



**ABILITY COMPLETE<sup>®</sup>**

User Guide including

**CHOICE<sup>®</sup> All-Payer Claims**

Integration

# Copyright and Trademark

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## myABILITY® Overview

At ABILITY®, our mission is to provide innovative 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 services. 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.

**NOTE:** If you see a warning message that ABILITY does not support your browser or browser version, contact your System Administrator to determine if you need to access myABILITY through a different browser or a supported version of your existing browser.

## 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 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

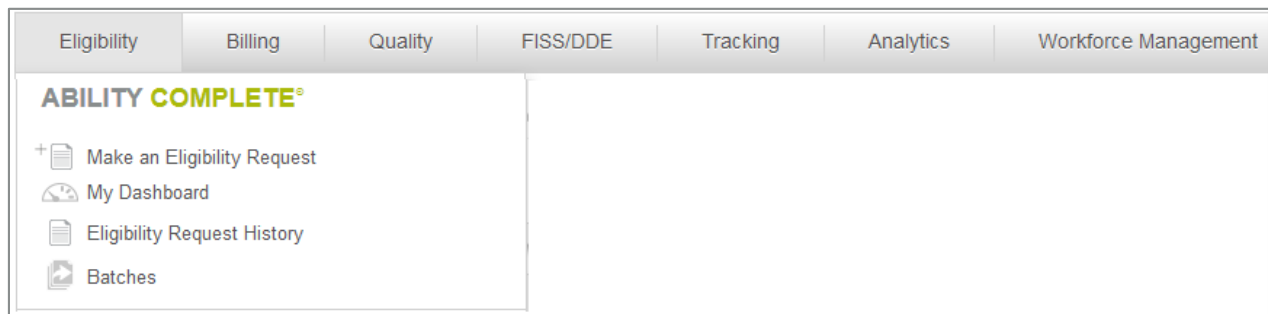


Figure 1: Ribbon with Eligibility (ABILITY COMPLETE) selected

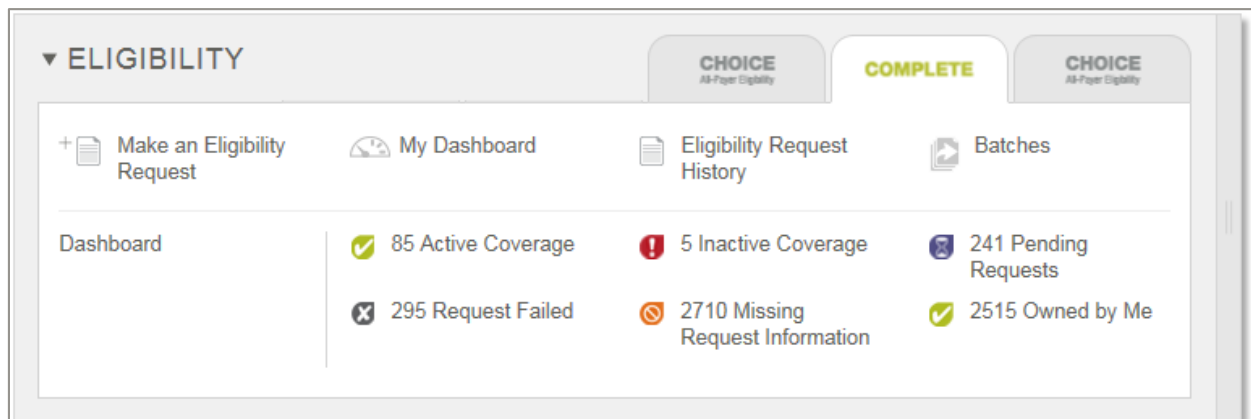


Figure 2: Eligibility Drawer with ABILITY COMPLETE tab selected

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).

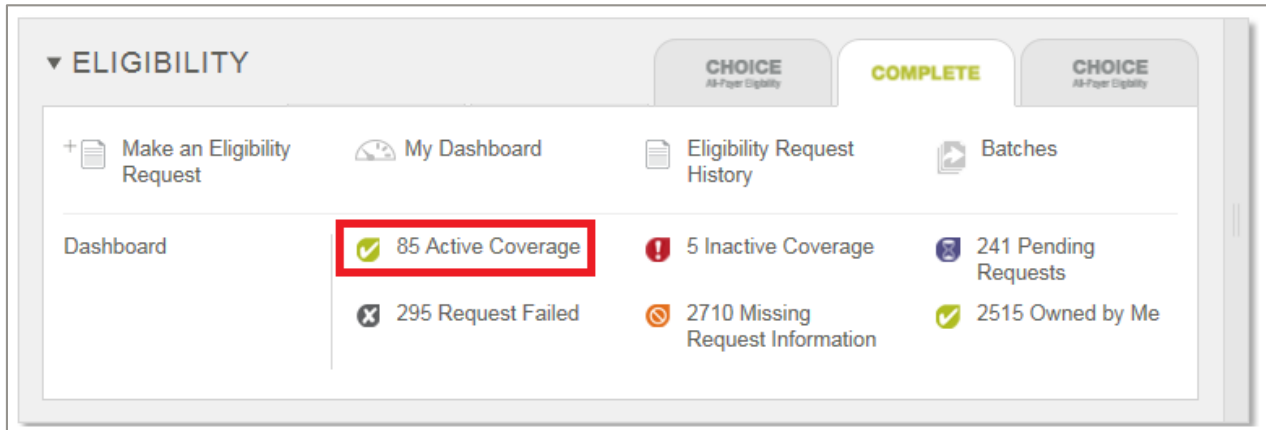


Figure 3: Eligibility Drawer with the ABILITY COMPLETE tab selected (Active Coverage items indicated)

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

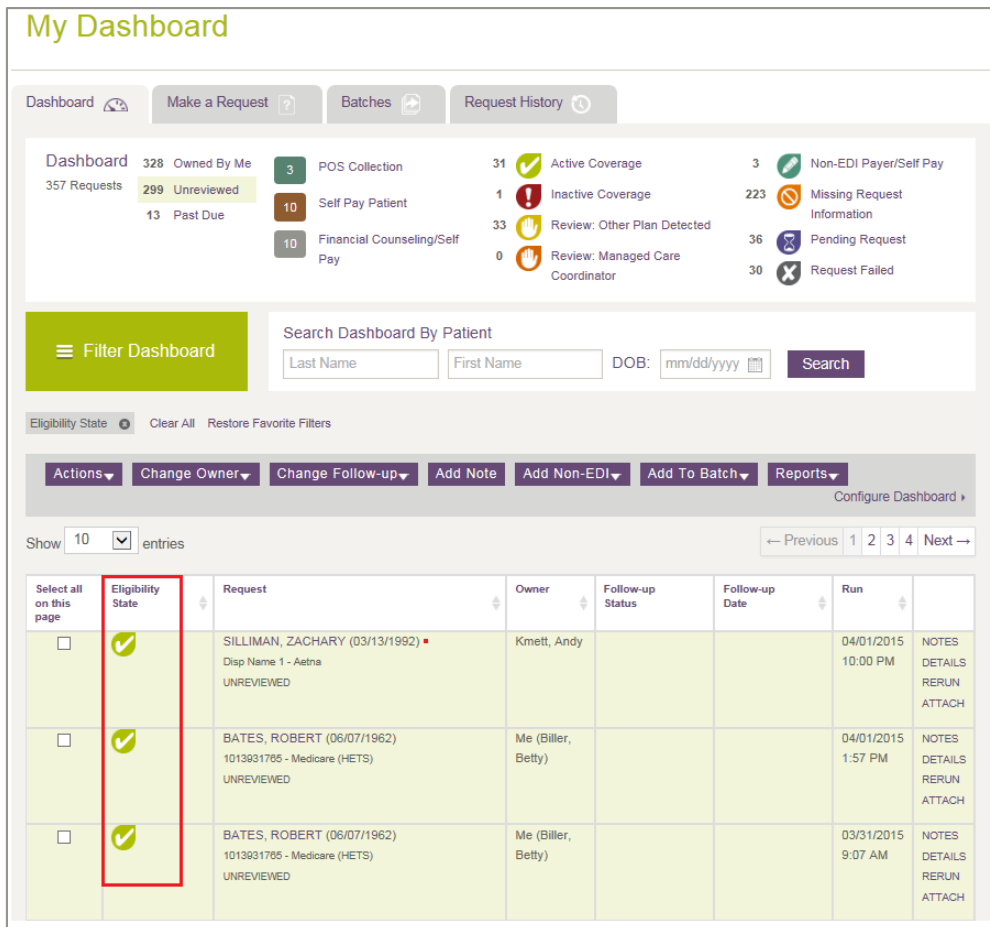


Figure 4: My Dashboard page with Eligibility State in Active items indicated



## 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

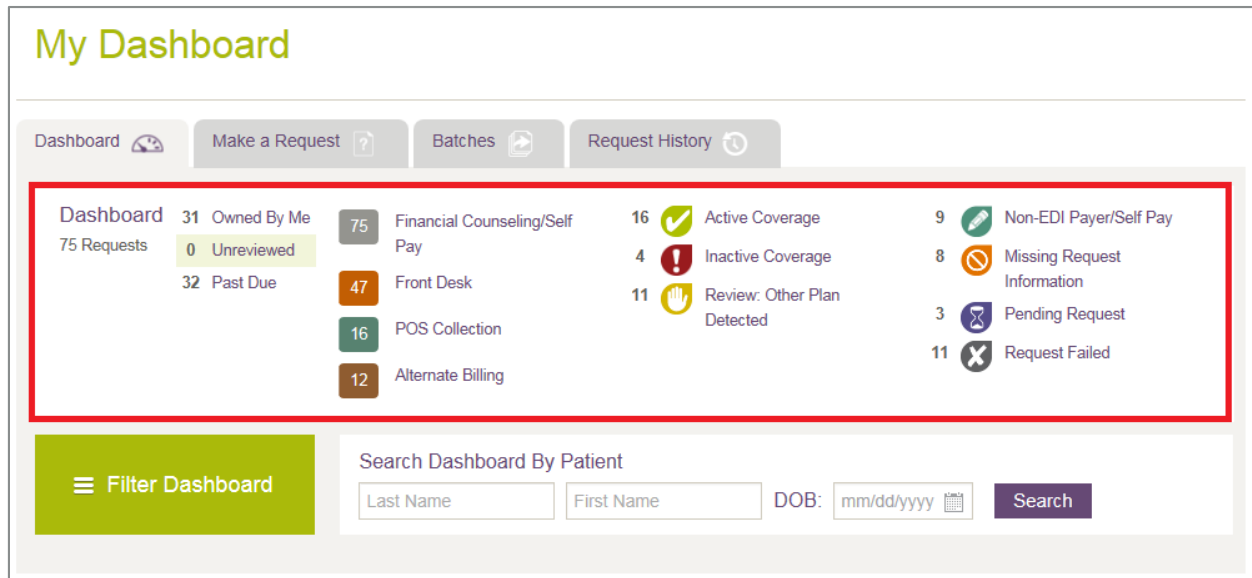






Figure 5: My Dashboard tab with quick links indicated

## 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.

NOTE: In the table grid that appears, click the up / down arrows (  ) in the column headings to sort information on that column. COMPLETE saves your sort selection as you continue working in this session.

Column Heading	Description
<b>Select All on this page / Clear all on this page</b>	toggle between selecting all and clearing all requests on this page
<b>Eligibility State</b>	the seven types of eligibility states appear at the top of your dashboard
<b>Request</b>	the patient, NPI, and payer information including any sub plan or other plan detected or managed care organization
<b>Owner</b>	person at your facility handling this request
<b>Follow-up Status</b>	statuses are defined at the top of your screen
<b>Follow-up Date</b>	date and time the request to be followed-up
<b>Run</b>	date and time the eligibility request was submitted
<b>(no heading)</b>	<ul style="list-style-type: none"> <li>click <b>NOTES</b> to see notes for this request</li> <li>click <b>DETAILS</b> to open the Eligibility Response page</li> <li>click <b>RERUN</b> to run the request directly from this page</li> <li>click <b>ATTACH</b> to attach up to two files to an eligibility response on the Dashboard page.</li> </ul> <p>Files must be either in .csv, .pdf, .doc or .docx format.</p> <p>NOTE: After you attach 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, 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 information. 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 [dropdown] Within -- select/clear -- [dropdown] 6/19/2015 [calendar icon]

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". You have the option to change the review status either from the Eligibility Response Page or the Send to Dashboard dropdown box on the Request History page .

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 can 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 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.

The following table displays Dashboard column headings and descriptions.

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

## 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 7). To select all transactions on the displayed page, click the **Select All** column heading on this page.

The screenshot shows the 'My Dashboard' interface. At the top, there are navigation tabs: Dashboard, Make a Request, Batches, and Request History. Below these are several summary cards for different categories like 'Owned By Me', 'Financial Counseling/Self Pay', 'Active Coverage', etc. A search bar is present with fields for Last Name, First Name, and DOB. A row of action buttons is highlighted with a red box, including 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. Below this is a table of transactions. The first column of the table, 'Select all on this page', is also highlighted with a red box. The table contains one row of data for a patient named Bob.

Select all on this page	Eligibility State	Request	Owner	Follow-up Status	Follow-up Date	Run	
<input type="checkbox"/>		Patient, Bob (01/01/1960) North Carolina Medicaid NPI-1 - CSA Fraternal Live - Medicare Supplement	Me (Billor, Betty)	<ul style="list-style-type: none"> <li>Financial Counseling/Self Pay</li> <li>POS Collection</li> </ul>	02/14/2018 1:06 PM	01/28/2018 1:06 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 either from the Eligibility Response Page or when you resend the request to the Dashboard.
- Save PDF - You can save multiple records to one PDF file or separate PDF files for each in the ZIP file. If you want to change the default file naming convention in the case of a single patient eligibility response, use the Preferences tab on your Edit Profile page. If the Eligibility transaction was created in ILLUMINATE and the patient data was redacted, then the file name appears as “*EligibilityResponse\_Elig\_Check.pdf*” when you export it.

