



ABILITY | COMPLETE[®]

User Guide

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myABILITY® Overview

At ABILITY®, our mission is to provide innovative products and services that reduce the administrative complexities of healthcare. The myABILITY® platform provides you with streamlined, easy-to-use access and navigation to all your ABILITY solutions. As the name implies, myABILITY® gives you the ability to select and configure network services specific to your business requirements.

About this guide

This guide provides you information for your **ABILITY | COMPLETE®** service.

Navigation Bar and Folders

The Navigation Bar and folders with tabs appear on the My Workspace page and provide you with easy access to all of your myABILITY services. The Navigation Bar appears at the top of all myABILITY pages. The folders and tabs only appear on the My Workspace page.

The Eligibility selection on the Navigation Bar (Figure 1) and the **ABILITY | COMPLETE** tab (Figure 2) on the Eligibility folder both provide you with the following options:

- Make an Eligibility Request – Make a Request tab on the Make an Eligibility Request page
- My Dashboard – Dashboard tab on the My Dashboard page
- Eligibility Request History – Request History tab on the Eligibility Request History page
- Batches – Batches tab on the Eligibility Request Batches page

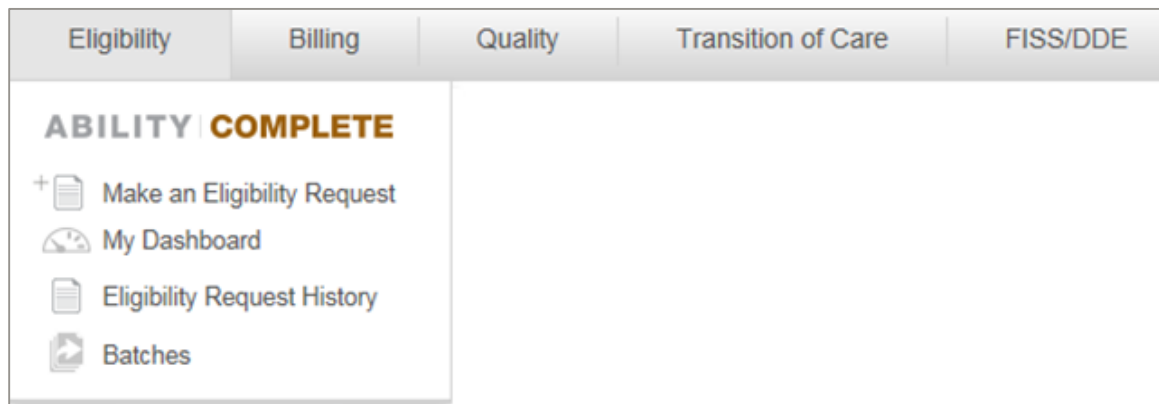


Figure 1: Navigation Bar with Eligibility (ABILITY | COMPLETE) selected

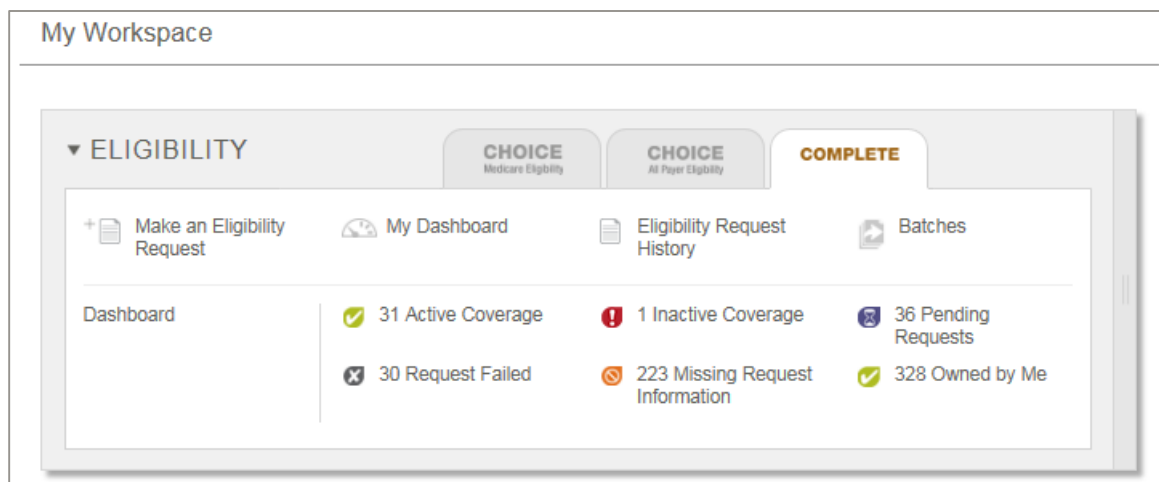


Figure 2: Eligibility Folder with ABILITY | COMPLETE tab selected

The **ABILITY | COMPLETE** tab on the Eligibility folder also provides you with one-click access to the My Dashboard page filtered by Eligibility State. For example, to see only Active Coverage items click anywhere on the Active Coverage line within the tab (Figure 3).

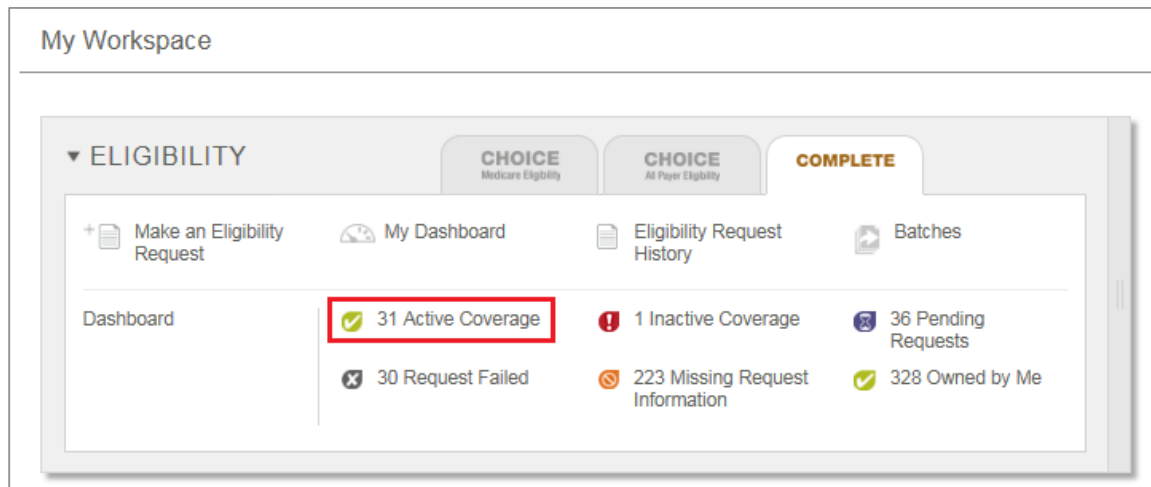


Figure 3: Eligibility Folder with the ABILITY | COMPLETE tab selected (Active Coverage items indicated)

The My Dashboard page opens with only those items with Active Coverage (Figure 4).

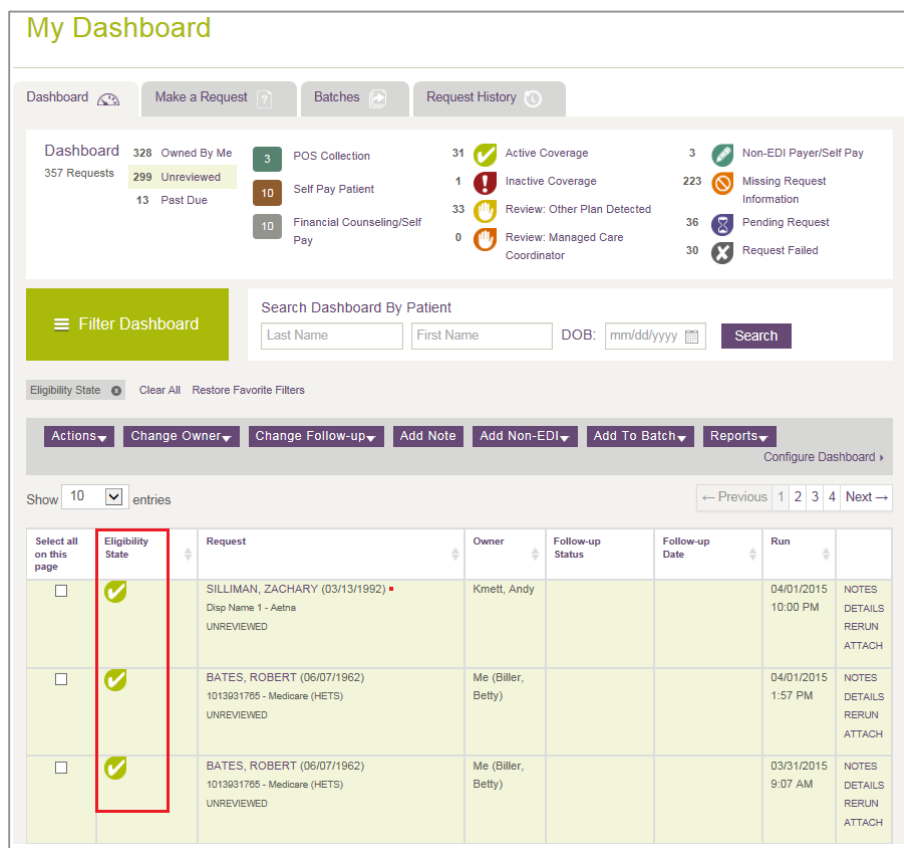


Figure 4: My Dashboard page with Eligibility State in Active items indicated

My Dashboard

The Dashboard tab lets you manage all eligibility requests that require follow-up in one location. You can see requests sent to the Dashboard for all NPIs you are affiliated with. The top of your dashboard provides quick links (Figure 5) so you can filter requests by the following categories:

- Category (Ownership, Unreviewed, or Past Due)
- Follow-up status
- Eligibility state

The screenshot shows the 'My Dashboard' interface. At the top, there are tabs for 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below these, a red box highlights a section with various filters and counts:

- Dashboard:** 256 Owned By Me, 267 Requests, 210 Unreviewed, 3 Past Due
- POS Collection:** 3
- Self Pay Patient:** 2
- Active Coverage:** 31
- Inactive Coverage:** 1
- Review: Other Plan Detected:** 32
- Review: Managed Care Coordinator:** 0
- Non-EDI Payer/Self Pay:** 2
- Missing Request Information:** 171
- Pending Request:** 13
- Request Failed:** 17

Below this section, there is a 'Filter Dashboard' button and a 'Search Dashboard By Patient' section with fields for 'Last Name', 'First Name', and 'DOB' (mm/dd/yyyy). A 'Search' button is also present.

Under the search section, there are buttons for 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. A 'Restore Favorite Filters' link is also available.

Below the buttons, there is a 'Show 10 entries' dropdown and a pagination bar with 'Previous', '1', '2', '3', '4', '5', and 'Next'.

The main table displays eligibility requests with the following columns: 'Select all on this page', 'Eligibility State', 'Request', 'Owner', 'Follow-up Status', 'Follow-up Date', 'Run', and 'Actions'.




Select all on this page	Eligibility State	Request	Owner	Follow-up Status	Follow-up Date	Run	Actions
<input type="checkbox"/>		, (01/01/1901) Aetna UNREVIEWED	Me (Biller, Betty)			11/06/2014 1:21 PM	NOTES DETAILS RERUN ATTACH

Figure 5: My Dashboard tab with quick links indicated

Shared Workspace

You can share information about eligibility requests with other users and assign custom follow-up statuses and dates to requests that require additional follow-up. All users have access to the dashboard.

The Dashboard displays the following columns.

Column Heading	Description
Select All on this page / Clear all on this page	toggle between selecting all and clearing all requests on this page
Eligibility State	the seven types of eligibility states appear at the top of your dashboard
Request	the patient, NPI, and payer information
Owner	person at your facility handling this request
Follow-up Status	statuses are defined at the top of your screen
Follow-up Date	date and time the request to be followed-up
Run	date and time the eligibility request was submitted
(no heading)	<ul style="list-style-type: none"> click NOTES to see notes for this request click DETAILS to open the Eligibility Response page click RERUN to run the request directly from this page click ATTACH to attach up to two files to an eligibility response on the Dashboard page. Files must be either in .csv, .pdf, .doc or .docx format. <p>NOTE: After attaching a file, the paper clip icon and a red x ( ) appear in the Select all on this page / Clear all on this page column. Click the paper clip icon to download the attachment. Click the red x if you need to delete the file from the request.</p> <p>If you attach two files and need to delete or download one or both,</p> <p>click the multiple paper clips icon () to open the Download / Remove Attachments dialog box.</p>

Filter Dashboard

You can customize the dashboard display by filtering the information you are working on. The Filter Dashboard button opens the Filter Responses dialog box (Figure 6) that lets you select which items you want to see on the dashboard at any given time and lets you access additional dashboard items when needed.

Filter Responses x ?

Status & Date

Owner

Payer

NPI

[Save Selected Filters as Favorite >](#)

☐ Show Only Unreviewed

Follow-up Status SELECT ALL

☐ Alternate Billing ☐ Financial Counseling/Self Pay ☐ Front Desk

☐ POS Collection

Eligibility State SELECT ALL

☒ Active Coverage ☐ Inactive Coverage ☒ Missing Request Information

☒ Non-EDI Payer/Self Pay ☐ Pending Request ☐ Request Failed

☐ Review: Other Plan Detected

Date

☐ Run Date ▼ Within -- select/clear -- ▼ 6/19/2015

Cancel Apply Selections

Figure 6: Filter Responses page with types of filters indicated

Status & Date

You can choose to view items by the part you have in your organization's workflow. Selections categories are Follow-up Status, Eligibility State, and Date.

Unreviewed

Click the **Show Only Unreviewed** checkbox at the top of the Filter Responses dialog box to filter requests that have not been reviewed. **ABILITY | COMPLETE** automatically marks a request as "unreviewed" if the response page has not been opened. After the response page has been viewed, you are able to mark an eligibility response as "unreviewed" manually from the eligibility response page or when you send a request to the dashboard.

Click **Apply Selections** to save your changes.

Owner

You can choose to view just items assigned to you and/or selected people with whom you work. Click **Apply Selections** to save your changes.

Payer

You can choose to view items by selected Payers. Your Top Payers appear at the top of this dialog box. Click **Apply Selections** to save your changes.

NPI

You can choose to view items according to NPI (National Provider Identifier). Click **Apply Selections** to save your changes.

Create Custom Favorite Dashboard Filter Setting

You can save your favorite dashboard filter setting by clicking **Save Selected Filters as Favorite**. When you log into **ABILITY | COMPLETE**, you are able to quickly reference items on the dashboard that you want to work on by clicking **Restore Favorite Filter Setting**.

Search Dashboard by Patient

Enter as much information about the patient as you know and click **Search**. Available fields are **Last Name**, **First Name**, and **DOB** (Date of Birth). You are allowed partial entries for first name and last name searches. Searches are performed using a full wildcard or “contains” method.

Two-Character Name Search

If you enter two or more characters in the first or last name field and click **Search**, the Request column on the dashboard re-appears with all names containing those characters. For example, if you enter “en” in the **First Name** search field, you will match on “Benjamin,” “Wendy,” “Endira,” and “Loren” if those names are in your system.

Auto-Complete Search

If you enter three or more characters in the first or last name field, a drop-down box appears with all names in your system containing those letters. For example, if you enter “end” in the **First Name** search field, a dropdown box appears with “Wendy” and “Endira” if both of those names are in your system.

Shared Workspace

The Dashboard is a shared workspace for you and other users to manage eligibility requests that require follow-up. You can configure it to meet various business needs. You can share information about eligibility requests with other users and assign custom follow-up statuses and dates to requests that require additional follow-up. All users have access to the dashboard.

Table 1 displays Dashboard column headings and descriptions.

Table 1: Dashboard Column Headings and Descriptions

Column Heading	Description
Select All	toggle between selecting all and clearing all requests on this page
Eligibility State	the seven types of eligibility states appear at the top of your dashboard
Request	the patient, NPI, and payer information
Owner	person at your facility handling this request
Follow-up Status	statuses are defined at the top of your screen
Follow-up Date	date and time the request to be followed-up
Run	date and time the eligibility request was submitted
(no heading)	<ul style="list-style-type: none"> click DETAILS to open the Eligibility Response page click RERUN to run the request directly from this page click NOTES to see notes for this request

Commands

You must select at least one transaction prior to using any of the dropdown boxes (except Add Non-EDI) available to you on My Dashboard (Figure 3). To select all transactions on the displayed page, click the **Select All** column heading on this page.

My Dashboard

Dashboard Make a Request Batches Request History

Dashboard 256 Owned By Me 3 POS Collection 31 Active Coverage 2 Non-EDI Payer/Self Pay
 267 Requests 210 Unreviewed 1 Inactive Coverage 171 Missing Request Information
 3 Past Due 2 Self Pay Patient 32 Review: Other Plan Detected 13 Pending Request
 0 Review: Managed Care Coordinator 17 Request Failed

Filter Dashboard

Search Dashboard By Patient
 Last Name First Name DOB: mm/dd/yyyy **Search**

Restore Favorite Filters

Actions **Change Owner** **Change Follow-up** **Add Note** **Add Non-EDI** **Add To Batch** **Reports** [Configure Dashboard](#)

Show 10 entries [Previous](#) 1 2 3 4 5 [Next](#)

Select all on this page	Eligibility State	Request	Owner	Follow-up Status	Follow-up Date	Run	
<input type="checkbox"/>		(01/01/1901) - Aetna UNREVIEWED	Me (Billie, Betty)			11/06/2014 1:21 PM	NOTES DETAILS RERUN ATTACH

Figure 7: My Dashboard with dropdown boxes and Select all on this page indicated

Actions

The following actions are available under this dropdown box (Figure 8):

- Remove from Dashboard – Removes the selected transaction(s) from the Dashboard
- Mark as Reviewed – The eligibility response has been reviewed
- Mark as Unreviewed – This eligibility response needs to be reviewed and appears highlighted. You can update the status when you resend the request to the Dashboard.
- Save PDF – Export the selected records (up to 10 at a time) into PDF format.

