

Eligibility Review—Patient Workqueues

Errors and their Resolutions

Different clinics may have different policies to resolve errors in this workqueue. Overall, the goal is to ensure you receive payment from each visit by collecting accurate coverage information for each patient. This tip sheet provides information on how many clinics resolve these errors, but you should always follow your clinic's existing policies while completing these workflows.

No Coverage

Patient is under 65, there is no coverage present and the self pay box is not checked

Steps to resolve the error that occur outside of Epic:

- Call the patient to ask for their insurance information. If they do not have insurance, confirm with the patient that they will be financially responsible for the visit. Your clinic may have a different protocol (referral to financial services, cancelling the appointment, etc.) for you to follow.

System updates to remove the patient from the workqueue in Epic:

- If the patient has insurance, add the coverage to the guarantor on the interactive facesheet. Then move to the Visit Info form and click the green + under unused coverages to apply this coverage to the encounter.

ID-Name	Type	Status	Rel to Pat	Balance
54591930-TEST,SAMUEL	P/F		Self	0.00

Payor	Plan	Effective Dates
BLUE CROSS BLUE SHI*	BLUE CROSS BLUE BEN*	Effective from 3/23/2016

- If the patient is self-pay¹, open the registration for the appointment and select the Visit Info form. Select the Self-Pay check box under Guarantor Account and Coverage Info.

ID-Name	Type	Status	Rel to Pat	Balance
54591930-TEST,SAMUEL	P/F		Self	0.00

Self-pay Use Default Coverages Show Detail

¹If the patient will have no insurance for the appointment date, the next step will vary by practice. Some practices will cancel the appointment, while others will mark the encounter as self-pay require payment up-front, while others will bill the patient the entire cost of their appointment after the visit.

E-Rejected RTE Response

Patient's coverage status returned as not eligible

Steps to resolve the error that occur outside of Epic:

- Call the patient to confirm their terminated coverage and to collect new insurance information.
- If the patient insists that their coverage is still eligible, call the insurance company to ensure the patient's coverage was not terminated. RTE responses are only as reliable as the information supplied to the third party that Epic queries when sending electronic verifications.

System updates to remove the patient from the workqueue in Epic:

- If the coverage should be active and there is an error in the third party eligibility system, manually update the status of the coverage². To do so, click the Verify coverage member hyperlink, which changes the hyperlink to Change Status. You can then mark the status as verified manually.

1. E-TRICARE/TRICARE NORTH * ⚡ Response History

Subscriber Demographics	Test, Samuel Address linked to patient	Home: 617-789-7845 Work:
Coverage Info	Member ID: MTN9895690156 Subscriber ID:	Group: Effective from: 2/10/2015 Rel to subscriber: Child Auth phone:

! E-Rejected [Verify coverage member](#)

1. E-TRICARE/TRICARE NORTH * ⚡ Response History

Subscriber Demographics	Test, Samuel Address linked to patient	Home: Work:
Coverage Info	Member ID: MTN9895690156 Subscriber ID:	Group: Effectiv

! Verification in progress [Change Status](#)

Coverage Member Status Cha

Status: 🔍 Stat

Category Select

Search:

Title
HL7 Review
IPC Verified (For IPC Use ONLY)
Needs Review
New
Verified by Fax
Verified by Phone
Verified by Website

²Only do this if you're confident that the coverage is Verified, as claims sent to an insurance company for an uncovered patient will be denied. Some clinics will require physical documentation of a new coverage (card, letter, new RTE response, etc.) before changing the coverage's status.

- If the coverage was accurately returned as ineligible, you must terminate the coverage and collect any new coverage information or mark the appointment as self-pay.
 - *Terminate the coverage from the patient.* Open the Coverage Info form and enter “t-1” into the “Member eff to” field to indicate that the coverage is expired.
 - *Add a new coverage.* Collect relevant subscriber and coverage information with the patient on the phone. If the coverage is RTE-enabled, verify that the new coverage through Epic.
 - *Mark the patient as self-pay³:* open the registration for the appointment and select the Visit Info form. Select the Self-Pay check box under Guarantor Account and Coverage Info.

