

## **Batch Eligibility Overview**

Batch Eligibility is the system process where eligibility checks are automatically performed overnight in advance for patients for a full day of appointments. On the navigation bar, under the My Tasks section is an option for Eligibility. This is where all of the results from Batch Eligibility requests will be displayed to be reviewed and worked as necessary. It is also in this screen that you can access Batch Eligibility Setup. The setup must be configured according to the practice preferences for Batch Eligibility to function.

## Batch Eligibility - My Task Workflow

The Eligibility section under My Tasks should be reviewed and worked daily when Batch Eligibility is turned on. This will ensure that all patients being seen have active coverage or have been contacted about inactive coverage.

## Workflow

1. Navigate to my task list and click on Eligibility.



- 2. The Batch Eligibility Screen will open displaying all of your responses in 6 different categories. Selecting the category will display all of the patients that have fallen into that condition.
  - Inactive The eligibility response reported back that the patient's coverage is inactive for the date of service requested. This will be represented by a red umbrella in the upper left corner of the appointment in iScheduler.
  - Active The eligibility response reported back that the patient's coverage is active for the date of service requested. This will be represented by a green umbrella in the upper left corner of the appointment in iScheduler.

- 3. **Needs Review** The eligibility response reported back that another payer was responsible for coverage or the system was not able to definitively determine the coverage for the payer from the response. This will be represented by a orange umbrella in the upper left corner of the appointment in iScheduler.
- 4. Payer Does Not Perform Eligibility The patient's insurance does not currently offer eligibility check. This will be represented by a yellow bell icon in the upper left corner of the appointment in iScheduler.
- 5. Pending The eligibility request was sent but a response has not been received.
- 6. Error The eligibility check received no response or received an error response.

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✓ Inactive	4			
Active	0			
Needs Review	0			
Payer Does Not Perform Eligibility 1				
Pending	0			
Error	3			
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Appointment Cha	art Patient	Payer	Message	Location

3. Review all **Needs Review** and fix all **Inactive** coverages. The list will sort by appointment, chart, patient, location, and primary insurance. Insurances can show up inactive for a variety of reasons.

🔒 🕶 Eligi	bility				
<ul> <li>Inactive</li> </ul>		4			
Active		0			
Needs Revie	w	0			
Payer Does	Not Perform Eligibility	1			
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4. Click on the patient in the left window to open the Eligibility Task.

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🕆 Eligibilit	y 🔒	Patient	•			Task Eligibility for	test duplicate 🕴
Patient De	mograp	ohics					
Chart	24747		Name: te	st dunlicate			
Don	24141	4000		st duplicate			
DOB:	01/01/	1990	SSN:				
Home:	(555)	555-5555	Other: (	_) Woi	rk: ()		
Patient Ins	urance	(1)					
1 adone mo	aranoo	(.)					
Cov.	Active	e Insured		DOB	SSN	Subscriber ID	Payer
1	Y	Same as	s patient	01/01/1990		Member ID # 151512	TEST BCB
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Patient Ap	pointm	ents (2)					
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Da	le	Time	Resource		Type	Location	
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04/28/	/2020 1	3:00pm TEST B	Artar MD, CBS	Ali	Voiding T Eligit	rial pility has already been run wit	hin this month
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5. From this list you can fix the patient demographics and ascertain why the insurance eligibility failed. You can view insurance cards, look at the patient set up, and change insurance information all from the screen.



6. After you fix the errors, Click the Eligibility button to then run a real time eligibility from within the task list. When ran the partial insurance breakdown will show within the screen.

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# Carrier	Member ID	Policy/Group	Start	End	Last Run	Su	bscriber
1 TEST BCBS	151512		01/01/20	001	× 09/10/	2019	duplicate, test

## **Eligibility Toolbar Options**

Patient Eligibility Webpage	Dialog	
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# Carrier	Member ID	Policy/Group

- New button Will create a New Insurance Eligibility Request.
- Hammer and wrench button Will run an Eligibility Request for the coverage that is selected on the screen.
- **PDF button** Will display the patient's full eligibility report.
- History button Will display the eligibility check history for the coverage that is selected.



After the insurance has been updated, click on the two refresh arrows for the task to fall off the list.

From the tool bar within the my task list you can export to excel, open patient in EMR, and open patient in the iScheduler.