My Dashboard

Dashboard Make a Request Batches Request History

Dashboard 256 Owned By Me 3 POS Collection 31 Active Coverage 2 Non-EDI Payer/Self Pay
 267 Requests 210 Unreviewed 2 Self Pay Patient 1 Inactive Coverage 171 Missing Request Information
 3 Past Due 32 Review: Other Plan Detected 13 Pending Request
 0 Review: Managed Care Coordinator 17 Request Failed

Filter Dashboard

Search Dashboard By Patient

Last Name First Name DOB: mm/dd/yyyy **Search**

Restore Favorite Filters

Actions **Change Owner** **Change Follow-up** **Add Note** **Add Non-EDI** **Add To Batch** **Reports** [Configure Dashboard](#)

← Previous 1 2 3 4 5 Next →

	Request	Owner	Follow-up Status	Follow-up Date	Run	
<input checked="" type="checkbox"/>	(01/01/1901) Aetna UNREVIEWED	Me (Biller, Betty)			11/06/2014 1:21 PM	NOTES DETAILS RERUN ATTACH

Figure 8: My Dashboard with Actions dropdown box indicated

Change Owner

From the Change Owner dropdown box (Figure 9), you can change the owners on the selected transactions.

The screenshot displays the 'My Dashboard' interface. At the top, there are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below these, a summary section shows various request counts: '256 Owned By Me', '267 Requests', '210 Unreviewed', '3 Past Due', '3 POS Collection', '2 Self Pay Patient', '31 Active Coverage', '1 Inactive Coverage', '32 Review: Other Plan Detected', '0 Review: Managed Care Coordinator', '2 Non-EDI Payer/Self Pay', '171 Missing Request Information', '13 Pending Request', and '17 Request Failed'. A 'Filter Dashboard' button is on the left, and a 'Search Dashboard By Patient' section with fields for 'Last Name', 'First Name', 'DOB', and a 'Search' button is on the right. Below this, a 'Restore Favorite Filters' link is present. The main action bar includes 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. The 'Change Owner' dropdown menu is open, showing 'Me (Biller, Betty)' and 'Admitter, Harry'. A table below shows a list of transactions with columns for 'Select all on this page', 'Eligible State', 'Owner', 'Follow-up Status', 'Follow-up Date', 'Run', and 'Actions'. The first row shows a transaction owned by 'Me (Biller, Betty)' with a follow-up date of '11/06/2014 1:21 PM' and actions for 'NOTES', 'DETAILS', 'RERUN', and 'ATTACH'.

Figure 9: My Dashboard with Change Owner dropdown box indicated

Change Follow-up

You can use the Change Follow-up dropdown box (Figure 10) to change the follow-up date and/or status of a request that appears on the dashboard. The following follow-up status options are available to you as defaults that you can also edit or delete.

- Front Desk
- POS Collection (Point of Service Collection)
- Financial Counseling/Self Pay

The screenshot shows the 'My Dashboard' interface. At the top, there are tabs for 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below these, a summary section displays various request counts and categories, including 'POS Collection', 'Self Pay Patient', 'Active Coverage', 'Inactive Coverage', 'Review: Other Plan Detected', 'Review: Managed Care Coordinator', 'Non-EDI Payer/Self Pay', 'Missing Request Information', 'Pending Request', and 'Request Failed'. A search bar is available with fields for 'Last Name', 'First Name', and 'DOB'. Below the search bar, there are buttons for 'Filter Dashboard', 'Restore Favorite Filters', 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. The 'Change Follow-up' dropdown box is highlighted with a red rectangle, showing options for 'Follow-up Date' and 'Follow-up Status' (Financial Counseling/Self Pay, POS Collection, Self Pay Patient). An 'Apply' button is at the bottom of the dropdown. The main table displays a list of requests with columns for 'Select all on this page', 'Eligibility State', 'Request', 'Owner', 'Follow-up Status', 'Follow-up Date', 'Run', and 'Details'. The first two rows show requests for 'Me (Billie, Betty)' with a status of 'UNREVIEWED' and a date of '11/06/2014 1:21 PM'.

Figure 10: My Dashboard with Change Follow-up dropdown box indicated

Click **Apply** to save your changes.

You can add additional customized follow-up status options on the Configure Dashboard page, a feature available to users who have Configure Services permissions.

Add Note

Use the Add Note dropdown box (Figure 11) to enter customized messages that can be viewed by other users. This helps to track work that has been completed or is needed for a 270/271 Medicare Eligibility request. Click **Add** to save your change.


The screenshot shows the 'My Dashboard' interface. At the top, there are navigation tabs: Dashboard, Make a Request, Batches, and Request History. Below these is a summary section with various status counts and icons. A search bar is present for filtering by patient. The main table lists requests with columns for Select, Eligibility State, and Request. A dropdown menu is open over the table, showing options: Actions, Change Owner, Change Follow-up, Add Note, Add Non-EDI, Add To Batch, and Reports. The 'Add Note' option is selected, and a modal box appears with a text input field and an 'Add' button. The modal box is highlighted with a red rectangle.

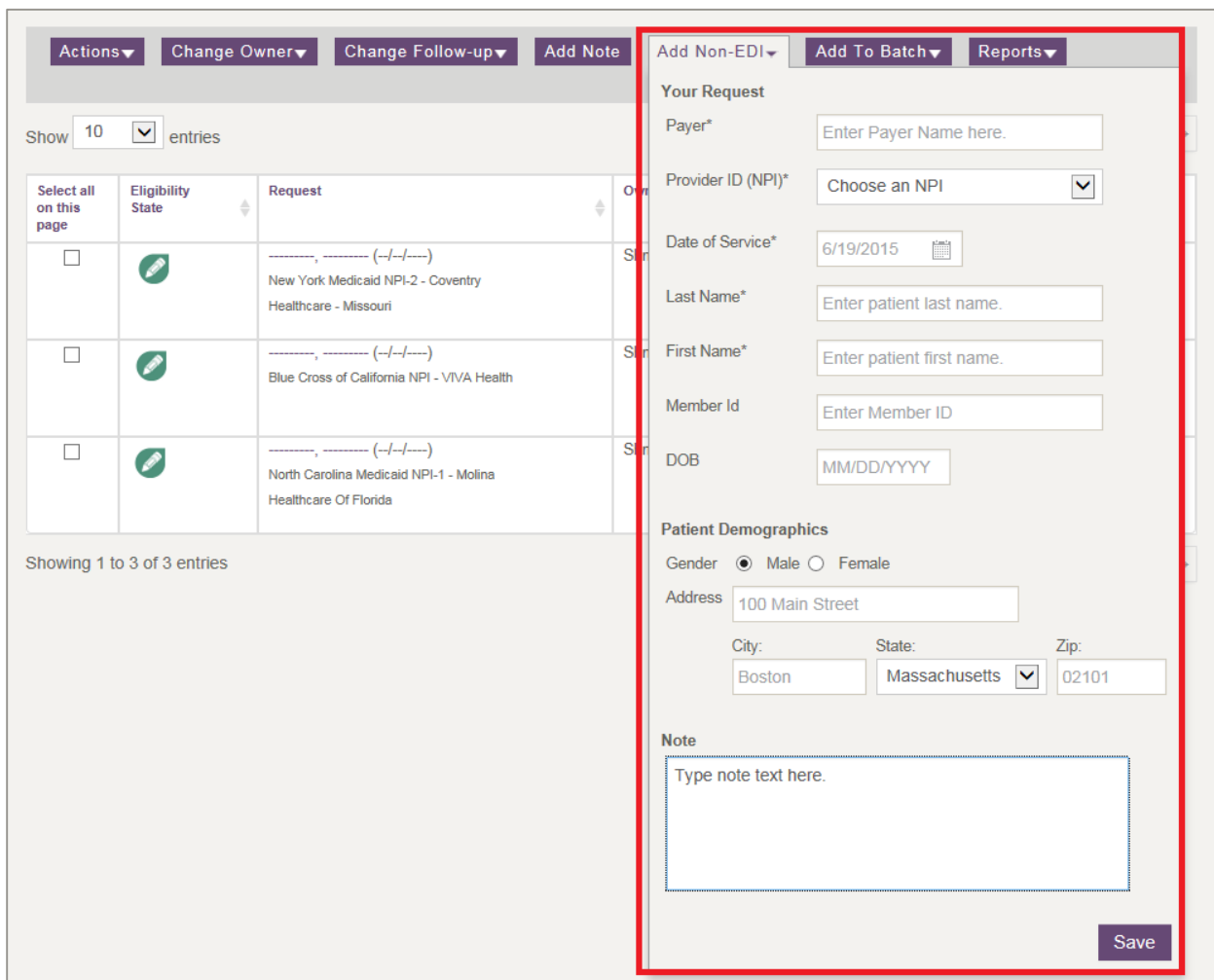
Figure 11: My Dashboard with Add Note dropdown box indicated

Add Non-EDI




Use the Add Non-EDI dropdown box (Figure 12) for payers and self-payers are those who do not support the 270/271 electronic Medicare Eligibility request/response. You can use the non-EDI payer tab to document and track no-EDI payer information or self-pay patient information.

Select this tab to open a drop-down dialog box to enter Payer and Patient information. Complete all required fields and click **Save**. This information is then available for you to use with your dashboard functions, just as any other type of dashboard request.

A Non-EDI Payer / Self Payer icon () appears on the Dashboard for eligibility requests created this way.



The screenshot displays the 'My Dashboard' interface. At the top, there are navigation tabs: 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. The 'Add Non-EDI' tab is selected, opening a dropdown dialog box. This dialog box contains two main sections: 'Your Request' and 'Patient Demographics'. The 'Your Request' section includes fields for Payer (text input), Provider ID (NPI)* (dropdown menu), Date of Service* (calendar icon), Last Name* (text input), First Name* (text input), Member ID (text input), and DOB (MM/DD/YYYY text input). The 'Patient Demographics' section includes Gender (radio buttons for Male and Female), Address (text input), City (text input), State (dropdown menu), and Zip (text input). Below these sections is a 'Note' field (text area) and a 'Save' button. The background of the dashboard shows a table with three entries, each featuring a red pill icon in the 'Eligibility State' column, indicating non-EDI status.

Select all on this page	Eligibility State	Request	Owner
<input type="checkbox"/>		_____, _____ (-/-/____) New York Medicaid NPI-2 - Coventry Healthcare - Missouri	Str
<input type="checkbox"/>		_____, _____ (-/-/____) Blue Cross of California NPI - VIVA Health	Str
<input type="checkbox"/>		_____, _____ (-/-/____) North Carolina Medicaid NPI-1 - Molina Healthcare Of Florida	Str

Showing 1 to 3 of 3 entries

Figure 12: My Dashboard with Add Non-EDI dropdown box indicated

Add to Batch

Use the Add to Batch dropdown box (Figure 13) add single or multiple records from the Dashboard to an existing batch. After selecting the records you want to add and the batch, click **Save** to display a message that the selected items have been added successfully.

Non-EDI Payer/Self Pay transactions will not be processed.

My Dashboard

Dashboard Make a Request Batches Request History

Dashboard 256 Owned By Me 3 POS Collection 31 Active Coverage 2 Non-EDI Payer/Self Pay
 267 Requests 210 Unreviewed 2 Self Pay Patient 1 Inactive Coverage 171 Missing Request Information
 3 Past Due 32 Review: Other Plan Detected 13 Pending Request
 0 Review: Managed Care Coordinator 17 Request Failed

Filter Dashboard

Search Dashboard By Patient
 Last Name First Name DOB: mm/dd/yyyy Search

Eligibility State Clear All Restore Favorite Filters

Actions Change Owner Change Follow-up Add Note Add Non-EDI Add To Batch Reports

Show 10 entries

Select all on this page	Eligibility State	Request	Owner	Follow-up Status
<input checked="" type="checkbox"/>		(--/--/--) - Medicare (HETS) UNREVIEWED	Me (Billor, Betty)	

Non-EDI Payer/Self Pay transactions will not be processed.
 Add Records To Batch:
 Choose a Batch
 Cancel Save

NOTES
 DETAILS
 RERUN
 ATTACH

Figure 13: My Dashboard with Add to Batch dropdown box indicated

Reports

Use the Reports dropdown box to generate either of these two reports.

- Wellness Report – For Medicare patients, only. Select this report to open a Wellness Report dialog box where you can select from a list of preventative codes and eligibility response details. Available only after you have selected one or more Medicare patients.
- Basic Eligibility Report (STC 30) – Provides patient information and eligibility status for STC code 30. After selecting one or more patient records, you can run a report that saves those records to one CSV file.

The screenshot shows the 'My Dashboard' interface. At the top, there are tabs for 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below these, a summary section displays various metrics: 'Dashboard 256 Owned By Me', '267 Requests', '210 Unreviewed', '3 Past Due', '3 POS Collection', '2 Self Pay Patient', '31 Active Coverage', '1 Inactive Coverage', '32 Review: Other Plan Detected', '0 Review: Managed Care Coordinator', '2 Non-EDI Payer/Self Pay', '171 Missing Request Information', '13 Pending Request', and '17 Request Failed'. A search bar labeled 'Search Dashboard By Patient' includes fields for 'Last Name', 'First Name', and 'DOB'. Below the search bar, there are buttons for 'Filter Dashboard', 'Eligibility State', 'Clear All', and 'Restore Favorite Filters'. A row of action buttons includes 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', and 'Add To Batch'. A 'Show 10 entries' dropdown is visible. The main table lists patient records with columns for 'Select all on this page', 'Eligibility State', 'Request', 'Owner', 'Follow-up Status', 'Follow-up Date', and 'Notes'. A red box highlights the 'Reports' dropdown menu, which contains 'Wellness Report' and 'Basic Eligibility Report (STC 30)'. The first row of the table shows a patient named 'MARKIS, GLADYS' with an 'UNREVIEWED' status and a follow-up date of '08/17/2015 9:52 AM'.

Figure 14: My Dashboard with Reports dropdown box indicated

Configure Dashboard

If you have Configure Services permission, the Configure Dashboard option will appear on your dashboard so that you can create custom follow-up statuses (Figure 15). Follow-up statuses can be appended to customer service requests. You can use follow-up statuses to communicate to other users additional work or alerts based on the status of the eligibility request.

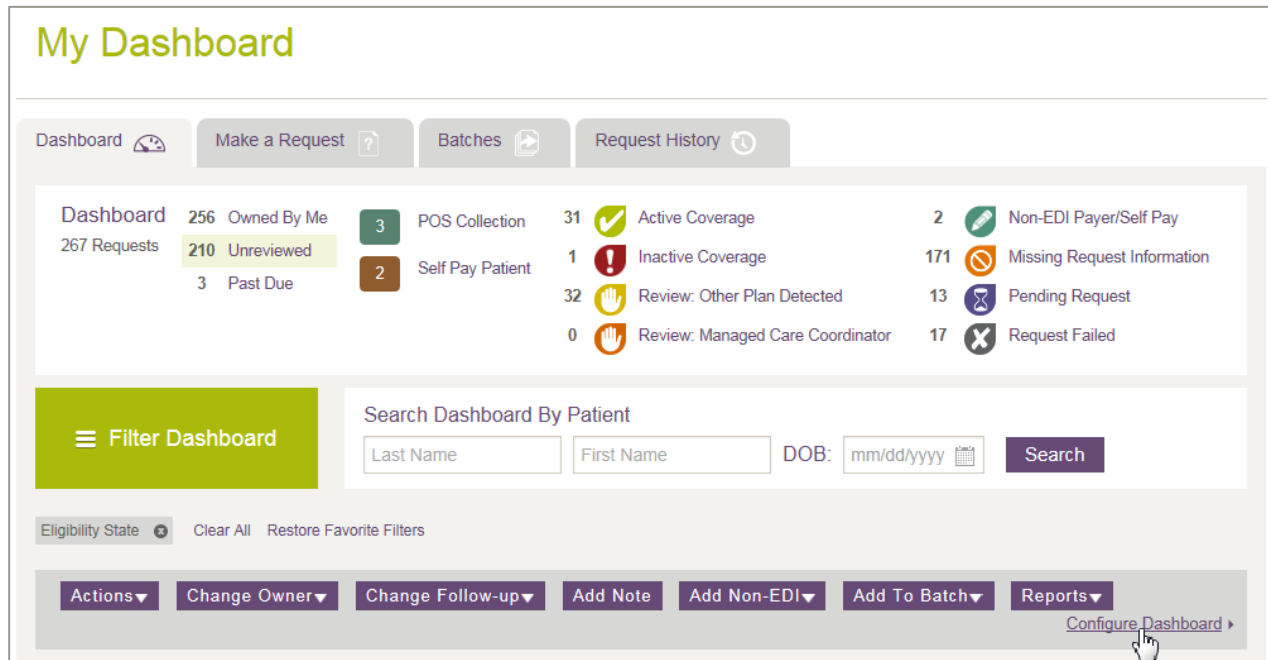


Figure 15: My Dashboard with Configure Dashboard selected

Create Custom Follow-up Statuses

You can add custom follow-up statuses and assign colors to those statuses on the Configure Dashboard page (Figure 16). Depending on the needs of your facility, you can choose to show or hide default follow-up statuses that are available. The follow-up status you create can be up to 30 characters long.

Follow-up statuses can be filtered as a group on the Dashboard so that you and other users can easily work on similar types of requests.

