

As a rule, the eligibility result displays information as it has been received from the payer. The data is formatted for easy viewing, but the data itself is not altered. Results in red font should be reviewed, and the information *manually* updated in the system. Plan/Product is the only information we update automatically based on the response. Eligibility results are retained for one calendar year.

If using the calendar module, we suggest Job Scheduler. Set it up to run Eligibility before the patient's visit. See enclosed Job Scheduler > Batch Eligibility

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Eligibility Verification is available from:

Patient Dashboard > 'Active Policies' link displays next to insurance where verification is available.

Patient Dashboard				Patient: 110781		
Insurance	Status	Role	YFY	Effective	Expiration	Eligibility / Verified DOS
BCBS BCBS	DEFAULT	PRIMARY	YFY	01/01/2016		Check <input type="checkbox"/> / 11/15/2017 11/15/2017 ✓

Appointment page

'Eligibility' hyperlink shows all historic checks

[Eligibility] button should *only* be used if you need to run the eligibility again. If you have a green check mark on this button, the patient has eligible insurance, click the hyperlink 'Eligibility' to review the results

[9727] | 05/17/1931 | 86 years | F ~ (?)

Phone: H: [redacted] C: [redacted] W: [redacted]

Insurance: [1]-MEDICARE [2]-BCBS (DEFAULT) [01/01/2006 - No Expirat

[Eligibility](#) ✓

Edit Appointment	Patient Dashboard	Enter Copay
Print Ticket	Edit Demographics	Enter Charge
Print Schedule	Insurance Management	Service History
Print Form	Recalls	Eligibility

How to read Eligibility:

1. Review Dependent / Subscriber, information in RED (Policy/Group) should be manually updated on the Add/Modify Policy screen

Address listed is FROM the payer * useful for DME

Effective/End or Term date where available OR when viewing 'history' the Requested Date

Eligibility result data in red font, indicates information that is different from what is currently on the insurance policy. A common example of this is a Group Number in the result when there is no Group number recorded on the policy. This data can easily be copied and pasted into the appropriate policy field.

Status (?)
 Eligible

Eligibility Request

Patient Name	DOB	Policy Number	Type
			General Benefits

Dependent 1

Dependent's Name	Address	Policy Number
	123 Main ST anywhere USA	PP022-ZS Blue Cross Bl

Group Number / Group Name: 60006732 Policy Effective: 08/01/2008 OR Request Date: 01/02/2018 Eligibility End: 12/01/2017

MEMBER SERVICES: (800) 452-6333

Subscriber 1

Subscriber's Name

2. Use the Search drop-down to filter by specialty or for general coverage '*Health Benefits Plan'

Policy Number / Payer Name

Eligibility

Service: All 2

- *Health Benefit Plan Coverage
- Emergency Services
- Hospital - Emergency Accident
- Hospital - Emergency Medical
- Hospital - Outpatient
- Hospital-Inpatient
- Hospital
- Medical Care

Pay special attention to: A) Deductible, B) Copay - remaining or left to pay

Type	Coverage	Network	Benefits
Active Coverage	Plan: Medicare Part A		11/01/2017
Deductible	Time Period: Episode		\$1340
Deductible	Plan: Medicare Part A		01/01/2018 - 12/31/2018
Deductible	Time Period: Remaining		\$1340
Deductible	Deductible: Medicare Part A		01/01/2018 - 12/31/2018

Type	Coverage	Network	Benefits
Active Coverage	Individual	In-Network	Time Period: Visit
Co-Insurance	Individual	In-Network	Co-Insurance: 0%
Co-Insurance	Individual	Out-of-Network	Time Period: Visit
Co-Insurance	Individual	Out-of-Network	Co-Insurance: 40%
Co-Payment	Individual	In-Network	Time Period: Visit
Co-Payment	Individual	In-Network	Co-Payment: \$50

3. For Medicare / Medicaid, look to the 'Other or Additional payer' area
 In this screenshot, Medicare informs us Humana is a Medicare replacement
 The insurance profile should be: Humana > Patient responsibility. Medicare shouldn't be in the profile.

Type	Coverage	Network	Benefits
Active Coverage	Insurance Type Code:		Medicare Part A
Other or Additional Payer	Insurance Type Code: 18:		Preferred Provider Organization (PPO)
Other or Additional Payer	Coordination of Benefits		Entity Name: 01/01/2015
Other or Additional Payer	Entity Name:		HUMANA INSURANCE COMPANY
Other or Additional Payer	Entity Address:		1100 EMPLOYERS BLVD
Other or Additional Payer	Entity Contact:		DePERE, WI 54115
Other or Additional Payer	Entity Contact:		(800) 448-6262

MCO Bill Option Code - C

How can I tell if an insurance is a Replacement Product or if Medicare is secondary?

