Login Screen

- Enter User Name and Password
- Click 'Log In'



Person Health Registry System (PHRS) - Provider Coverage Viewer

	Log In
	User Name:
	Password:
	Domain: HEALTH
	Log In
	Change Password
	Access Policy
property of the the content HEALTH IN transaction against a	ver, and the personal health information accessed through it, is the ne Government of Saskatchewan (Saskatchewan Health). Access to s of this site except by agencies AUTHORIZED BY SASKATCHEWAN I WRITING or their authorized employees is strictly prohibited. All ns are monitored, logged and reviewed. Legal action will be taken ny person accessing the information without prior approval from newan Health AND THOSE WHO UTILIZE THE INFORMATION FOR UNAUTHORIZED OR UNLAWFUL PURPOSES.

Password Expiry Warning Screen

Click 'Continue'

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Person Health Registry System (PHRS) - Provider Coverage Viewer

Password Expiry Warning									
Your password will expire in 24 days.									
	Continue								

Search Screen

- Enter 9 digit HSN in 'HSN Field'
- Enter Date of Service in 'Date of Service Field' (note, this field will ALWAYS default to today's date)
- Click 'Find'
- NOTE: A disclaimer appears on the bottom of all screen in 'red' that states "If coverage is indicated above, this is NOT a prior approval of services NOR is it a guarantee of payment of services by the Saskatchewan Ministry of Health."

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 If an HSN is entered that is not found, you will receive an error message "HSN NOT FOUND. PLEASE VERIFY NUMBER"

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 If an HSN is entered that is not valid format, you will receive an error message "HSN must only contain numbers" and "HSN NOT FOUND. PLEASE VERIFY NUMBER"

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• If a 'Future' Date of Service is entered, you will receive an error message "Date of Service must be today or earlier" and the calendar will appear.

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Dental/Orthodontist/Denturist/Dental Lab Results

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	Provider Coverage Viewer 2010/01/08 10:1 User: HEALTHYEJENNING	15:29 AM
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-Search HSN:	99999999	
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Find Clear		
-Results		
Date: 08/01	1/2010 10:16:47	
HSN:	99999999	
Name:	Jane Doe	
Date of Birth	n: 1969/04/24	
	upplementary Health Coverage Y	
Er	mergency Dental Coverage Y	

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• Supplementary Health Coverage

Y – means client is eligible for Supplementary Health benefits *see Emergency Dental Coverage below N – means client is NOT eligible for Supplementary Health benefits

* Emergency Dental Coverage (if Y to above)

Y - means client is eligible for Emergency Dental benefits ONLY

N – means client is eligible for FULL Dental benefits

Optical Results Example 1

		Provider Coverage Viewer User:	2010/11/02 10:39:44 A logo change passwor
Search			
HSN: [*] Date Of Servi	9999999999 ce:* 2010/11/02		
Find Clear			
	11/02 10:42:22	2	
HSN:	999999999		
Name:	JOHN DOE		
Date of Birth:	1975/06/25		
Age (Years)	as of Date of Serv	rice: 35	
	Paid Eye Exam:		
		e is an exam in the eligibility period.	
	sic Health Cov	-	Y
		ealth Coverage	<u> </u>
Ot	ther Extended E	Benefits Coverage	N

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Age (Years) as of Date of Service
 This is the age of the patient on the entered Date of Service

• Date of Last Paid Eye Exam

• If there is a paid Eye Exam on the patient's service history, and the patient has the appropriate coverage according to her/his age, the date of the last paid eye exam will be shown here.

- Basic Health (this is for checking if a client has a valid health card)
 Y means client has an active Saskatchewan Health Card
 N means client does NOT have an active Saskatchewan Health Card
- Supplementary Health Coverage (client may be eligible for an eye exam and/or eyewear) Y – means client is eligible for Supplementary Health benefits.
 - Prior approval is required for eyewear. Call Supplementary Health Benefits at 787-3125 or 1-800-266-0695
 - N means client is NOT eligible for Supplementary Health benefits
- Other Extended Benefits Coverage (client may be eligible for an eye exam under a program that has Extended Health Benefits)

Y – means client may be eligible for an eye exam only under Extended Health benefits.