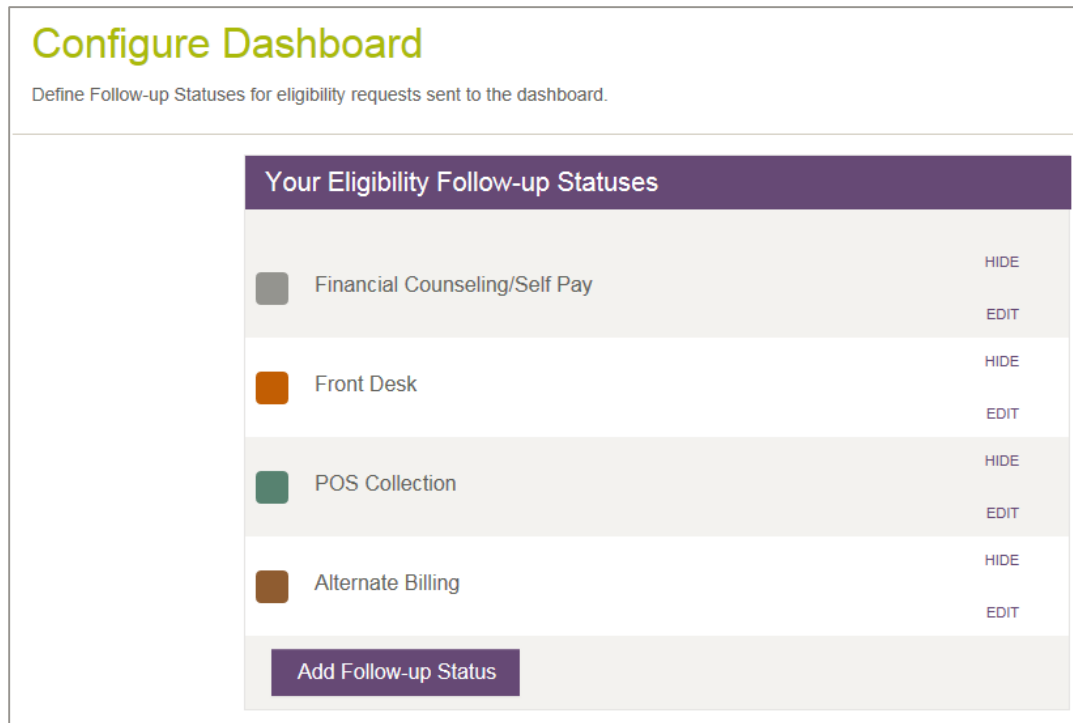


Figure 16: Configure Dashboard page

Default Follow-up Statuses

POS (Point of Service) Collection, Self Pay Patient, and Front Desk are default Follow-up Statuses ABILITY makes available that you can edit.

Edit Follow-up Status

If you edit a Follow-up Status, all eligibility requests with that status that appear in filters, follow-up actions, and dropdown boxes are also updated.

Hide Follow-up Status

If you hide a Follow-up Status, the eligibility requests for that status do not display in filters, follow-up actions, and dropdown boxes, but the requests themselves previously associated with this Follow-up Status are not affected.

Add an NPI

Complete the following instructions to add NPI credentials.

1. On any myABILITY page, select the Support tab. From the dropdown box that appears, click **Add or Edit NPIs** (Figure 17).

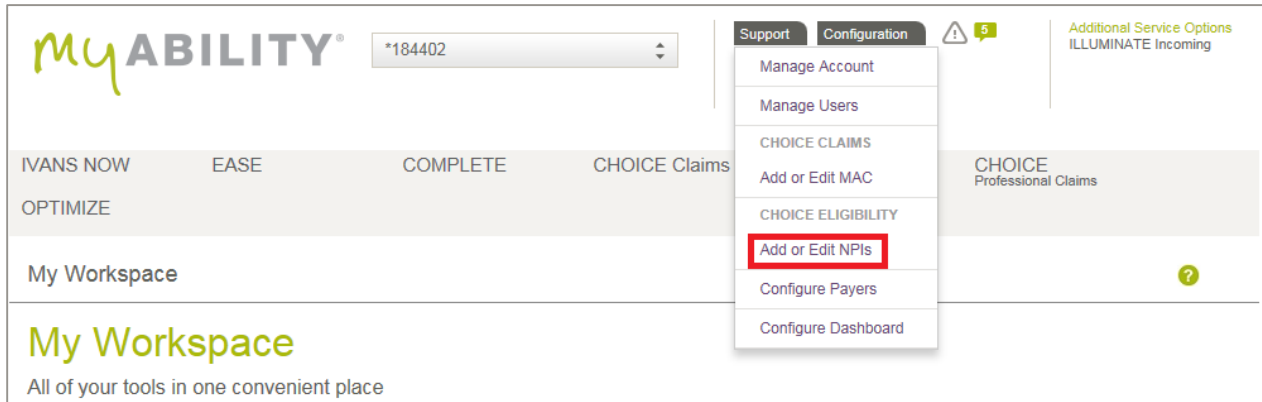


Figure 17: Support tab with Add or Edit NPIs indicated

2. Click **+ Add NPI** on the Add or Edit NPI page (Figure 18).

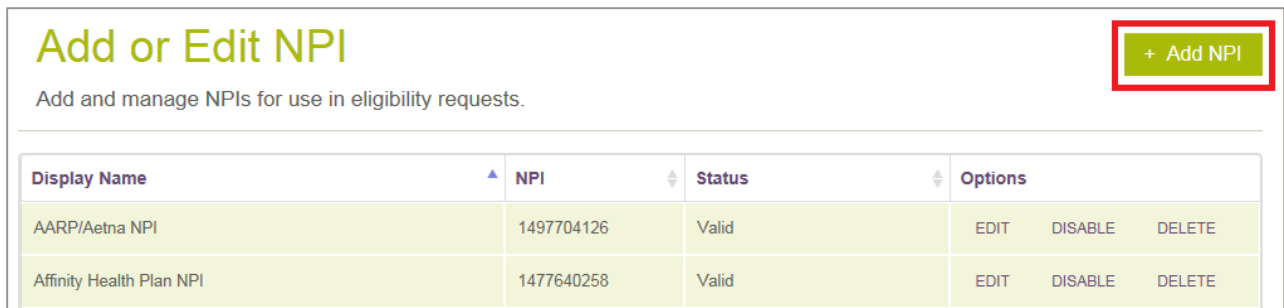


Figure 18: Add or Edit NPI page with +Add NPI indicated

3. The Provider Details and User Permissions panels appear (Figure 19).

The screenshot shows the 'Add or Edit NPI' form. At the top, there's a title 'Add or Edit NPI' and a '+ Add NPI' button. Below the title is a subtitle 'Add and manage NPIs for use in eligibility requests.' The form is divided into two main sections: 'Provider Details' and 'User Permissions'. The 'Provider Details' section has three input fields: 'NPI*' (marked as a required field), 'Display Name*', and 'Federal Tax ID*'. The 'User Permissions' section features a list of users with checkboxes: 'Adam Admin', 'auto admin', 'Betty Biller', 'auto NormalTN', and 'auto con...'. To the right of this list, there's a 'Give Access to:' section with 'Everyone' and 'None' options, and a note: 'Check the box in front of someone's name to give them access to this NPI. Uncheck to remove access. People without access won't see this NPI.' Below the user list, there's a link 'Add/Edit/Delete Users'. At the bottom of the form, there are two checkboxes: 'Psychiatric/Mental Health Provider Verification' and 'Is Non-Medicare (HETS) validated NPI', each with a corresponding label. At the very bottom, there are two buttons: 'Submit NPI for registration' and 'Cancel'.

Figure 19: Add or Edit NPI page with Provider Details and User Permissions panels

4. In the Provider Details panel, enter information in the following fields:

NPI – The NPI is a unique 10-digit identification number issued to healthcare providers in the United States by the Centers for Medicare & Medicaid Services (CMS).

Display Name – Enter a meaningful phrase to identify the NPI.

User Permissions – Check the box beside someone's name to give them access to this NPI. Uncheck to remove access. People without access will not see this NPI.

Federal Tax ID – If this field appears, enter the federal Tax ID number associated with the NPI.

5. In the User Permissions panel, select the users who need access to this NPI.
6. Select the checkbox displayed if you are a provider of mental health or psychiatric services.

All default Service Type Codes supported by Medicare (except A7) are sent on Medicare requests. If you are a provider of mental health or psychiatric services, you can click **EDIT** and select a checkbox to designate that you need to view A7 STC information. This is a setting that is configured by NPI and monitored by CMS.

7. Click **Submit NPI for Registration**. NPI registration may take up to 48 hours.

Configure Payers

Some payers require additional information to be sent with the eligibility request. The Configure Payers page (Figure 20) is accessible from the myABILITY Configuration tab. You must have Configure Services permissions.

NOTE: The information on this page is sortable by any of the column headings.

Configure Payers				
Configure payer information for use in eligibility inquiries.				
ID	Payer Name	Payer Enrollment Required	Status	
10001	AARP		CONFIGURED	▼
13173	ABILITY Network - Medicare MOCK		CONFIGURED	▼
13172	ABILITY Network - MOCK		CONFIGURED	▼

Figure 20: Configure Payers page

You can click the down arrow (▼) in the far right column to expand detail information so you can configure and enter any information that is missing. A list of the NPIs associated with the account is displayed and you are alerted to which NPIs are missing information when you select a payer row (Figure 21).

10057	Arizona Medicaid (AHCCCS)	MISSING INFO ▲	▲
-------	---------------------------	----------------	---

Provider details are required for each NPI. Fill out the fields for all NPIs you wish to use with this Payer.

NPI		
DisplayName10	MISSING INFO ▲	EDIT
DisplayName11	MISSING INFO ▲	EDIT
DisplayName12	MISSING INFO ▲	EDIT

▲ Go To Top

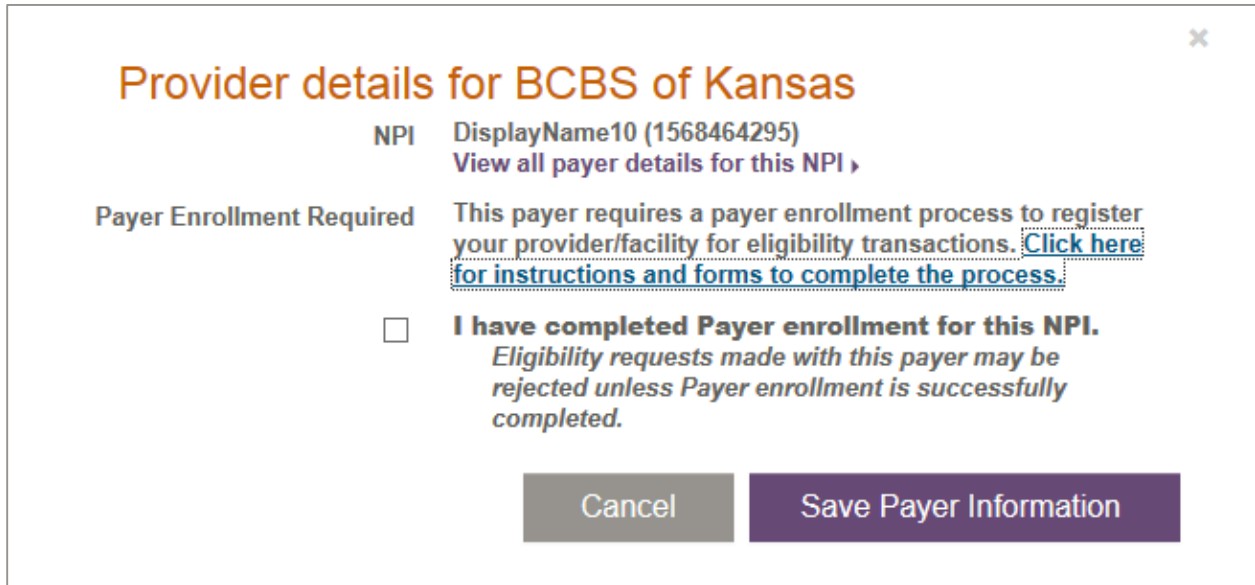
NPI Payer Details Payer Notes

Figure 21: Selected Payer with NPIs that have Missing Information

Click the up arrow (▲) to collapse the panel.

Payer Enrollment

Some payers require additional information in order to be registered for sending eligibility requests (Figure 22). Depending upon the payer, this may be a form that you fax to the payer or send to an ABILITY representative. If you have Configure Services permissions, you will see instructions for these payers that are provided on the Additional Payer Information tab as well as on the Payer Configuration page.



Provider details for BCBS of Kansas ✕

NPI **DisplayName10 (1568464295)**
[View all payer details for this NPI](#) ▶

Payer Enrollment Required This payer requires a payer enrollment process to register your provider/facility for eligibility transactions. [Click here for instructions and forms to complete the process.](#)

☐ **I have completed Payer enrollment for this NPI.**
Eligibility requests made with this payer may be rejected unless Payer enrollment is successfully completed.

Cancel Save Payer Information

Figure 22: Additional Payer Information requested for this provider

Once you have successfully enrolled the NPI(s) with that payer, you can begin to send eligibility requests to that payer. To do this, check which NPIs have completed this process so that the payer is configured within **ABILITY | COMPLETE**. You are not able to send eligibility requests for this payer until the process is complete and you have checked the “I have completed payer enrollment for this NPI” checkbox on the Provider Details page.

Payer Notes

If you have Configure Services permissions, you can add Payer Notes to payers from the Payer Configuration admin page. Click **Payer Notes** (Figure 23) to open the Add a Payer Note field for the selected payer. The maximum character limit for this field is 140 characters.

Payer notes allow you to share payer-specific information with other users. These will appear on the Select Payer(s) section when creating an eligibility request and on the Eligibility Response page.

Configure Payers
Configure payer information for use in eligibility inquiries.

ID	Payer Name	Payer Enrollment Required	Status	
10001	AARP		CONFIGURED	▼
13173	ABILITY Network - Medicare MOCK		CONFIGURED	▲

Add a payer note

Payer notes allow you to share information about payers with other users.

The payer note appears in the payer list when creating a new eligibility request and on the eligibility response page.

Figure 23: Configure Payer Page with Payer Notes indicated

Edit an NPI

Complete the following instructions to Edit an NPI:

1. Click **EDIT** in the Options column corresponding to the NPI you want to edit (Figure 24).
2. Edit the information in the fields that display on the Add or Edit NPI page. These fields are described above.
3. Click **Update NPI** to edit the NPI.

Add or Edit NPI

+ Add NPI

Add and manage NPIs for use in eligibility requests.

Display Name	NPI	Status	Options
1013931765	1013931765	Valid	EDIT DISABLE DELETE

Provider Details & User Permissions

Additional Payer Information

Provider Details

*required field

NPI* 1013931765

Display Name*

Federal Tax ID*

User Permissions

☒ user 10
☒ user 10
☒ user 11

Give Access to:

Everyone»
None»

Check the box in front of someone's name to give them access to this NPI. Uncheck to remove access. People without access won't see this NPI.

Add/Edit/Delete Users»

Psychiatric/Mental Health Provider Verification ☐ Designate this NPI as a Mental Health or Psychiatric services provider

Is Non-Medicare (HETS) validated NPI ☐ Designate this NPI as valid Non-Medicare (HETS) NPI

Update NPI

Cancel

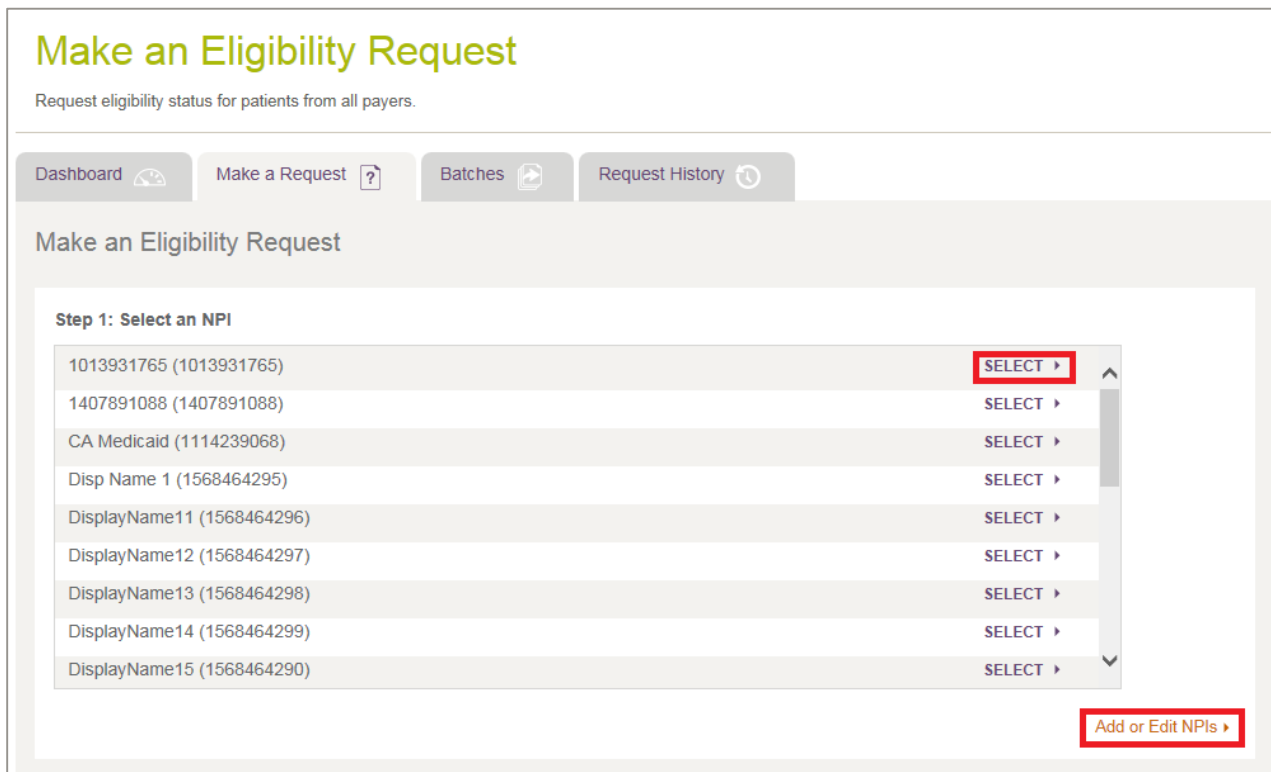
Figure 24: Add or Edit NPI page with Edit indicated

Make an Eligibility Request

This page lets you request the eligibility for patients from all payers.

