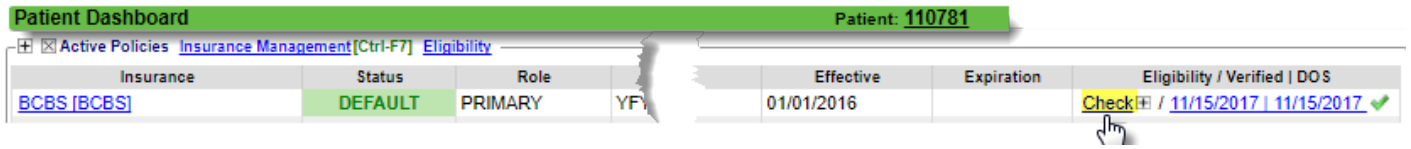
CATEGORY: ELIGIBILITY ~ TASK: RUN AND READ

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

Eligibility Verification is available from:

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



Appointment page

'Eligibility' hyperlink shows all historic checks

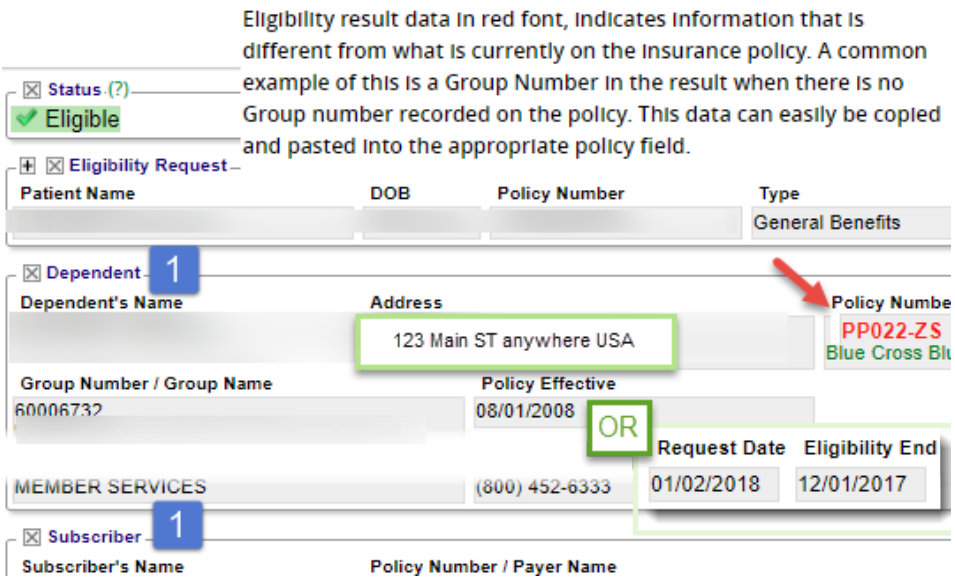
[Eligibility] button should *only* be used if you need to run the eligibility again. If you have a green check mark on this button, the patient has eligible insurance, click the hyperlink 'Eligibility' to review the results

How to read Eligibility:

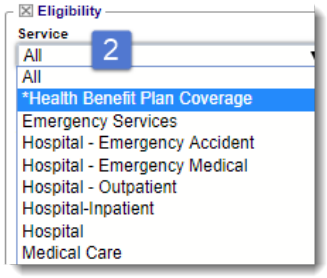
1. Review Dependent / Subscriber, information in RED (Policy/Group) should be manually updated on the Add/Modify Policy screen

   Address listed is FROM the payer * useful for DME

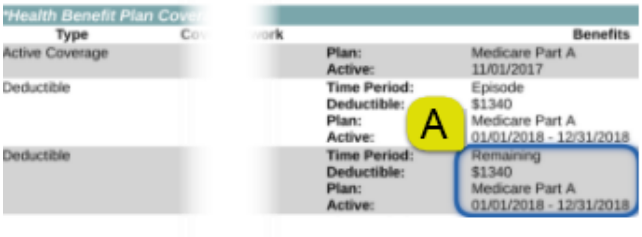
   Effective/End or Term date where available OR when viewing 'history' the Requested Date

