Verify benefit plan and Prioritized List coverage at https://www.or-medicaid.gov

At the main menu, click **Benefits and HSC Inquiry**.

- Enter the client’s 8-digit ID number, your provider number, a valid procedure code, diagnosis code, date of service, and the claim type for the procedure;
- Click both the **Client Inquiry** and **HSC List Inquiry** boxes; then click **Search**.

You will then see the following information. **This information is not a guarantee of eligibility or payment.** Always verify client eligibility, enrollment and whether any third-party liability exists.

### Client Information

This section describes service coverage according to the client’s benefit plan and current eligibility.

- **Eligible (Yes/No):** Whether the client is eligible on the date of service
- **Benefit plan:** The one that covers the service:
  - BMD - OHP with Limited Drug
  - BMH - OHP Plus
  - BMM - Qualified Medicare Beneficiary (QMB) with OHP with Limited Drug benefits
  - BMP - OHP Plus Supplemental
  - CWM - CAWEM
  - CWX - OHP Plus for CAWEM Prenatal program clients
  - MED - QMB-Only
- **Plan of Care (Yes/No):** Whether the service requires a Plan of Care.
- **Effective Date:** Of service coverage
- **CoPay (Yes/No):** Whether the service requires copayment.
- **Managed Care (Yes/No):** Whether the client is in a coordinated care organization or managed care plan.
- **PA Required (Yes/No):** Whether PA is required.

### HSC Prioritized List Information

- **Funding Line:** The Prioritized List line funded by the Oregon Legislature for the dates of service you entered.
- **HSC Response:** The line placement for the information entered. “Above the line” means between lines 1 and the current funding line and indicates a potentially covered service. The response also indicates if a procedure and diagnosis are paired (on the same line) or not paired (on different lines).
- **Diagnostic Procedure (Yes/No):** Indicates whether the procedure is diagnostic and covered by OHP.

### HSC Prioritized List Detail:

Click on one of the lines in the top part of this section; descriptions for Condition, Treatment, Coding Clarification, Statement of Intent, and related guidelines will display in the lower half of the screen. For more information, refer to the Health Evidence Review Commission website at www.oregon.gov/oha/herc/Pages/PrioritizedList.aspx.

- Above the line - Covered
- Exempt - Covered
- Diagnostic - Covered
- Below the line - Not Covered
- Excluded - Not Covered
- Suspend for Review

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