Step 1: Select NPI

Select an NPI (National Provider Identifier) from the list provided (Figure 25). Click **Select** next to that Provider's name and NPI number. To add a new NPI or edit an existing NPI, click **Add or Edit NPIs**. You can select any NPIs that have been configured (the status is Valid). Contact your System Administrator if you do not see an NPI you need access to.



The screenshot shows the 'Make an Eligibility Request' page. At the top, there's a title 'Make an Eligibility Request' and a subtitle 'Request eligibility status for patients from all payers.' Below this is a navigation bar with tabs: 'Dashboard', 'Make a Request' (active), 'Batches', and 'Request History'. The main content area is titled 'Make an Eligibility Request' and contains a section 'Step 1: Select an NPI'. This section displays a list of NPIs with their corresponding names and a 'SELECT' button next to each. The first 'SELECT' button is highlighted with a red box. At the bottom right of the list, there is a button labeled 'Add or Edit NPIs' which is also highlighted with a red box.

NPI	Provider Name	Action
1013931765 (1013931765)		SELECT
1407891088 (1407891088)		SELECT
CA Medicaid (1114239068)		SELECT
Disp Name 1 (1568464295)		SELECT
DisplayName11 (1568464296)		SELECT
DisplayName12 (1568464297)		SELECT
DisplayName13 (1568464298)		SELECT
DisplayName14 (1568464299)		SELECT
DisplayName15 (1568464290)		SELECT

Add or Edit NPIs

Figure 25: Make an Eligibility Request page with Select and Add or Edit NPIs indicated

Step 2: Select Payer(s)

Enter a payer name to search for that payer or select an existing payer from the list provided (Figure 26). Click **Next**.

Top Payers

A Top Payer list may appear above the All Payers list. Top Payers are those most commonly requested for that NPI. You may see up to 15 Top Payers displayed above All Payers in the Top Payers list. You can quickly choose one of the Top Payers when creating an eligibility request.

If you have not previously made eligibility requests, no Top Payers appear. Once requests have been made with that NPI, the Top Payer list populates dynamically.

Step 2: Select Payer(s)

Search payers... 0 Selected

Top Payers

- ☐ Aetna
- ☐ Absolute Total Care
- ☐ Administrative Services, Inc.
- ☐ AARP
- ☐ American National Insurance
- ☐ Medicare (HETS)
- ☐ New Mexico Medicaid

All Payers

- ☐ Advantage by Bridgeway Health Solutions
- ☐ Advantage by Buckeye Community Health Plan
- ☐ Advantage by Managed Health Services
- ☐ Advantage by Superior HealthPlan
- ☐ Aetna Long Term Care
- ☐ Affinity Health Plan
- ☐ AFLAC - Dental
- ☐ Afra Health Fund
- ☐ Alabama Medicaid
- ☐ American Family Insurance Group Medicaid Sur & BPO

Next

Figure 26: Select Payer(s) page with Top Payers indicated

Add Multiple Payers to your Payer Selection (optional)

You can choose to add multiple payers to your payer selection or submit the request with only one payer.

Make a Request for a Non-Configured Payer

If you want to select a payer that is not configured, you will see a Missing Info icon indicating that the payer requires additional attention and you will not see a select option for that payer. Alert your system administrator if you need a payer configured for your NPI.

If you have Service Configuration permissions, you will see a Configure Payers option to configure this payer (Figure 27). Some payers require additional information to you to perform make an eligibility request.

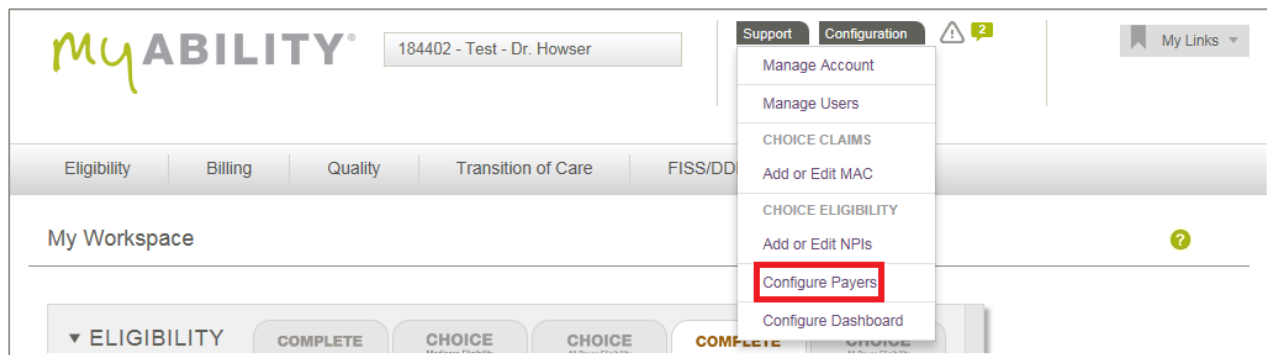


Figure 27: My Workspace page with Configure Payers indicated

Adding Service Type Codes on a Medicare Request

All Service Type Codes supported by Medicare (except A7) are sent on Medicare requests. If you are a provider of mental health or psychiatric services and need to request A7 STC information or if you want to designate this NPI as a valid Non-Medicare NPI (no eligibility requests can be sent to Medicare using this NPI), you can check either or both boxes, respectively (Figure 28). This setting is configured by NPI and monitored by CMS. You can configure your NPI if you have Service Configuration permission as configured on the page.

Add or Edit NPI

+ Add NPI

Add and manage NPIs for use in eligibility requests.

Display Name	NPI	Status	Options
1013931765	1013931765	Valid	EDIT DISABLE DELETE

Provider Details & User Permissions

Additional Payer Information

Provider Details

*required field

NPI* 1013931765

Display Name*

Federal Tax ID*

User Permissions

☒ user 10
☒ user 10
☒ user 11

Give Access to:

Everyone»
None»

Check the box in front of someone's name to give them access to this NPI. Uncheck to remove access. People without access won't see this NPI.

Add/Edit/Delete Users»

Psychiatric/Mental Health Provider Verification

☐ Designate this NPI as a Mental Health or Psychiatric services provider

Is Non-Medicare (HETS) validated NPI

☐ Designate this NPI as valid Non-Medicare (HETS) NPI

Update NPI

Cancel

Figure 28: Add or Edit NPI page with checkboxes indicated

Service Type Codes on a Non-Medicare Request

Service Type Code 30 is sent as the default for all non-Medicare payers that support STC 30. For payers that support multiple Service Type Codes, an Edit option displays on the eligibility request form for codes you need to send (Figure 29).

Make an Eligibility Request

Request eligibility status for patients from all payers.

[Dashboard](#)
[Make a Request](#)
[Batches](#)
[Request History](#)

Make an Eligibility Request

Step 1: Selected NPI

1013931765 (1013931765)

CHANGE

Step 2: 1 PayerSelected

Aetna

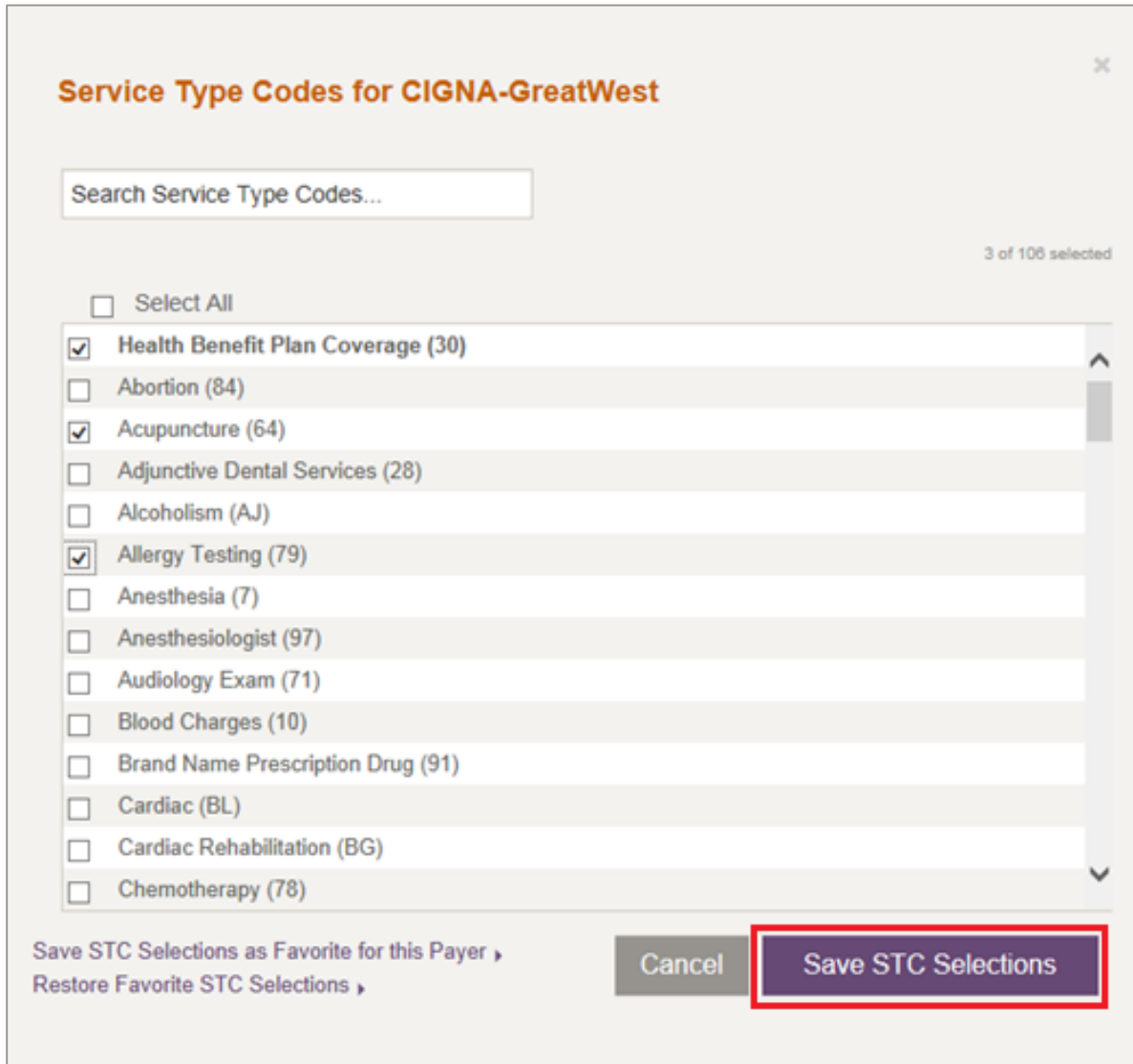
3 of 85 Service Type Codes selected

EDIT

Figure 29: Make an Eligibility Request with Edit indicated

Save Service Type Code Selections by Payer

You can save Service Type Code selections by payer (Figure 30). This allows you to send customized eligibility requests and saves you time when making additional requests with that payer.



Service Type Codes for CIGNA-GreatWest

Search Service Type Codes...

3 of 106 selected

☐ Select All

- ☒ Health Benefit Plan Coverage (30)
- ☐ Abortion (84)
- ☒ Acupuncture (64)
- ☐ Adjunctive Dental Services (28)
- ☐ Alcoholism (AJ)
- ☒ Allergy Testing (79)
- ☐ Anesthesia (7)
- ☐ Anesthesiologist (97)
- ☐ Audiology Exam (71)
- ☐ Blood Charges (10)
- ☐ Brand Name Prescription Drug (91)
- ☐ Cardiac (BL)
- ☐ Cardiac Rehabilitation (BG)
- ☐ Chemotherapy (78)

Save STC Selections as Favorite for this Payer ›
Restore Favorite STC Selections ›

Cancel Save STC Selections

Figure 30: Service Type Codes for selected payer with Save STC Selections indicated

Step 3: Enter Patient and Request Information

Enter Subscriber information (Figure 31). If the name has a suffix (for example, Junior or Senior) enter that information with the last name in the Subscriber Last Name field.

The information requested (and the search options available) depend upon the payer you selected in the previous step. Select a search option based on the information you have available for the patient. If you select multiple payers, a single consolidated form for those payers appears.

NOTE: Dependent search options appear only if they are available for that payer selected.

Figure 31: Step 3 – Enter Patient and Request Information (Subscriber search options and Submit indicated)

Add Additional Patients to your Payer Selection (optional)

Click **+ Add Patient** to open a Patient Detail panel as part of this step. If you do not have payer-specific information for a payer and patient, you can uncheck the checkbox next to the payer name for that patient.

You can add up to 20 payer/patient requests on a single eligibility request form (regardless of payers selected for a given patient). Click **Submit** to submit the Eligibility Request.

Pending Status

Pending Status displays if a payer is not responding to an eligibility request that was sent.

Although most of the time a result is displayed within 75 seconds, a request can take up to 15 minutes to receive a response from the payer. You will receive a failed request status if no response is received or if a non-271 response is received.

After 15 seconds, you will receive a message that this request is taking longer than expected and was sent to the Request History page. You can continue to wait for the response or make a new request.

Eligibility Response

The Eligibility Response page appears after you enter an eligibility request. The following options are available to you on this page:

- **New Request / Rerun Request** - create a new eligibility request by clicking **New Request** or rerun the request currently displayed
- **View Raw X12 File** - The raw 271 is viewed by clicking **View Raw 271** located at the top of the eligibility response. You can save the 271 to a file or cut and paste the content out of the window that appears.
- **Save PDF** - You can save the contents of the Eligibility Response page by selecting this from the top of the eligibility response. This selection creates a PDF of the Eligibility Response page that you can save or print.

Service Coverage Overview and Service Types

The following filter options are available for display purposes for both the Service Coverage Overview panel and the Service Types within that panel.

- **Edit Display** - Open the Select Summaries and Codes to Display dialog box from which you can select the sections to display.
- **Show All** - Display all sections associated with this panel. myABILITY displays a message indicating that all sections now appear.
- **Hide All** - Do not display any sections associated with this topic. myABILITY displays a message that none of the sections now appear.

Save Responses for Payers as Favorite View

By clicking **Save View as Favorite** (Figure 32), you can save the filtered view as your favorite. Click **Restore Favorite View** to restore your favorite view. Favorite views are set up by user and payer combination.

- **Save View as Favorite** - You can save your favorite view. This includes any filtered Inpatient, Home Health Hospice, or Therapy Caps Benefit Summaries, STCs, or Preventative Services that you have selected.
- **Restore Favorite View** - This is the default filtering on future eligibility requests. After seeing eligibility benefit details for a particular Subscriber, this selection restores your favorite view.

Dashboard Make a Request Batches Request History

Rerun Request View Raw X12 File Save PDF

Eligibility Response Response Generated: 9/25/2014 1:00:34 am CT

Save View as Favorite Restore Favorite View

Service Types

Displaying 11 of 11 sections

Edit Display Show All Hide All

Your Request

Payer	Aetna
Provider ID (NPI)	1234567890
Service Dates	9/26/2014
Last Name	Doe
First Name	John
Middle Name/Init	
Member ID	123
DOB	3/1/1915

Patient Demographics

Address	123 Main Street Boston, MA 02111
Gender	

Eligibility State:

☒ Active Coverage

☐ Display on Dashboard

☒ Currently Unreviewed

Owner: Admin, Sys

Follow-up Status:

☐ Financial Counseling/Self Pay

☐ Front Desk

☐ POS Collection

☐ Test

Follow-up Date:

Batch: 1 AM_batch

Update Request

Figure 32: Eligibility Response panels with selected sections indicated

Filter Medicare Responses

All default Medicare Service Type Codes are sent on Medicare requests and can be filtered on the response page. Additional summaries will appear on Medicare responses.

A Medicare eligibility response returns a page to you with the following panels. Depending upon the response and your filter selections, not all panels may appear.

- Your Request
- Patient Information Discrepancies
- Patient Demographics
- Dashboard Operations
- Payer and User Notes
- Status Alerts
- Eligibility Summary (Medicare)
- Inpatient/SNF/ESRD
- Home Health & Hospice
- Therapy Caps
- Service Types
- Preventative

Filter Non-Medicare Responses

For non-Medicare responses, you are able to filter STCs on the request, view those STCs returned by that payer, and filter them on the Eligibility response page. You can use the STC filter to determine which STCs they want to see for that payer. See **Service Types** for more information.

A non-Medicare eligibility response returns a page to you with the following panels. Depending upon the response and your filter selections, not all panels may appear.

- Your Request
- Patient Information Discrepancies
- Patient Demographics
- Dashboard Operations
- Payer and User Notes
- Eligibility Summary (Non-Medicare)
- Benefit Summary
- Service Types

Eligibility Response Panels

Your Request

The **Your Request** section displays the information you entered on the eligibility request page. If the payer returns any subscriber information different from the information you entered, the subscriber information the payer returned and displays in red.

Patient Information Discrepancies

If a payer returns patient information that was different from what you submitted, the information returned to you on the Eligibility Response will be displayed in red. **ABILITY | COMPLETE** stores information sent back from the payer as the information on record for the patient.


Patient Demographics

The Patient Demographics section contains the subscriber's address, gender, and date of birth.

Status Alerts

The Status Alerts section displays to notify you the subscriber has a Medicare Advantage, Medicare Secondary Payer (MSP) or (Dual Eligibility) Medicaid Plan detected on the eligibility response returned from Medicare. **ABILITY | COMPLETE** returns plan information and effective dates. There can be multiple Status Alerts for each Status Alert type if multiples are detected on the eligibility response.

Service Coverage Overview

The Service Coverage Overview panel displays a list of all coverage statuses for the patient you selected in one expandable / collapsible section. The default view shows a collapsed panel. Click the down arrow () to expand it and see all active, inactive, and non-covered Service Coverages for the patient.