N - means client is NOT eligible for an eye exam under Extended Health benefits

Optical Results Example 2: Under 18 - No Last Paid Eye Exam Date

Provider Coverage Viewer User:	2010/11/02 10:39:44 AM logout change password
Search HSN:* 999999999 Date Of Service:* 2010/11/02 Find Clear	
-Results Date: 2010/11/02 10:43:40	
HSN: 999999999 Name: JOHN DOE Date of Birth: 1999/07/23	
Age (Years) as of Date of Service: 11 Date of Last Paid Eye Exam: ** a Date will only be displayed if there is an exam in the eligibility period.	
Basic Health Coverage Supplementary Health Coverage Other Extended Benefits Coverage	Y N N

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Optical Results Example 3: Under 18 – Last Paid Eye Exam Date

Provider Coverage Viewer User:	2010/11/02 10:39:44 AM logout change password
Search HSN:* 999999999 Date Of Service:* 2010/11/02 Find Clear	
Results Date: 2010/11/02 10:43:40 HSN: 999999999 Name: JOHN DOE Date of Birth: 1999/07/23	
Age (Years) as of Date of Service: 11 Date of Last Paid Eye Exam: 2010/02/23 ** a Date will only be displayed if there is an exam in the eligibility period. Basic Health Coverage Supplementary Health Coverage Other Extended Benefits Coverage	Y N N

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Optical Results Example 4: Over 18 – No Last Paid Eye Exam Date

	Provider (User:	Coverage Viewer	2010/11/02 10:39:44 AM logout change password
Search			
HSN:* Date Of Service:*	9999999999 2010/11/02		
Find Clear			
Results Date: 2010/11/0	02 10:43:40		
HSN: 9999999			
Name: JOHN DO	DE 980/03/30		
Age (Years) as of	Date of Service: 30		
Date of Last Paid I	Eye Exam:		
** a Date will only be di	splayed if there is an exam in the	eligibility period.	
	Health Coverage		Y
	ementary Health Covera	-	Y
Other	Extended Benefits Cove	erage	N

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Optical Results Example 5: Over 18 – Last Paid Eye Exam Date

Provider Coverage Viewer User:	2010/11/02 10:39:44 AM logout change password
Search HSN:* 999999999 Date Of Service:* 2010/11/02 Find Clear	
Results Date: 2010/11/02 10:43:40 HSN: 999999999 Name: JOHN DOE Date of Birth: 1980/03/30	
Age (Years) as of Date of Service: 30 Date of Last Paid Eye Exam: 2010/02/26 *** a Date will only be displayed if there is an exam in the eligibility period. Basic Health Coverage Supplementary Health Coverage Other Extended Benefits Coverage	Y Y N

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Optical Results Example 6: 65 & Over – No Last Paid Eye Exam Date

	Provider Coverage Viewer User:	2010/11/02 10:39:44 AM Togout change password
Search HSN:* Date Of Sea Find Clear	999999999 rvice:* 2010/11/02	
-Results- Date: 201	.0/11/02 10:44:01	
HSN: Name: Date of Bir	999999999 JOHN DOE th: 1945/10/03	
Date of Las	s) as of Date of Service: 65 st Paid Eye Exam: only be displayed if there is an exam in the eligibility period.	
	Basic Health Coverage Supplementary Health Coverage Other Extended Benefits Coverage	Y N Y

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Optical Results Example 7: 65 & Over – Last Paid Eye Exam Date

	Provider Coverage Viewer User:	2010/11/02 10:39:44 AM logout change password
Search HSN:* Date Of Servio Find Clear	999999999 ce:* 2010/11/02	
-Results Date: 2010/	11/02 10:44:01	
HSN: Name: Date of Birth:	999999999 JOHN DOE 1945/10/03	
Date of Last P	as of Date of Service: 65 Paid Eye Exam: 2010/02/26 be displayed if there is an exam in the eligibility period.	
Ba Su	sic Health Coverage pplementary Health Coverage her Extended Benefits Coverage	Y N Y

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Optical Dispensers Results

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-Search—	
HSN:	999999999
Date Of Ser	vice: 2010/01/08
Find Clear	
-Results—	
Date: 08/0	01/2010 09:51:18
	00000000
HSN:	999999999 Jane Doe
Name:	
Date of Birt	h: 1992/05/08
	Supplementary Health Coverage Y
If coverage is	s indicated above, this is NOT a prior approval of services NOR is it a guarantee of payment of services by

the Saskatchewan Ministry of Health.