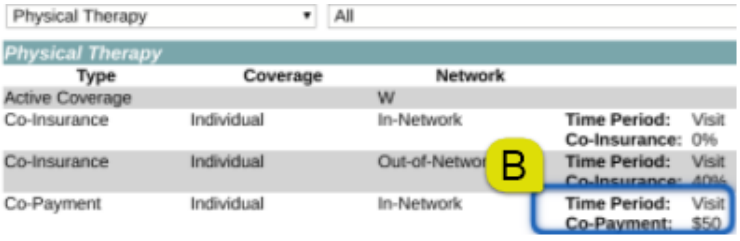


2. Use the Search drop-down to filter by specialty or for general coverage '*Health Benefits Plan'

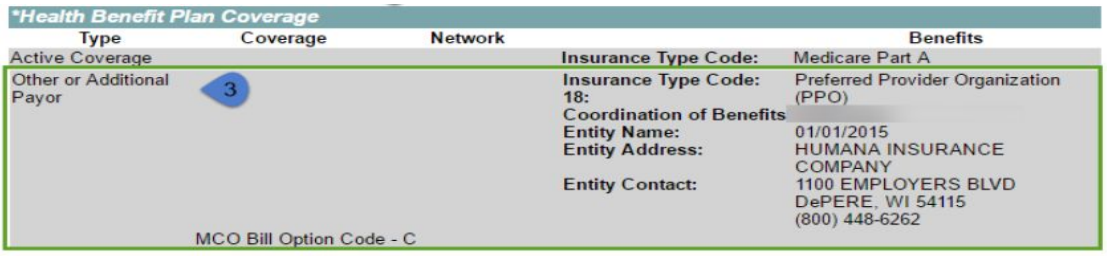


Pay special attention to: A) Deductible, B) Copay - remaining or left to pay



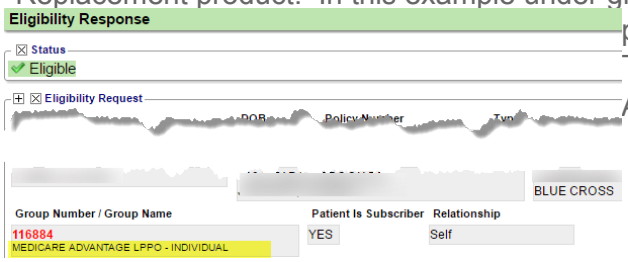


3. For Medicare / Medicaid, look to the 'Other or Additional payer' area
In this screenshot, Medicare informs us Humana is a Medicare replacement
The insurance profile should be: Humana > Patient responsibility. Medicare shouldn't be in the profile.



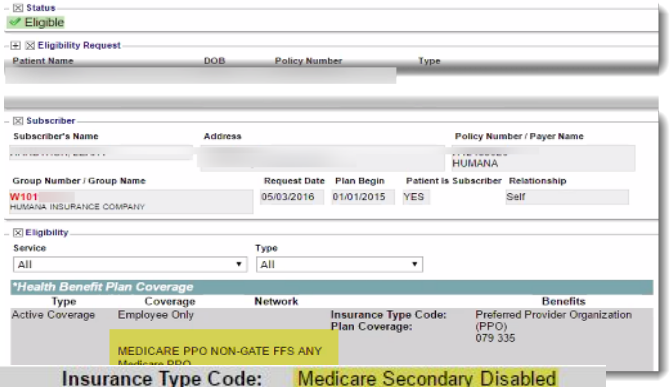
How can I tell if an insurance is a Replacement Product or if Medicare is secondary?