Replacement product: In this example under group number, Blue Cross indicates this Policy is an 'Advantage' plan

Eligibility Response

Status: Eligible

Eligibility Request

Group Number / Group Name	Patient Is Subscriber	Relationship
116984 MEDICARE ADVANTAGE LPPO - INDIVIDUAL	YES	Self

The Medicare results will list Blue Cross in the 'Other or Additional Payer' area

Status: Eligible

Eligibility Request

Subscriber Name	Address	Policy Number / Payer Name
HUMANA		HUMANA

Group Number / Group Name	Request Date	Plan Begin	Patient Is Subscriber	Relationship
W101 HUMANA INSURANCE COMPANY	05/03/2016	01/01/2015	YES	Self

Eligibility: Service: All, Type: All

Type	Coverage	Network	Insurance Type Code: Plan Coverage:	Benefits (PPO): Preferred Provider Organization
Active Coverage	Employee Only		MEDICARE PPO NON-GATE FFS ANY	079 335

In this example, in 'Active Coverage', Humana is listed as 'Medicare PPO'. Medicare results will list Humana in the 'Other or Additional payer' area

Medicare is Secondary:

If Medicare is Secondary, the 'Other or Additional Payer' section and the reason listed in the Benefits column.

Other or Additional Payer

Insurance Type Code: Medicare Secondary Disabled IG: Medicare Secondary Disabled Beneficiary Under Age 65 with Coordination of Benefits: Large Group Health Plan (LGHP)

Entity Name: Entity Address: 01/01/2015 HIGHMARK BLUE SHIELD PO BOX 890089 CAMP HILL, PA 170890089

Medicare 'Eligibility Response': under *Health Benefit Plan Coverage, gives the reason Medicare is Secondary and the Primary Insurance policy

On the Medicare Add/Modify Policy screen, 'Medicare Secondary Reason' dropdown manually indicates why Medicare is secondary

Insurance Policy

Insurance: 109 MEDICARE - PO BOX 20019 NASHVILLE TN 37202

Address ID (?): Expiration (?):

Policy (?): XXXXXXXXXXXX

Group: Group Name: Ccopy (?):

Assignment: Plan (?): Product (?): Medicare Secondary Reason (?):

Billing Note: Yes | -SELECT - | -SELECT -

SELECT

- 12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
- 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employers group health plan
- 14 - Medicare Secondary- No-fault Insurance including Auto is Primary
- 15 - Medicare Secondary Workers Compensation
- 16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency

What we auto populate from Real Time Eligibility

Based on the payer's response **Plan and Product** For Medicare:

1. **Plan** > Part B if it exists. In our example the patient has both A and B coverage but we choose the more applicable response to show.
2. If Medicare is Secondary, the Reason (**MSP**) Code

Add/Modify Policy

Insurance Policy

Insurance: 1 MEDICARE - PO BOX 128

Address ID (?): Expiration (?):

Assignment: Yes | Plan (?): Medicare Part B [MB]

Eligibility Payer ID (?):

Effective (?):

Other or Additional Payer

Active: 1 | 01/01/2020 - 12/31/2020 | Medicare Part B | 11/01/2019 | Calendar Year | \$198 | Medicare Part B

Active: 2 | 01/01/2020 - 12/31/2020 | Medicare Secondary Working Aged Beneficiary or Spouse

IG: ANTHEM

Coordination of Benefits: 11/01/2019

Entity Name: ANTHEM

Medicare Secondary Reason (?): 12 - Medicare Secondary Working Aged Beneficiary or Spouse

Insurance	Card Uploaded	Status	Role	Eligibility / Verified DOS
BLUE CROSS [10]	Add	DEFAULT	PRIMARY	Check [] / 06/15/2020 06/17/20
MEDICARE [1]	Add	DEFAULT	SECONDARY	Check [+] / 06/18/2020 06/18/20

How do I add eligibility requests from phone calls or other contact to the payer?

There are times a payer does not provide eligibility to us. The results obtained from a phone call or the payer's web portal can be added manually.

1. Click the Eligibility link in the 'Active Policy' section of the patient dashboard to review the full history of Eligibility checks and/or [ADD] manually retrieved results.
2. Click [ADD] for manually retrieved results - such as a call to the Insurance or log on to their portal
3. Choose Insurance, & Status
4. [SAVE]

How do I check other Dates of Service other than today?

