

Provider Coverage Viewer Procedure

Login Screen

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

Person Health Registry System (PHRS) - Provider Coverage Viewer - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss

Address <http://pcvtest-x.health.gov.sk.ca/frmlLogin.aspx?ReturnUrl=%2fDefault.aspx>

Person Health Registry System (PHRS) - Provider Coverage Viewer

Log In

User Name:

Password:

Domain:

Log In

Change Password

Access Policy

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Password Expiry Warning Screen

- Click 'Continue'

Person Health Registry System (PHRS) - Provider Coverage Viewer - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit Discuss

Address <http://pcvtest-x.health.gov.sk.ca/frmlLogin.aspx?ReturnUrl=%2fDefault.aspx>

Person Health Registry System (PHRS) - Provider Coverage Viewer

Password Expiry Warning

Your password will expire in 24 days.

Continue

Provider Coverage Viewer Procedure

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."

Microsoft Internet Explorer

lp

Home Search Favorites History Mail Print Edit Discuss

a/Default.aspx

Provider Coverage Viewer 2009/12/23 11:51:13 AM

User: HEALTHIEJENNING

Search

HSN:

Date Of Service: 2009/12/23

Find Clear

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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"

Explorer

jeViewer.aspx

Provider Coverage Viewer 2010/01/08 9:51:12 AM

User: HEALTHIEJENNING

Search

HSN: 99999999

Date Of Service: 2010/01/08

Find Clear

HSN NOT FOUND. PLEASE VERIFY NUMBER

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Provider Coverage Viewer Procedure

- 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”


Internet Explorer


Search Favorites History Mail Print Edit Discuss

ageViewer.aspx

Provider Coverage Viewer 2010/01/08 9:51:12 AM
User: HEALTHIEJENNING

Search

HSN: 12345678A  **HSN must only contain numbers**

Date Of Service: 2010/01/08 

HSN NOT FOUND. PLEASE VERIFY NUMBER

Find Clear

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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.

Internet Explorer



Search Favorites History Mail Print Edit Discuss

ageViewer.aspx

Provider Coverage Viewer 2010/01/08 9:51:12 AM
User: HEALTHIEJENNING

Search

HSN: 99999999

Date Of Service: 2010/01/10   **Date of Service must be today or earlier**

Find Clear

January, 2010

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | 1 | 2 | 3 | 4 | 5 | 6 |

Today: January 8, 2010

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Provider Coverage Viewer Procedure

Dental/Orthodontist/Denturist/Dental Lab Results

Explorer

Search Favorites History Mail Print Edit Discuss

jeViewer.aspx

Provider Coverage Viewer 2010/01/08 10:15:29 AM
User: HEALTHVEJENNING

Search
HSN: 99999999
Date Of Service: 2009/03/15
Find Clear

Results
Date: 08/01/2010 10:16:47
HSN: 99999999
Name: Jane Doe
Date of Birth: 1969/04/24

| | |
|-------------------------------|---|
| Supplementary Health Coverage | Y |
| Emergency 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

Provider Coverage Viewer Procedure

Optical Results Example 1

Provider Coverage Viewer

2010/11/02 10:39:44 AM

User:

logout

change password

Search

HSN:* 999999999

Date Of Service:* 2010/11/02

Find Clear

Results

Date: 2010/11/02 10:42:22

HSN: 999999999

Name: JOHN DOE

Date of Birth: 1975/06/25

Age (Years) as of Date of Service: 35

Date of Last Paid Eye Exam:

** a Date will only be displayed if there is an exam in the eligibility period.

| | |
|----------------------------------|---|
| Basic Health Coverage | Y |
| Supplementary Health Coverage | N |
| Other Extended 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

Provider Coverage Viewer Procedure

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

| Provider Coverage Viewer | | 2010/11/02 10:39:44 AM |
|--------------------------|--|---|
| User: | | logout change password |

| Search | |
|-------------------------------------|---|
| HSN:* | <input type="text" value="999999999"/> |
| Date Of Service:* | <input type="text" value="2010/11/02"/>  |
| <input type="button" value="Find"/> | <input type="button" value="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 | Y |
| Supplementary Health Coverage | N |
| Other Extended Benefits Coverage | N |


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Provider Coverage Viewer Procedure

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

| Provider Coverage Viewer | | 2010/11/02 10:39:44 AM |
|--------------------------|--|---|
| User: | | logout change password |

| Search | |
|-------------------------------------|---|
| HSN:* | <input type="text" value="999999999"/> |
| Date Of Service:* | <input type="text" value="2010/11/02"/>  |
| <input type="button" value="Find"/> | <input type="button" value="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 | Y |
| Supplementary Health Coverage | N |
| Other Extended Benefits Coverage | N |


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Provider Coverage Viewer Procedure

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

| | | |
|---------------------------------|--|---------------------------------|
| Provider Coverage Viewer | | 2010/11/02 10:39:44 AM |
| User: | | logout |
| | | change password |

| | |
|-------------------------------------|---|
| Search | |
| HSN:* | <input type="text" value="999999999"/> |
| Date Of Service:* | <input type="text" value="2010/11/02"/>  |
| <input type="button" value="Find"/> | <input type="button" value="Clear"/> |

| | |
|---|---|
| Results | |
| Date: 2010/11/02 10:43:40 | |
| HSN: | <input type="text" value="999999999"/> |
| Name: | <input type="text" value="JOHN DOE"/> |
| Date of Birth: | <input type="text" value="1980/03/30"/> |
| Age (Years) as of Date of Service: <input type="text" value="30"/> | |
| Date of Last Paid Eye Exam: <input type="text" value=""/> | |
| ** a Date will only be displayed if there is an exam in the eligibility period. | |
| Basic Health Coverage | <input type="text" value="Y"/> |
| Supplementary Health Coverage | <input type="text" value="Y"/> |
| Other Extended Benefits Coverage | <input type="text" value="N"/> |