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



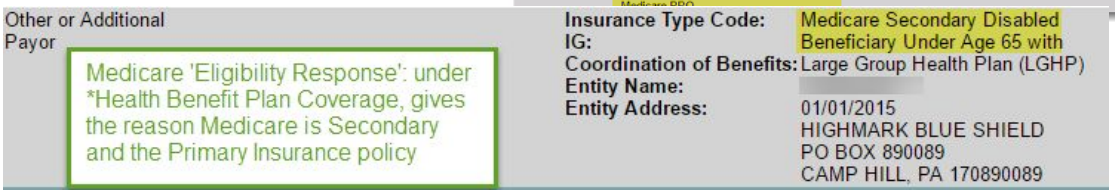
The Medicare results will list Blue Cross in the 'Other or Additional Payer' area

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

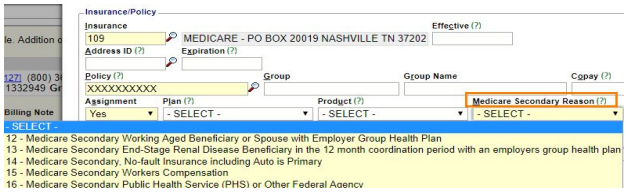


Medicare is Secondary:

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



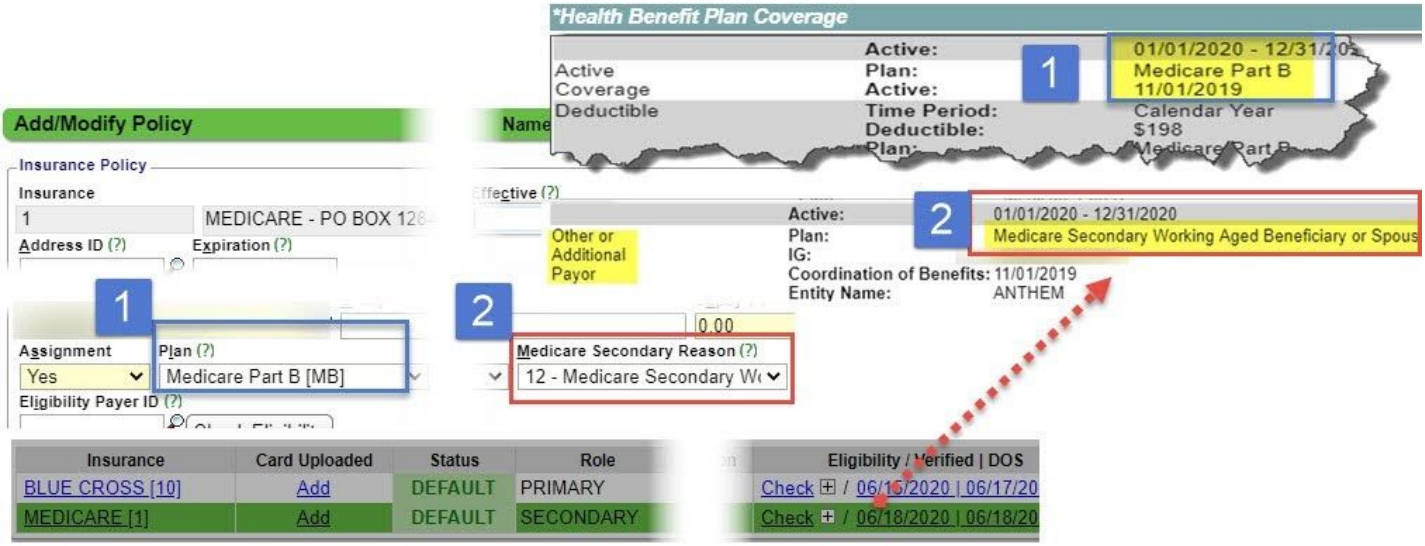
On the Medicare Add/Modify Policy screen, 'Medicare Secondary Reason' dropdown manually indicates why Medicare is secondary