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 categories with counts: 'Dashboard 31', 'Owned By Me 75', '75 Requests', '0 Unreviewed', and '32 Past Due'. Other categories include 'Financial Counseling/Self Pay (75)', 'Front Desk (47)', 'POS Collection (16)', 'Alternate Billing (12)', 'Active Coverage (16)', 'Inactive Coverage (4)', 'Review: Other Plan Detected (11)', 'Non-EDI Payer/Self Pay (9)', 'Missing Request Information (8)', 'Pending Request (3)', and 'Request Failed (11)'. A search bar is present with fields for 'Last Name', 'First Name', and 'DOB', along with a 'Search' button. Below the search bar, there is a 'Filter Dashboard' button and a row of action buttons: 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. The 'Actions' dropdown menu is open, showing options: 'Remove From Dashboard', 'Mark as Reviewed', 'Mark as Unreviewed', and 'Save PDF'. A table below the actions shows columns for 'Request', 'Owner', 'Follow-up Status', 'Follow-up Date', and 'Run'.

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.

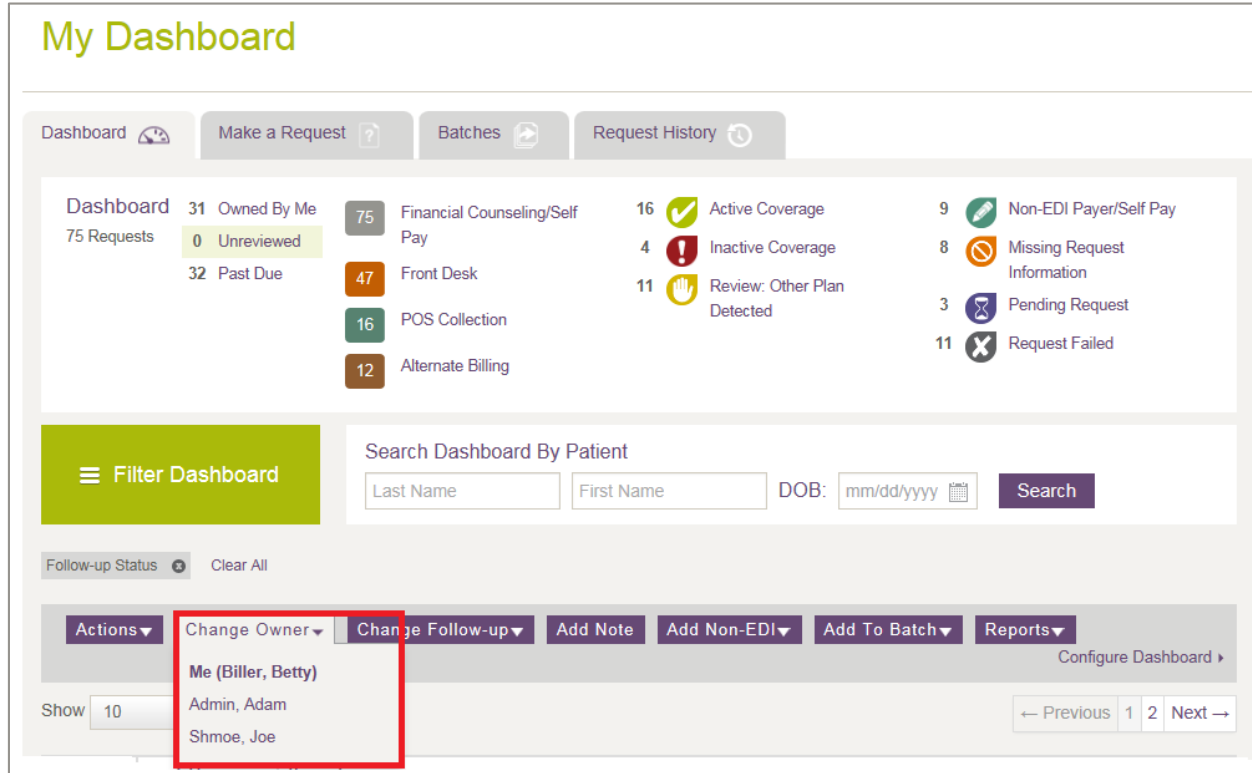


Figure 9: My Dashboard with Change Owner dropdown box indicated

## 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 add to, edit, or delete.

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

**My Dashboard**

Dashboard Make a Request Batches Request History

Dashboard 31 Owned By Me 75 Financial Counseling/Self Pay 16 Active Coverage 9 Non-EDI Payer/Self Pay  
 75 Requests 0 Unreviewed 47 Front Desk 4 Inactive Coverage 8 Missing Request Information  
 32 Past Due 16 POS Collection 11 Review: Other Plan Detected 3 Pending Request  
 12 Alternate Billing 11 Request Failed

Filter Dashboard

Search Dashboard By Patient

Last Name  First Name  DOB:

Follow-up Status Clear All

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

Show 10 entries

Select all on this page	Eligibility State	Request	Follow-up Status	Owner	Follow-up Status	Follow-up Date	Run	
<input checked="" type="checkbox"/>		Patient, Delaware Long Terr	<input checked="" type="checkbox"/> Alternate Billing <input checked="" type="checkbox"/> Financial Counseling/Self Pay <input type="checkbox"/> Front Desk <input type="checkbox"/> POS Collection	Me (Billor, Betty)	<input type="checkbox"/> Financial Counseling/Self Pay <input checked="" type="checkbox"/> Alternate Billing	02/22/2018 1:06 PM	01/22/2018 1:06 PM	NOTES DETAILS RERUN ATTACH
<input type="checkbox"/>		Patient,		Shmoe, Joe	<input type="checkbox"/> Financial	02/16/2018 1:06	01/21/2018	NOTES

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 this is a summary section with various metrics and status indicators, such as 'Owned By Me', 'Unreviewed', 'Past Due', and categories like 'Financial Counseling/Self Pay', 'Front Desk', 'POS Collection', and 'Alternate Billing'. A search bar is present with fields for 'Last Name', 'First Name', and 'DOB'. Below the search bar is a 'Filter Dashboard' button and a 'Follow-up Status' section with a 'Clear All' button. The main area features a table of requests. A dropdown menu is open over the table, with the 'Add Note' option selected. The dropdown contains a text input field with the placeholder 'Type note text here.' and an 'Add' button. The table below shows a single entry for 'Patient, Bob (01/01/1960)' with a status of 'Long Term Care'. To the right of the table is a 'Run' section with a date and time, and a list of actions: 'NOTES', 'DETAILS', 'RERUN', and 'ATTACH'.

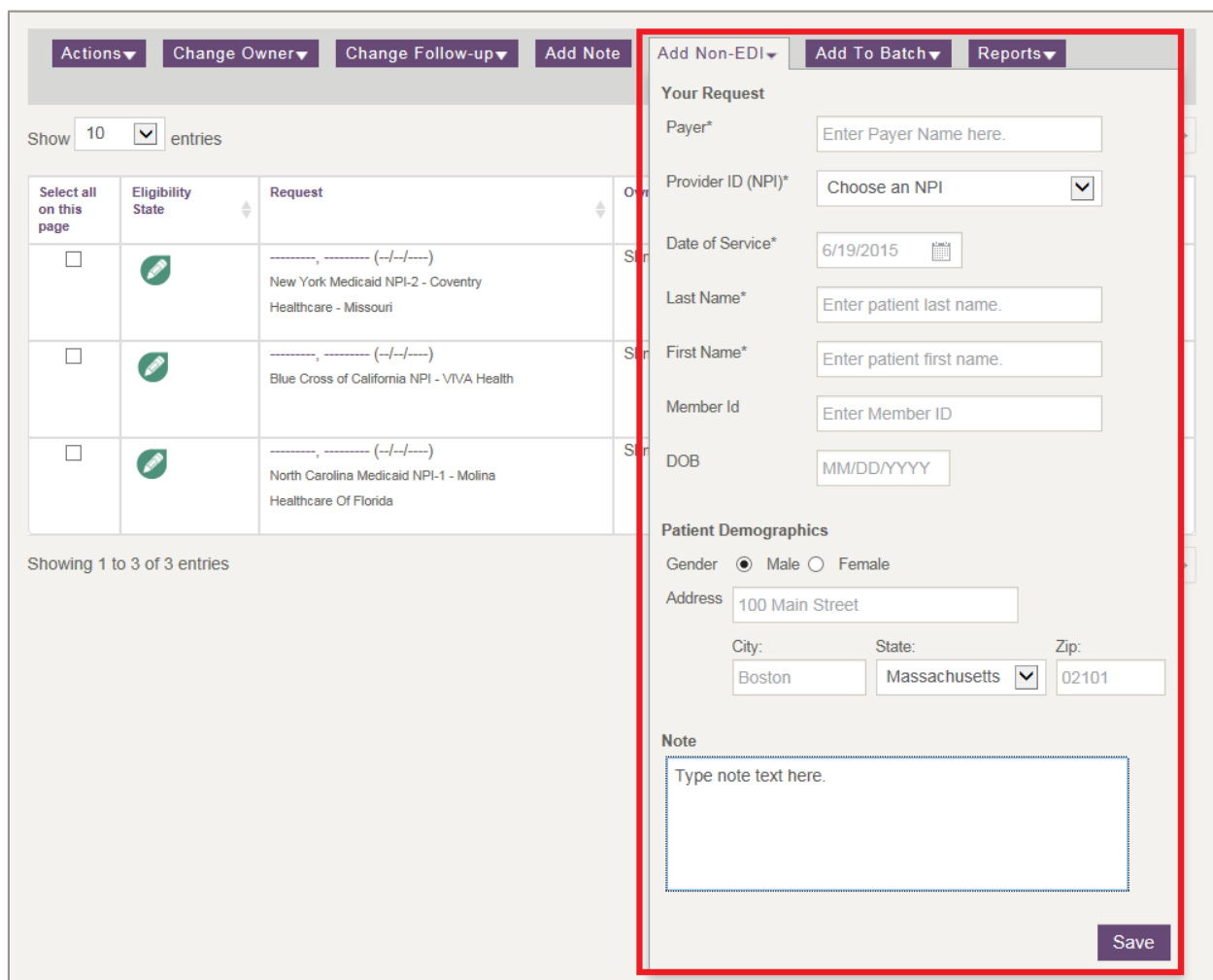
Figure 11: My Dashboard with Add Note dropdown box indicated

## 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 a dashboard interface. At the top, there are several action buttons: 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. Below these is a table with columns for 'Select all on this page', 'Eligibility State', and 'Request'. Three entries are visible, each with a green pill icon in the 'Eligibility State' column. To the right of the table is a detailed form for adding a non-EDI payer or patient. This form is highlighted with a red border and contains the following sections:

- Your Request:**
  - Payer\*: Enter Payer Name here.
  - Provider ID (NPI)\*: Choose an NPI (dropdown menu)
  - Date of Service\*: 6/19/2015 (calendar icon)
  - Last Name\*: Enter patient last name.
  - First Name\*: Enter patient first name.
  - Member Id: Enter Member ID
  - DOB: MM/DD/YYYY
- Patient Demographics:**
  - Gender:  Male  Female
  - Address: 100 Main Street
  - City: Boston
  - State: Massachusetts (dropdown menu)
  - Zip: 02101
- Note:** Type note text here. (text area)
- Save** button

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

## Add to Batch

Use the Add to Batch dropdown box to add records from a selected batch to an existing batch (Figure 13). If records for that patient already exist, COMPLETE asks you to confirm the substitution of new records for existing ones. Click **Add & Replace**, to replace new patient records for existing ones.

Click **Add Unique** to add only those new patient records that are unique.

Non-EDI Payer/Self Pay transactions are not processed.

The screenshot shows the 'My Dashboard' interface. At the top, there are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below these are several summary cards for different categories: 'Dashboard' (75 Requests), 'Owned By Me' (0 Unreviewed, 32 Past Due), 'Financial Counseling/Self Pay' (75), 'Front Desk' (47), 'POS Collection' (16), 'Alternate Billing' (12), 'Active Coverage' (16), 'Inactive Coverage' (4), 'Review: Other Plan Detected' (11), 'Non-EDI Payer/Self Pay' (9), 'Missing Request Information' (8), 'Pending Request' (3), and 'Request Failed' (11). A search bar is present with fields for 'Last Name', 'First Name', and 'DOB', and a 'Search' button. Below the search bar are several action buttons: 'Actions', 'Change Owner', 'Change Follow-up', 'Add Note', 'Add Non-EDI', 'Add To Batch', and 'Reports'. The 'Add To Batch' dropdown menu is open, showing a warning: 'Non-EDI Payer/Self Pay transactions will not be processed.' and a section 'Add Records To Batch:' with a 'Choose a Batch' dropdown menu and 'Cancel' and 'Save' buttons. Below the menu is a table with columns: 'Select all on this page', 'Eligibility State', 'Request', 'Owner', and 'Follow-up Status'. The first row shows a checked box, a green checkmark, a patient record for 'Patient, Bob (01/01/1960)', and the owner 'Me (Billor, Betty)'. The table also includes pagination controls and a 'Next' button.

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

## Reports

Use the Reports dropdown box to generate either of these two reports (Figure 14):

### Wellness Report

For Medicare patients, only. Click **Export Selected Requests** 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 you select one or more patient records, you can run a report that saves those records to one CSV file.

This report shows any other insurance plans (with effective dates), Managed Care Organizations (MCOs), sub plans (with effective dates), Member IDs, Primary Care Provider (PCPs), Health Care Facility, and any additional fields you added. For a complete list, see the table on the next page.

These actions are available:

- View Reports - This option is only available if you previously exported requests in CSV format.
- Export Selected Requests - If you select any specific requests in this batch, you can choose to export only those.



Figure 14: My Dashboard with Reports dropdown box

NOTE: If COMPLETE cannot generate the full report due to one or more erroneous transactions, a message appears to alert you.

The following table describes each of the columns in this report. If you added any custom columns fields to your STC 30 report, those columns appear appended to the right on your report.

COMPLETE separates multiple entries with either a pipe (|) or tilde (~) symbol.

Column	Heading	Description
A	<b>Patient First Name</b>	First Name of the Patient.
B	<b>Patient Last Name</b>	Last Name of the Patient.
C	<b>Patient DOB</b>	Patient Date of Birth.
D	<b>Account NPI Display Name</b>	How NPI name displays on the patient account.
E	<b>Payer Name</b>	Name of insurance company or government entity.
F	<b>Member ID</b>	Identification number payer associates with patient.
G	<b>Eligibility State</b>	Eligibility state for that patient's coverage.
H	<b>Owner Name</b>	Person at your location who ran this report.
I	<b>Follow-up Status</b>	Whether or not someone at your location needs to follow-up.
J	<b>Follow-up Date</b>	Date when follow-up needs to occur.
K	<b>Run, Date, Time</b>	Date and time this report was run.
L	<b>Sub-Plan</b>	Plan patient has that provides additional coverage to their main medical coverage.
M	<b>Sub-Plan Effective Date</b>	Start date and end date of sub-plan.
N	<b>MCO / MCC 1 Name</b>	Managed Care Organization / Clinician Name (primary).
O	<b>MCO / MCC 1 Plan Description</b>	Managed Care Organization / Clinician Description (primary).
P	<b>MCO / MCC Bill Option Code</b>	The bill option code for the MCO / MCC (Managed Care Organization / Clinical Description) if enrolled.
Q	<b>Health Care Facility 1</b>	Name of health care facility providing treatment.
R	<b>Primary Care Provider 1 Address</b>	Name and address of PCP providing treatment.
S	<b>Provider Messages 1</b>	Message from medical provider.
T	<b>Other Plan Detected</b>	Any other insurance plan patient has. NOTE: A pipe ( ) symbol separates different plan names. A tilde (~) symbol separates the same plan name that appears multiple times (for example, Colorado Healthcare_1~Colorado Healthcare 2).
U	<b>Other Plan Description</b>	Description of other insurance plan.
V	<b>Other Plan Effective Date</b>	Start date of other insurance plan.

Column	Heading	Description
W	Other Plan End Date	End date of other insurance plan.
X	MCO	Name of MCO. Appears only if NM101 element ID in the 271 response contains a P5 (Plan Sponsor) value.
Y	Other Source of Data 1	Custom column fields that have been added to the report.

### Configure Dashboard (if available)

If you have Configure Services permission, the Configure Dashboard option appears on your dashboard so you can create customized follow-up statuses (Figure 15). You can append follow-up statuses to customer service requests. You can also use follow-up statuses to communicate to other users additional work or alerts based on the status of the eligibility request.

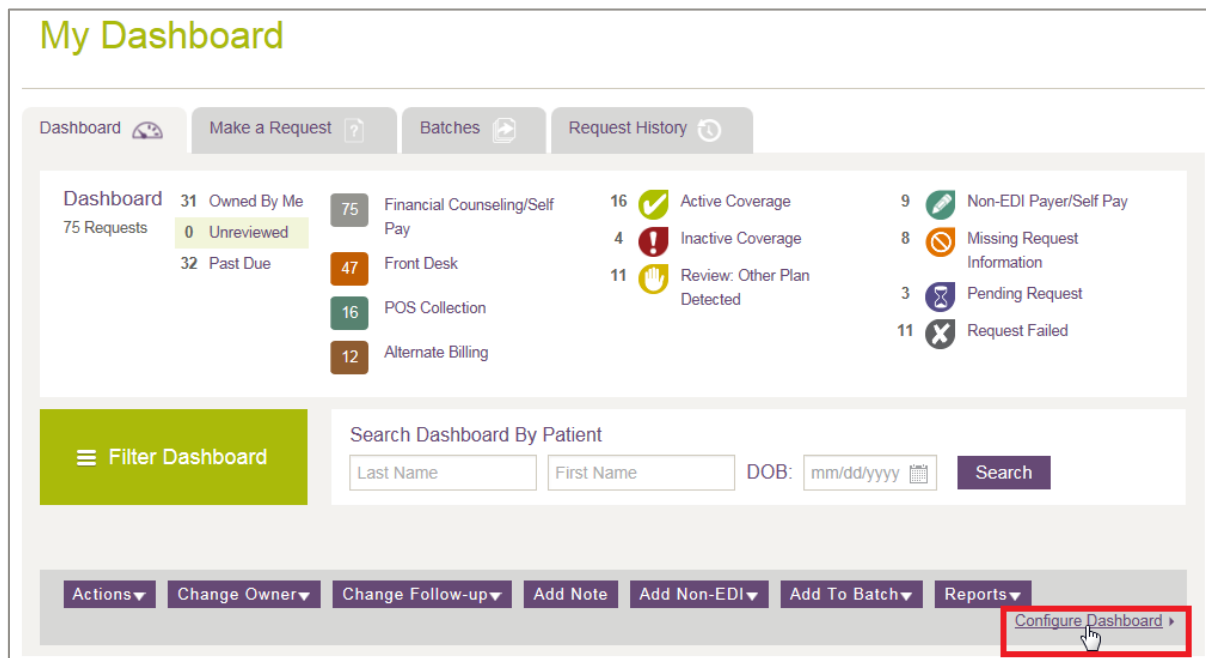


Figure 15: My Dashboard with Configure Dashboard indicated



## 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 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.

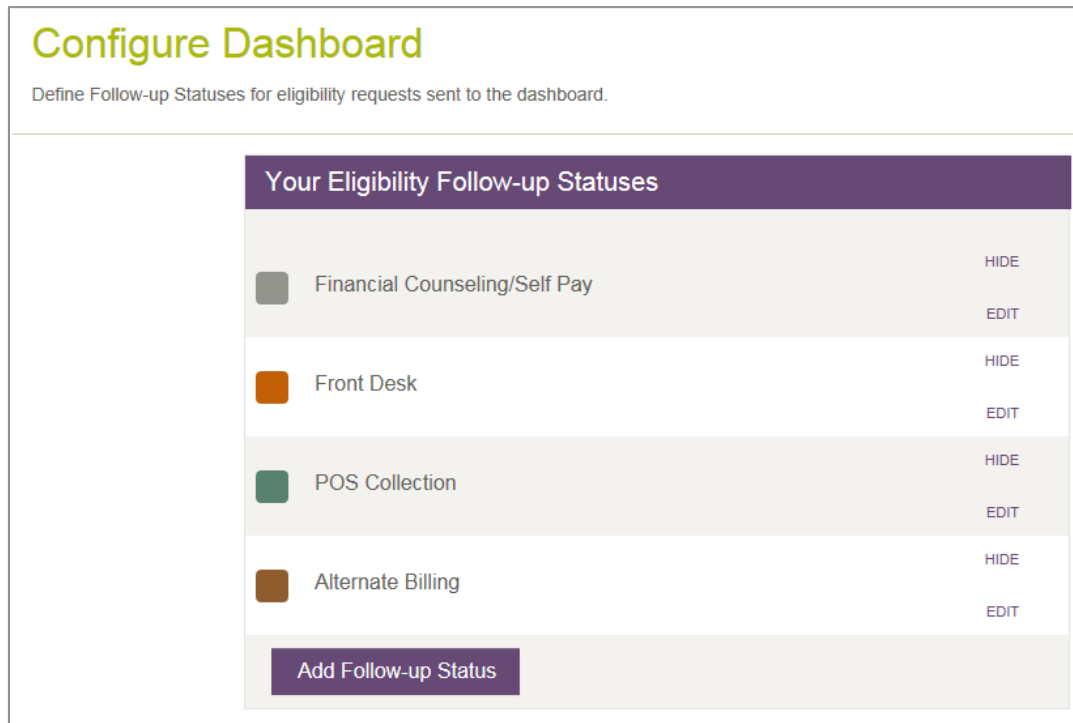


Figure 16: Configure Dashboard page

### 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 Configuration tab. From the dropdown box that appears, click **Add or Edit NPIs** (Figure 17).

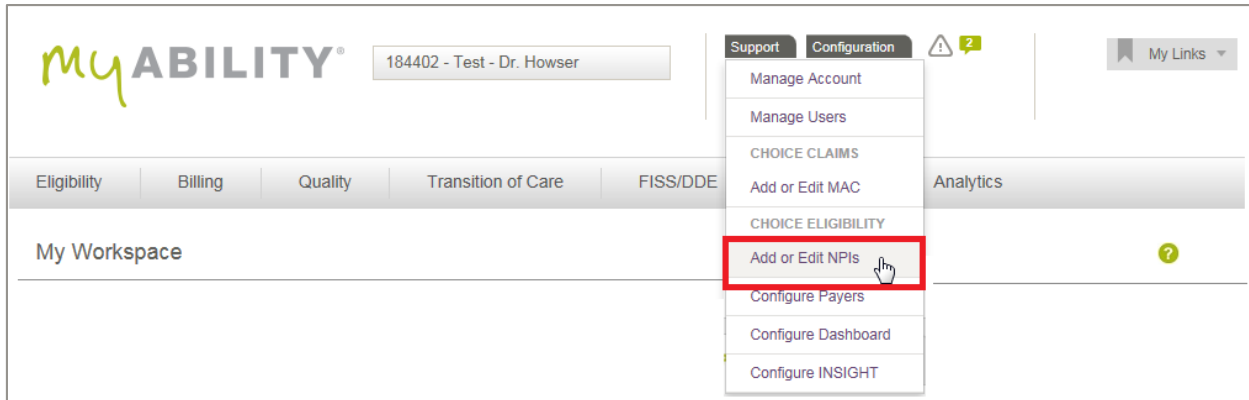


Figure 17: Configuration tab with Add or Edit NPIs indicated

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

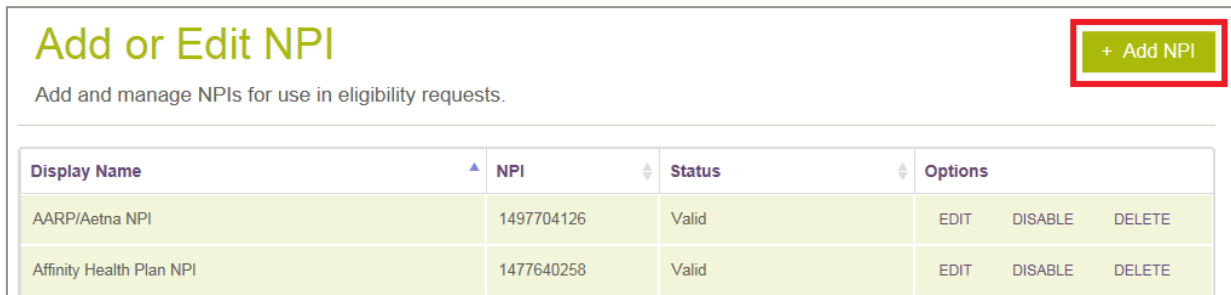


Figure 18: Add or Edit NPI page with + Add NPI indicated

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

The screenshot displays the 'Add or Edit NPI' interface. At the top left is the title 'Add or Edit NPI' in green, and at the top right is a green button labeled '+ Add NPI'. Below the title is the subtitle 'Add and manage NPIs for use in eligibility requests.' The main content area is divided into three sections:

- Provider Details:** A purple header bar with the text 'required field' on the right. It contains four input fields: 'NPI\*' (empty), 'Display Name\*' (empty with a red 'i' icon), 'Federal Tax ID\*' (empty), and 'Data Retention Duration\*' (a dropdown menu with 'Forever' selected).
- Provider Type Settings:** A purple header bar. It contains four settings, each with a checkbox: 'Configure STCs' (with a link 'Click here to configure STCs for this NPI'), 'Multiple STCs Eligibility Request' (checkbox), 'Psychiatric/Mental Health Provider Verification' (checkbox), and 'Is Non-Medicare (HETS) validated NPI' (checkbox).
- User Permissions:** A purple header bar. On the left is a list of users with checkboxes: 'Adam Admin' (checked), 'Betty Biller' (checked), 'Joe Shmoe' (checked), and 'New User' (unchecked). Below this list is a link 'Add/Edit/Delete Users'. On the right, under 'Give Access to:', there are two options: 'Everyone' and 'None'. Below these options is 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.'

At the bottom of the form are two buttons: 'Submit NPI for registration' (purple) and 'Cancel' (grey). Below the buttons is a note: 'NPI Registration can take up to 48 hours'.

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

4. In the Provider Details panel, enter information in the following fields. All fields are required.

**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.

**Federal Tax ID** - Enter the federal Tax ID ten-digit number associated with the NPI. This field appears for Administrators, only.

**Data Retention Duration** - Select the dropdown box to determine how many months or years you want to retain this information. Your selection determines when ABILITY COMPLETE automatically purges the information from your system. Once the information is purged, it cannot be reinstated. To select no deletion date, use the default value (Forever). This field appears for Administrators, only.

NOTE: Once you purge information, you cannot reinstate it. The system purges records on the weekend immediately following the purge date, as determined by your selection. If you need to delay the purge date, return to this dropdown list to change your selection. Be sure to make this change prior to the weekend on which the purge occurs.

5. In the Provider Type Settings panel, the following selections are available:

**Click here to configure STCs for this NPI** – Click this link to open the All Service Type Codes dialog box. You can configure a maximum of five STCs (Service Type Codes) for each NPI.

NOTE: If the payer you select on the Make a Request Page does not support one or more of the configured STCs for your NPI, you are notified that one or more of your configured STCs are not available for that payer.

**Configure this NPI to send separate requests for each selected STC** – Select this checkbox to send separate transactions for each STC. On the Eligibility Response page, each transaction appears separately in tabbed format. If you select this checkbox, the default selection for this NPI on the Make a Request Page is also checked. However, you can clear this selection on that page on a request-by-request basis.

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

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

NOTE: 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 with this NPI), you can check either or both boxes.

This setting is configured by NPI and monitored by CMS. You can configure your NPI if you have Service Configuration permission as configured in the next panel on this page.

6. In the User Permissions panel, select the users who need access to this NPI. Uncheck to remove access. People without access do not see this NPI
7. 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.

8. Click **Submit NPI for Registration**. NPI registration can 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 missing information. A list of the NPIs associated with the account displays and you are alerted to those NPIs 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.															
<table border="1"> <thead> <tr> <th colspan="3">NPI</th> </tr> </thead> <tbody> <tr> <td>DisplayName10</td> <td>MISSING INFO ▲</td> <td>EDIT</td> </tr> <tr> <td>DisplayName11</td> <td>MISSING INFO ▲</td> <td>EDIT</td> </tr> <tr> <td>DisplayName12</td> <td>MISSING INFO ▲</td> <td>EDIT</td> </tr> </tbody> </table>				NPI			DisplayName10	MISSING INFO ▲	EDIT	DisplayName11	MISSING INFO ▲	EDIT	DisplayName12	MISSING INFO ▲	EDIT
NPI															
DisplayName10	MISSING INFO ▲	EDIT													
DisplayName11	MISSING INFO ▲	EDIT													
DisplayName12	MISSING INFO ▲	EDIT													
<input type="button" value="▲ Go To Top"/>															
<input type="button" value="NPI Payer Details"/>		<input type="button" value="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 to be registered for sending eligibility requests (Figure 22). Depending on the payer, this can be a form that you fax to the payer or send to an ABILITY representative.

If you have Configure Services permissions, you 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 notes appear on the Select Payer(s) section when you create 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.

Save Payer Notes
Cancel
Go To Top

NPI Payer Details
Payer Notes

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 in the [Add an NPI](#) section.
3. Click **Update NPI** to save your edits.

**Add or Edit NPI** + Add NPI

Add and manage NPIs for use in eligibility requests.

Display Name	NPI	Status	Options
AARP/Aetna NPI	1497704126	Valid	<b>EDIT</b> DISABLE DELETE

**Provider Details** \*required field

NPI\*

Display Name\*  ⓘ

Federal Tax ID\*

Data Retention Duration\*  ▼

**Provider Type Settings**

Configure STCs [Click here to configure STCs for this NPI](#)

Multiple STCs Eligibility Request  Configure this NPI to send separate requests for each selected STC

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

**User Permissions**

Adam Admin

Betty Biller

Joe Shmoe

[Add/Edit/Delete Users](#)

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.*

**Update NPI**

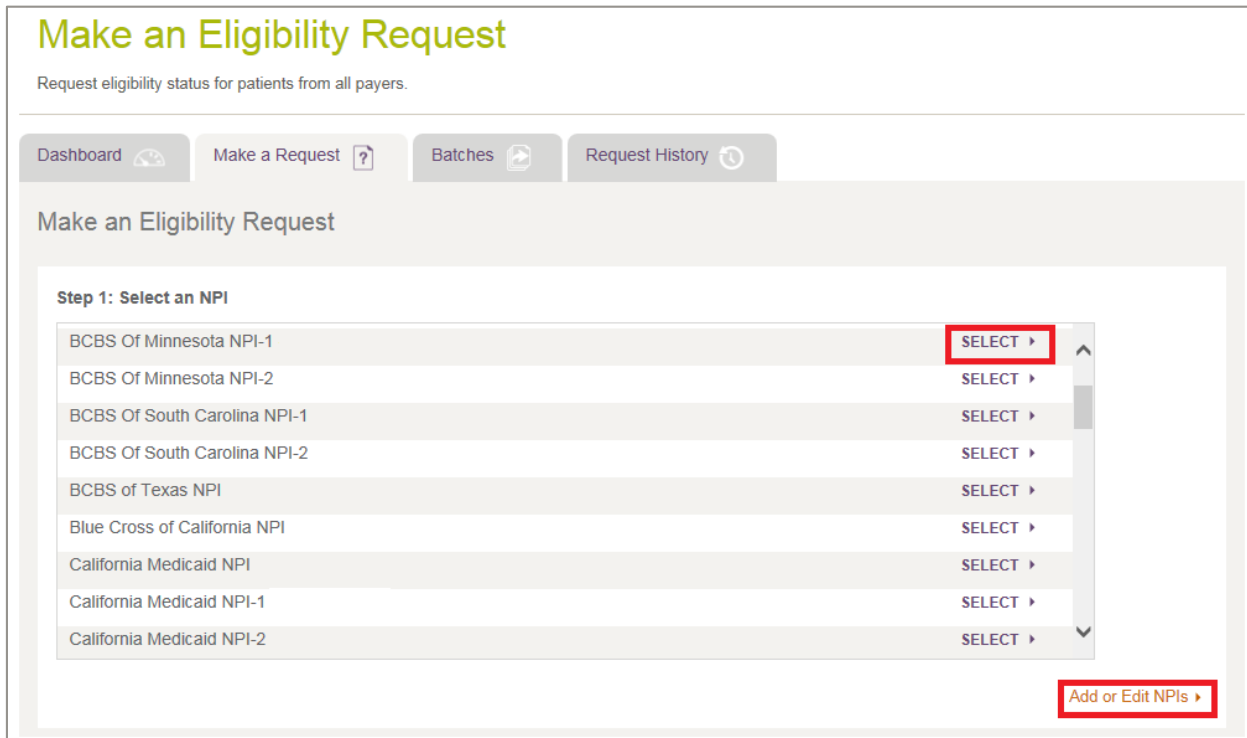
Figure 24: Add or Edit NPI page with Edit indicated

## 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 is a navigation bar with buttons for 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below this is a section titled 'Make an Eligibility Request' with a sub-section 'Step 1: Select an NPI'. A table lists various NPIs with a 'SELECT' button next to each. The 'SELECT' button for the first row is highlighted with a red box. At the bottom right of the table area, there is a button labeled 'Add or Edit NPIs' which is also highlighted with a red box.

Step 1: Select an NPI	
BCBS Of Minnesota NPI-1	SELECT ▶
BCBS Of Minnesota NPI-2	SELECT ▶
BCBS Of South Carolina NPI-1	SELECT ▶
BCBS Of South Carolina NPI-2	SELECT ▶
BCBS of Texas NPI	SELECT ▶
Blue Cross of California NPI	SELECT ▶
California Medicaid NPI	SELECT ▶
California Medicaid NPI-1	SELECT ▶
California Medicaid NPI-2	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)

Two types of search options are available to you.

- Type a payer name in the text box that appears. As you type the name, only those payers matching that criteria appear in this panel (Figure 26).
- Check the Search By Patient Fields checkbox to display a Search Fields panel. COMPLETE displays only those payers that allow search by the criteria you select.

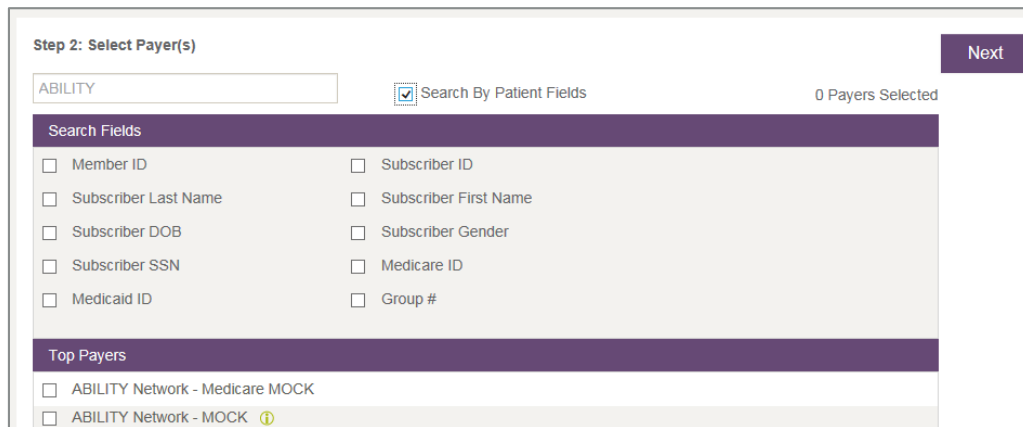


Figure 26: Select Payer(s) Search Options

If you want to check Service Type Codes, select the payer, click **Next**, then click **Edit** under the payer name. A dialog box opens with STC information and a checkbox to have each STC for that payer sent in a separate transaction (Figure 27).

NOTE: If you selected the Separate Requests checkbox in the Provider Type Settings panel of the Add or Edit NPI page, then COMPLETE selects this checkbox by default.

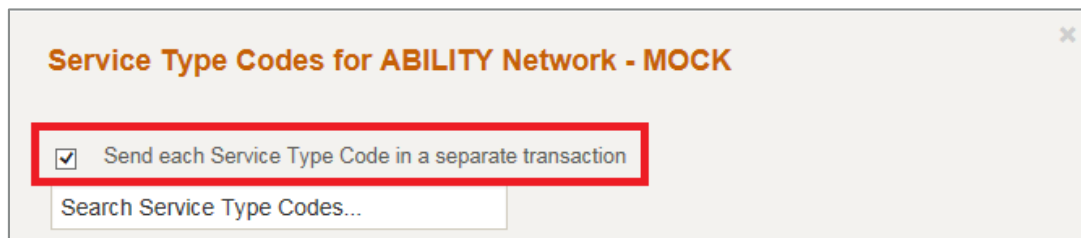


Figure 27: Service Type Codes dialog box

If the Warning triangle icon (⚠) appears, then one or more of your configured Service Types Codes are not supported by this payer. Hover your cursor over the triangle icon to view the message shown below. (Figure 28).

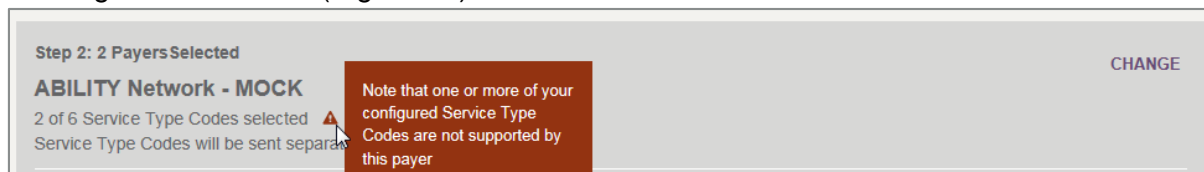
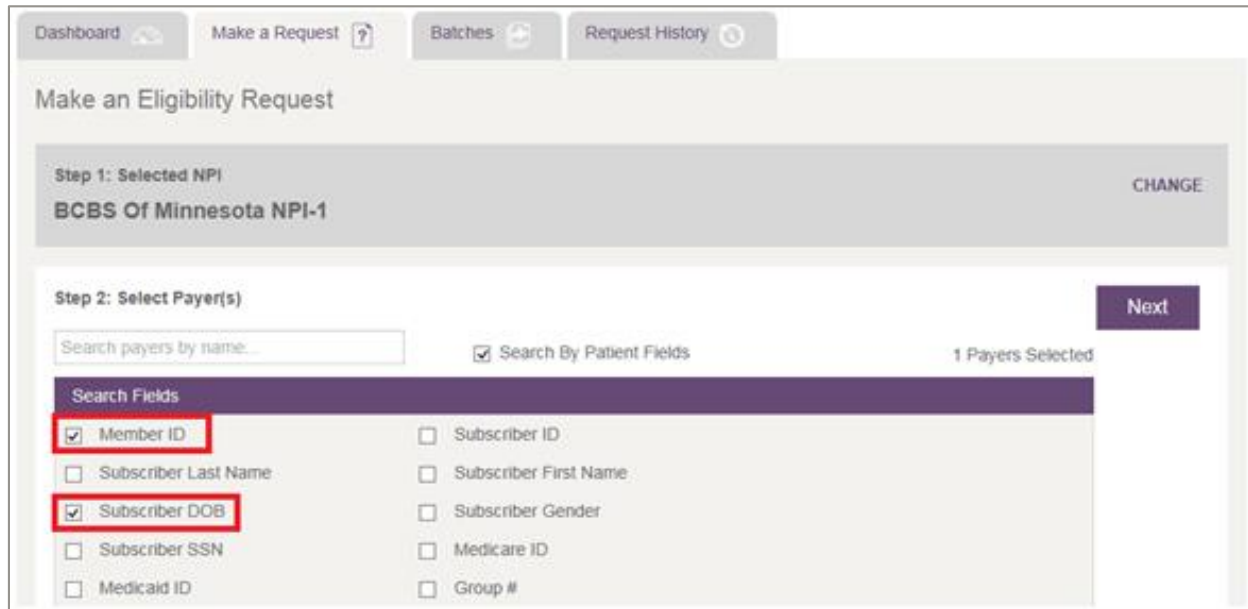


Figure 28: Warning Icon with message

Check the Search By Patient Fields checkbox to display a Search Fields panel. COMPLETE displays only those payers that allow search by the criteria you select. Select those fields that are known to you. (Figure 29).



The screenshot shows the 'Make an Eligibility Request' interface. At the top, there are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below the tabs, the main heading is 'Make an Eligibility Request'. The interface is divided into two steps:

- Step 1: Selected NPI** - Shows 'BCBS Of Minnesota NPI-1' with a 'CHANGE' button.
- Step 2: Select Payer(s)** - Includes a search input field 'Search payers by name...', a checked checkbox for 'Search By Patient Fields', and a 'Next' button. It also indicates '1 Payers Selected'.

The 'Search Fields' section is highlighted in purple and contains the following options:

Search Fields	
<input checked="" type="checkbox"/> Member ID	<input type="checkbox"/> Subscriber ID
<input type="checkbox"/> Subscriber Last Name	<input type="checkbox"/> Subscriber First Name
<input checked="" type="checkbox"/> Subscriber DOB	<input type="checkbox"/> Subscriber Gender
<input type="checkbox"/> Subscriber SSN	<input type="checkbox"/> Medicare ID
<input type="checkbox"/> Medicaid ID	<input type="checkbox"/> Group #

Figure 29: Patient Fields Search Option on Make an Eligibility Request page

Each time you select a Search field, a Loading Payers message appears (Figure 30).

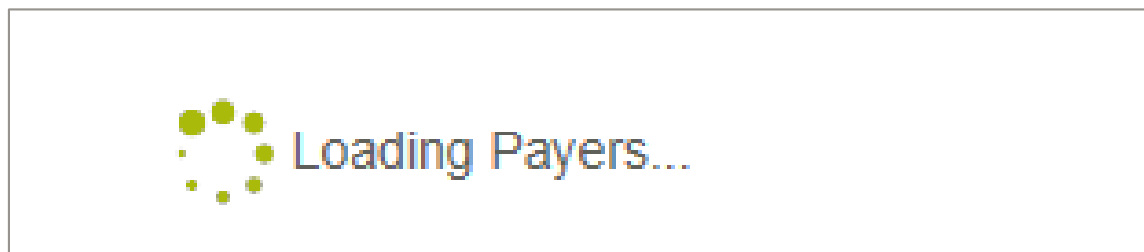


Figure 30: Loading Payers message

When you finish selecting Search Fields, use the Top Payers and All Payers lists to select at least one payer (Figure 31).

Click **Next**.

**Step 2: Select Payer(s)** Next

Search payers by name...  Search By Patient Fields 1 Payers Selected

**Search Fields**

<input checked="" type="checkbox"/> Member ID	<input type="checkbox"/> Subscriber ID
<input type="checkbox"/> Subscriber Last Name	<input type="checkbox"/> Subscriber First Name
<input checked="" type="checkbox"/> Subscriber DOB	<input type="checkbox"/> Subscriber Gender
<input type="checkbox"/> Subscriber SSN	<input type="checkbox"/> Medicare ID
<input type="checkbox"/> Medicaid ID	<input type="checkbox"/> Group #

**Top Payers**

- Freedom Blue
- Inter Valley Health Plan ⓘ

**All Payers**

- AARP ⓘ
- Absolute Total Care
- Administrative Services, Inc.
- Advantage by Bridgeway Health Solutions ⓘ
- Advantage by Buckeye Community Health Plan
- Advantage by Managed Health Services
- Advantage by Superior HealthPlan ⓘ
- Aetna
- Affinity Health Plan ⓘ
- Alabama Medicaid ⓘ

Next

Figure 31: Top Payers and All Payers lists based upon user-selected Search Fields (AARP selected)

The Search Fields you selected in Step 2 appear for you in Step 3 (Figure 32).

The screenshot displays the 'Make an Eligibility Request' interface. At the top, there are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. The main heading is 'Make an Eligibility Request'. Below this, there are three steps:

- Step 1: Selected NPI** - BCBS Of Minnesota NPI-1 (CHANGE)
- Step 2: 1 PayerSelected** - AARP (CHANGE). Service Type Code 'Health Benefit Plan Coverage (30)' will be sent.
- Step 3: Enter Patient and Request Information**

Step 3 is further divided into a 'Patient Details' section, which is expanded. A red box highlights the 'SUBSCRIBER SEARCH BY' dropdown menu, which is set to 'MemID, SubDOB'. Another red box highlights the 'Member ID \*' and 'Subscriber DOB \*' input fields. The 'Subscriber DOB \*' field has a placeholder 'mm/dd/yyyy'. Other fields in the section include 'Service Dates \*' (8/23/2016) with a 'Quick Date Pick' button, and a checkbox for 'Send this patient request to my dashboard'. At the bottom right of the form, there are two buttons: '+ Add Patient' and 'Submit'.

Figure 32: Patient Details with Search Fields selected in Step 2

## Top Payers

A Top Payer list appears above the All Payers list (Figure 33). Top Payers are those most commonly requested for that NPI. You can 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 you create 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.

The screenshot shows a web interface for selecting payers. At the top, it says "Step 2: Select Payer(s)" with a "Next" button on the right. Below this is a search bar labeled "Search payers..." and a counter that says "0 Selected". The main content is divided into two sections: "Top Payers" and "All Payers". The "Top Payers" section is highlighted with a red border and contains a list of seven payers, each with an unchecked checkbox: Aetna, Absolute Total Care, Administrative Services, Inc., AARP, American National Insurance, Medicare (HETS), and New Mexico Medicaid. The "All Payers" section contains a scrollable list of many other payers, including 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, Aftra Health Fund, and Alabama Medicaid. A "Next" button is located at the bottom right of the form.

Figure 33: 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

For payers that are not configured, look for a Missing Information icon that indicates the payer requires additional attention and 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, a Configure Payers option appears in the Configuration tab (Figure 34). Some payers require additional information to you to perform make an eligibility request.

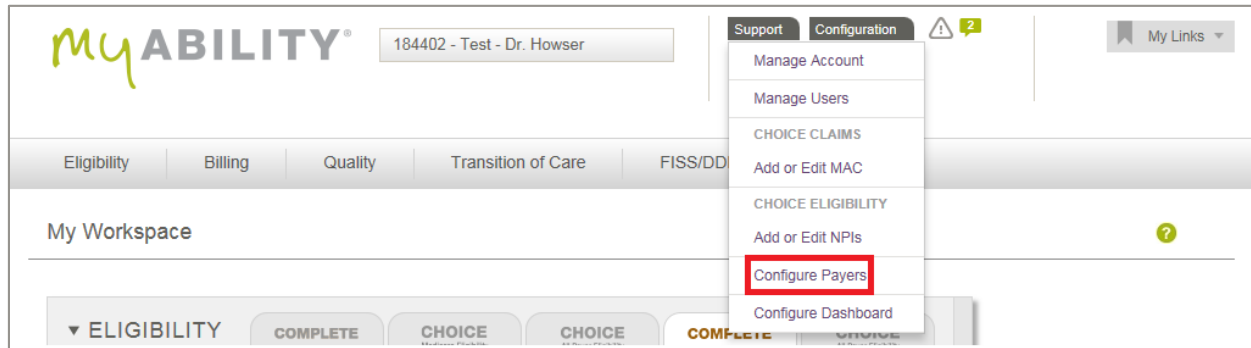


Figure 34: My Workspace page with Configure Payers indicated



## Add 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 with this NPI), you can check either or both boxes, respectively (Figure 35). 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	<a href="#" style="border: 1px dashed #ccc; padding: 2px;">EDIT</a> <span style="margin-left: 10px;">DISABLE</span> <span style="margin-left: 10px;">DELETE</span>

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

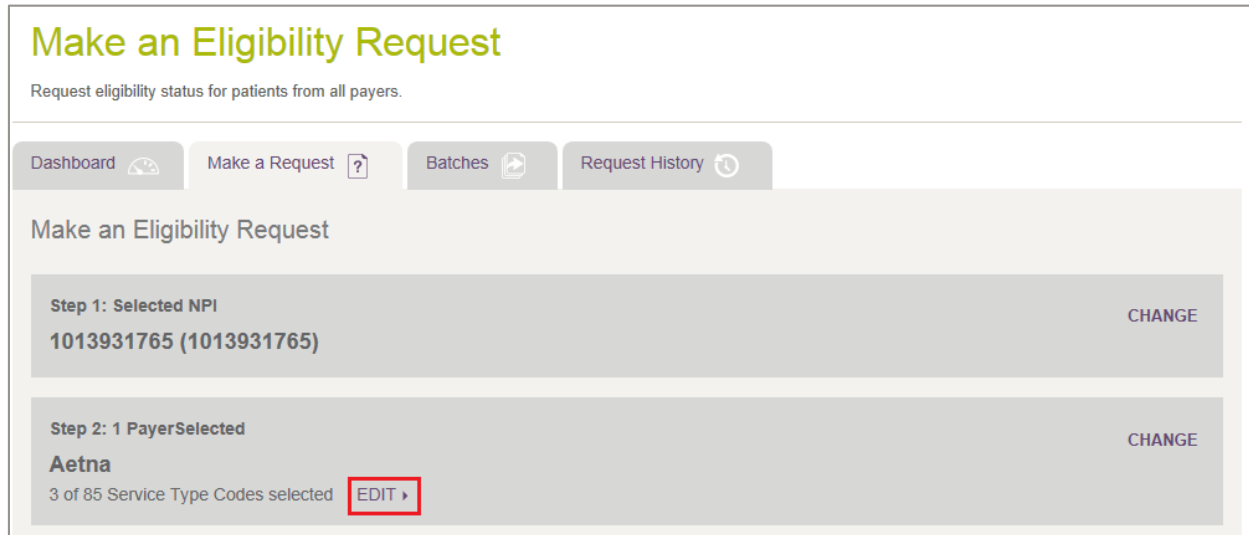
Update NPI

Cancel





Figure 35: 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 36).




**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** CHANGE  
**1013931765 (1013931765)**

**Step 2: 1 PayerSelected** CHANGE  
**Aetna**  
3 of 85 Service Type Codes selected **EDIT** 

**Figure 36: Make an Eligibility Request with Edit indicated**

## Save Service Type Code Selections by Payer

You can save Service Type Code selections by payer (Figure 37). This allows you to send customized eligibility requests and saves you time for additional requests with that payer.

**Service Type Codes for CIGNA-GreatWest**

Search Service Type Codes...

3 of 108 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 37: Service Type Codes for selected payer with Save STC Selections indicated

## Step 3: Enter Patient and Request Information

Enter Subscriber information. 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 patient information you enter here remains in these fields even if you decide to change the NPI or Payer that you selected in the previous steps. The payer-specific fields are not retained if you change the payer.

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.

There are two search options: Single Payer and Multiple Payers.

### Single Payer

If you select a single payer, you can use the default Service Dates fields or select your own if you prefer.

The tabs on the left-hand side allow you to search for a patient with your desired search option for that payer. In the search option in the example below, you must enter Service Dates, Member ID, Subscriber Last Name, and Subscriber Date of Birth (Figure 38).

The screenshot shows a web form titled "Step 3: Enter Patient and Request Information" for a Medicare (HETS) payer. The form is divided into sections. At the top, it says "Step 2: 1 Payer Selected" with a "CHANGE" link. Below that, it lists "Medicare (HETS)" and "1 of 1 Service Type Codes selected". The main section is "Step 3: Enter Patient and Request Information" with a "Patient Details" tab. On the left, there are three "SUBSCRIBER SEARCH BY" tabs, each with "MemID, SubLN, SubFN, SubDOB" as options. The main form area contains the following fields and options:

- Service Dates \***: Two date pickers showing "02/01/2019" and "02/28/2019" with a "thru" label. A "Quick Date Pick" dropdown is set to "Today" with options for "12 Mos Back" and "4 Mos Ahead".
- Member ID \***: Text input field containing "1234567890".
- Subscriber Last Name \***: Text input field containing "Doe".
- Subscriber DOB \***: Text input field containing "01/01/1901".
- Send this patient request to my dashboard

At the bottom right, there are two buttons: "+ Add Patient" and "Submit".

Figure 38: Step 3 – Enter Patient and Request Information (single payer)

## Multiple Payers

When you conduct a multi-payer search, you have the option to select a different search group for each by using the “Change Search Groups” link on the right-hand side of Step 2.

After you select your desired search group for each payer, you need to enter patient details. If any patient details are used by multiple payers you only need to enter it once at the top of the Step 3 (for example, Subscriber Last Name, Subscriber First Name and Subscriber Date of Birth). Any patient details that are unique for each payer (for example, Member ID) need to be entered separately for that payer.

Note the following example (Figure 39):

- First payer (Medicare HETS) – The search option selected in Step 2 requires Member ID, Last Name, First Name and DOB. Because Last Name, First Name and DOB were entered at the top of the Patient Details section, you do not need to re-enter that information in the Medicare (HETS) section. However, you must enter Member ID.
- Second payer (Wisconsin Medicaid) – The search option selected in Step 2 requires Last Name, First Name and DOB. Because Last Name, First and DOB were entered at the top of the Patient Details section, you do not need to re-enter that information in the Wisconsin Medicaid section. The payer search option has been completed satisfactorily using only the information from the Patient Details section.

The screenshot displays a web interface for Step 3: Enter Patient and Request Information. At the top, it shows 'Step 2: 2 Payers Selected' with a 'CHANGE' link. Below this, two payer sections are visible: 'Medicare (HETS)' and 'Wisconsin Medicaid'. The Medicare section shows 'Default Medicare Service Type Codes will be sent' with an information icon and a 'Change Search Groups' link. The Wisconsin Medicaid section shows '1 of 1 Service Type Codes selected' with an 'EDIT' link and a 'Change Search Groups' link. The main section is titled 'Step 3: Enter Patient and Request Information' and contains a 'Patient Details' form. The form includes fields for 'Subscriber Last Name\*', 'Subscriber First Name\*', and 'Subscriber DOB\*' (with a placeholder 'mm/dd/yyyy'). Below these are checkboxes for 'Medicare (HETS)' and 'Wisconsin Medicaid', both of which are checked. A 'Member ID\*' field is present next to the Medicare checkbox. At the bottom of the form, there is an unchecked checkbox for 'Send this patient request to my dashboard'. A '+ Add Patient' button is located at the bottom right of the form area, and a 'Submit' button is at the bottom right of the entire page.

Figure 39: Step 3 – Enter Patient and Request Information (multiple payers)

To change search groups, click the **Change Search Groups** link in Step 2 (Figure 40) to open a dialog box with available search groups for that payer.

Step 2: 2 Payers Selected CHANGE

**Medicare (HETS)**  
1 of 1 Service Type Codes selected EDIT ▶  
Service Type Codes will be sent separately: **No** Change Search Groups

---

**Wisconsin Medicaid**  
1 of 1 Service Type Codes selected EDIT ▶  
Service Type Codes will be sent separately: **No** Change Search Groups

Figure 40: Step 2 with Change Search Groups link indicated

Click a search group to select it, then click **Change Search Group** (Figure 41).

**Search Groups for Payer Wisconsin Medicaid**

Available Search Groups

- SUBSCRIBER SEARCH BY MemID
- SUBSCRIBER SEARCH BY SubDOB, SubSSN
- SUBSCRIBER SEARCH BY SubLN, SubFN, SubSSN
- SUBSCRIBER SEARCH BY SubLN, SubFN, SubDOB, SubGender

Cancel Change Search Group

Figure 41: Search Groups by Payer selection box

## 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 receive a failed request status if no response is received or if a non-271 response is received.

After 15 seconds, you 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.

If you elected to send separate requests for each STC, each STC appears in a separate tab on this page. Click each tab to view the response. The separate requests checkbox is available to you in the following locations:

- Add or Edit NPI page->Provider Type Settings panel
- Make an Eligibility Request page->Step 2: Select Payer(s)->Service Type Codes dialog box

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.

If you want to change the default file naming convention in the case of a single patient eligibility response, use the Preferences tab on your Edit Profile page. If the Eligibility transaction was created in ILLUMINATE and the patient data was redacted, then the file name appears as "*EligibilityResponse\_Elig\_Check.pdf*" when you export the PDF.

- **Send Patient to APC** - If you have purchased CHOICE All-Payer Claims, select this action to open the Send Patient to All Payer Claims dialog box. ABILITY COMPLETE returns a message that the patient was imported successfully, that the record was a duplicate of one previously imported, or that an exception (error) occurred and you need to contact ABILITY Technical Support.

This action only appears for the following Eligibility States:

- Active Coverage
- Review: Other Plan Detected

If you have not purchased CHOICE All-Payer Claims, this button appears but is disabled. Hover over it to display the message 'You do not currently use ABILITY for all payer claims management. Click here to learn more'.



## 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. The myABILITY page displays a message indicating that all sections now appear.
- **Hide All** - Do not display any sections associated with this topic. The myABILITY page displays a message that none of the sections now appear.

## Save Responses for Payers as Favorite View

By clicking **Save View as Favorite** (Figure 42), 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 Subscriber, this selection restores your favorite view.

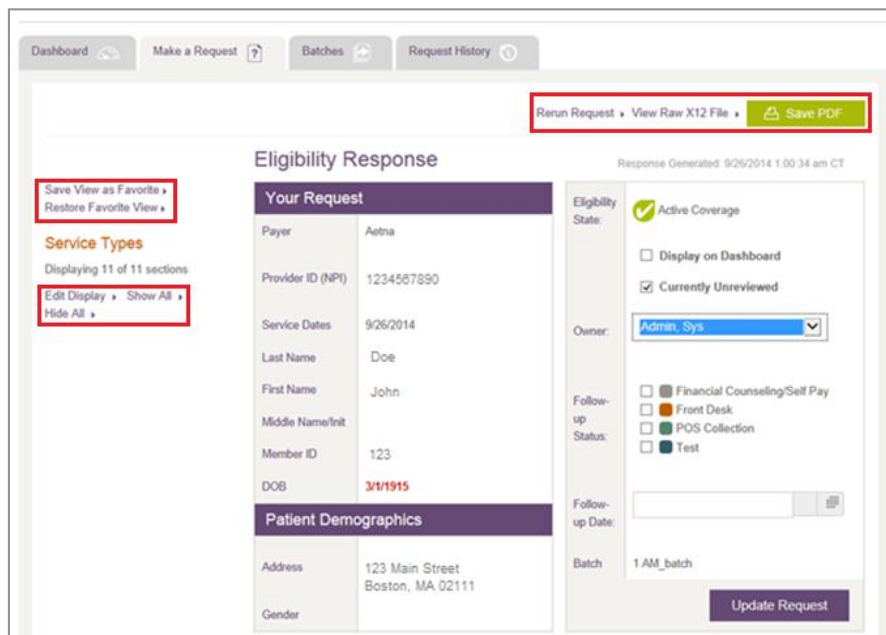


Figure 42: Eligibility Response panels with selected sections indicated

## Filter Medicare Responses

All default Medicare Service Type Codes are sent on Medicare requests and can be filtered on the response page. Additional summaries 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 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 can 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 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 appears 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. Users of myABILITY that have Configure Services permissions can also add Payer Notes on the Configuration Payer page. These notes 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 43) 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 (non-Medicare)

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

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

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

Service Types <span style="float: right;">Go To Top</span>	
Displaying 1 of 13 sections	Edit Display Show All Hide All
Health Benefit Plan Coverage (30) <span style="float: right;">Hide</span>	
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 43: Eligibility Summary with Active Coverage indicated

## Chronic Care Management (CCM)

NOTE: The following panel only appears if you purchased ABILITY NAVIGATOR CCM.

The CCM panel appears in Medicare eligibility responses. One of three statuses appear:

- Eligible – Click **Update Status** to open the ABILITY NAVIGATOR CCM application where you can enroll this patient (Figure 44).
- Enrolled – Patient has already been enrolled in ABILITY Navigator CCM.
- Ineligible – Patient is not eligible for CCM enrollment.



Figure 44: Chronic Care Management panel with Update Status action

## MCO Status Alert

If the patient has a Managed Care Organization (MCO) this panel appears with the following information for that MCO:

- Name
- Address
- Telephone
- Plan Description
- Service Type
- Eligibility Begin Date
- Eligibility End Date
- Message with any additional information

If the patient has additional service types, such as a health benefit plan or dental care, that information also appears in this panel with the corresponding MCO plan name and description.

## Primary Care Provider

If the patient has a Primary Care Provider (PCP), this panel appears with the following information for that PCP:

- Name
- Telephone
- Plan Description
- Service Type
- Eligibility Begin
- Eligibility End

NOTE: For eligibility summaries containing both MCO and PCP sections, the MCO appears first and the PCP immediately after it (Figure 45).


Eligibility Summary: Review: Other Plan Detected 			
Plan Name:	MASHEALTH STANDARD	Effective Date:	10/2/2015 - 10/2/2015
Sub. Case Number:	234		
MCO Status Alert			
MCO/MCC Name:	NETWORK HEALTH LLC		
Address:	101 STATION LNDG, MEDFORD, MA 02155		
Telephone:	(888) 257-1985		
Plan Description:	INTEGRATED CARE ORGANIZATIONS		
Service Type:	Health Benefit Plan Coverage		
Eligibility Begin:	10/2/2015		
Eligibility End:	10/2/2015		
Message:	669 One Care. Network Health member. For medical, behavioral health, and long-term services and support services, call 1-888-257-1985.		
Primary Care Provider			
PCP Name:	CARESOURCE		
Telephone:	(800) 488-0134		
Plan Description:	HMO, CFC		
Service Type:	Professional (Physician)		
Eligibility Begin:	10/1/2016		
Eligibility End:	10/31/2016		

Figure 45: Eligibility Summary with MCO Status Alert and Primary Care Provider panels

## 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 displays that information.

NOTE: The response page displays whatever value the payer sends back on the eligibility response for a given field name. In some instances, this value coincides 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 46) or you can hover over the icon in the Eligibility State column.

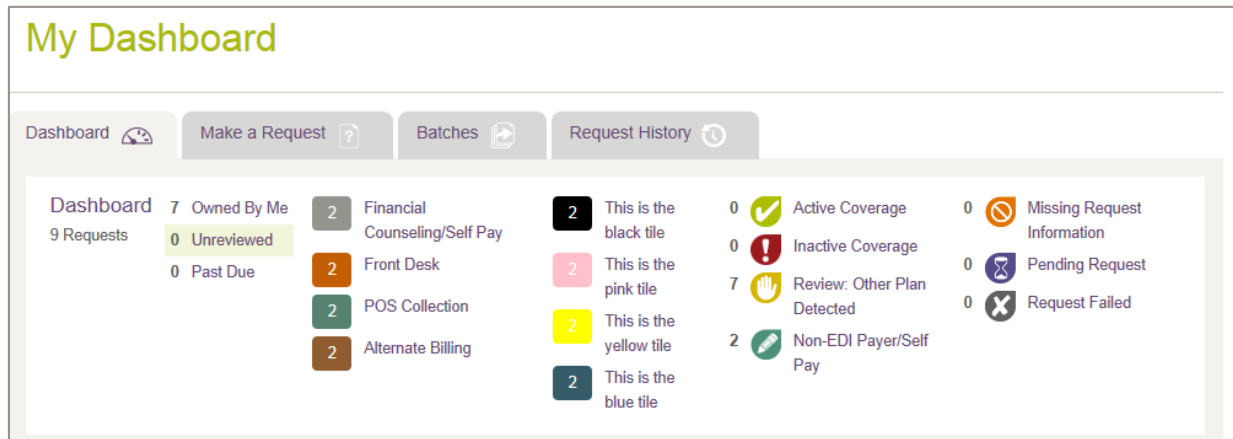




Figure 46: My Dashboard


## 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 determines 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 appears as inactive coverage. These can require further review by you to determine if the patient is eligible for the specific date and service 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 provided.

## Pending Status


**Pending Status**  displays if a payer does not respond to an eligibility request that was sent. A request can 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 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 sends 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 has 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**  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 47). 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:	<p><b>\$1,800.00 / Contract (In Plan Network)</b></p> <p>Eligibility: 4/1/2014</p> <p>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</p> <p>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</p>

Figure 47: 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 consists 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. In some cases, responses are pending or have a payer response. You can horizontally scroll through and view these responses by clicking the arrows (Figure 48). 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. View all the responses before leaving this page. You can use the back button if you want to get back to this page after going to another tab.

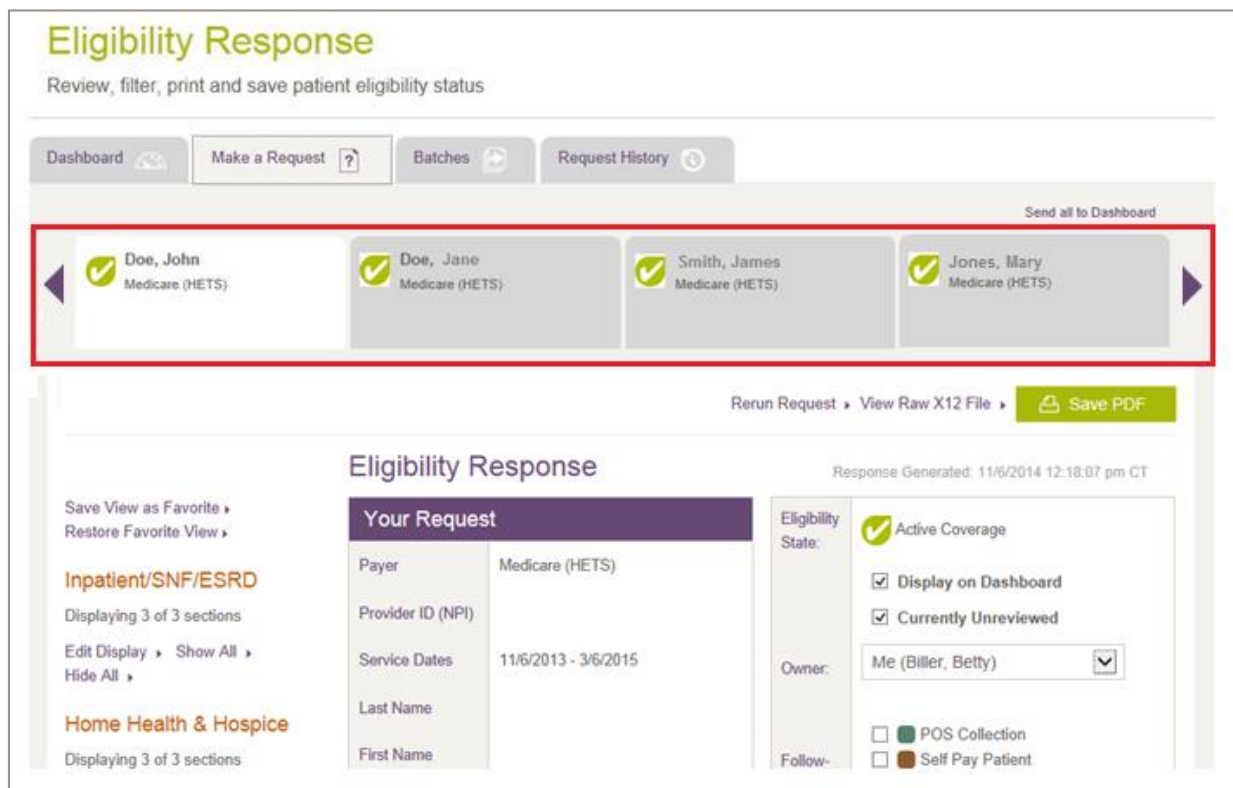


Figure 48: Eligibility Response page (multiple responses and arrows indicated)

## 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.

### Send Requests to the Dashboard

Click the **Display on Dashboard** checkbox from an eligibility response to send a single request to the dashboard (Figure 49).

The screenshot shows the 'Eligibility Response' page. At the top, there are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below these are links for 'Rerun Request', 'View Raw X12 File', and a 'Save PDF' button. The main content area is titled 'Eligibility Response' and includes a sub-header 'Your Request' and 'Patient Demographics'. On the right side, there is a section for 'Eligibility State' with a checked 'Active Coverage' checkbox and a checked 'Display on Dashboard' checkbox (highlighted with a red box). Below this is a 'Currently Unreviewed' checkbox, an 'Owner' dropdown menu set to 'Me (Billor, Betty)', and a 'Follow-up Status' section with several radio button options: 'POS Collection', 'Self Pay Patient', 'Test a', 'Test b', and 'Test r'. There is also a 'Follow-up Date' field and an 'Add Request to Batch' dropdown menu. At the bottom right, there is an 'Update Request' button.

**Figure 49: 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 50). This indicates that an eligibility response needs to be reviewed. This status can be updated when you send a request to the dashboard or when you update 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 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:  Search

Restore Favorite Filters

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

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"/>		. GLADYS (-/-/-) .1765 - Medicare (HETS) <b>UNREVIEWED</b>	Me (Billor, Betty)			08/17/2015 9:52 AM	NOTES DETAILS RERUN ATTACH

Figure 50: 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 51). If the request is already in the batch, the batch name appears and you do not see the dropdown box.

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

**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

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	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
DOB	1/1/0001

Patient Demographics	
Address	914 MARY STREET, HUGER, SC 29450
Gender	

Eligibility State:  Active Coverage  
 Display on Dashboard  
 Currently Unreviewed

Owner: Me (Billie, Betty) [v]

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

Follow-up Date: [ ] [ ]

Add Request to Batch: **Choose a Batch** [v]

Update Request

Figure 51: 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 52). This is helpful when you work with other users who are assigned a follow-up task. The maximum character limit for this field is 512 characters.

The screenshot displays the 'Eligibility Response' interface. At the top, there's a navigation bar with 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below this, a sub-navigation bar includes 'Rerun Request', 'View Raw X12 File', and a 'Save PDF' button. The main content area is titled 'Eligibility Response' and shows 'Response Generated: 5/10/2014 1:55:38 pm CT'. On the left, there are options to 'Save View as Favorite' and 'Restore Favorite View', along with a 'Service Types' section. The central form is divided into 'Your Request' and 'Patient Demographics' sections. To the right, there's an 'Eligibility State' section with checkboxes for 'Active Coverage', 'Display on Dashboard', and 'Currently Unreviewed', and a dropdown for 'Owner'. Below that are 'Follow-up Status' options and a 'Follow-up Date' field. At the bottom right, there's an 'Add Request to Batch' dropdown and an 'Update Request' button. A red box highlights the '0 User Note(s)' panel at the bottom, which contains a table with columns 'Created Date', 'Added By', and 'Note'. Below the table, it says 'No user notes exist' and provides a text area for 'Enter note text here.' with 'Save' and 'Cancel Add Note' buttons.

Figure 52: Eligibility Response page with User Note(s) panel indicated

## View User Notes

Notes are recorded below Patient Demographics (Figure 53). 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 are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. Below these are links for 'Rerun Request', 'View Raw X12 File', and a 'Save PDF' button. The main content area is titled 'Eligibility Response' and includes a timestamp 'Response Generated: 5/10/2014 1:55:36 pm CT'. On the left, there are options to 'Save View as Favorite' and 'Restore Favorite View', along with a 'Service Types' section. The central part of the page is divided into 'Your Request' and 'Patient Demographics' sections, each with various input fields. To the right, there is an 'Eligibility State' section with checkboxes for 'Active Coverage', 'Display on Dashboard', and 'Currently Unreviewed'. Below this is an 'Owner' dropdown menu, a 'Follow-up Status' section with radio buttons for 'POS Collection', 'Self Pay Patient', and 'Test a', 'Test b', 'Test r', and a 'Follow-up Date' field. At the bottom right, there is an 'Add Request to Batch' dropdown and an 'Update Request' button. A red box highlights the 'User Note(s)' panel at the bottom, which shows '1 User Note(s)' and a table with one entry: '11/06/2014 1:06 PM', 'Me (Biller, Betty)', and 'Enter note text here.'.

Figure 53: 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 54). 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' interface. At the top, it says 'Review, filter, print and save patient eligibility status'. Below this are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. On the right, there are links for 'Rerun Request', 'View Raw X12 File', and a 'Save PDF' button. The main content area is titled 'Eligibility Response' and includes a timestamp 'Response Generated: 11/6/2014 11:17:20 am CT'. On the left, there are several expandable sections: 'Inpatient/SNF/ESRD', 'Home Health & Hospice', 'Therapy Caps', 'Service Types', and 'Preventative'. The central part of the page is divided into 'Your Request' and 'Patient Demographics' sections. To the right, there is an 'Eligibility State' section with a green checkmark for 'Active Coverage' and several checkboxes for 'Display on Dashboard' and 'Currently Unreviewed'. Below this is an 'Owner' dropdown menu set to 'Me (Billor, Betty)'. The 'Follow-up Status' section includes checkboxes for 'POS Collection', 'Self Pay Patient', 'Test a', 'Test b', and 'Test r'. A 'Follow-up Date' field is set to '11/10/2014 12:10 PM'. There is also an 'Add Request to Batch' dropdown menu. At the bottom right of this section is an 'Update Request' button. A red box highlights a 'User Note(s)' section at the bottom of the page. This section is titled '1 User Note(s)' and contains a table of 'User Notes'. The table has columns for 'Created Date', 'Added By', and 'Note'. One note is visible: '11/06/2014 1:20 PM', 'Me (Billor, Betty)', and 'Follow-up status: POS Collection added.'.

Figure 54: Eligibility Response page with System-Generated note indicated

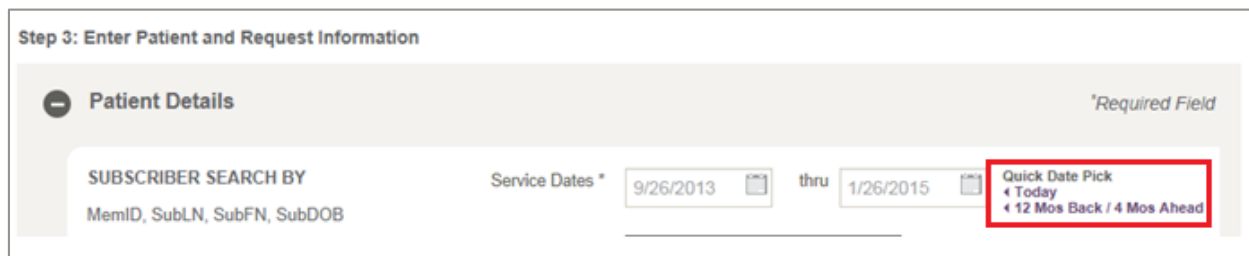
## Request History

### 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. Use filters 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 55).



The screenshot shows a web form titled "Step 3: Enter Patient and Request Information". Under the "Patient Details" section, there is a "SUBSCRIBER SEARCH BY" field with options for "MemID, SubLN, SubFN, SubDOB". To the right, there is a "Service Dates \*" field with two date pickers: "9/26/2013" and "1/26/2015", separated by "thru". A red box highlights a "Quick Date Pick" menu that is open, showing options: "Today", "12 Mos Back", and "4 Mos Ahead". A "\*Required Field" label is visible in the top right corner of the Patient Details section.

Figure 55: Patient Details with Quick Date Pick indicated

## Filter Eligibility Request History

To search eligibility requests, click **Filter History** to open the Filter Responses dialog box (Figure 56). 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 a dialog box titled "Filter Responses" with a close button (x) in the top right corner. On the left side, there are four filter categories: "Status & Date", "Owner", "Payer", and "NPI". Below these categories are two buttons: "Save Selected Filters as Favorite" and "Restore Favorite Filters". The main area of the dialog box contains several filter sections:

- Show Only Unreviewed:** A checkbox.
- Follow-up Status:** A purple header bar with a "SELECT ALL" button on the right. Below it are several options with checkboxes:
  - Alternate Billing (brown square)
  - Financial Counseling/Self Pay (grey square)
  - Front Desk (orange square)
  - POS Collection (green square)
  - This is the black tile (black square)
  - This is the blue tile (dark blue square)
  - This is the pink tile (pink square)
  - This is the yellow tile (yellow square)
- Eligibility State:** A purple header bar with a "SELECT ALL" button on the right. Below it are several options with checkboxes:
  - Active Coverage (green checkmark icon)
  - Inactive Coverage (red exclamation mark icon)
  - Missing Request Information (orange icon)
  - Non-EDI Payer/Self Pay (green checkmark icon)
  - Pending Request (blue icon)
  - Request Failed (red X icon)
  - Review: Other Plan Detected (yellow icon)
- Date:** A purple header bar. Below it is a checkbox, a "Run Date" dropdown menu, the word "Within", a "-- select/clear --" dropdown menu, and a date input field showing "9/30/2014".

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

Figure 56: 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 57).

## 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.

**Filter Responses**

Status & Date

Owner

Payer

NPI

Show Only Unreviewed

**Follow-up Status** SELECT ALL

POS Collection  Self Pay Patient  Test a

Test b  Test r

**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 -- ▼ 11/6/2014 📅

**Save Selected Filters as Favorite** ▶

**Restore Favorite Filters** ▶

Figure 57: Filter Responses with Filter selections indicated

## Batch History


Select the Batches tab to open the **Batch History** page (Figure 58). Here you can view batches that have been previously run. If you have Add/Edit Batch Eligibility Requests permission, you see buttons to create new batches and manage existing batches.


Figure 58: 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

The following table describes the columns that appear on this page.

NOTE: In the table grid that appears, click the up / down arrows (  ) in the column headings to sort information on that column. COMPLETE saves your sort selection as you continue working in this session.

Column Heading	Description
<b>Run Date</b>	date and time the batch was submitted
<b>Batch</b>	batch name and the seven eligibility states with resulting transaction counts. If the batch recurs, 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.
<b>Owner</b>	person at your facility that handles this request
<b>(no heading)</b>	<p>The following actions are available to you in this column:</p> <ul style="list-style-type: none"> <li>• click <b>RESULTS</b> to open the Eligibility Batch Details page</li> <li>• click <b>RERUN</b> to open the Eligibility Batch Rerun confirmation dialog box</li> <li>• click <b>EDIT</b> to open the Eligibility Create / Edit Batches page</li> <li>• click <b>CHANGE REPORT</b> 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.</li> </ul> <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 status change.</p> <p>NOTE: If you added new patient records since the batch was last run, those records do not appear on the Batch Change Report as the report only identifies eligibility status changes.</p> <p>NOTE: You cannot run a Batch Change Report for batches that have more than 5,000 patient records.</p> <ul style="list-style-type: none"> <li>• click <b>DELETE</b> to delete this batch. Use this option to delete individual runs of a batch that has been run multiple times.</li> </ul>

## View Recurring Batch Schedule

If the batch recurs, the recurring schedule appears on the Batch History page. You can hover over the recurring frequency icon (🔄) to display a tooltip with detailed information on when the batch runs (Figure 59).

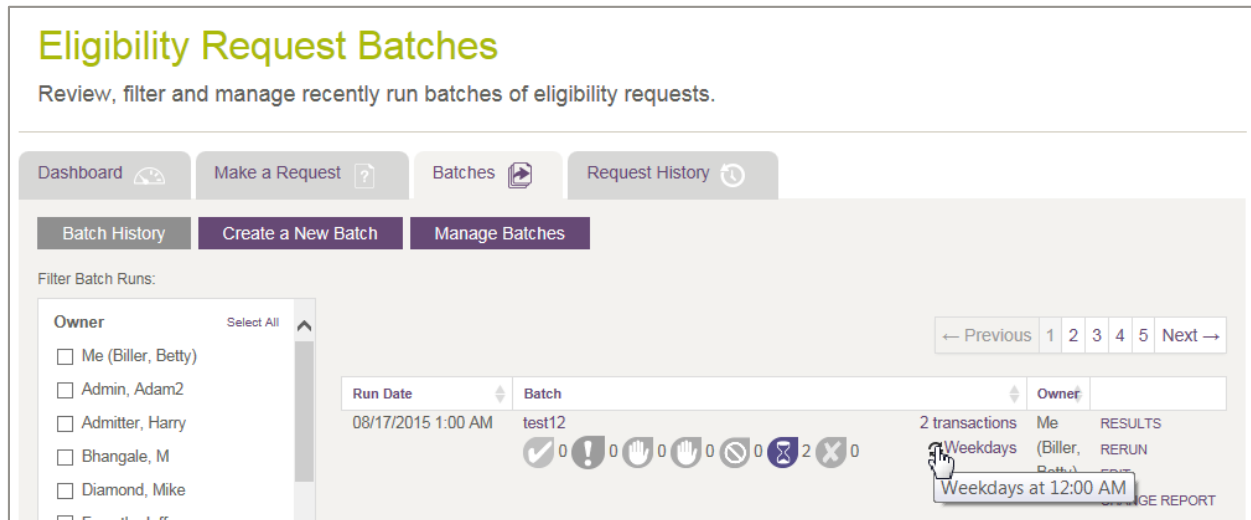


Figure 59: Batch History page with Recurring Batch tooltip

## View Deleted Batches

If you have Add/Edit Batch Eligibility Requests permissions, you can 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 60).

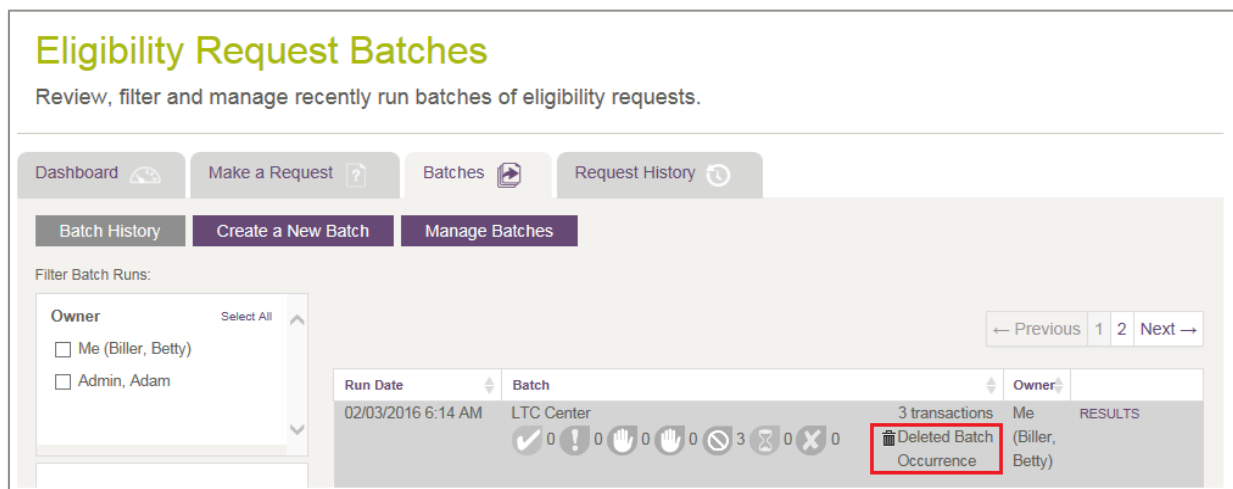


Figure 60: Batch History page with Deleted Batch Occurrence indicated

## 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 with the number of requests appears for you to confirm that you want to rerun the entire batch (Figure 61).

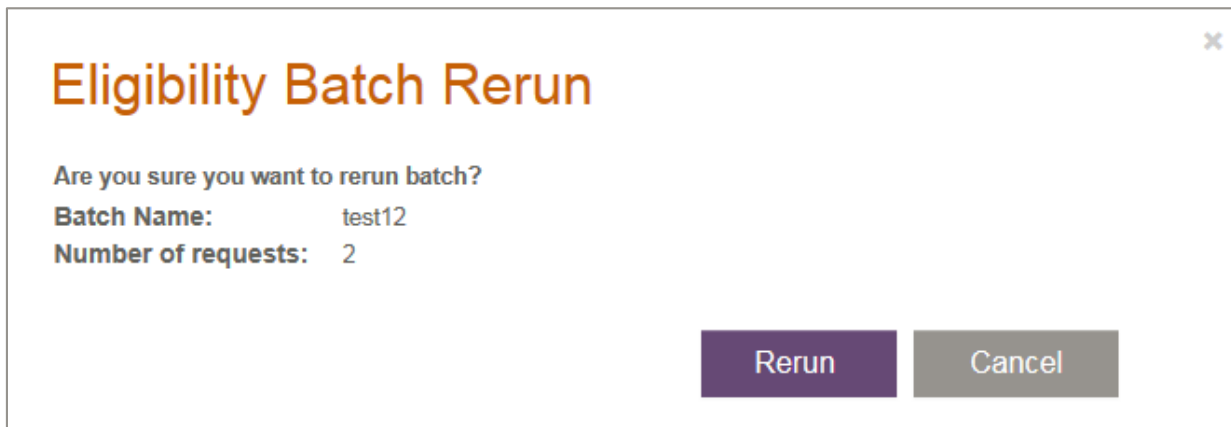


Figure 61: Eligibility Batch Rerun dialog box

Click **Rerun**.

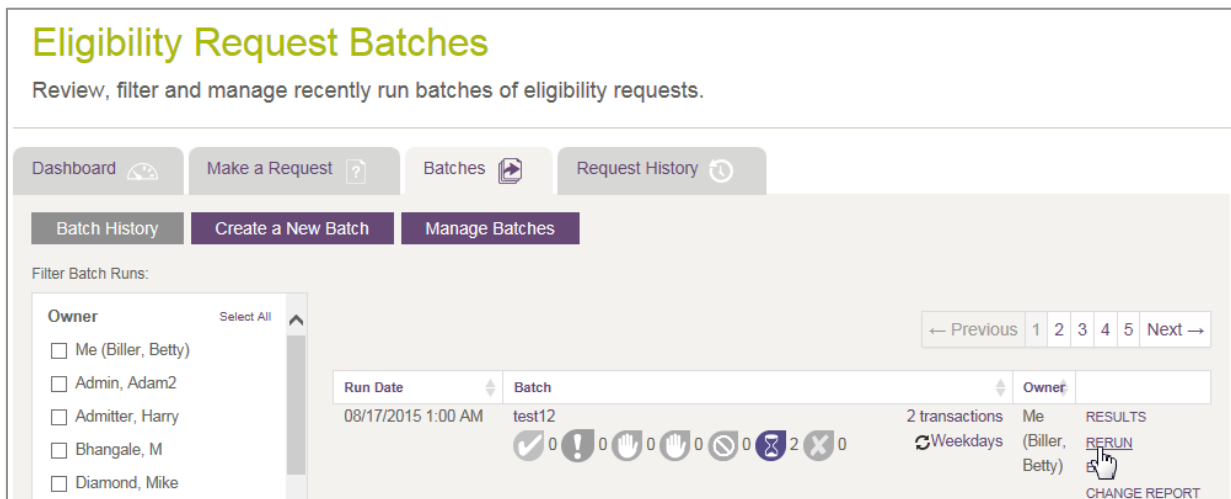


Figure 62: Eligibility Request Batches with rerun selected



ABILITY COMPLETE does not allow you to rerun a batch if the batch has been deleted (Figure 63).