Patient Dashboard, Click '+' next to

'Check' link. Popup > choose DOS to verify

Encounter Dashboard eligibility automatically checks for the DOS of that encounter

Is there a way to view historic eligibility results?

Patient Dashboard > Active Policy > Click 'Eligibility opens 'Eligibility Request History'

Use filters to find details of who ran it, when. Click 'View' to generate their quest.

What if the Eligibility Payer ID is different than the one listed in the insurance library?

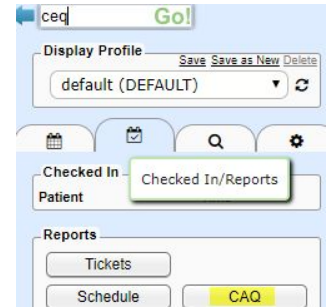
To verify eligibility for a different Payer than the one designated in the Insurance Library, add the Payer ID to the Eligibility Payer ID on the Add/Modify screen.

If the field is left blank, the system will check the Payer designated in the Insurance Library.

Eligibility CAQ

This report can be customized to query all things appointment-related and is accessible from the go box - CAQ or from the scheduling sidebar 'Checked in/Reports' Tab

Watch the Patient Query video for more details on how to build and save reports. This report is exportable to CSV, PDF and Worklist. At this time, this report can not be copied to other users, so each user must save their own Queries.



The output of this report mimics the values we see on the calendar. Build a report with 'Columns to Display' as shown below:

- The patient has insurance
- Patient has a Case, such as Worker comp
- If eligibility has been checked, is the response one of the following:
 - Eligible
 - Not Eligible
 - N/A
 - Self Pay
 - Unknown

To work the report > use Ctrl + Click to spawn a new tab for the Patient Dashboard OR export the output to a Worklist.

Here are some suggested filters to save:

Custom Appointment Query

[Saved Queries](#) [Save Current Query as New](#)
[Default](#) [Custom 1](#) [eligibility](#)

Filter Criteria [Clear](#)

Facility - SELECT - <input type="text"/>	Date EQUALS 10/02/2017
Time - SELECT - <input type="text"/>	Resource - ID - SELECT - <input type="text"/>
Resource - Name - SELECT - <input type="text"/>	Patient ID - SELECT - <input type="text"/>
Name - Full - SELECT - <input type="text"/>	Status - ID INCLUDES CF, RM, S, O, I
Insurance(1) - ID - SELECT - <input type="text"/>	Product ID(1) - SELECT - <input type="text"/>
Plan ID(1) - SELECT - <input type="text"/>	Eligibility DOES NOT EQUAL ELIGIBLE
Scheduled On - Date - SELECT - <input type="text"/>	

[Run](#)

Of note: If you need the report for secondary and/or tertiary will have to be run as separate reports. There is no way to do an "or" in this report, It is currently reading it as an "and".

Batch Eligibility using Job Scheduler

1. Go to Job Scheduler > Select 'Batch Eligibility'
2. Choose the 'Resources' or 'Event Types' to Include or Exclude
3. 'Appointment Days in Future' determines how far in advance you would like to verify eligibility
4. 'Daily' would be a typical Pattern for Batch Eligibility
5. Set the Start date and Time of day you want Batch Eligibility to run
6. Go to Admin > System Default Settings > Scheduling > ELIGTIMEFRAME - ELIGIBILITY TIME FRAME
 - o Choose the number of days you feel ELIGIBILITY RESPONSE WILL REMAIN VALID
 - o Controls the Calendar display of the eligibility on an appointment. If a valid response has been received within the time frame set in the ELIGTIMEFRAME setting, the appointment will display a green check mark

The Batch Eligibility Results Report [Batch Eligibility Results] link is on the Scheduling screen, providing access to the results. Individual response results can also be found on the Calendar and Patient Dashboard.

- The green check mark = Eligible ✓ Eligible
- The green check mark **With Exceptions**- "Eligible" but there are exceptions in the result (ie Policy # is different in the result from what was sent on the request) ✓ Eligible **With Exceptions**
- The red check mark= Ineligible ✗ Payer Rejected (Invalid)
- The question mark= either the payer is currently unavailable or other issues with the check ? No Response

Click 'View' for details on rejections, no response etc.

02/02/2015 08:42 AM [View]

Eligibility Response

✗ Status

✗ Payer Rejected (Invalid)
Invalid/Missing Subscriber/Insured ID
Please Correct and Resubmit

✕ Eligibility Request

Patient Name	DOB	Policy Number	Type
Gl	I	1 M	Gener