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

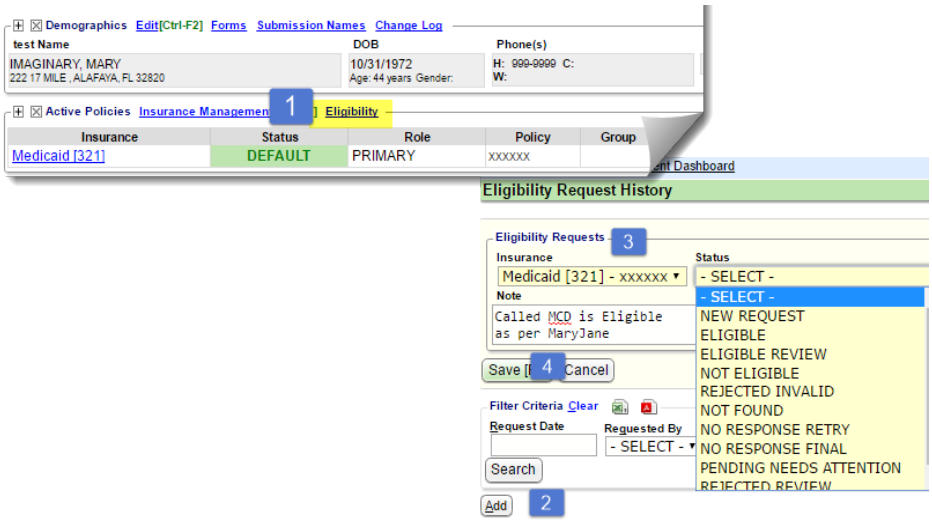


CATEGORY: ELIGIBILITY ~ TASK: RUN AND READ

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?

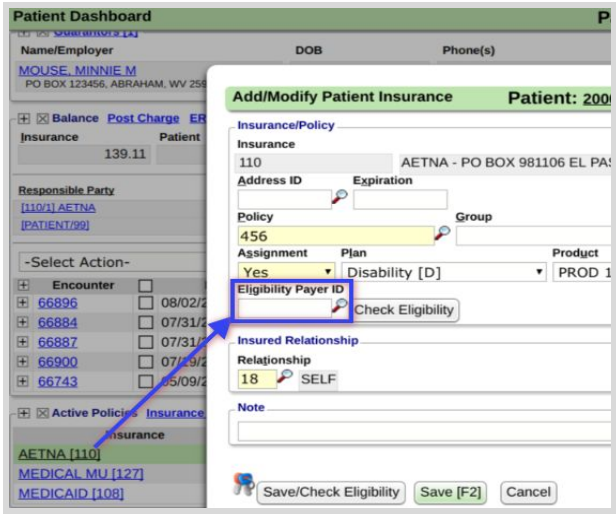
Patient Dashboard, Click'+' next to
'Check' link. Popup > choose DOS to verify
Encounter Dashboard eligibility automatically checks for the DOS of that encounter

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.

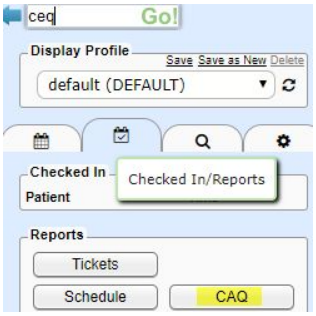
What if the Eligibility Payer ID is different than the one listed in the insurance library?

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



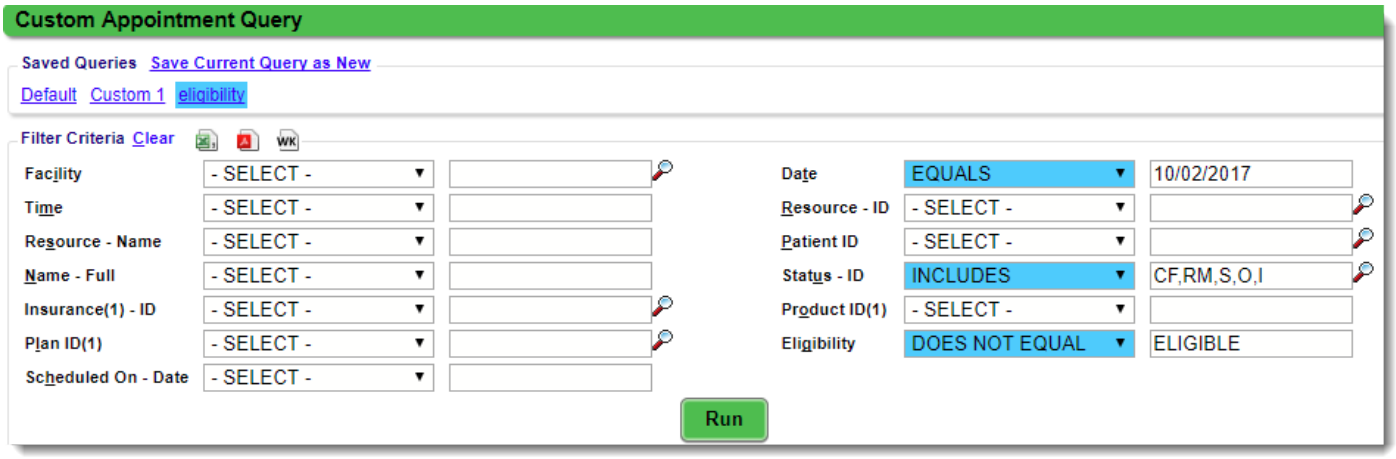
Watch the Patient Query video for more details on how to build and save reports. This report is exportable to CSV, PDF and Worklist. At this time, this report can not be copied to other users, so each user must save their own Queries.

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:

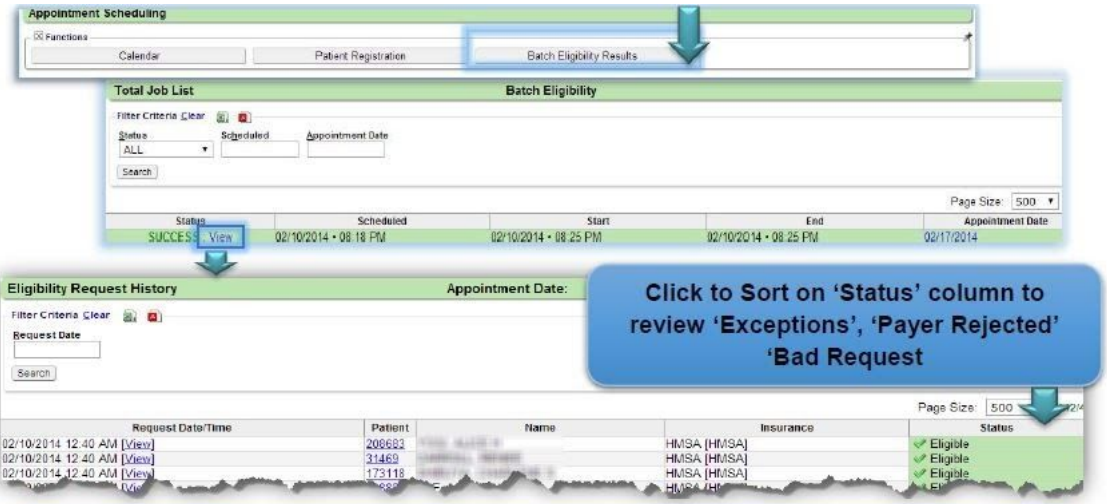


Of note: If you need the report for secondary and/or tertiary will have to be run as separate reports. There is no way to do an "or" in this report, It is currently reading it as an "and".

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
    - Choose the number of days you feel ELIGIBILITY RESPONSE WILL REMAIN VALID
    - 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]