Help for Eligibility Portlet
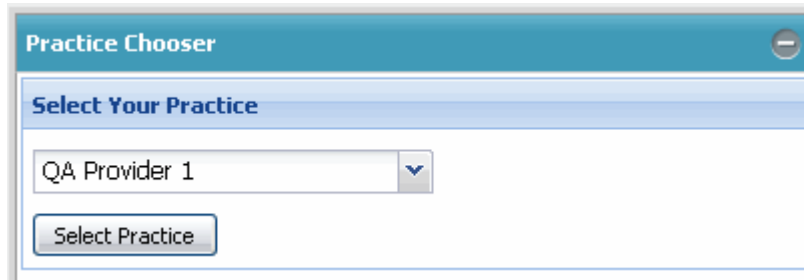
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Eligibility Portlet Overview

If your system is connected to a Master Patient Index (MPI) to retrieve patient data, the "Lookup Patient" option is displayed above Patient Information.

ITEM:	TASK:	DESCRIPTION:
2	Submit Eligibility Request	Request eligibility from one or more insurance payers for one or more patients at one time.
3	Review Responses to Eligibility Requests	View eligibility responses for submitted requests.

Selecting the Practice

(If your office does not support multiple practices, skip this task)

1. Navigate to the *Practice Chooser* portlet.

2. From the drop down menu, click on the practice for which you wish to submit requests or review responses.
3. Click **Select Practice**.   The screen refreshes, and the practice is selected.

> **RESULT:**
> You have successfully selected the practice.

Submitting Check Eligibility Request

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).

2. Navigate to the *Eligibility* portlet.

3. Click **Submit Requests** tab. If your system is connected to a Master Patient Index (MPI) to retrieve patient data, the "Lookup Patient" option is displayed above Patient Information.

4. In the *Patient Information section*, add information regarding the patient. (Note: In the case of a dependant, do not add the <u>insured</u> person's last name and other information, key in the patient information. You will identify the patient as a dependant later in this request.). Key in the required fields regarding the patient:

a. *Last name*.
b. *First name*.
c. *Date of Birth* - you may select from the date by clicking the calendar icon, or you may enter the date into the field using MM/DD/YYYY format.
d. Select the *Provider* from the drop down list.

> If the Provider for whom you are checking is not in the list, you may wish to add the provider to the list.

e. Select the *dates of service* from the Service Dates calendars. You will only need to use the second calendar date if the patient's services lasted more than 24 hours.
f. Select the *service type* from the drop down menu.

5. In the Provider Information section, populate each required field:
   a. Select the *Provider* from the drop down list.
   b. Select the *dates of service* from the Service Dates calendars. You will only need to use the second calendar date if the patient's services lasted more than 24 hours.
   c. Select the *service type* from the drop down menu.
6. In the Payer Information section, populate each required field:
   a. Select a *Payer* from the drop down menu
   b. Key in the *Member ID* in the open text box.
   c. If the patient is a dependant, enable the checkbox next to "Patient is Dependant".
   d. Perform one or more of the following:

IF YOU WISH TO...	THEN...

Add additional payers to the list	repeat *steps 5a. - 5c. as desired in the row below*.
Remove a payer from the request before adding to the list	click the *delete icon* next to the appropriate payer.
Change payer information	modify fields as desired.

5. Click **Add to List.**
6. Perform one or more of the following:

IF YOU WISH TO...	THEN...
Add additional patients to the list before submitting	repeat steps 4a.- 5c.
Remove a patient eligibility request from the list before submitting	Enable the checkbox next to the patient's name, then click *delete*.

IF YOU WISH TO...	THEN...

7. Click **Submit List**. The screen refreshes, the request is submitted, and system auto-displays the response on the response tab.

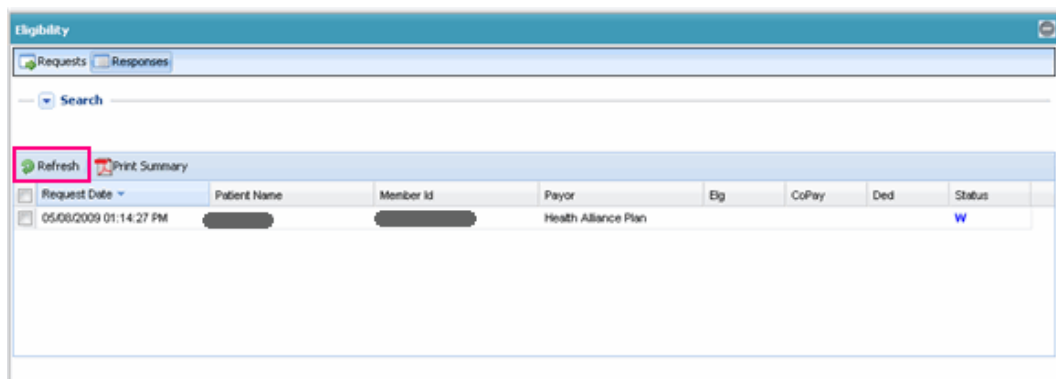| RESULT: |
|---|
| You have successfully submitted a request to check eligibility. |

Reviewing Responses

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

3. Click **View Responses** tab.
4. Click *Refresh*.

5. Enable the radio button of the response you wish to view. (Find a particular response by performing a search for a response).