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Supplementary Health Coverage Y – means client is eligible for Supplementary Health benefits N – means client is NOT eligible for Supplementary Health benefits

Chiropractor Results

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-Search	
HSN: 999999999	
Date Of Service: 2010/01/08	
Find Clear	
Results	
Date: 08/01/2010 11:07:40	
HSN: 999999999	
Name: Jane Doe	
Date of Birth: 1925/12/06	
Basic Health Coverage	Y
Extended Health Benefits Coverage	Y

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- Basic Health (this is for checking if a client has a valid health card)
 Y means client has an active Saskatchewan Health Card
 N means client does NOT have an active Saskatchewan Health Card
- Extended Benefits Coverage (client may be eligible for chiropractic services under a program that has Extended Health Benefits)

Y – means client is eligible for Chiropractic Services under Extended Health benefits

N – means client is NOT eligible for Chiropractic Services under Extended Health benefits

Medical Supplies Results

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HSN:	77777777			
Date Of Se	ervice: 2010/01/08			
Find Clear	r			
-Results-				
Date: 08,	/01/2010 09:51:18			
HSN:	999999999			
Name:	Jane Doe			
Date of Birth: 1992/05/08				
	Supplementary Health	n Coverage	Y	
:f coverage	is indicated above, this is N	IOT a prior approval of services NOR is it a guarantee of pay	ment of services by	

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Supplementary Health Coverage Y – means client is eligible for Supplementary Health benefits N – means client is NOT eligible for Supplementary Health benefits

Ambulance Results

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	Provider Coverage Viewer	2010/01/08 9:51:12 AM
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HSN:	999999999	
Date Of Service:	: 2010/01/08	
Find Clear		
-Results		
Date: 08/01/2	2010 09:51:18	
	00000000	
HSN:	999999999	
Name: Ja	Jane Doe	
Date of Birth: 19	992/05/08	
Supp	plementary Health Coverage	Y
e annound to tout	insted shows, this is NOT a prior approval of convince NOP is it a guarantee of payme	and and any dama have

:f coverage is indicated above, this is NOT a prior approval of services NOR is it a guarantee of payment of services by the Saskatchewan Ministry of Health.

Supplementary Health Coverage •

- Y means client is eligible for Supplementary Health benefits N means client is NOT eligible for Supplementary Health benefits

Northern Transportation Results

User: HEALTHUS Uged Change passwork Search			
User: HEALTHEJENNING Search 9999999999 Date Of Service:* 2011/04/28 Find Clear Results Date: 2011/04/28 11:27:06 HSN: 999999999 Name: Jane Doe Date of Birth: 1990/01/17		Provider Coverage Viewer	2011/04/28 11:27:00 AM
HSN:* 999999999 Date Of Service:* 2011/04/28 Find Clear Results Clear Date: 2011/04/28 11:27:06 HSN: 999999999 Name: Jane Doe Date of Birth: 1990/01/17		User: HEALTH\EJENNING	
HSN:* 999999999 Date Of Service:* 2011/04/28 Find Clear Results Clear Date: 2011/04/28 11:27:06 HSN: 999999999 Name: Jane Doe Date of Birth: 1990/01/17			
Find Clear Results Date: 2011/04/28 11:27:06 HSN: 999999999 Name: Jane Doe Date of Birth: 1990/01/17			
Results Date: 2011/04/28 11:27:06 HSN: 999999999 Name: Jane Doe Date of Birth: 1990/01/17	Date Of Serv	ice:* 2011/04/28	
Date: 2011/04/28 11:27:06 HSN: 99999999 Jane Doe Jane Doe Date of Birth: 1990/01/17	Find Clear		
HSN: 999999999 Name: Jane Doe Date of Birth: 1990/01/17	Results		
Name: Jane Doe - Date of Birth: 1990/01/17	Date: 2011	/04/28 11:27:06	
Date of Birth: 1990/01/17	HSN:	999999999	
	Name:	Jane Doe	
	Date of Birth	:1990/01/17	
Age (Years) as of Date of Service: Date of Last Paid Eye Exam: ** a Date will only be displayed if available and the patient has appropriate coverage.	Date of Last	as of Date of Service: Paid Eye Exam: Iv be displayed if available and the patient has appropriate coverage	
Supplementary Health Coverage N	Supplemen	tary Health Coverage N	
Basic Health Coverage N	Basic Heal	th Coverage N	

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