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# **Provider Portal** Checking Member Eligibility and Benefits Guide

### Welcome!

This little guide walks you through the essential steps you'll need to complete for common tasks on the portal. Let's go!

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# Step 1: Login and search for the member profile

To confirm a member's eligibility and provider network status, simply:

- 1. Login to our portal at provider.hioscar.com
- 2. Search for the member by using their OSC ID, or by entering the patient's first name, last name, and date of birth.



### Step 2: Checking member eligibility

On a member's profile, you'll have access to their demographic details, coverage status, and the start and end dates of their plan coverage.



### **Demographic information**

"See more" tool tip:

- OSC ID
- Carrier
- Gender
- Gender identity
- Language
- DOB
- Phone
- Address
- Family Members
- Assigned PCP



### **Coverage period**

Use the calendar to easily check member eligibility for past or future dates by clicking forward or backward.







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### **Coverage status**

Simply hover over the status icon to view details. The status may include:

- Active: The member is eligible for covered benefits.
- **Inactive:** The member's plan is not active. Benefits are not eligible for coverage.
- Plan not started: Coverage period has not started.
- **Out of network:** The plan is not in-network with this provider and organization and benefits are not eligible for coverage.
- **Grace period:** The plan is currently active but not up-to-date on premium payment.

Reference: <u>Provider Manual</u> for specific plan details on claim coverage.

**Delinquent:** The plan is currently active but not up-to-date on premium payment.

Reference: <u>Provider Manual</u> for specific plan details on claim coverage.

#### **Referral requirement notice**

This message appears for members enrolled in an HMO plan that requires referrals for specialist care.

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# Step 3: Checking member plan and benefits

Explore the member's plan details in the "Benefits & Coverage" tab:





### Plan accumulators

- Deductible: shows how much the member has paid toward their annual deductible.
- *Maximum out-of-pocket:* Displays the total amount the member may need to pay before the plan covers 100% of eligible cost.



Specific benefit limits for the member's plan, click to expand:

- *Limits*: How many uses are allowed. (e.g., 0 of uses)
- **Resets**: When the limit resets. (e.g., at the end of plan year)

**Note:** Benefit details update based on the member's eligibility dates you select in the calendar.

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# Step 4: Searching for member benefits

## Scroll down to the "Search coverage & benefits" section to explore member plan benefits.

### Use the search bar to find specific benefits

- Enter a keyword related to the service or benefit you're looking for (e.g., "therapy", "preventative", "emergency").
- 2. A dropdown menu with related benefits will appear.
- 3. Select the most relevant option to view detailed information, including:
  - Coverage by location
  - Pre/post deductible
  - Referral requirement, if applicable

**Note**: Use broad terms if you're unsure of the exact benefit name (e.g., type "labs" instead of "freestanding labs").

#### Search coverage & benefits

Simply enter one keyword (e.g., "therapy"), and a dropdown with related benefits will appear. Choose the best match to see detailed information, including coverage by location, pre- and post-deductible coverage.

Search by keyword (e.g. "therapy" or "MRI") therapy	
Radiation <b>therapy</b> Found In: Cancer Montal basith <b>therapy</b>	Post-deductible \$30 / \$30
Found in: Mental health & substance use disorder services	Full price / 20%
Infusion therapy Found in: Professional services and outpatient care	Full price / 20% Full price / 20%
Intensive behavioral therapy (IBT) Found in: Mental health & substance use disorder services	Full price / 20%
Generics (Tier 1)	Full price / 20%
Preferred Brands (Tier 2)	Full price / 20%
Non-Preferred Brands (Tier 3)	Full price / 20%
Specialty (Tier 4)	Full price / 20%

#### Out-of-network care

Services at out-of-network providers are not covered except for some cases of emergency or urgent care (based on state requirements and plan's conditions).

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### Step 5: Viewing member benefit details

Once you've selected a specific benefit, the benefits details page will display detailed coverage information.

### Review the benefit breakdown

- 1. **Location/tier:** Identifies where the service is provided.
- 2. **Pre-deductible cost:** Shows the members responsibility for cost before meeting their deductible.
- Post-deductible cost: Displays the member's cost after meeting their deductible.

General benefits > Mental health & substance use disorder services Mental health & substance use disorder services Related benefits Mental health therapy Location / Tier Pre-deductible Post-deductible At specialist 20% coinsurance 20% coinsurance Inpetient Facility Allowed amount 20% coinsurance Physician Allowed amount 20% coinsurance Outpatient Facility Allowed amount 20% coinsurance Physician 20% coinsurance 20% coinsurance

### **Understand cost terms**

Cost-sharing terms can vary depending on the service and the member's specific health plan. Below are the most common terms you'll encounter.

- 1. Allowed amount: The maximum payment the plan will cover for a specific service. Check the provider contract for rate specifics.
- Coinsurance: The percentage of the allowed amount that the member pays for covered services.
- 3. **Copay:** A fixed dollar amount that the member must pay for a specific service, typically at the time of the visit.

**Note:** The member is responsible for their share costs according to the details of their plan. In-network providers should not bill members beyond these amounts.

General benefits > Mental health & substance use disorder services

#### Mental health & substance use disorder services

ental health therapy		
Location / Tier	Pre-deductible	Post-deductible
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