31/09.

**Note: The Family Care Non-MA Benefit Plan does NOT mean that the member is a Family Care Non-MA member from 12/1/08-7/31/09. The Family Care Non-MA is not used for capitation payment purposes or claims editing purposes, it is just stored because of the Family Care information sent from CARES.

The screenshot shows the following data in the Medical Status Code Data table:

Medical Status Code	Medical Status Code Effective Date	Medical Status Code End Date	Agency	Site
WA CIP IA, cat ndy	09/01/2008	07/31/2009	Jackson County DHS	00
W5 SSI/Waiver, disabled	08/01/2008	08/31/2008	Jackson County DHS	00

Member ID Card and the Member Review screens

The Member ID Card screen indicates when the last Member ID card was issued, why it was issued, the type of card, whether or not it is active and whether or not it was returned.

The Member Review screen is used to by Wisconsin to suspend/deny long term care claims for members that have divested prior to applying to Medicaid.

The screenshot displays a web application interface for Member Maintenance. The top navigation bar includes links for **Member**, **Benefit Plan**, **Member ID Cards**, and **Member Review**. The **Member** dropdown menu is expanded, showing options like **Managed Care**, **Medicare**, **Previous Data**, **HealthCheck**, and **SSI**. Below the navigation, there are **save** and **cancel** buttons.

The main content area is titled "Member Maintenance" and contains a section for "Base Information" with **save** and **cancel** buttons. Below this is the "Member ID Cards" section, which displays a table of issued cards:

Date Issued	Issue Reason	Card Type	Active Indicator	PAN	Source	Return Reason
11/28/2008	IC Replacement	ForwardHealth ID Card	Active	600000000620861	PS/2	00 - Active card, not returned
03/17/2005	New	ForwardHealth ID Card	Active	5077080507607496	PS/2	00 - Active card, not returned

Below the table, there is a form for editing a selected row. The form includes fields for **Date Issued**, **Card Type**, **Address 1**, **Address 2**, **Address 3**, **City**, **State**, and **Zip**. It also has dropdown menus for **Issue Reason**, **PAN**, **Source**, **Active Indicator*** (set to "Active"), and **Return Reason***.

The "Member Review" section at the bottom shows a message: "**** No rows found ****". It includes a form with fields for **Review Reason**, **Effective Date**, **Review Requestor**, and **End Date**, along with **Delete** and **add** buttons.

The browser window is Microsoft Internet Explorer, showing the address bar with the URL: https://ic.prod.healthcare.wi.local/IC/Member/Information/tabId/62/Default.aspx?ak_recip=501974. The taskbar at the bottom shows several open applications, including Microsoft Office, Internet Explorer, and Microsoft PowerPoint, with the system clock displaying 2:13 PM.

Managed Care Information

If the Managed Care category is chosen, the Member MCO Enrollment History and the MC Special Conditions screens displayed to the user.

The member MCO Enrollment History will show you all MCO Enrollment segments, both active and inactive for the member, as well as the Effective and End Date for each enrollment segment and the MCO name and MCO ID, which was not available on the Member Information screen.

** Please note an enrollment segments with a status of "Inactive" on the right hand side of the screen are not valid and will not generate a capitation payment, nor will it be used for Medicaid claims editing purposes. Also, MC Enrollment segments that are inactivated after a capitation payment was issued will cause the capitation payments to be recouped.

The MC Special Conditions screen is used to identify member level of care information for the Long Term Care (LTC) Managed Care Organizations as well as to identify exemptions from HMO and SSI HMO enrollment. Exemptions do not impact LTC enrollment and always start with an "E" and are in the range of E01-E99.

The LTC special condition codes are:

Family Care	Level of Care	PACE/Partnership	Level of Care
L04	Non NH level of care	ICF/IC1	ICF
L06	NH level of care	SNF/SN1	SNF
		ISN/IS1	ISN

The screenshot shows a web application interface for Managed Care Information. The browser window title is "Information - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The address bar shows the URL: https://ic.prod.healthcare.wi.local/IC/Member/Information/tabId/52/Default.aspx?ak_recip=501974. The page content includes a "HealthCheck SSI" section with "save" and "cancel" buttons. Below that is a "Base Information" section with a "Top Nav" menu. The main content area is divided into two sections: "Member MCO Enrollment History" and "MC Special Conditions".

The "Member MCO Enrollment History" section contains a table with the following data:

MCO ID	MCO Name	MC Program	MC Service Area	Effective Date	End Date	Lock-In Date	Status
69005630	MCD WESTERN WISCONSIN CARES	Family Care	ENROLL CONVERSION	03/21/2005	12/31/2299		Active
69005630	MCD WESTERN WISCONSIN CARES	Family Care	ENROLL CONVERSION	04/28/2003	12/31/2003		Active

Below the table is a form for adding a new enrollment segment with the following fields:

- MCO ID: 69005630 - WESTERN WISCONSIN CARES
- MC Program: Family Care
- MC Service Area: ENROLL CONVERSION
- Start Reason: 97 - System Assigned - Conversion Start
- Stop Reason: 81 - System Assigned - Eligibility Ended
- Effective Date: 03/21/2005
- End Date*: 12/31/2299
- Lock-In Date: (empty)
- Status: Active
- Enrollment Source: Conversion

The "MC Special Conditions" section contains a table with the following data:

Special Condition Code	Effective Date	End Date
L05 - Nursing Home Level of Care (Non-MA)	04/28/2003	12/31/2003
L06 - Nursing Home Level of Care (MA)	03/21/2005	12/31/2299

Below the table is a form for adding a new special condition with the following fields:

- Special Condition Code: L06 - Nursing Home Level of Care (MA)
- Effective Date: 03/21/2005
- End Date*: 12/31/2299