This panel begins with Health Benefit Plan Coverage (Service Type Code 30) and continues with the rest of the service types in alphabetical order. Each line provides the following information:

- Name - of the Service Coverage and corresponding Service Type Code
- Active or Inactive - whether the patient has Active or Inactive Coverage for that Service Coverage
- Details - click this link to go directly to this service coverage

User Note(s) and Payer Note


You can use the User Notes section to add notes to eligibility responses, view notes you or other myABILITY® users have added, and see any system generated notes. myABILITY users that have Configure Services permissions can also add Payer Notes on the Configuration Payer page. These notes will also appear here.

Eligibility Summary

The information that appears on this panel depends upon whether the Eligibility applies to Medicare or non-Medicare coverage.

Eligibility Summary (Medicare)

The Eligibility Summary section (Figure 33) displays effective dates for Medicare Parts A, B, and D. If the Subscriber is deceased, a Date of Death appears. Effective and Term Dates are returned for Medicare Parts A and B. Part D information, including deductible information, is shown if returned on the Medicare response. Inactive Coverage Periods are shown if returned on the Medicare response, including dates and any associated explanations for the inactive period.

Eligibility Summary: Active Coverage 			
Subscriber Name:	DANIEL BADGER		
Plan Name:	Aetna Choice POS II	Effective Date:	4/1/2003
Sub. Group Number:	072477201100302	Dep. Plan Number:	0724772

Benefit Information	
Other Source of Data:	Name: Aetna Address: PO Box 981106, El Paso, TX 79998

Service Types Go To Top	
Displaying 1 of 13 sections Edit Display Show All Hide All	
Health Benefit Plan Coverage (30) Hide	
Coverage Level:	Family
Deductible:	\$1,800.00 / Contract (In Plan Network) Eligibility: 4/1/2014 Message: Med Dent, MAXIMUM and STANDARD SAVINGS, Customer Designated Providers and All Other In-Network Providers, DED INCLUDED IN OOP, Visit or Evaluation by Chiropractor, Manipulation by Chiropractor, Outpatient Surgery Facility, Medical Ancillary, Semi Private Room and Board Message: Intensive Care Room and Board, Ambulatory Medical Ancillary, Outpatient Medical Ancillary, Specialist Visit or Evaluation, Primary Care Visit or Evaluation, Physician Xray and Lab, Xray and Lab, Outpatient Xray and Lab

Figure 33: Eligibility Summary with Active Coverage indicated

Eligibility Summary (non-Medicare)

The Eligibility Summary section displays effective dates and eligibility state of the request.

Benefit Information

The Insurance Type and Coverage Level display on a response in the Benefit Information section. This section contains plan and benefit level information that is not attributed to a Service Type Code on the eligibility response. If payer contact information appears on the 271, this section will display that information.

NOTE: The response page will display whatever value the payer sends back on the eligibility response for a given field name. These may or may not coincide with the field name descriptions.

View Eligibility State

An Eligibility State informs you if the patient has active or inactive insurance coverage or if the request failed, is missing information, is in a pending status, or is a non-EDI payer. The myABILITY platform defines all available eligibility states at the top of the dashboard (Figure 34) or you can hover over the icon in the Eligibility State column.

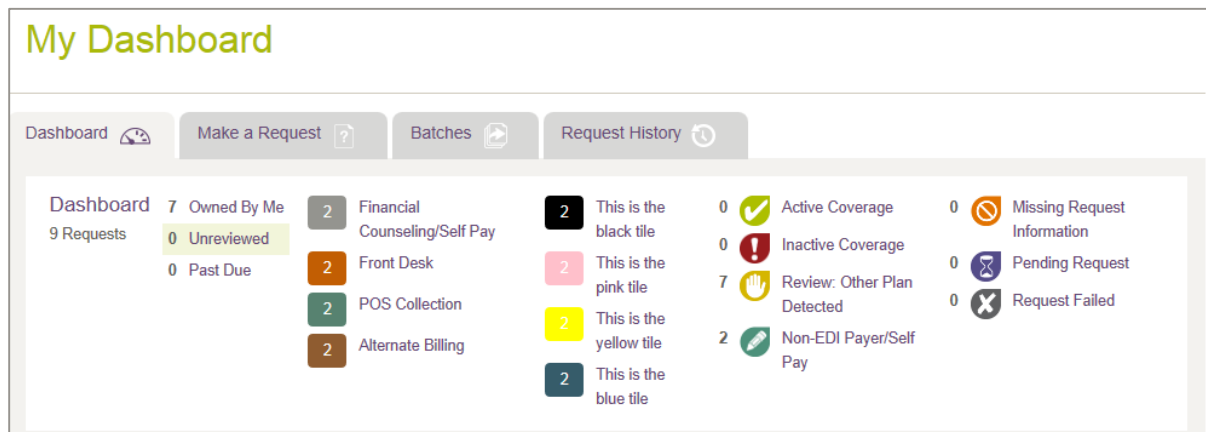




Figure 34: My Dashboard


Active Coverage

Active coverage  displays if a patient is currently covered by that payer. If a date range was provided in the request and contains both active and inactive periods, the current state or most recent state of Service Type Code 30 will determine the overall eligibility state. For non-Medicare payers that do not provide eligible/ineligible information for STC 30, active coverage displays only if there are no ineligible benefits present overall in the response.


Inactive Coverage

Inactive coverage  displays if a patient does not currently have active coverage for Service Type Code 30 with the payer. If the current state of Service Type Code 30 was not provided by the payer, and a patient was ineligible for any benefits on the response, the eligibility state will appear as inactive coverage. These may require further review by you to determine if the patient is eligible for the specific date and service being provided.

Non-EDI Payer


The Non-EDI Payer / Self Pay icon () displays for eligibility requests you created through the Non-EDI dropdown dialog box. Non-EDI payers and self-payers are those who do not provide patient eligibility information in 270/271 EDI (Electronic Data Interchange) format for further review by you to determine if the patient is eligible on the specific date for the service being provided.

Pending Status

Pending Status  displays if a payer is not responding to an eligibility request that was sent. A request may take up to 15 minutes to receive a response from the payer. If no response is received or if a non-271 response is received, you receive a failed request status.


If a response is not generated within 30 seconds, a message appears notifying you that this request was sent as a pending request to the Request History page. In this case, you can display this response to see the eligibility results from the Request History tab.

Review: Other Plan Detected

Review: Other Plan Detected  displays when Status Alerts indicate there was another insurance plan detected by the payer. For example, Medicare will send back Medicare Advantage Plan, Medicare Secondary Payer, and Medicaid Plan information. These generate a Status Alert eligibility state icon to notify you that the patient may have additional insurance coverage.

For non-Medicare payers, a “Review: Other Plan Detected” Eligibility State returns to you when an EB*R (Eligibility Benefit segment with R information code) is returned by the payer indicating there is another plan listed on the response. The other plan information received from the payer displays on Status Alert boxes on this page.

Request Failed

Request Failed  displays when a payer could not be reached due to payer down, if a non-271 was received due to system error, or if any information in the request is no longer valid. You can go in and address these items manually on an individual basis and rerun the batch. The presence of failed items does not stop valid items from processing.

Inpatient/SNF/ESRD

The Inpatient section displays on Medicare response pages and contains summaries for Inpatient Days Remaining, SNF (Skilled Nursing Facility) Days Remaining, and End Stage Renal Disease. Once Inpatient summaries have been selected and you click **Display**, the summaries show on the Eligibility Response page. You can save the view as your favorite so that these display each time on the eligibility response.

Home Health & Hospice

The Home Health Hospice Benefit filter displays on Medicare response pages and contains summaries for Home Health Certification, Home Health Care, and Hospice. Once Home Health Hospice summaries have been selected and you click **Display**, the summaries show on the Eligibility Response page. You can save the view as your favorite so that these display each time on the eligibility response.

Therapy Caps

The Therapy Caps Benefit section displays on Medicare response pages and contains OT/PT Speech Therapy Caps, Pulmonary Service Limits and Cardiac Service Limits. Once you select Therapy Caps summaries and click **Display**, the summaries show on the eligibility response page. You can save the view as your favorite so that these display each time you are on the eligibility response page.

Service Types

All returned Service Type Codes (STCs) show in the Service Types panel (Figure 35). You can choose to remove any STCs so they do not appear. Once you have selected which STCs you want to see on an eligibility response, you can save that selection as a favorite for the payer.

Eligibility Summary: Active Coverage 			
Subscriber Name:	DANIEL BADGER		
Plan Name:	Aetna Choice POS II	Effective Date:	4/1/2003
Sub. Group Number:	072477201100302	Dep. Plan Number:	0724772

Benefit Information	
Other Source of Data:	Name: Aetna Address: PO Box 981106, El Paso, TX 79998

Service Types Go To Top	
Displaying 1 of 13 sections Edit Display Show All Hide All	
Health Benefit Plan Coverage (30) Hide	
Coverage Level:	Family
Deductible:	\$1,800.00 / Contract (In Plan Network) Eligibility: 4/1/2014 Message: Med Dent, MAXIMUM and STANDARD SAVINGS, Customer Designated Providers and All Other In-Network Providers, DED INCLUDED IN OOP, Visit or Evaluation by Chiropractor, Manipulation by Chiropractor, Outpatient Surgery Facility, Medical Ancillary, Semi Private Room and Board Message: Intensive Care Room and Board, Ambulatory Medical Ancillary, Outpatient Medical Ancillary, Specialist Visit or Evaluation, Primary Care Visit or Evaluation, Physician Xray and Lab, Xray and Lab, Outpatient Xray and Lab

Figure 35: Eligibility Summary with Service Types indicated

Service Type Codes for Non-Medicare Payers

Service Type Code 30 is sent as the default for all non-Medicare payers. You can add additional STCs to non-Medicare payers that support additional STCs by clicking **Edit** next to the Payer Name on the Eligibility Request page.

NOTE: The Edit STCs option is only available for non-Medicare payers that support multiple STCs.

Service Type Codes for Medicare Payers

All Service Type Codes supported by Medicare (except A7) are sent on Medicare requests. If you are a provider of mental health or psychiatric services, you can click **EDIT** and check the Designate this NPI as a Mental Health or Psychiatric service provider checkbox to designate that you need to view A7 STC information. This is a setting that is configured by NPI and monitored by CMS.

See **Add or Edit NPI** for additional information on how to configure your NPI to view A7 information.

Preventative

All returned Preventative Services display on Medicare response pages. You can choose to remove any Preventative Services that you do not need to view on the eligibility response. Once you have selected which Preventative Services you want to see, you can save that selection as a favorite. Only Preventative Services that have been selected appear on the eligibility response.

You can choose to filter back in additional Preventative Services on any subsequent requests as all Preventative Procedure Codes are sent on Medicare eligibility requests. A Preventative Service section may be made up of multiple Preventative Procedure Codes. These codes are given in the Preventative Service filter for reference.

View Multiple Payer and Patient Requests

When more than one request is submitted at a time from the Eligibility Request page, the Eligibility Responses come back together. Some may be pending and some may have a payer response. You can horizontally scroll through and view these responses by clicking the arrows (Figure 36). You can select to send all or individual requests to the dashboard from this view.

If you decide to rerun an individual request, this view of multiple responses goes away. When you click **Rerun Request**, the Eligibility Request form opens for that payer and patient. You should view all of the responses before moving away from this page. You can use the back button if you want to get back to this page after going to another tab.

Eligibility Response
Review, filter, print and save patient eligibility status

Dashboard | Make a Request | Batches | Request History

Send all to Dashboard

◀ [Doe, John - Medicare (HETS)] [Doe, Jane - Medicare (HETS)] [Smith, James - Medicare (HETS)] [Jones, Mary - Medicare (HETS)] ▶

Rerun Request | View Raw X12 File | Save PDF

Response Generated: 11/6/2014 12:18:07 pm CT

Save View as Favorite | Restore Favorite View

Inpatient/SNF/ESRD
Displaying 3 of 3 sections
Edit Display | Show All | Hide All

Home Health & Hospice
Displaying 3 of 3 sections

Your Request

Payer	Medicare (HETS)
Provider ID (NPI)	
Service Dates	11/6/2013 - 3/6/2015
Last Name	
First Name	

Eligibility State: ☒ Active Coverage

☒ Display on Dashboard

☒ Currently Unreviewed

Owner: Me (Billie, Betty) ▼

Follow-up: ☐ POS Collection ☐ Self Pay Patient

Figure 36: Eligibility Response page (multiple responses and arrows indicated)

Additional Operations

The following sections describe how you can send a request to the dashboard, mark a response as unreviewed for later follow-up, and add a new request into an existing batch.

Sending Requests to the Dashboard

Click the **Display on Dashboard** checkbox from an eligibility response to send a single request to the dashboard (Figure 37).

Eligibility Response
Review, filter, print and save patient eligibility status

Dashboard Make a Request Batches Request History

Rerun Request View Raw X12 File Save PDF

Eligibility Response
Response Generated: 5/10/2014 1:55:35 pm CT

Save View as Favorite
Restore Favorite View

Service Types
Displaying 1 of 1 sections
Edit Display Show All Hide All

Your Request

Payer
Provider ID (NPI)
Service Dates
Last Name
First Name
Middle Name/Init
Member ID
DOB

Patient Demographics

Address
Gender

Eligibility State:
☒ Active Coverage
☐ Display on Dashboard
☐ Currently Unreviewed

Owner:
Me (Billor, Betty)

Follow-up Status:
☐ POS Collection
☐ Self Pay Patient
☐ Test a
☐ Test b
☐ Test r

Follow-up Date:

Add Request to Batch:
Choose a Batch

Update Request

Figure 37: Eligibility Response page with Display on Dashboard indicated

You can assign an owner to the request, and add a follow-up status, date and time. Custom follow-up statuses can be added by you if you have Configure Services permission.

Mark a Response as Unreviewed for Later Follow-up

If you send a transaction to the dashboard without viewing the Eligibility Response page first, “Unreviewed” displays and the request appears highlighted (Figure 38). This indicates that an eligibility response needs to be reviewed. This status can be updated when sending a request to the dashboard or when updating a request from the dashboard or elsewhere within the application.

My Dashboard

Dashboard Make a Request Batches Request History

Dashboard 256 Owned By Me 3 POS Collection 31 Active Coverage 2 Non-EDI Payer/Self Pay
 267 Requests 210 Unreviewed 3 Past Due 2 Self Pay Patient 1 Inactive Coverage 171 Missing Request Information
 32 Review: Other Plan Detected 13 Pending Request
 0 Review: Managed Care Coordinator 17 Request Failed

Filter Dashboard

Search Dashboard By Patient

Last Name First Name DOB: mm/dd/yyyy **Search**

Restore Favorite Filters

Actions Change Owner Change Follow-up Add Note Add Non-EDI Add To Batch Reports [Configure Dashboard](#)

Show 10 entries 1 2 3 4 5

Select all on this page	Eligibility State	Request	Owner	Follow-up Status	Follow-up Date	Run	
<input type="checkbox"/>		GLADYS (---/---) :1765 - Medicare (HETS) UNREVIEWED	Me (Biller, Betty)			08/17/2015 9:52 AM	NOTES DETAILS RERUN ATTACH

Figure 38: My Dashboard with Unreviewed indicated

Add a New Request into an Existing Batch

On the Eligibility Response page, there is a dropdown box available to add an individual request into a batch (Figure 39). If the request is already in the batch, the batch name appears and you will not see the dropdown box.

Batch information displaying on the eligibility response only appears if you have been set up with Add/Edit Batch Eligibility Requests permission. Without this permission, you will not see the batch dropdown box, but will see the batch display name if that request is currently in a batch.

The screenshot shows the 'Eligibility Response' page. At the top, there's a header with the title 'Eligibility Response' and a subtitle 'Review, filter, print and save patient eligibility status'. Below this is a navigation bar with buttons: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. To the right of these buttons are links: 'Rerun Request', 'View Raw X12 File', and a 'Save PDF' button.

The main content area is divided into three sections:

- Left Sidebar:** Contains 'Save View as Favorite', 'Restore Favorite View', 'Service Types' (with a sub-section 'Displaying 1 of 1 sections'), and 'Edit Display' with 'Show All' and 'Hide All' options.
- Center Panel:** Titled 'Eligibility Response', it contains two main sections:
 - Your Request:** A table with fields: Payer (Aetna), Provider ID (NPI) (1013144823 - DisplayName8), Service Dates (5/10/2014), Last Name (BADGER JR), First Name (DANIEL), Middle Name/Init (G), Member ID (W102823110), and DOB (1/1/0001).
 - Patient Demographics:** A table with fields: Address (914 MARY STREET, HUGER, SC 29450) and Gender.
- Right Panel:** Contains 'Eligibility State' (Active Coverage with a green checkmark), 'Display on Dashboard' (checked), 'Currently Unreviewed' (unchecked), 'Owner' (Me (Biller, Betty)), 'Follow-up Status' (with options: POS Collection, Self Pay Patient, Test a, Test b, Test r), 'Follow-up Date' (with a date input field), and 'Add Request to Batch' (a dropdown menu with 'Choose a Batch' selected, highlighted by a red rectangle). At the bottom right is an 'Update Request' button.

Figure 39: Eligibility Response page with Add Request to Batch dropdown box indicated

User Notes

You can use the User Notes section to add notes to eligibility responses, view those notes as well as system-generated notes.

Add User Note to the Eligibility Response

You can add a User Note to a transaction so that any 271 details can be tracked for future reference (Figure 40). This is helpful when working with other users who may be assigned a follow-up task. The maximum character limit for this field is 512 characters.

The screenshot displays the 'Eligibility Response' page. At the top, there's a header with the title 'Eligibility Response' and a subtitle 'Review, filter, print and save patient eligibility status'. Below this is a navigation bar with tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. A secondary bar contains links: 'Rerun Request', 'View Raw X12 File', and a 'Save PDF' button.

The main content area is divided into several sections. On the left, there's a sidebar with 'Service Types' and 'Displaying 1 of 13 sections'. The central part is titled 'Eligibility Response' and includes a sub-header 'Your Request' with fields for Payer, Provider ID (NPI), Service Dates, Last Name, First Name, Middle Name/Init, Member ID, and DOB. Below this is the 'Patient Demographics' section with fields for Address and Gender.

