How to search for a Member eligibility and existing Referral/Preauthorization in web

To check for member benefits/Eligibility

Provider logs into the web portal.

On Left navigational pane- Select Benefits/Eligibility

How to search for a Member eligibility and existing Referral/Preauthorization in web

Welcom[REDACTED]   Change PIN | Log Out   AAA 🖨

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GHI PPO members (other than City of New York) are being issued new ID Cards with new member IDs upon plan renewal. We expect this process will be complete by the end of 2020. You will know a member has been migrated when you see an 11-digit alphanumeric member ID. The IDs will start with the letter "K" followed by a unique 8-digit number. The final two digits distinguishes the subscriber from each dependent (01, 02, 03, etc.). The old IDs were all numeric and 11 digits long and didn't start with the letter "K". The radiation therapy & cardiology imaging programs, as well as the HIP radiology self-referral payment policy, will apply to migrated commercial GHI PPO members. Members who access the Medicare Choice PPO Network and have been issued new IDs will not participate in these eviCore programs .

Eligibility and Benefits Search

Patient ID Number Search		Patient Name Search	
Enter multiple patient ID numbers separated by commas.		Last Name:*	[ ]
[REDACTED]	OR	Date of Birth:*	mm/dd/yyyy
Search		Search	

Choose Eligibility as of Date (HIP only)

◉ Today

○ Previous Date: [   ] 🗓

*Required Fields

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GHI PPO members (other than City of New York) are being issued new ID Cards with new member IDs upon plan renewal. We expect this process will be complete by the end of 2020. You will know a member has been migrated when you see an 11-digit alphanumeric member ID. The IDs will start with the letter "K" followed by a unique 8-digit number. The final two digits distinguishes the subscriber from each dependent (01, 02, 03, etc.). The old IDs were all numeric and 11 digits long and didn't start with the letter "K". The radiation therapy & cardiology imaging programs, as well as the HIP radiology self-referral payment policy, will apply to migrated commercial GHI PPO members. Members who access the Medicare Choice PPO Network and have been issued new IDs will not participate in these eviCore programs .

Click on a covered individual to view benefit information.

HMO Medical Eligibility (as of 03/17/2020)

Please note: Previous Date searches apply to HIP member searches only.

	Name			ID #	Date of Birth	Primary/ Secondary	Effective Date	Status	PCP	Plan
📧	▓▓▓	Details	Benefits	▓		Unknown	▓▓▓▓			HIP

Check Hospital Eligibility

Check Dental Eligibility

New Search   📧 Request Temporary ID Card

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How to search for a Member eligibility and existing Referral/Preauthorization in web

How to search for the status of the Preauthorization

Provider logs into the web portal.

On Left navigational pane- Select Pre-Certifications/Prior Approvals

How to search for a Member eligibility and existing Referral/Preauthorization in web

An admin page is displayed. Screen will look different for a provider. Search can be done in 2 ways:

- Search for Referral or Prior Approval
- Search by Trace #/Auth#

How to search for a Member eligibility and existing Referral/Preauthorization in web

Enter the details to search for the Referral or Prior authorization with details if the HIP Auth # and or Trace number is not available.

How to search for a Member eligibility and existing Referral/Preauthorization in web

To search when Hip Auth and or Trace number is available.

Select radio button and enter the Trace # or HIP Authorization number and click on Search.

How to search for a Member eligibility and existing Referral/Preauthorization in web

The full case is displayed.

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Providers

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- Referrals
- Prior Approvals
- **Search Referrals and Prior Approvals**
- Request ER Notification
- Search ER Notification
- Check if pre-auth is required

Review entered via Web on 03/17/2020 10:14:23 AM

Your trace number is 37371657. This trace number is provided for your use in corresponding with the HIP Care Management Department in identifying this prior approval request. This Prior Approval does not guarantee payment to the servicing provider/vendor. Payment is contingent on the member's continued eligibility and contractual benefit limits.

Review Type:	(O) Outpatient Facility	**My Trace #:**	
Category:	(HS) Health Services Review	**HIP Authorization#:**	
Certification:	(I) Initial	**Review Status:**	

Member ID:		**Member Plan:**	
		Member PCP:	
Member Name:		**Member PCP Phone:**	
Member Sex:		**Member Eligibility Date:**	
Member DOB:		**Managing Entity:**	

Requesting Provider:		**Facility:**	

Contact Name:	
Contact Phone:	
Contact Fax:	

Service Type:	(1) Medical Care	**Facility Code:**	(22) On Campus - Outpatient Hospital
Service Level:	(01) Elective	**Release Of Info:**	(Y) Yes, Provider has a Signed Statement
Service Date:	03/17/2020		
Notify Date:	//	**Received Via:**	

Diagnosis:

Code	Description
R31.29	OTHER MICROSCOPIC HEMATURIA

Procedures:

Code	Description	Modifier	Date	Requested Units	Approved Units
52000	CYSTOSCOPY	--	03/17/2020	1	1

52000
Details: