

Eligibility

The eligibility program displays colored circles on the schedule to indicate the patient's insurance status.

The screenshot shows a medical scheduling software interface. The main window displays a schedule for the month of May 2017, with the current date being Wednesday, May 3rd. The schedule is organized into columns for each day of the week and rows for time slots. Patients are listed in the 'Name' column, and their insurance status is indicated by a colored circle next to their name. The legend on the right side of the interface defines the colors: Green Circles for confirmed insurance, Red Circles for denied insurance, Yellow Circles for eligibility not yet checked, Blue Circles for submitted but status pending, and Gray Circles for eligibility check timed out. The 'Other' button in the legend is circled in red. The interface also includes a calendar view for May 2017, a list of appointment types (C 1, C 2, C 3, C 6, C 9, C 12), and a 'Jump' button. The bottom of the interface shows the current time as Morning 8 and Afternoon 10.

| Time | Name | Insurance Status |
|---------|---------------------|------------------|
| 9:00am | Andrew | Green |
| 9:30 | Joy | Green |
| 9:45 | Chloe | Yellow |
| 10:00am | Anna | Gray |
| 10:15 | Jakob | Green |
| 10:30 | Brady | Red |
| 10:45 | Rose | Green |
| 11:00am | Karen | Green |
| 11:30 | Db+dw, Rhio meeting | Yellow |
| 12:00pm | Dawson | Green |
| 1:00pm | Brian | Green |
| 1:15 | Veronica | Green |
| 1:45 | Daniela | Yellow |
| 2:00pm | Bobbie | Green |
| 2:15 | Megan | Green |
| 3:00pm | Adam | Green |
| 3:15 | Chelsea | Gray |
| 3:30 | Lisa | Green |
| 4:00pm | | |
| 4:15 | | |
| 4:30 | | |

Green Circles are used to indicate the patient's insurance has been confirmed.

Red Circles are used to indicate the patient's insurance has been denied.

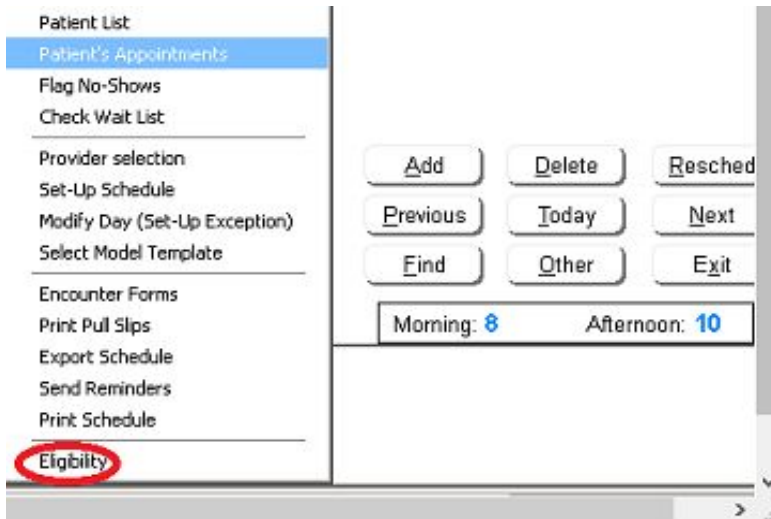
Yellow Circles are used to indicate the patient's insurance eligibility has not yet been checked.

Blue Circles are used to show submitted but status pending.

Gray Circles are used when the eligibility check has timed out.

Batch Eligibility Checking

Typically, you would check eligibility in batch—that is for the entire day. From Appointments, click **Other** button (circled in red above) and choose **Eligibility**.



Right clicking in open space on schedule will also bring up the same menu.

Select a **date** and **provider**. OK.



Upon doing this, eligibility inquiries are submitted to RelayHealth who then verifies coverage with the patient's primary insurance.

Within a few moments, **the circle indicators will change colors to reveal their current insurance status.**

If you run the batch eligibility again, it will only inquire on the appointments of the day that have not yet been checked (yellow circles).

You may find it helpful to run eligibility multiple times for today's schedule. This is especially true if you have a high volume of walk-in patient. Eligibility is an unlimited transaction so there is no need to worry about how many times it is checked per day.