   Details of the response are listed at the bottom of the portlet. This response will clear as soon as you remove the check from the checkbox.

In the case of multi-payers for a patient, results are tabbed per payer.

RESULT:

You have successfully reviewed responses to eligibility requests.

Printing Details of a Response

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).

2. Navigate to the *Eligibility* portlet.

3. Click **Responses** tab.

4. Click *Refresh*.

5. Enable the checkbox of the response for which you wish to print details. (Need to search for a response?) *Response details* are listed at the bottom of the portlet.

In the case of multi-payers for a patient, results are tabbed accordingly as shown:

3. Click *Print Details* icon. Details are displayed in PDF format where you are able to print and/or save the file.

RESULT:

You have successfully printed details of a response.

Printing a Summary of Responses

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

3. Click **Responses** tab.
4. Click *Refresh*.

5. Enable the *check all* checkbox. (Perform a search to identify a particular criteria)

6. Click *Print Summary.* Summary of results are displayed in PDF format where you are able to print and/or save the file.

RESULT:

You have successfully printed a summary of responses.

Searching for a Response

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

3. Click **View Responses** tab.
4. Click *Refresh*.

5. Open the Search section of portlet.

6. Key in search criteria as desired, then click **Search**. (More search criteria added will narrow results).

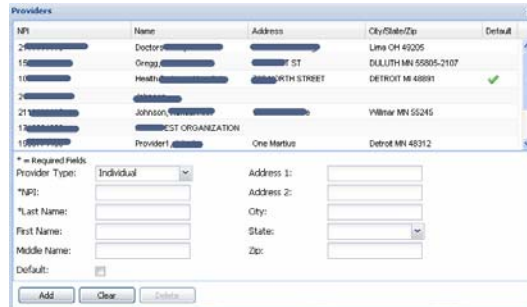| RESULT: |
| --- |
| You have successfully searched for a response. |

Managing the Provider List

Adding Providers

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

3. Click **Submit Requests** tab

4. Click ⊕ Add Provider next to the Provider drop down menu. The Provider Management screen is displayed.

View the screen: Add Individual Provider Type

View the Screen: Add Organization Provider Type

5. Select *Organization* or *Individual* from the Provider Type drop down menu.
6. Key in the NPI code
7. If Organization provider type was selected (in step 5), key in the Organization name in the Org Name field.
8. If Individual provider type was selected (in step 5), key in the Individual's name in the Last, First, and Middle name fields.
9. Key in address information.
10. Enable the checkbox next to Default if you wish to make this the default provider in the drop down menu.
11. Click **Add**. The screen refreshes, and the provider is available for selection.
12. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:

You have successfully added a provider.

Changing the Default Provider

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).

2. Navigate to the *Eligibility* portlet.

3. Click **Submit Requests** tab

4. Click Add Provider next to the *Provider drop down menu.* The Provider Management screen is displayed.

5. From the list, click on the name of the Provider you wish to select as the default. The screen refreshes, and the selected provider is identified in blue highlighter.

6. Enable the checkbox next to **Default**.

7. Click **Update**. The screen refreshes, and the default provider is modified.

8. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:

You have successfully changed the default provider.

Modifying Provider Details

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).

2. Navigate to the *Eligibility* portlet.

3. Click **Requests** tab

4. Click ⊕ Add Provider next to the *Provider drop down menu.* The Provider Management screen is displayed.

5. From the list, click on the name of the Provider you wish to edit. The screen refreshes, and the edit fields display current information.

6. Modify information as necessary.

7. Click **Update**. The screen refreshes, and the provider information is updated.

8. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:
You have successfully modified provider details.

Deleting a Provider

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).

2. Navigate to the *Eligibility* portlet.

3. Click **Submit Requests** tab

4. Click Add Provider next to the *Provider drop down menu.* The Provider Management screen is displayed.

5. From the list, click on the name of the Provider you wish to delete. The screen refreshes, and the selected provider is identified in blue highlighter.

6. Click **Delete**. The screen refreshes, and the provider information is removed.

7. Click **Yes** to confirm deletion.

8. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:
You have successfully deleted a provider.