Guarantor Account and Coverage Info				
Guarantor Accounts				
ID-Name	Type	Status	Rel to Pat	Balance
54591930-TEST,SAMUEL	P/F		Self	0.00
Visit Coverages				
		<input checked="" type="checkbox"/> Self-pay	Use Default Coverages	Show Detail
There are no visit coverages.				

³If the patient will have no insurance for the appointment date, the next step will vary by practice. Some practices will cancel the appointment, while others will mark the encounter as self-pay require payment up-front, while others will bill the patient the entire cost of their appointment after the visit.

Unresolved RTE Response

RTE Response Needs Review

If an eligibility needs review, it means that the third-party providing eligibility information back into Epic wasn't able to verify the coverage due to missing information.

Steps to resolve the error that occur outside of Epic:

- Call the patient to collect relevant missing insurance information.
- If the patient is unable to provide this information, you can call the insurance company to collect further details.

System updates to remove the patient from the workqueue in Epic:

- Review the information returned in the eligibility response, viewable from response history).

1. E-FALLON CO*/FALLON SELECT *		Encounter coverage	Response History
Subscriber Demographics	Test, Samuel Address linked to patient	Home: 617-789-7845 Work:	
Coverage Info	Member ID: MTN9895690156 Subscriber ID: MTN9895690156	Group: Effective from: 12/28/2016	Rel to subscriber: Father Auth phone:
Needs Review Verify coverage member			

- Click on Details to be taken to the abnormal response description. Based on the response details, take action on the insurance record.

Response as of 1/4/2017: **Needs Review**

Admin Info ▾ **Details ▾** Patient Info ▾

Patient Information

Abnormal Response: Verification not successful. Please review the following information:
 Invalid Request
 Reason: 72 - Invalid/Missing Subscriber/Insured ID
 Follow-up action: C - Please Correct and Resubmit

For example, if the subscriber ID is missing, select Coverage Info from the facesheet and add this information. Then re-submit the eligibility query by clicking the Verify coverage member.

Mismatched RTE Response

RTE Response indicates that there is a plan mismatch

If you have a mismatched RTE response, it is because the information stored in Epic's coverage record does not match the information returned from the third party providing eligibility information. The payor has matched to an active coverage but there is an issue with the way that the coverage was created. For example, if a child is the patient and the coverage is created with the relationship to subscriber as self, the payor might respond that the child is eligible and has an active coverage; however, they might also indicate that there is an error in the relationship.

System updates to remove the patient from the workqueue in Epic:

- If the info entered in the coverage record doesn't match what the payor has on file, you can see the discrepancy in the Mismatched Information section of the eligibility response. To view the response, click Response History from the interactive facesheet.

1. E-BLUE CROSS*BLUE CROSS MED* ⚡		Encounter coverage	Response History
Subscriber Demographics	Test, Samuel Address linked to patient	Home: 617-789-7845 Work:	
Coverage Info	Member ID MTN9895690156 Subscriber MTN9895690156 ID:	Group: 004004553 7/1/2003 - 12/31/2016	Rel to subscriber: Self Auth phone: 800-327-6716
Plan Mismatch Verify coverage member			

- In the response history, click Alerts and review the listed Plan Mismatch.

Response as of 1/6/2017: **Plan Mismatch**

Admin Info ▾ **Alerts ▾** Highlights ▾ Mismatches ▾ Details ▾ Patient Info ▾

Alerts

[Eligibility](#)
Patient is Eligible for coverage

Plan Mismatch
Possible Plan Mismatch - Current Plan: BLUE CROSS MEDICARE HMO BLUE REPLACEMENT
Plan Indicated In Response: BLUE CROSS MEDICARE PPO BLUE REPLACEMENT

- Handle the situation based on your clinic's policy and based on the mismatch presented. In this example, you might create a new coverage for the patient for the PPO plan and delete the HMO plan.