On the right side, there's an 'Eligibility State' section with a green checkmark for 'Active Coverage'. Below this are checkboxes for 'Display on Dashboard' and 'Currently Unreviewed'. The 'Owner' field shows 'Me (Biller, Betty)'. There's a 'Follow-up Status' section with radio buttons for 'POS Collection', 'Self Pay Patient', and 'Test a', 'Test b', 'Test r'. A 'Follow-up Date' field is also present. At the bottom right, there's an 'Add Request to Batch' section with a 'Choose a Batch' dropdown and an 'Update Request' button.

At the bottom of the page, a panel titled '0 User Note(s)' is highlighted with a red box. This panel contains a 'User Notes' section with a table header: 'Created Date', 'Added By', and 'Note'. Below the header, it says 'No user notes exist'. There's a text input field labeled 'Enter note text here.' and two buttons: 'Save' and 'Cancel Add Note'.

Figure 40: Eligibility Response page with User Note(s) panel indicated

View User Notes

Notes are recorded below Patient Demographics (Figure 41). The User Notes panel can be expanded so that you and other users can see the notes. Click **Add Notes** to add additional notes. The section can also be collapsed so that the eligibility information is easily found.

The screenshot displays the 'Eligibility Response' interface. At the top, there's a header with the title 'Eligibility Response' and a subtitle 'Review, filter, print and save patient eligibility status'. Below this is a navigation bar with tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. A secondary bar contains links: 'Rerun Request', 'View Raw X12 File', and a 'Save PDF' button.

The main content area is divided into several sections. On the left, there's a sidebar with 'Save View as Favorite' and 'Restore Favorite View' options, followed by 'Service Types' which shows 'Displaying 1 of 13 sections' and buttons for 'Edit Display', 'Show All', and 'Hide All'.

The central part of the page is titled 'Eligibility Response' and includes a timestamp 'Response Generated: 5/10/2014 1:55:36 pm CT'. It contains two main panels: 'Your Request' and 'Patient Demographics'. The 'Your Request' panel lists fields like Payer, Provider ID (NPI), Service Dates, Last Name, First Name, Middle Name/Init, Member ID, and DOB. The 'Patient Demographics' panel lists Address and Gender.

To the right of these panels is an 'Eligibility State' section with a green checkmark indicating 'Active Coverage'. It includes checkboxes for 'Display on Dashboard' and 'Currently Unreviewed', a dropdown for 'Owner' (set to 'Me (Biller, Betty)'), and a 'Follow-up Status' section with radio buttons for 'POS Collection', 'Self Pay Patient', 'Test a', 'Test b', and 'Test r'. There are also input fields for 'Follow-up Date' and 'Add Request to Batch' (with a 'Choose a Batch' dropdown), and an 'Update Request' button.

At the bottom, a red box highlights the '1 User Note(s)' panel. This panel is titled 'User Notes' and includes an 'Add Note' link. It shows a message 'Successfully added a note.' and a table with columns 'Created Date', 'Added By', and 'Note'. The table contains one entry: '11/05/2014 1:05 PM', 'Me (Biller, Betty)', and 'Enter note text here.'.

Figure 41: Eligibility Response page with User Note(s) panel indicated

System-Generated Notes

System-generated notes are created automatically when you add or remove follow up statuses and when you update ownership (Figure 42). System-generated notes appear on requests that have been rerun manually from a previous transaction. In this case, the user can return to the original transaction for easy reference.

The screenshot displays the 'Eligibility Response' page. The page title is 'Eligibility Response' with a subtitle 'Review, filter, print and save patient eligibility status'. The navigation bar includes 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. The main content area is divided into three columns. The left column contains a sidebar with categories: 'Inpatient/SNF/ESRD' (3 sections), 'Home Health & Hospice' (3 sections), 'Therapy Caps' (5 sections), 'Service Types' (77 sections), and 'Preventative' (0 of 32 sections). The middle column is titled 'Your Request' and contains fields for Payer, Provider ID (NPI), Service Dates, Last Name, First Name, Middle Name/Init, Member ID, and DOB. Below this is the 'Patient Demographics' section with fields for Address and Gender. The right column is titled 'Eligibility Response' and contains a section for 'Active Coverage' with checkboxes for 'Display on Dashboard' and 'Currently Unreviewed'. Below this is the 'Owner' dropdown menu set to 'Me (Billie, Betty)'. The 'Follow-up Status' section includes checkboxes for 'POS Collection', 'Self Pay Patient', 'Test a', 'Test b', and 'Test r'. The 'Follow-up Date' is set to '11/10/2014 12:10 PM'. The 'Add Request to Batch' section has a 'Choose a Batch' dropdown. The 'Update Request' button is at the bottom right. A red box highlights the '1 User Note(s)' section at the bottom, which contains a table of user notes. The table has columns for 'Created Date', 'Added By', and 'Note'. A single note is listed: '11/06/2014 1:20 PM', 'Me (Billie, Betty)', and 'Follow-up status: POS Collection added.'.

Eligibility Response
Review, filter, print and save patient eligibility status

Dashboard Make a Request Batches Request History

Rerun Request View Raw X12 File Save PDF

Eligibility Response
Response Generated: 11/6/2014 11:17:20 am CT

Save View as Favorite
Restore Favorite View

Inpatient/SNF/ESRD
Displaying 3 of 3 sections
Edit Display Show All Hide All

Home Health & Hospice
Displaying 3 of 3 sections
Edit Display Show All Hide All

Therapy Caps
Displaying 5 of 5 sections
Edit Display Show All Hide All

Service Types
Displaying 77 of 77 sections
Edit Display Show All Hide All

Preventative
Displaying 0 of 32 sections
Edit Display Show All Hide All

Your Request

Payer
Provider ID (NPI)
Service Dates
Last Name
First Name
Middle Name/Init
Member ID
DOB

Patient Demographics

Address
Gender

Eligibility State:
☒ Active Coverage
☒ Display on Dashboard
☒ Currently Unreviewed

Owner: Me (Billie, Betty)

Follow-up Status:
☒ POS Collection
☐ Self Pay Patient
☐ Test a
☐ Test b
☐ Test r

Follow-up Date: 11/10/2014 12:10 PM

Add Request to Batch: Choose a Batch

Update Request

1 User Note(s)

User Notes Add Note

Created Date	Added By	Note
11/06/2014 1:20 PM	Me (Billie, Betty)	Follow-up status: POS Collection added.

Figure 42: Eligibility Response page with System-Generated note indicated

Request History

View Previous Eligibility Requests

You can use the Patient Details panel to search for previous eligibility requests that have been completed for those NPIs you have access to. These include requests made by other users. You use filtering to narrow down the search to the requests you want to view. Requests are stored indefinitely and can be searched from the Request History Tab.

Search Eligibility Requests by Patient

Enter Subscriber information. The information requested (and the search options available) depend upon the Payer you selected. The Quick Date Pick can help you select service dates (Figure 43).

Step 3: Enter Patient and Request Information

— Patient Details *Required Field

SUBSCRIBER SEARCH BY
MemID, SubLN, SubFN, SubDOB

Service Dates * 9/26/2013 thru 1/26/2015

Quick Date Pick
Today
12 Mos Back / 4 Mos Ahead

Figure 43: Patient Details with Quick Date Pick indicated

Filter Eligibility Request History

You can search eligibility requests by clicking **Filter History** to open the Filter Responses dialog box (Figure 44). There are four categories of Filter Responses (Status & Date, Owner, Payer, and NPI) and each contains different selections. Click **Apply Selections** to apply the filter settings.

The screenshot shows the 'Filter Responses' dialog box with a sidebar on the left and a main content area. The sidebar contains four categories: 'Status & Date', 'Owner', 'Payer', and 'NPI'. The 'Status & Date' category is selected. The main content area displays the following options:

- ☐ Show Only Unreviewed
- Follow-up Status** (SELECT ALL)
 - ☐ Alternate Billing
 - ☐ Financial Counseling/Self Pay
 - ☐ Front Desk
 - ☐ POS Collection
 - ☐ This is the black tile
 - ☐ This is the blue tile
 - ☐ This is the pink tile
 - ☐ This is the yellow tile
- Eligibility State** (SELECT ALL)
 - ☐ Active Coverage
 - ☐ Inactive Coverage
 - ☐ Missing Request Information
 - ☐ Non-EDI Payer/Self Pay
 - ☐ Pending Request
 - ☐ Request Failed
 - ☐ Review: Other Plan Detected
- Date**
 - ☐ Run Date [dropdown] Within [dropdown] 9/30/2014 [calendar icon]

At the bottom of the dialog box are two buttons: 'Cancel' and 'Apply Selections'.

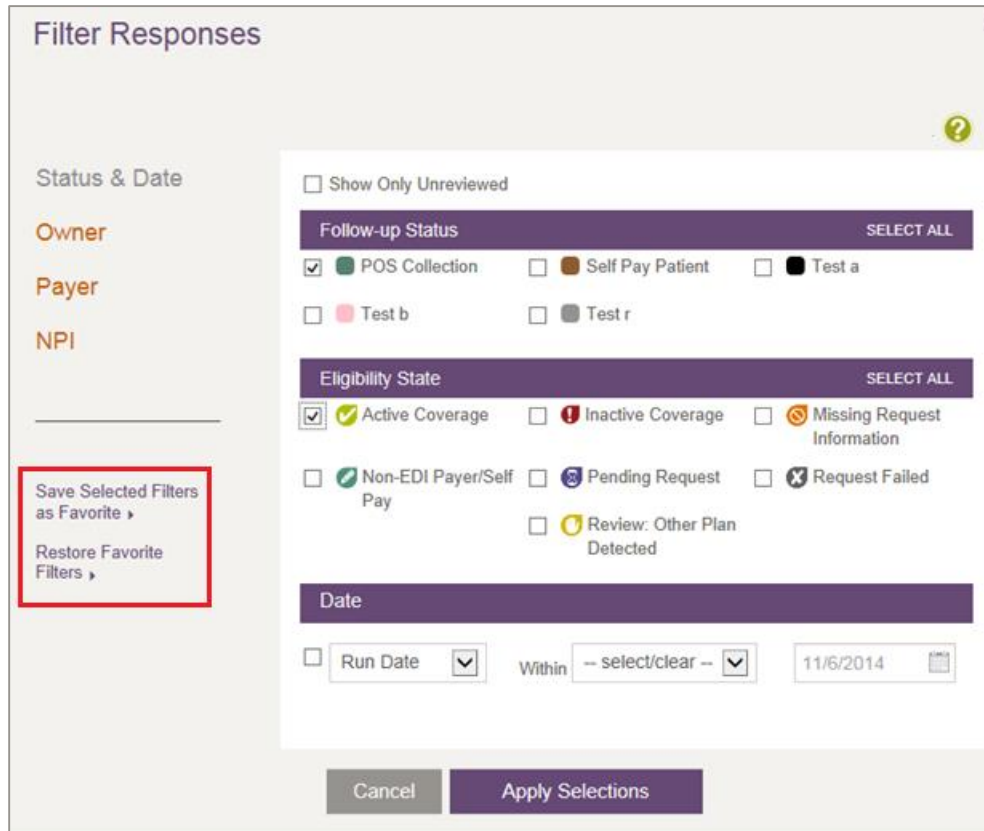
Figure 44: Filter Responses (Status & Date selection)

Save Filter as Favorite on the Request History Tab

If you want to create a Favorite Filter setting, click **Save Selected Filters as Favorite**. Once you save this setting you can click **Restore Favorite Filters** to restore that view (Figure 45).

Filter Results

Filter settings display and are summarized on the Request History tab after you have applied your selections. You need to refine search criteria if the filter settings you have applied retrieve a result that is too narrow. You can also clear all filters from the filter summary.



The screenshot shows a 'Filter Responses' dialog box with a sidebar on the left and a main content area on the right. The sidebar contains the following items:

- Status & Date
- Owner
- Payer
- NPI
- Save Selected Filters as Favorite** (highlighted with a red box)
- Restore Favorite Filters

The main content area contains the following sections:

- ☐ Show Only Unreviewed
- Follow-up Status** (with a 'SELECT ALL' button)
 - ☒ POS Collection
 - ☐ Self Pay Patient
 - ☐ Test a
 - ☐ Test b
 - ☐ Test r
- Eligibility State** (with a 'SELECT ALL' button)
 - ☒ Active Coverage
 - ☐ Inactive Coverage
 - ☐ Missing Request Information
 - ☐ Non-EDI Payer/Self Pay
 - ☐ Pending Request
 - ☐ Request Failed
 - ☐ Review: Other Plan Detected
- Date**
 - ☐ Run Date (dropdown)
 - Within (dropdown)
 - 11/6/2014 (calendar icon)

At the bottom of the dialog are two buttons: 'Cancel' and 'Apply Selections'.

Figure 45: Filter Responses with Filter selections indicated

Batch History

Select the Batches tab to open the **Batch History** page (Figure 46). Here you are able to view batches that have been previously run. If you have Add/Edit Batch Eligibility Requests permission you will see buttons to create new batches and manage existing batches.

Eligibility Request Batches
Review, filter and manage recently run batches of eligibility requests.

Dashboard Make a Request Batches Request History

Batch History Create a New Batch Manage Batches

Filter Batch Runs:

Owner Select All

☐ Me (Biller, Betty)

☐ Admin, Adam2

← Previous 1 2 3 4 5 Next →

Run Date	Batch	Owner	Actions
08/17/2015 1:00 AM	test12	Me (Biller, Betty)	2 transactions Weekdays RESULTS RERUN EDIT CHANGE REPORT
08/16/2015 10:00 PM	RJ_2014-05-08_2	Me (Biller, Betty)	2 transactions Weekdays RESULTS RERUN EDIT CHANGE REPORT


Figure 46: Eligibility Request Batches page

If you need to be set up with permissions for these actions, contact your System Administrator. This permission can be added under Administrative Permissions on the Manage Users page.


View Previous Batch Runs

Table 2 lists the columns that appear on this page.

Table 2: Failed Request Conditions and Messages

Column Heading	Description
Run Date	date and time the batch was submitted
Batch	batch name and the seven eligibility states with resulting transaction counts. If the batch is recurring, the recurring schedule appears in this column. You can hover over the recurring frequency icon () to display a tooltip providing detailed information on specifically when the batch is scheduled to run.
Owner	person at your facility handling this request
(no heading)	<p>The following actions are available to you in this column:</p> <ul style="list-style-type: none"> • click RESULTS to open the Eligibility Batch Details page • click RERUN to open the Eligibility Batch Rerun confirmation dialog box • click EDIT to open the • Create/Edit Batches page • click Change Report to open the Eligibility Batch Change Report dialog box where you can run a new Batch Change Report or view the most recent Batch Change Report. <p>The Batch Change Report shows you how many (if any) records have a different eligibility status since the last time the batch was run. After you run the report, you can filter the display to show only changed records or view highlighted records on the full report and hover over the status to view the specific change.</p> <p>NOTE: If you added new patient records since the batch was last run, those records will not appear on the Batch Change Report as the report only identifies eligibility status changes.</p>

View Recurring Batch Schedule

If the batch is recurring, the recurring schedule appears on the Batch History page. Users can hover over the recurring frequency icon () to display a tooltip providing detailed information on specifically when the batch is run (Figure 47).

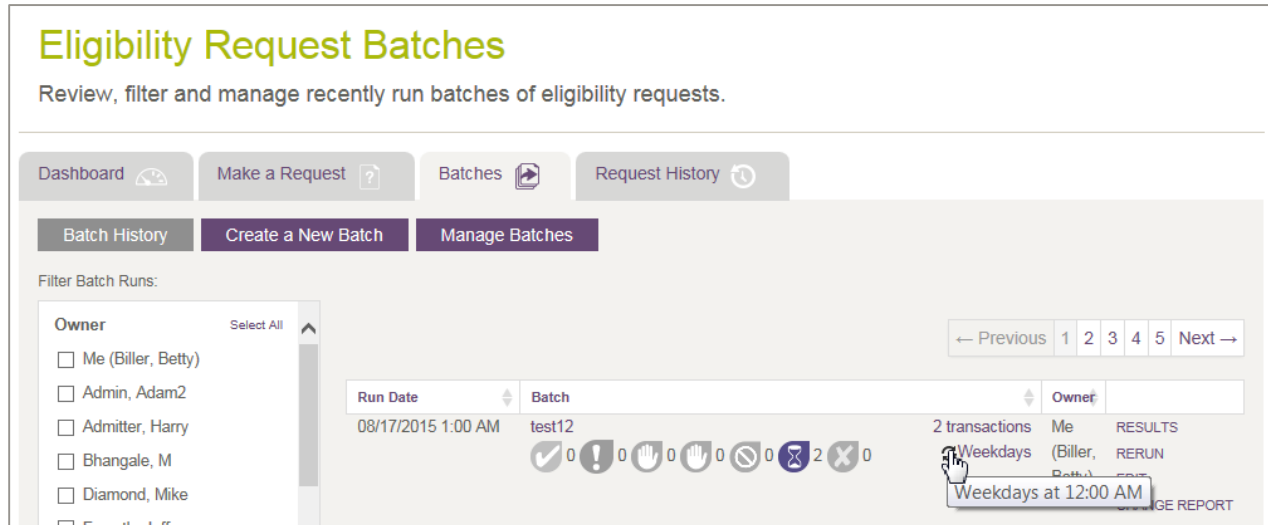


Figure 47: Batch History page with Recurring Batch tooltip

View Deleted Batches

If you have Add/Edit Batch Eligibility Requests permissions you have the ability to delete a batch template on the Batch History page. Once a batch template has been deleted, any batches run would remain on the Batch History page. You are no longer able to rerun or edit batches that have been deleted. These batches display in rows that are grayed out and have a trash icon

() to indicate that the Batch template is now inactive (Figure 48).

