Real-Time Eligibility Responses and Definitions

This tip sheet is for any user supported by the **Patient Services Center** who runs **Real-Time Eligibility (RTE)** checks during scheduling and registration. Users should always run these checks to ensure that a patient's insurance eligibility is verified prior to their appointment. The **Best Practices** indicated here will help users determine if, and when, to refer the patient to the **Patient Services Center**.

Real-Time Eligibility Response and Definitions Table

RTE/Manual Response	Meaning of Response	Best Practice Action	Abbreviation	Type of Response
Verified	N/A	N/A	Ver	Automatic by RTE
Update	N/A	N/A	Update	Automatic by RTE
Elapsed	Indicates the coverage is active but the visit is too far in the future to consider the coverage e-verified.	Check again as the visit date approaches.	Elapsed	Automatic by RTE
E-Verified	An e-verified coverage is an active coverage.	N/A	E Ver	Automatic by RTE
E-Rejected	The payor has indicated the subscriber is no longer eligible for coverage.	Transfer patient to PSC.	E Rej	Automatic by RTE
Content Error	N/A	N/A	Content Err	Automatic by RTE
Contact Payor	Unable to verify with information provided. Need to revise entries or contact payor to complete e-verification checks.	N/A	Cnt Payor	Automatic by RTE
Message Sent	a message has been sent/submission has been made to payor to verify coverage.	N/A	Msg Sent	Automatic by RTE
Data Mismatch	A piece of data that was sent resulted in a mismatch per payor. Payor typically indicates what piece(s) of data should be reviewed to allow for successful future submission.	Transfer patient to PSC.	Data MM	Automatic by RTE
Connectivity Error	Message will be sent back out, there was a connectivity error with payor/system.	N/A	Connect Err	Automatic by RTE
Replacement Returned	When the response from the insurance payor indicates a	Transfer patient to PSC.	Replace	Automatic by RTE

Role(s): Schedulers, Front Desk Users

Last Updated: 1/31/2018

©2018 Partners eCare. All rights reserved.

	replacement plan, review the eligibility response to determine whether the replacement should be added. This is mostly associated with Medicare inquiries. It indicates that the patient selected a Medicare Replacement verses having Medicare.			
RTE/Manual Response	Meaning of Response	Best Practice Action	Abbreviation	Type of Response
Supplement Returned	When the response from the insurance payor indicates a supplement plan, review the eligibility response to determine whether the supplement should be added. Mostly associated with Medicare inquiries. It indicates that the patient has a supplement coverage (secondary).	Transfer patient to PSC.	Supplement	Automatic by RTE
Plan Mismatch	Registration must be updated with the correct insurance plan.	Transfer patient to PSC.	Plan MM	Automatic by RTE
Message Received	Eligibility response has been returned and is available to be viewed.	View response proceed if normal or transfer to PSC if error.	Msg Rcvd	Automatic by RTE
PCP Mismatch	PCP in patient's registration is different than PCP in eligibility response.	Verify PCP with patient. If payor has the incorrect PCP listed, have patient contact the payor to update with correct PCP. If the patient confirms the payor is correct, then update PCP in Epic.	PCP Mismatch	Automatic by RTE
Address Mismatch	Indicates a patient's state on file in Epic does not match the state on file with the payor	Confirm address and coverage with patient. Transfer to PSC, if coverage needs to be updated	Address Mismatch	Automatic by RTE
New	New plan added, can send eligibility query.	Launch RTE	New	Manual by end-user
Needs Review	The payor has matched to an active coverage, but there is an issue with the way the coverage was created. Some "Needs	Transfer patient to PSC.	Review	Manual by end-user

©2018 Partners eCare. All rights reserved.

	Review" Scenarios: **1.** Reason 73: Invalid / Missing Subscriber Insured Name. **2**. Reason 72: Invalid / Missing Subscriber Insured ID. **3**. Reason 71: Patient Date of Birth Does Not Match that for the Patient in the Database. **4.** Reason 65: Invalid / Missing Patient Name. **5.** Reason: Active response but Mismatched Information. **6.** The subscriber ID could be incorrect or the patient's relationship to subscriber may be "self."			
RTE/Manual Response	Meaning of Response	Best Practice Action	Abbreviation	Type of Response
Verified by Phone	End user has verified the coverage outside of EPIC by calling the payor.	N/A	Ver by Phone	Manual by end-user
Verified by Website	End user has verified the coverage outside of EPIC by payor website.	N/A	Ver by Web	Manual by end-user
Verified by Fax	End user has verified the coverage outside of EPIC through faxing the payor.	N/A	Ver by Fax	Manual by end-user
HL7 Review	N/A	N/A	HL7 Review	Manual by end-user
IPC Verified (For IPC Use ONLY)	International Office/Patient Center sets this when they verify coverage.	N/A	IPC Verified	Manual by end-user
Verified by Website	End user has verified the coverage outside of EPIC by payor website.	N/A	Ver by Web	Manual by end-user

RTE Responses and Non-PSC Supported Locations

Users who are not directly supported by the **Patient Services Center** (Non-PSC Supported Sites) can use the definitions for each **Real-Time Eligibility** response to update the patient's registration. Once you have corrected the **RTE** error, you should re-run Real-Time **Eligibility** to ensure that the insurance has no other errors.

You can utilize the steps below for correcting some common **Real-Time Eligibility** errors.

©2018 Partners eCare. All rights reserved.

Plan Mismatch

The plan that is currently listed is not the accurate plan according to how responses have been mapped in Epic Plan Mapping.

1. Open the **Response History** for the original coverage.
2. Review the plan that Epic is indicating is the accurate plan.
3. Terminate the inaccurate plan and add the correct plan.

Replacement Returned

The patient has selected a Medicare Replacement in lieu of Medicare.

1. Open the **Response History** for the original coverage.
2. Send a query for the new coverage based on the response from the original payor.
3. If the new plan is active, create a new coverage.
4. Terminate the original coverage.

Supplement Returned

The patient has a secondary supplement coverage to Medicare.

1. Open the **Response History** for the original coverage.
2. Send a query for the new coverage based on the response from the original payor.
3. If the new plan is active, create a new coverage.

E-Rejected

The payor has indicated that the patient is no longer eligible for the coverage.

1. Review the effective dates in the **Response** history and add the appropriate dates.
2. Terminate the coverage if necessary.

©2018 Partners *e*Care. All rights reserved.