

Instructions on submitting an Eyeglass Order to CI Airway Optical using ProviderOne (P1)



Welcome Hendrickson, Eric K.

Links: --Select--



Path: ← **Note: path will update as you click on your selections.**

Welcome to the Medicaid Management Information System for



Select a profile to use during this session: * Go

Step 1.
Log in to P1 as a, "EXT Provider Eligibility Checker"

Path: Provider Portal ← **Note: path will update as you click on your selections.**

ProviderOne Id/NPI : 1009890 / 1417156589 Name: WASHINGTON STATE DEPARTMENT OF

Step 2
Under the "Client" section, click on "Benefit Inquiry"
•P1 Path: provider portal

Provider Portal:

- Online Services:**
 - Claims** Hide/Max
 - Claim Inquiry
 - Claim Adjustment/Void
 - On-line Claims Entry
 - On-line Batch Claims Submission (837)
 - Resubmit Denied/Voiced Claim
 - Client** Hide/Max
 - Client Limit Inquiry
 - Benefit Inquiry**
 - Payments** Hide/Max
 - View Payment
 - View Accounts Receivable Invoice
 - View Capitation Payment
 - ProviderOne-Generated Invoices** Hide/Max
 - View Invoice
 - Validate Invoice

Welcome! Hide/Max

The Department of Social and Health Services (DSHS) is an agency that helps people. We do this in partnerships with families, community groups, religious organizations, private providers, other government agencies, and the many thousands of generous foster parents, neighbors, and citizens who make Washington a special place by taking care of each other.

The mission of DSHS is to improve the quality of life for individuals and families in need.

Manage Alerts

My Reminders:

Filter By:

Welcome Hendrickson, Eric K. You have logged-in with EXT Provider Eligibility Checker profile.

Links: --Select--

Path: Provider Portal/ Client Eligibility Inquiry/ Client Benefit Level/ Client Eligibility Inquiry/ Client Benefit Level/ Client Eligibility Inquiry

Note: path will update as you click on your selections.

Close Submit

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

Step 3
 Type in client's P1 ID in the appropriate field and click "Submit"
P1 Path: provider portal/client eligibility inquiry

Please contact Medical Assistance Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Client Eligibility Inquiry:

ProviderOne Client ID: 123456789WA

SSN:

Last Name:

First Name:

Date of Birth:

Inquiry Start Date: 04/13/2010 *

Inquiry End Date: 04/13/2010 *

Step 4

After clicking “submit” on the previous page, ensure correct client’s information is displayed. Ensure client is eligible for date of service requested. After verify the client’s information scroll down to check for an eligible program.

P1 Path: provider portal/client eligibility inquiry/client benefit level

Benefit Enquiry - Microsoft Internet Explorer provided by WA State Dept. of Corrections

File Edit View Favorites Tools Help

Address <https://www.waproviderone.org/edi/CNSIControlServlet> Go Links

ProviderOne My Inbox

Welcome Hendrickson, Eric K. You have logged-in with EXT Provider Eligibility Checker profile. Links: --Select--

Path: Provider Portal/ Client Eligibility Inquiry/ Client Benefit Level
Client Id: 123456789WA Name: John D. Doe

Printer Friendly Version
Close Submit Another Inquiry Exit

Selection Criteria Entered:

Date of Request: 04/13/2010	ProviderOne Client ID: 123456789WA
Time in Request: 02:05:15 PM PDT	Client Date of Birth:
Provider ID: 100989000	Client SSN:
From Date of Service: 04/13/2010	Client Last Name:
To Date of Service: 04/13/2010	Client First Name:

Client Demographic Information:

ProviderOne Client ID: 123456789WA	System Response Information:
Client First,Middle,Last Name: John D. Doe	Valid Request Indicator:
CSO/HCS: 151-Customer Service Center District 1	Reject Reason Code:
County Code: 004-Chelan	Follow-Up Action Code:
CSOR: 032-SPOKANE CENTRAL CSO	
Date of Birth: 01/01/0000	
Gender: Male	

Page ID: pgProvMedicaid(Client) Environment: EDI ID: wapwebi03_6080 Server Time: 04/13/2010 02:05:19 PDT

Done Internet

Continuation of step 4: After scrolling down

Check client eligibility package and that the client has an eligible program code for eyewear. Example of program code: CNP. Programs eligible for eyeglass hardware services are available in the Vision Billing Instructions

P1 Path: provider portal/client eligibility inquiry/client benefit level

Benefit Enquiry - Microsoft Internet Explorer provided by WA State Dept. of Corrections

File Edit View Favorites Tools Help

Address <https://www.waproviderone.org/edi/CNSIControlServlet> Go Links

ProviderOne My Inbox

Welcome Hendrickson, Eric K. You have logged-in with EXT Provider Eligibility Checker profile. Links: --Select--

Path: Provider Portal/ Client Eligibility Inquiry/ Client Benefit Level
Client Id: 123456789WA Name: John D. Doe

Printer Friendly Version

Client Eligibility Spans

Service Type Code	Insurance Type Code	Benefit Service Package	Eligibility Start Date	Eligibility End Date	ACES Coverage Group	ACES Case Number	Retro Eligibility	Delayed Certification
30: Health Benefit Plan Coverage	MC: Medicaid	CNP	01/01/2010	12/31/2999	C01	123456789		

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

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

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	Spokane County Regional Support Network	105021301	(800) 273-5864		01/01/2010	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Message(s):

Page ID: pgProvMedicaid(Client) Environment: EDI ID: wapwebi03_6080 Server Time: 04/13/2010 02:05:19 PDT

Done Internet

Welcome Hendrickson, Eric K. You have logged-in with EXT Provider Eligibility Checker profile.