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Provider Coverage Viewer Procedure

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

| Provider Coverage Viewer | | 2010/11/02 10:39:44 AM |
|--------------------------|--|---|
| User: | | logout change password |

| Search | |
|-------------------------------------|---|
| HSN:* | <input type="text" value="999999999"/> |
| Date Of Service:* | <input type="text" value="2010/11/02"/>  |
| <input type="button" value="Find"/> | <input type="button" value="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 | Y |
| Supplementary Health Coverage | Y |
| Other Extended Benefits Coverage | N |


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Provider Coverage Viewer Procedure

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

| | | |
|---------------------------------|--|---------------------------------|
| Provider Coverage Viewer | | 2010/11/02 10:39:44 AM |
| User: | | logout |
| | | change password |

| | |
|-------------------------------------|---|
| Search | |
| HSN:* | <input type="text" value="999999999"/> |
| Date Of Service:* | <input type="text" value="2010/11/02"/>  |
| <input type="button" value="Find"/> | <input type="button" value="Clear"/> |

| | |
|---|------------|
| Results | |
| Date: 2010/11/02 10:44:01 | |
| HSN: | 999999999 |
| Name: | JOHN DOE |
| Date of Birth: | 1945/10/03 |
| Age (Years) as of Date of Service: 65 | |
| Date of Last Paid Eye Exam: | |
| ** a Date will only be displayed if there is an exam in the eligibility period. | |
| Basic Health Coverage | Y |
| Supplementary Health Coverage | N |
| Other Extended Benefits Coverage | Y |


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Provider Coverage Viewer Procedure

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

| | |
|---------------------------------|---------------------------------|
| Provider Coverage Viewer | 2010/11/02 10:39:44 AM |
| User: | logout |
| | change password |

| | |
|-------------------------------------|---|
| Search | |
| HSN: * | <input type="text" value="999999999"/> |
| Date Of Service: * | <input type="text" value="2010/11/02"/>  |
| <input type="button" value="Find"/> | <input type="button" value="Clear"/> |

| | |
|---|------------|
| Results | |
| Date: 2010/11/02 10:44:01 | |
| HSN: | 999999999 |
| Name: | JOHN DOE |
| Date of Birth: | 1945/10/03 |
| Age (Years) as of Date of Service: 65 | |
| 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 | Y |
| Supplementary Health Coverage | N |
| Other Extended Benefits Coverage | Y |

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Provider Coverage Viewer Procedure

Optical Dispensers Results

plorer

ch Favorites History Mail Print Edit Discuss

viewer.aspx

Provider Coverage Viewer 2010/01/08 9:51:12 AM
User: HEALTHIEJENNING

Search

HSN: 999999999

Date Of Service: 2010/01/08

Find Clear

Results

Date: 08/01/2010 09:51:18

HSN: 999999999

Name: Jane Doe

Date of Birth: 1992/05/08

Supplementary Health Coverage Y

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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

Provider Coverage Viewer Procedure

Chiropractor Results

Explorer

ch Favorites History Mail Print Edit Discuss

Viewer.aspx

Provider Coverage Viewer 2010/01/08 11:06:04 AM
User: HEALTH/EJENNING

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

Provider Coverage Viewer Procedure

Medical Supplies Results

plorer

ch Favorites History Mail Print Edit Discuss

viewer.aspx

Provider Coverage Viewer 2010/01/08 9:51:12 AM
User: HEALTHIEJENNING

Search

HSN: 999999999

Date of Service: 2010/01/08

Find Clear

Results

Date: 08/01/2010 09:51:18

HSN: 999999999

Name: Jane Doe

Date of Birth: 1992/05/08

Supplementary Health Coverage Y

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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

Provider Coverage Viewer Procedure

Ambulance Results

plorer

ch Favorites History Mail Print Edit Discuss

/viewer.aspx

Provider Coverage Viewer 2010/01/08 9:51:12 AM
User: HEALTHIEJENNING

Search

HSN: 999999999

Date Of Service: 2010/01/08

Find Clear

Results

Date: 08/01/2010 09:51:18

HSN: 999999999

Name: Jane Doe

Date of Birth: 1992/05/08

Supplementary Health Coverage Y

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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

Provider Coverage Viewer Procedure

Northern Transportation Results

| | |
|---------------------------------|---------------------------------|
| Provider Coverage Viewer | 2011/04/28 11:27:00 AM |
| User: HEALTHIEJENNING | logout |
| | change password |

| | |
|-------------------------------------|--------------------------------------|
| Search | |
| HSN:* | 999999999 |
| Date Of Service:* | 2011/04/28 |
| <input type="button" value="Find"/> | <input type="button" value="Clear"/> |

| | |
|---|------------|
| Results | |
| Date: 2011/04/28 11:27:06 | |
| 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. | |
| Supplementary Health Coverage | N |
| Basic Health Coverage | N |

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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
- **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