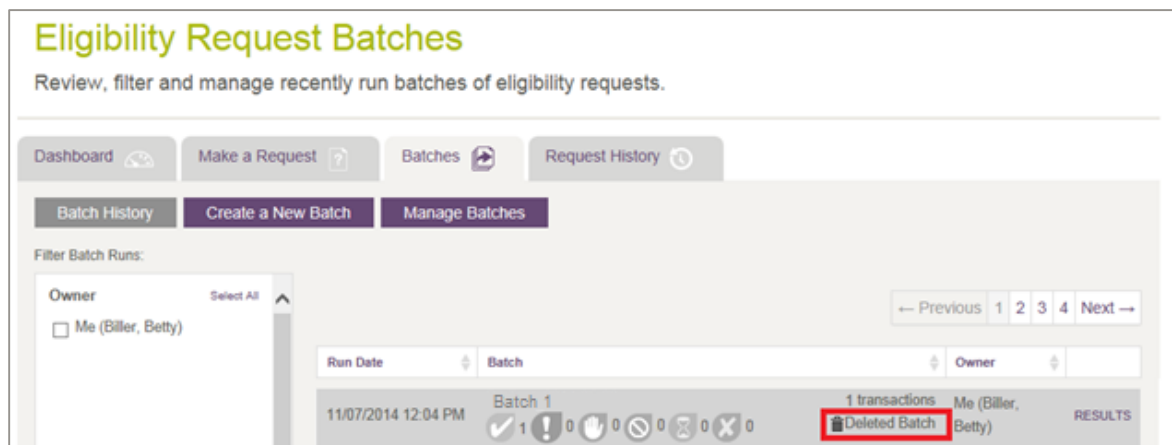


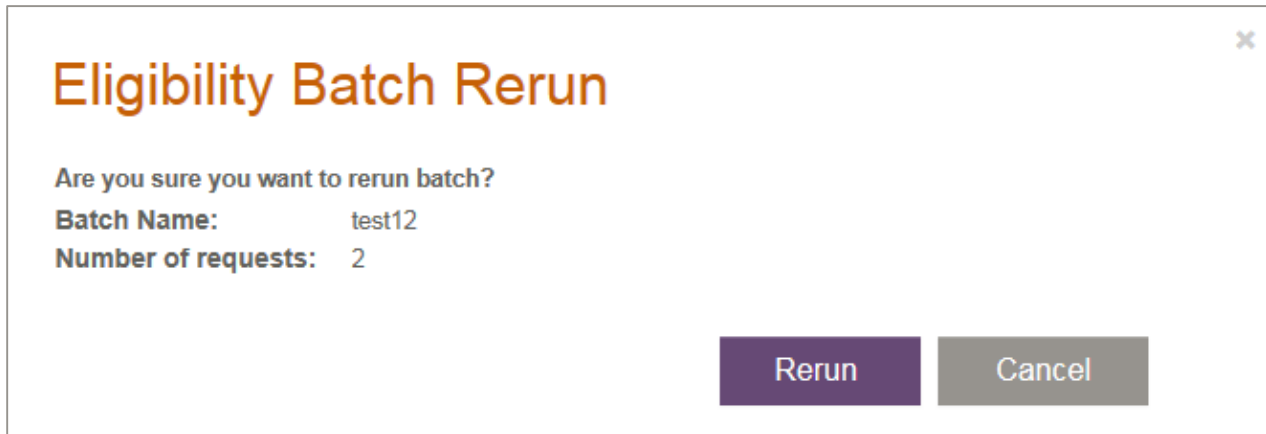
Figure 48: Batch History page with Deleted Batch indicated

Rerun Batch Requests

This section describes how to rerun an entire batch, rerun individual transactions in a batch, and filter batch runs.

Rerun an Entire Batch

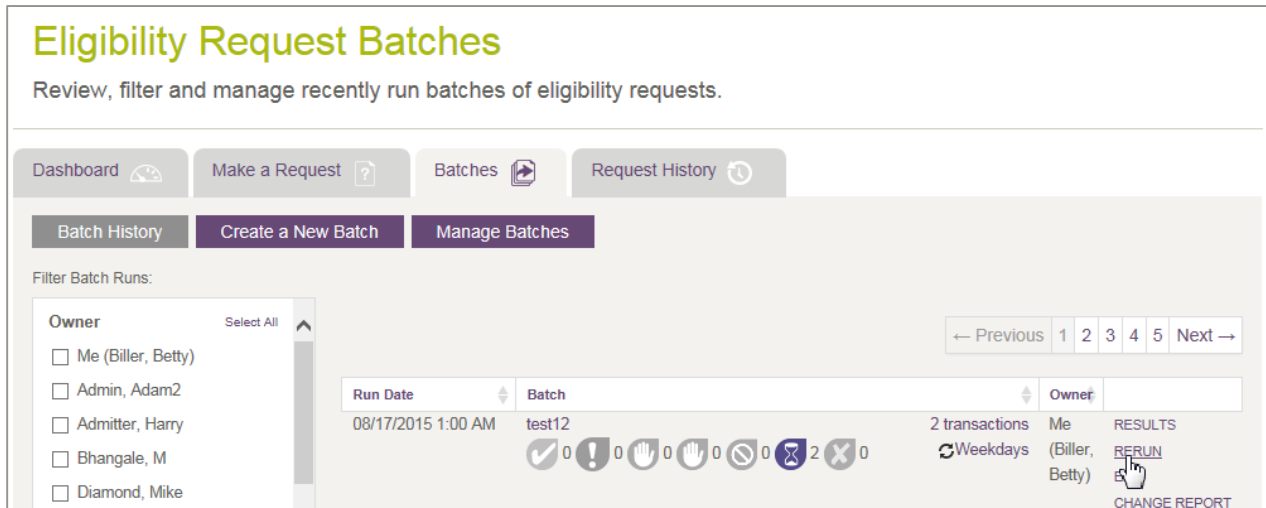
You can rerun an entire batch from the Batch History page whether or not you have Add/Edit Batch Eligibility Request permission. Before the batch is run, a dialog box containing the number of requests appears for you to confirm that you want to rerun the entire batch (Figure 49).



The dialog box is titled "Eligibility Batch Rerun" in orange text. It contains the question "Are you sure you want to rerun batch?" in blue. Below this, it shows "Batch Name: test12" and "Number of requests: 2". At the bottom right, there are two buttons: "Rerun" (purple) and "Cancel" (grey).

Figure 49: Eligibility Batch Rerun dialog box

Click **Rerun**.



The interface is titled "Eligibility Request Batches" in green. Below the title is the text "Review, filter and manage recently run batches of eligibility requests." There are four tabs: "Dashboard", "Make a Request", "Batches", and "Request History". The "Batches" tab is active. Below the tabs are three buttons: "Batch History", "Create a New Batch", and "Manage Batches".

Under "Filter Batch Runs:", there is a list of owners with checkboxes: "Me (Billar, Betty)", "Admin, Adam2", "Admitter, Harry", "Bhangale, M", and "Diamond, Mike".

Below the filter, there is a table with columns: "Run Date", "Batch", "Owner", and "RESULTS". The first row shows "08/17/2015 1:00 AM", "test12", "Me (Billar, Betty)", and "RESULTS". Below the "RESULTS" column, there are icons for various actions: a checkmark, an exclamation mark, a hand, a clock, a magnifying glass, a trash can, and a refresh icon. The "RERUN" link is highlighted in blue.

Figure 50: Eligibility Request Batches with rerun selected

ABILITY | COMPLETE does not allow you to rerun a batch if the batch has been deleted (Figure 51).

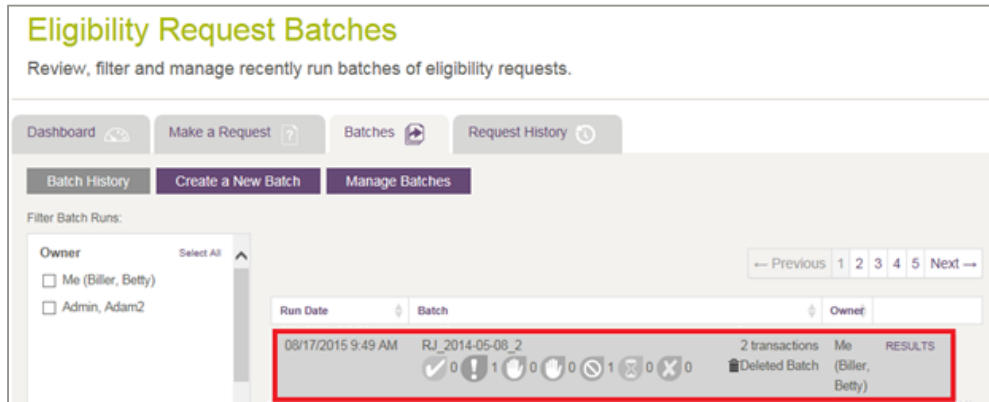


Figure 51: Eligibility Request Batches page with deleted batch indicated

After you rerun a batch, **ABILITY | COMPLETE** adds a new row to Batch History and that new row appears at the top of the page (Figure 52).

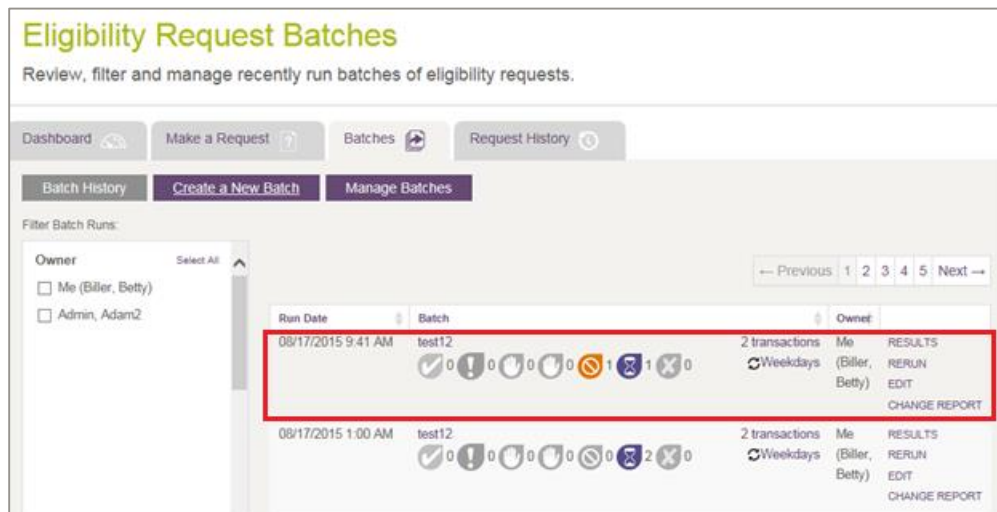


Figure 52: Eligibility Request Batches with new row

Rerun an Individual Transaction in a Batch

Click **Results** on a batch to see individual requests within the batch run.

Figure 53: Batch History page with Results selected

If you want to rerun a transaction within a batch, click **Rerun** next to the individual request (Figure 54).

Figure 54: Individual transaction with Rerun selected

A new transaction row will be added to the batch and the batch will be updated to contain the new request.

If you want to add updated insurance information to the batch for future runs for a patient, you must go in and edit the batch. Only users with Add/Edit Batch Eligibility Request permission can edit batches.

Filter Batch Runs

Use the Filter Batch Runs panel (Figure 55) to filter batches by any or all of the following categories:

- Owner – the person at your facility assigned to this batch
- Eligibility State – the six types appear in this panel
- Date – select a time period and corresponding date

The screenshot shows the 'Filter Batch Runs' panel with three main sections:

- Owner:** A list with 'Me (Biller, Betty)' and 'Admin, Adam', each with an unchecked checkbox. A 'Select All' link is at the top right.
- Eligibility State:** A list of six states, each with an unchecked checkbox and an icon: 'Active Coverage' (green checkmark), 'Inactive Coverage' (red exclamation mark), 'Review: Other Plan Detected' (yellow hand), 'Missing Request Information' (orange circle with X), 'Pending Request' (blue clock), and 'Request Failed' (purple X). A 'Select All' link is at the top right.
- Date:** A section titled 'Batch run within' with a dropdown menu showing '-- select/clear --'. Below it, 'of' is followed by a date input field showing '09/29/2014' and a calendar icon. A purple 'Filter' button is at the bottom.

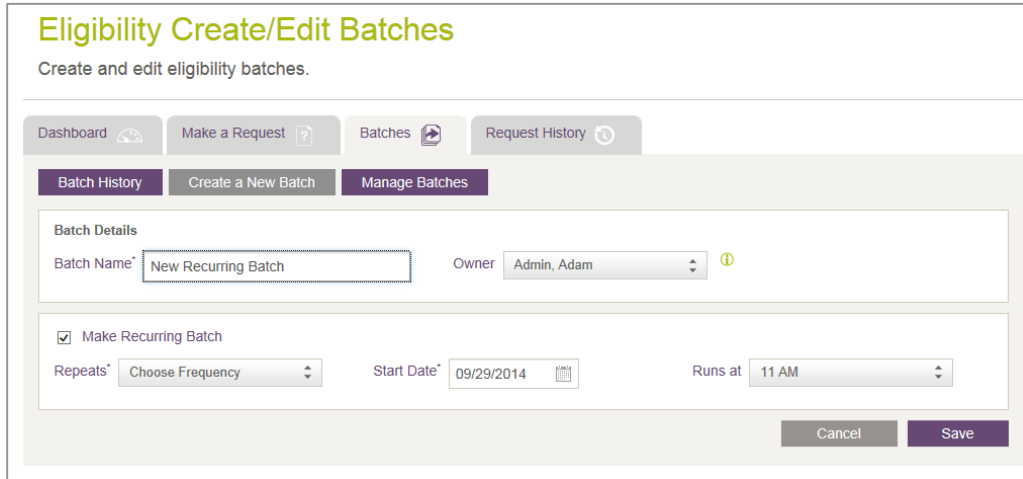
Figure 55: Filter Batch runs panel

Click **Filter** to save your settings.

Create/Edit Batches

You can view the Eligibility Create / Edit Batches page (Figure 56) only if you have Add / Edit Batch Eligibility Requests permissions.

The Batches tab lets you create and view batches of eligibility requests that are either ad hoc or scheduled to run on a recurring basis.



The screenshot shows the 'Eligibility Create/Edit Batches' page. At the top, there's a title 'Eligibility Create/Edit Batches' and a subtitle 'Create and edit eligibility batches.' Below this is a navigation bar with tabs: 'Dashboard', 'Make a Request', 'Batches' (selected), and 'Request History'. Under the 'Batches' tab, there are three sub-tabs: 'Batch History', 'Create a New Batch', and 'Manage Batches' (selected). The main form area is titled 'Batch Details' and contains a 'Batch Name*' field with the value 'New Recurring Batch', an 'Owner' dropdown menu showing 'Admin, Adam', and a 'Make Recurring Batch' checkbox which is checked. Below the checkbox, there are fields for 'Repeats*' (a dropdown showing 'Choose Frequency'), 'Start Date*' (a date picker showing '09/29/2014'), and 'Runs at' (a time dropdown showing '11 AM'). At the bottom right of the form are 'Cancel' and 'Save' buttons.

Figure 56: Eligibility Create / Edit Batches page

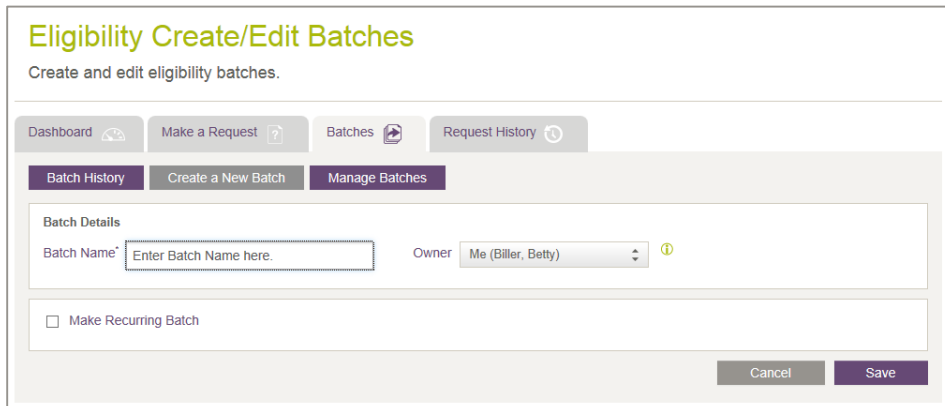
Create a New Batch

Fill in the following batch details (Figure 57).

Batch Name – Enter the name of the batch.

Owner – Select the name of the owner from the dropdown box.

NOTE: When adding or updating a batch owner, the owner must be associated with all of the NPIs within the batch. You cannot view requests within batches that are associated with NPIs that you are not configured to view.



The screenshot shows the 'Eligibility Create/Edit Batches' page. At the top, there's a title 'Eligibility Create/Edit Batches' and a subtitle 'Create and edit eligibility batches.' Below this is a navigation bar with tabs: 'Dashboard', 'Make a Request', 'Batches' (selected), and 'Request History'. Under the 'Batches' tab, there are three sub-tabs: 'Batch History', 'Create a New Batch' (selected), and 'Manage Batches'. The main form area is titled 'Batch Details' and contains a 'Batch Name*' field with the placeholder text 'Enter Batch Name here.', an 'Owner' dropdown menu showing 'Me (Billie, Betty)', and a 'Make Recurring Batch' checkbox which is unchecked. At the bottom right of the form are 'Cancel' and 'Save' buttons.

Figure 57: Eligibility Create / Edit Batches page with Create a New Batch selected

Make Recurring Batches (Optional)

Select the Make Recurring Batch checkbox to display the following three fields (Figure 58):

Repeats – You must enter a repeat frequency. Use the dropdown box to select the frequency
ABILITY | COMPLETE uses to run the batches

Start Date – You must enter a date or select one from the calendar.

Runs at – Select a time on the hour when the batch will run.

Click **Save** to save your changes.