Individual Eligibility Checking

You may also check the eligibility of an individual patient. To do this, right-click on patient's name in the schedule.

| PatientActivity | | Appointments | |
|-----------------|-------|--------------|--------|
| Day | Week | Office | Status |
| Time | | Name | Name |
| 10:00am | CPE | Adam | |
| 10:15 | | " " | |
| 10:30 | ACUTE | Taryn | |
| 10:45 | ACUTE | Meliss | |
| 11:00am | CPE | Brian | |
| 11:15 | | " " | |
| 11:30 | | " " | |
| 11:45 | | " " | |
| 12:00pm | OV | | |
| 12:15 | OV | | |
| 12:30 | OV | | |
| 12:45 | OV | | |
| 1:00pm | ACUTE | Amanda | |
| 1:15 | OV | David | |
| 1:30 | OV | Cathlee | |
| 1:45 | OV | Sean | |
| 2:00pm | OV | Joshua | ● |
| 2:15 | OV | Sarah | ● |
| 2:30 | CPE | Audrey | ● |
| 2:45 | | " " | |

| | |
|-------------------------------|---|
| Check In | |
| Check Out | |
| Edit Appointment | |
| Cancel Appointment | |
| No-Show Appointment | |
| Delete Appointment | |
| Reschedule | |
| Switch Providers | ▶ |
| Flag as Confirmed | |
| Appointment Tracking | |
| Patient Info | |
| Patient Appointments | |
| Eligibility | ▶ |
| Submit Eligibility Request | |
| Flag as Eligibility Confirmed | |
| Flag as Eligibility Denied | |
| Reset Eligibility Flag | |
| Show Eligibility Status | |
| Eligibility Summary Report | |
| Eligibility Details Report | |

The Eligibility options include:

- Submit Eligibility Request: This submits single patient inquiry.
- Flag as Eligibility Confirmed. Use this if you confirmed the patient's eligibility through an outside source (i.e., a phone call or payer website).
- Flag as Eligibility Denied. Use this if you used an outside source and discovered the patient is ineligible.
- Reset Eligibility Flag. Use this to turn the indicator back to yellow (indicate the eligibility has not yet been checked).
- Show Eligibility Status. Opens Eligibility Status window. Defines assigned color code.

- Eligibility Summary Report: Provides coverage info such as deductible and copay.
- Eligibility Details Report: Provides detailed insurance info.

Eligibility Summary Report:

Patient Eligibility Summary

| | | | |
|--------------------------------------|--------------------------------|--|---|
| (10254) | | Date of Birth: 04/27/ | Female |
| 6679 W MAIN RD, NY 144 | | | Date of Service: 08/02/2017 |
| nyexcl - "NY Excellus BCBS" | PCP: 17***** | , M.D. | Subscriber Ins ID: nyexcl |
| Plan: | Plan dates: 1/23/99 - 01/01/16 | | Group: 00010238 - ROCHESTER INSTITUTE O |
| PCP Copay: \$40 | Specialist Copay: \$40 | Eligibility Verified: 08/02/2017 | |
| Coinsurance Percent (In Network): 0% | | Coinsurance Percent (Out of Network): 0% | |

Coverage:

| | |
|---|---|
| Deductible Family In Network: \$ | Remaining Deductible Family In Network: \$ |
| Deductible Individual In Network: \$300 | Remaining Deductible Individual In Network: \$ |
| Deductible Family Out of Network: \$750 | Remaining Deductible Family Out of Network: \$750 |
| Deductible Individual Out of Network: \$300 | Remaining Deductible Individual Out of Network: \$300 |
| Copay Emergency Services Individual: \$0 | |
| Deductible Emergency Services Individual: \$0 | |

*Check to see if PCP is correct

*Gives Copay and Deductible information.

Eligibility Details Report:

Patient Eligibility Detail

| | | | |
|---|---------------------------------|-----------------------|----------------------------------|
| (Acct: 10214) | | Date of Birth: 08/22/ | Female |
| , WI 537077889 | | | Date of Service: 08/02/2017 |
| TRICAR - *TRICARE | PCP: - | M.D. | Subscriber Ins ID: 0059C |
| Plan: | Plan dates: 08/01/17 - 08/01/17 | | Group: 1232478F |
| | | | Eligibility Verified: 08/02/2017 |
| **** Contact Following Entity for Eligibility | | | |
| Health Benefit Plan Coverage, Organization: PRIMARY PAYER IS WPS TRICARE FOR LIFE, 8667730404 | | | |

*Gives full benefit description. For example, will tell you if a referral is required.