Links: --Select--



Path: [Provider Portal](#) / [Client Eligibility Inquiry](#) / [Client Benefit Level](#)

Client Id: 123456789WA

Name: John D. Doe

Step 5
In the upper left hand corner of the Client Benefit Level screen, click on "Printer Friendly Version"

[Printer Friendly Version](#)

Selection Criteria Entered:

Date of Request: 04/13/2010
Time in Request: 11:51:04 AM PDT
Provider ID: 100989000
From Date of Service: 04/13/2010
To Date of Service: 04/13/2010

ProviderOne Client ID: 123456789WA
Client Date of Birth:
Client SSN:
Client Last Name:
Client First Name:

Client Demographic Information:

ProviderOne Client ID: 123456789WA
Client First,Middle,Last Name: John D. Doe
CSO/HCS: 151-Customer Service Center District 1
County Code: 004-Chelan
CSOR: 032-SPOKANE CENTRAL CSO
Date of Birth: 01/01/0000
Gender: Male

System Response Information:

Valid Request Indicator:
Reject Reason Code:
Follow-Up Action Code:

Selection Criteria Entered:

Date of Request: 04/13/2010
Time in Request: 11:51:04 AM PDT
Provider ID: 100989000
From Date of Service: 04/13/2010
To Date of Service: 04/13/2010

ProviderOne Client ID: 123456789WA
Client Date of Birth:
Client SSN:
Client Last Name:
Client First Name:

Step 6
Once the "Printer Friendly Version" screen appears go to step 7:

Client Demographic Information:

ProviderOne Client ID: 123456789WA
Client First,Middle,Last Name: John D. Doe
CSO/HCS: 151-Customer Service Center District 1
County Code: 004-Chelan
CSOR: 032-SPOKANE CENTRAL CSO
Date of Birth: 01/01/0000
Gender: Male
Language: ENG-English
Placement:
ACES Client ID: 123456789
HIC:

System Response Information:

Valid Request Indicator:
Reject Reason Code:
Follow-Up Action Code:

Client Eligibility Spans

Step 7

For NON Developmental Disabled clients, print ONLY PAGE 1 and submit with your order. For Developmental Disabled clients PRINT PAGES 1 & 2 and submit BOTH PAGES with your order.

Printer-Friendly Page

Page 1 of 2

Selection Criteria Entered:

Date of Request: 04/13/2010 ProviderOne Client ID: 123456789WA
 Time in Request: 11:03:43 AM PDT Client Date of Birth:
 Provider ID: 100989000 Client SSN:
 From Date of Service: 04/13/2010 Client Last Name:
 To Date of Service: 04/13/2010 Client First Name:

Client Demographic Information:

System Response Information:

ProviderOne Client ID: 123456789WA
 Client First,Middle,Last Name: John D, Doe
 CSO/HCS: 151-Customer Service Center District 1
 County Code: 004-Chelan
 CSOR: 032-SPOKANE CENTRAL CSO
 Date of Birth: 01/01/0000
 Gender: Male
 Language: ENG-English
 Placement:
 ACES Client ID: 123456789
 HIC:

Valid Request Indicator:
 Reject Reason Code:
 Follow-Up Action Code:

Client Eligibility Spans

Service Type Code	Insurance Type Code	Benefit Service Package	Eligibility Start Date	Eligibility End Date	ACES Coverage Group	ACES Case Number	Retro Eligibility	Delayed Certification
30: Health Benefit Plan Coverage	MC: Medicaid	CNP	01/01/2010	12/31/2999	C01	123456789		

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

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

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

Printer-Friendly Page

Page 1 of 2

Selection Criteria Entered:

Printer-Friendly Page

Page 2 of 2

HM: Health Maintenance Organization	MC: Capitated	Spokane County Regional Support Network	105021301	(800) 273-5864	01/01/2010	12/31/2999
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Message(s):

Developmental Disability Information

Start Date	End Date
01/01/1980	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Information Source Data

Name: WA State DSHS
 Identification Code Qualifier: PI: Payor Identification
 Primary Identifier: 77045
 Contact Name: WA State DSHS Provider Relations
 Communications Number: (800) 562-3022

Information Receiver Data

Organization: 1009890
 Provider Name: WASHINGTON STATE DEPARTMENT OF
 Provider Number: 100989000

Notes for Successful Order Placing:

1. Please ensure order form is filled out COMPLETELY AND LEGIBLY.
2. A confirmation receipt request cover sheet is highly advisable.
3. Incomplete or illegible orders will be rejected.
4. Effective May 9th all orders will only be accepted on the new ProviderOne order forms, any orders on the old forms will be rejected.