The screenshot shows the 'Eligibility Create/Edit Batches' page. At the top, there's a title 'Eligibility Create/Edit Batches' and a subtitle 'Create and edit eligibility batches.' Below this is a navigation bar with tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Under the 'Batches' tab, there are three sub-tabs: 'Batch History', 'Create a New Batch', and 'Manage Batches'. The 'Batch Details' section contains a 'Batch Name*' field with a placeholder 'Enter Batch Name here.', an 'Owner' dropdown menu showing 'Me (Billie, Betty)', and an information icon. Below this, the 'Make Recurring Batch' checkbox is checked. This section is highlighted with a red border and contains three fields: 'Repeats*' with a dropdown menu showing 'Choose Frequency' and a red text prompt 'Select Frequency' below it; 'Start Date*' with a date field showing '11/05/2014' and a calendar icon; and 'Runs at' with a dropdown menu showing '1 PM'. At the bottom right of the form are 'Cancel' and 'Save' buttons.

Figure 58: Eligibility Create / Edit Batches page with Recurring Batch selected

Add Requests to your Batch

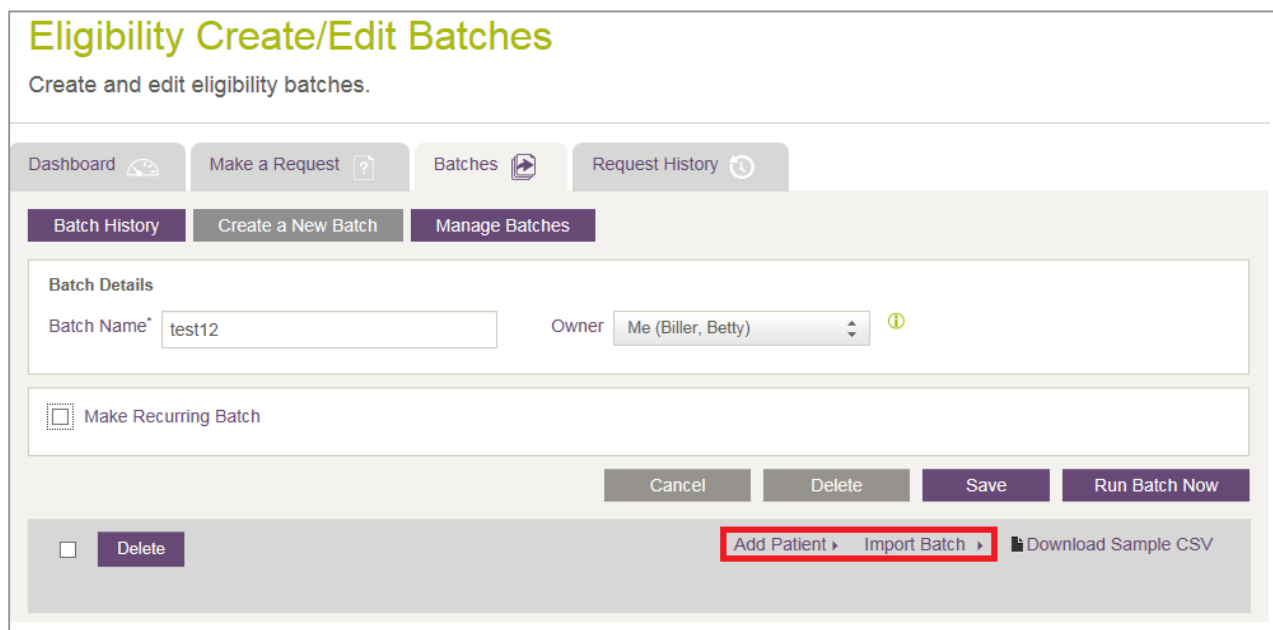
The following options are available to add requests to your batch (Figure 59).

Add Patient – Opens the Make an Eligibility Request page to add an eligibility request to this batch.

Import Batch – Opens Choose File to Upload window that lets you upload a CSV (Comma Separated Values) file containing patient eligibility requests.

NOTE: You can only import CSV files (the file must have a **.csv** extension) and the file can be no larger than 15MB.

You can add up to 5,000 requests within a single batch.



Eligibility Create/Edit Batches
Create and edit eligibility batches.

Dashboard Make a Request Batches Request History

Batch History Create a New Batch Manage Batches

Batch Details

Batch Name* test12 Owner Me (Biller, Betty) ⓘ

☐ Make Recurring Batch

Cancel Delete Save Run Batch Now

☐ Delete Add Patient Import Batch Download Sample CSV

Figure 59: Eligibility Create / Edit Batches page with Add Patient and Import Batch selections indicated

Remove Duplicate Requests from a Batch

If a patient is added into a batch with duplicate insurance information, you may want to remove the duplicate rows from your batch. You can sort the batch by patient name by clicking the **Request** column and selecting the checkbox in the left column to select multiple requests. Click **Delete** above the request column to remove all requests, or you can select individual requests and click Delete on the far right of the request row (Figure 60).

Eligibility Create/Edit Batches
Create and edit eligibility batches.

Dashboard | Make a Request | Batches | Request History

Batch History | Create a New Batch | Manage Batches

Batch Details

Batch Name* Owner Me (Biller, Betty) ⓘ

☒ Make Recurring Batch

Repeats* Yearly Start Date* 04/01/2014 Runs at 10 PM

Cancel Delete Save Run Batch Now

☐ Delete Add Patient Import Batch Download Sample CSV

Show 10 entries

	Request	
<input type="checkbox"/>	John / Smith (12/12/1923) Medicare (HETS)	EDIT DELETE
<input checked="" type="checkbox"/>	John / Smith (12/12/1923) Aetna	EDIT DELETE

Showing 1 to 2 of 2 entries

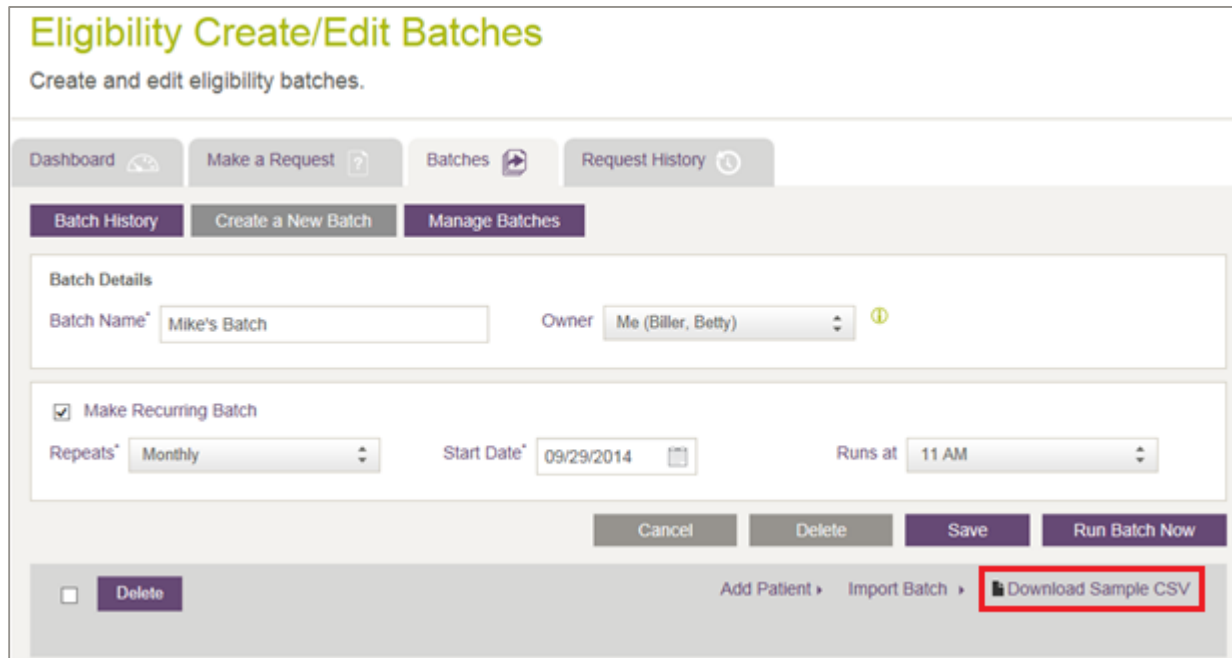
Figure 60: Eligibility Create / Edit Batches page

Click **Save** to update your batch.

Download Sample CSV

The following instructions describe how you can use the sample CSV file that ABILITY provides in order to create your own batch file.

1. On the Eligibility Create / Edit Batches page in **ABILITY | COMPLETE**, click **Download Sample CSV** (Figure 61).



Eligibility Create/Edit Batches
Create and edit eligibility batches.

Dashboard | Make a Request | Batches | Request History

Batch History | Create a New Batch | Manage Batches

Batch Details

Batch Name* Mike's Batch Owner Me (Billie, Betty) ⓘ

☒ Make Recurring Batch

Repeats* Monthly Start Date* 09/29/2014 Runs at 11 AM

Cancel Delete Save Run Batch Now

☐ Delete Add Patient Import Batch **Download Sample CSV**

Figure 61: Eligibility Create / Edit Batches page with Download Sample CSV indicated

2. Open the Excel spreadsheet and note that there are three tabs (Figure 62).

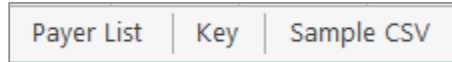


Figure 62: Sample CSV tabs

- Payer List – Use this tab to determine the ABILITY Payer fields required for each payer. You may or may not use the other columns, depending on the requirements of the payer.
- Key – Use this tab to help you understand the required Payer fields in the Payer list.
- Sample CSV – Enter your payer information on this tab. Be sure to delete the sample information provided by ABILITY (Figure 63).

NPI	Payer	MemID	SubLN	SubFN	SubDOB
1588819635		10000 HETS25	Carter	Cory	6/1/1930
1588819635		10000 HETS23	DOE	JANE	
1588819635		10000 HETS9	Smith	Eric	1/1/1970
1588819635		10000 HETS2	Jones	Fred	11/4/1962
1588819635		10000 HETS19	Franks	Jim	11/4/1962
1588819635		10229 100118A			
1487757522		10363 100077A			2/26/1942
1487757522		10281 100075A			
1487757522		10491 100079A			
1487757522		10434 100078A			7/6/1953
1487757522		10530 100081A			
1487757522		10000 100067A	Smith	John	9/8/1916
1487757522		10000 HETS8	Shaw	Jane	11/24/1947
1487757522		10000 HETS6	White	Liz	1/15/1965
1487757522		10000 HETS4	Vang	Sue	2/26/1942
1487757522		10000 HETS16	Sand	Jim	3/5/1980

Figure 63: Sample CSV tab (with sample information to be deleted)

3. After you complete entering information on the Sample CSV tab, delete the following tabs from the Sample CSV spreadsheet:

- Payer List
- Key

Delete the top two rows from the Sample CSV tab (Figure 64).

Instructions:

1. Download the sample CSV File.
2. On the "Sample CSV" tab, enter the necessary information for each payer you are checking for eligibility, in the appropriate columns, using the format provided on the "Payer List" tab.
3. Remove the "Payer List" and "Key" tabs.
4. Delete the top two rows of the "Sample CSV".
5. Save your file in .CSV format.
6. Click on "Import Batch" in myABILITY COMPLETE.
7. Browse and locate the file you just created in step 5.
8. Select file and click "open".

Notes:

The header below shows what potential information could go in each field. Some of these fields may not be required by the payer(s) to which you are submitting. Payer requirements are on the "Payer List" tab of this document. Definitions of each term are on the "Key" tab.

Figure 64: Sample CSV tab with two rows that need to be deleted

4. Click **Save** to save the file to your computer. You may want to rename it. The default format will be Excel Workbook. Be sure to save the file in CSV format.

- Return to **ABILITY | COMPLETE**, and click **Import Batch** (Figure 65).

Figure 65: Eligibility Create / Edit Batches page with Import Batch indicated

- Select the CSV file you just created and click **Open**. If you successfully import a batch, a message will appear on your myABILITY page indicating the number of saved transactions (Figure 66). If not, refer to the following section.

Figure 66: Eligibility Create / Edit Batches page with Import Batch indicated

Failed Import

If the import was not successful, a pop-up message displays, notifying you that the import failed and giving a reason for that failure.

CSV Validation

If any requests are missing information, the CSV Validation dialog box appears (Figure 67). The dialog box indicates how many imports were successful and how many were unsuccessful. The Error column indicates the reason for those that were unsuccessful. You can choose either of the following actions:

- **Export Errors** – You can export unsuccessful imports and then import them into a new batch. You can then modify this file and use it to create a CSV import file. You can select this option if some of the requests within the batch failed and you want to update those requests and then import them back into the batch.
- **Continue** – Proceed to the batch containing only those requests successfully imported. In this case, you ignore the requests that were unsuccessful in the CSV upload. If you select this option, the Batch Results page appears where you can view the requests that successfully uploaded.

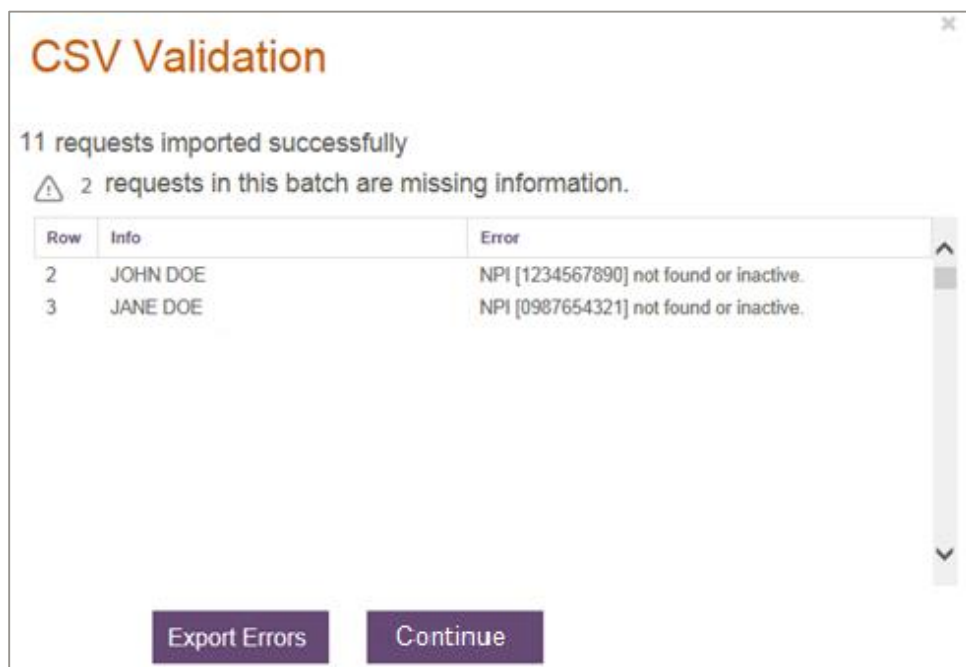


Figure 67: CSV Validation dialog box

NOTE: If you click **Continue**, the batch will not contain any of the Unsuccessful Imports. Unsuccessful imports need to be exported, updated with missing information, and imported back into the batch where the successful imports are stored.

Click **Save** on the Eligibility Create / Edit Batches page to save the CSV import file.

Manage Eligibility Batches

You can only see the Manage Eligibility Batches page (Figure 68) if you have Add/Edit Batch Eligibility Requests permissions.

Manage Eligibility Batches
Review, filter and manage recently run batches of eligibility requests.

Dashboard Make a Request Batches Request History

Batch History Create a New Batch Manage Batches

☐ Show Only Recurring Batches

Search Batches By Patient

Last Name First Name Search

Batch Name		Owner	Recurrence	Next Run	Last Run	
Batch 1	3 requests	Biller, Betty				EDIT DELETE CHANGE REPORT

Figure 68: Manage Eligibility Batches page

Use this page to manage, edit, or delete batches set up for a customer account.

This page displays with the following columns (Table 3).

Table 3: Dashboard Column Headings and Descriptions

Column Heading	Description
Batch Name	toggle between Selecting All and Clearing All requests on this page
(no heading)	the number of patients in the batch. Select this heading to display the details of what is in the batch.
Owner	person at your facility handling this batch
Recurrence	if the batch is recurring, the frequency at which it recurs. Hover over the icon to see a tooltip on the recurring schedule.
Next Run	date and time the batch is next scheduled to run
Last Run	date and time the batch was last run

Column Heading	Description
(no heading)	<p>The following actions are available to you in this column:</p> <p>click EDIT to open the</p> <ul style="list-style-type: none"> • Create/Edit Batches page • click DELETE to open the Confirm Delete message box • click Change Report to open the Eligibility Batch Change Report dialog box where you can run a new Batch Change Report or view the most recent Batch Change Report. <p>The Batch Change Report shows you how many (if any) records have a different eligibility status since the last time the batch was run. After you run the report, you can filter the display to show only changed records or view highlighted records on the full report and hover over the status to view the specific change.</p> <p>NOTE: If you added new patient records since the batch was last run, those records will not appear on the Batch Change Report as the report only identifies eligibility status changes.</p>

Edit Batch From the Eligibility Create / Edit Batches Page

If you have Add or Edit Batch permissions, you can set up batches and assign them to an owner to review. You can also add or remove patients to the batch, adjust run times for recurring batches, and delete batches (Figure 69).

Eligibility Create/Edit Batches

Create and edit eligibility batches.

Dashboard
Make a Request
Batches
Request History

Batch History
Create a New Batch
Manage Batches

Batch Details

Batch Name*
Batch 1
Owner
Me (Billie, Betty)

☒ Make Recurring Batch

Repeats*
Weekdays
Start Date*
08/17/2015
Runs at
2 PM

Cancel
Save

Figure 69: Eligibility Create / Edit Batches page

Delete Batch From the Eligibility Create / Edit Batches Page

If a batch is deleted and there are previous batch runs on the Eligibility Create / Edit Batches page, you receive a message telling you the batch has already been run and that other users will no longer be able to edit or rerun this batch if it is deleted (Figure 70).



Figure 70: Confirm Delete dialog box

If you delete a batch from the Eligibility Create / Edit Batches Batches page, the batch cannot be edited or rerun.