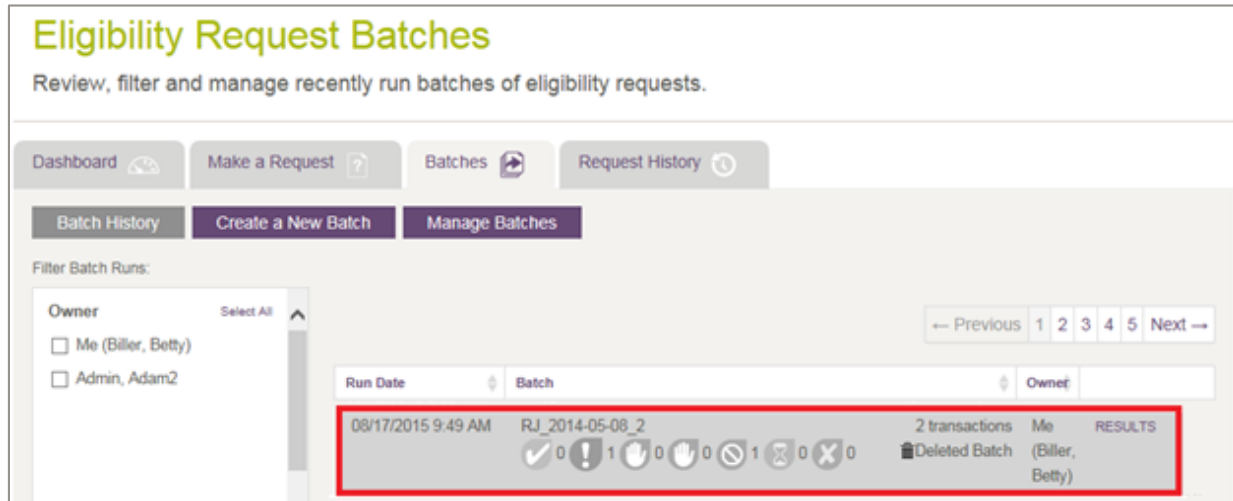


Figure 63: Eligibility Request Batches page with deleted batch indicated

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 64).

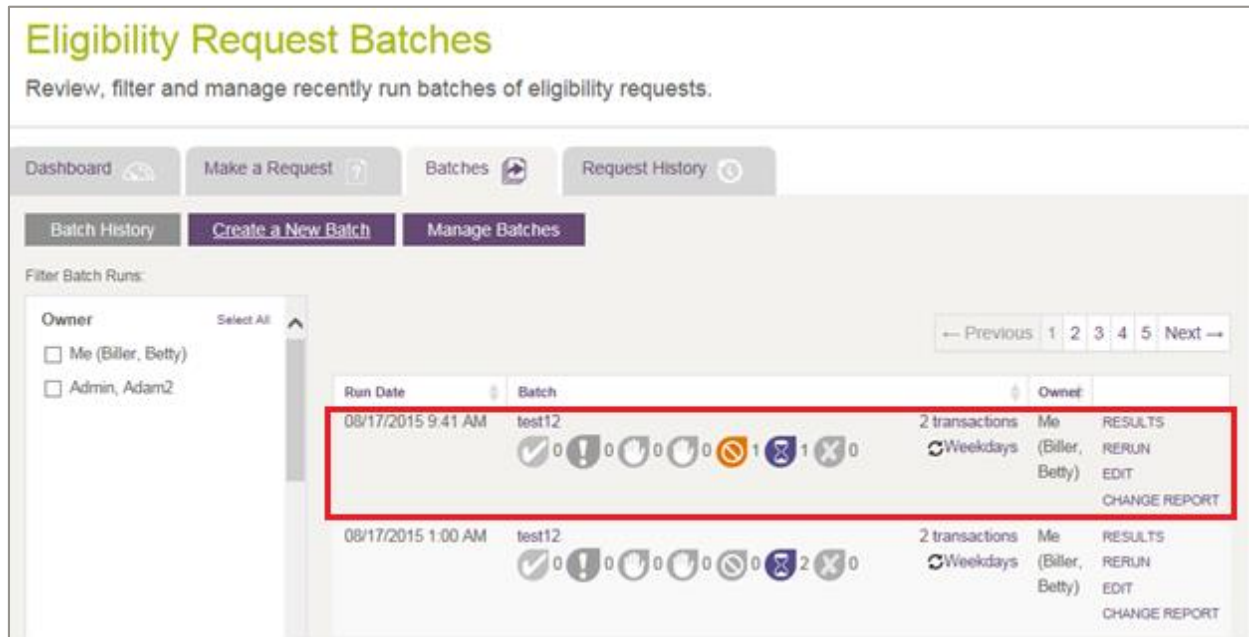


Figure 64: Eligibility Request Batches with new row

## Rerun an Individual Transaction in a Batch

Click **Results** on a batch to see individual requests within the batch run (Figure 65).

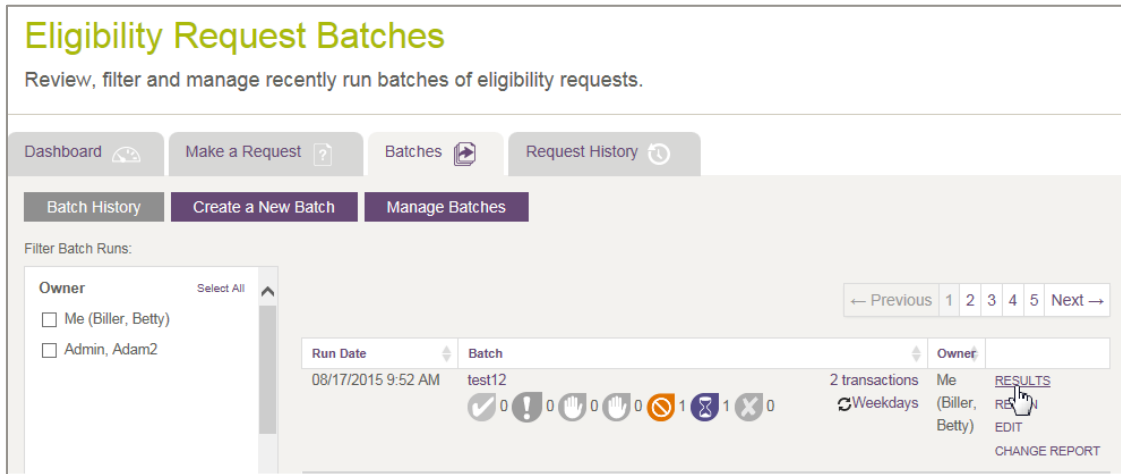


Figure 65: Batch History page with Results selected

If you want to rerun a transaction within a batch, click **Rerun** next to the individual request (Figure 66).

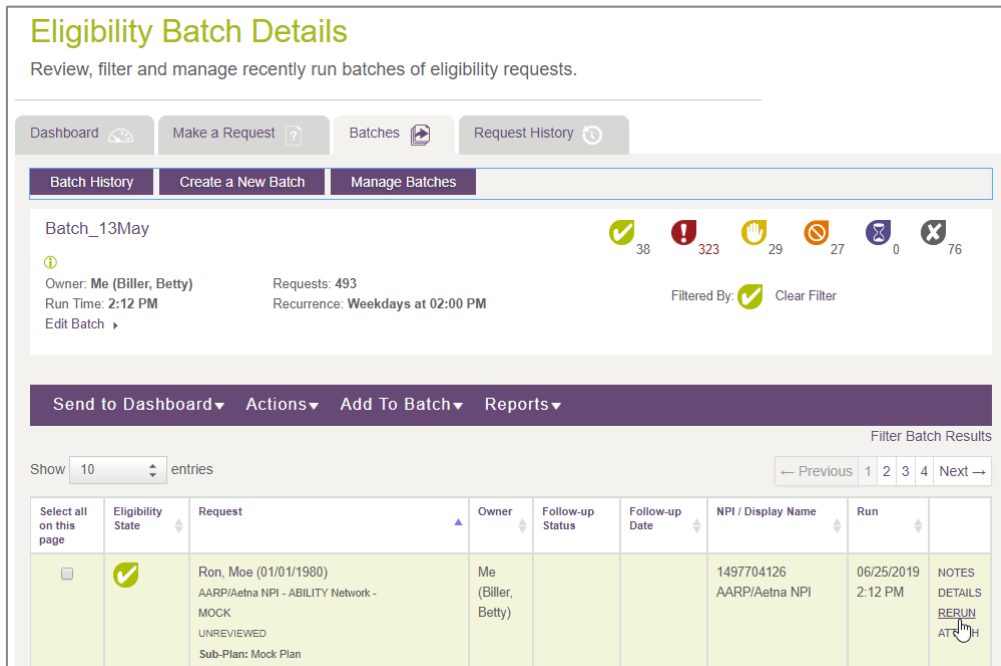


Figure 66: Eligibility Batch Detail page with Batch Rerun selected

COMPLETE adds a new transaction row to the batch and updates the batch 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 67) to filter batches by any of these categories:

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

The screenshot shows a web interface titled "Filter Batch Runs:". It is divided into three main sections:

- Owner:** Features a "Select All" link and a list of two items: "Me (Billor, Betty)" and "Admin, Adam", each with an unchecked checkbox.
- Eligibility State:** Features a "Select All" link and a list of six items, each with an unchecked checkbox and a small icon: "Active Coverage" (green checkmark), "Inactive Coverage" (red exclamation mark), "Review: Other Plan Detected" (yellow hand), "Missing Request Information" (orange circle with slash), "Pending Request" (blue hourglass), and "Request Failed" (black X).
- Date:** Includes a "Batch run within" dropdown menu currently showing "-- select/clear --", and a date field showing "of 09/29/2014" with a calendar icon to its right.

A purple "Filter" button is located at the bottom right of the panel.

Figure 67: Filter Batch runs panel

Click **Filter** to save your settings.

## Create/Edit Batches

You can view the Eligibility Create / Edit Batches page (Figure 68) 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.

**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

Make Recurring Batch

Repeats\*  Start Date\*  Runs at

Cancel Save

Figure 68: Eligibility Create / Edit Batches page

## Create a New Batch

Click **Create a New Batch** at the top of the page to complete the following sections.

Fill in these batch details (Figure 69).

Batch Name - Enter the name of the batch.

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

**NOTE:** When you add or update a batch owner, the owner must be associated with all 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 are navigation tabs: 'Dashboard', 'Make a Request', 'Batches', and 'Request History'. A green button 'Click Here to View a Video on Batches' is on the right. Below the tabs is a sub-menu with 'Batch History', 'Create a New Batch' (highlighted with a red box), and 'Manage Batches'. The main form area is titled 'Batch Details' and contains a 'Batch Name\*' field with the value 'DocBatch1' and an 'Owner' dropdown menu with 'Me (Billor, Betty)' selected. Below this is a section for 'Additional CSV fields' with an 'EDIT' link and the text 'No Headers'. At the bottom of the form is a checkbox labeled 'Make Recurring Batch'. The page concludes with 'Cancel' and 'Save' buttons.

**Figure 69: Eligibility Create /Edit Batches page with Create a New Batch selected**

Additional CSV fields – Click **Edit** to open field boxes to add additional fields to the downloaded CSV file for this batch.

Make Recurring Batch – See the following section.

Click **Save** to save changes to your new or existing batch.

## Make Recurring Batches (Optional)

Select the Make Recurring Batch checkbox to display three fields (Figure 70):

**Repeats\*** - You must enter a repeat frequency. Use the dropdown box to select the frequency the system uses to run the batches. The maximum batch size you can run upload is 10,000 records.

**NOTE:** If you run a batch with more than 5,000 records, you must select Once in the Repeats dropdown box with a Start Date and Runtime. You cannot run batches of this size on a real-time basis.

**Start Date\*** - You must enter a date or select one from the calendar.

**Runs at** - Select a time on the hour when the batch runs.

Click **Save** to save your changes.

Figure 70: Eligibility Create / Edit Batches page with Recurring Batch selected

## Add Requests to your Batch

The following actions are available on this page (Figure 71):

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

NOTE: If you attempt to add a patient who is already in the batch, a pop-up message indicates that patient already exists. You can replace the existing patient or cancel.

Go through these three steps:

- Step 1: Select an NPI (page 29)
- Step 2: Select Payers (page 30)
- Step 3: Enter Patient and Request Information (page 39)

- Import Batch - Opens Choose File to Upload window that lets you upload a CSV (Comma Separated Values) file with patient eligibility requests.
- Download Sample CSV (page 76)

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 10,000 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\* DocBatch1 | Owner Me (Biller, Betty)

Additional CSV fields EDIT  
No Headers

Make Recurring Batch

Cancel | Delete | Save | Run Batch Now

Delete | Add Patient | Import Batch | Download Sample CSV

Figure 71: 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 can remove the duplicate row 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 72).

### 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 ← Previous 1 Next →

	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 ← Previous 1 Next →

**Figure 72: Eligibility Create / Edit Batches page**

Click **Save** to update your batch.



## Download Sample CSV

These instructions describe how you can use the sample CSV file that ABILITY provides to create your own batch file.

1. On the Eligibility Create / Edit Batches page in ABILITY COMPLETE, click **Download Sample CSV** (Figure 73).

**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 (Biller, 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 73: Eligibility Create / Edit Batches page with Download Sample CSV indicated

2. Open the Excel spreadsheet and note that there are three tabs (Figure 74).

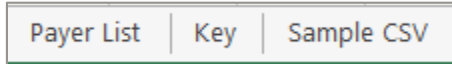


Figure 74: Sample CSV tabs

- Payer List – Use this tab to determine the ABILITY Payer fields required for each payer. You can also 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 75).

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

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

- Payer List
- Key

Delete the top two rows from the Sample CSV tab (Figure 76).

**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 76: Sample CSV tab with two rows that need to be deleted

4. Click **Save** to save the file to your computer. You can then rename it so it is easier to identify. The default format is Excel Workbook. Be sure to save the file in CSV format.

5. Return to ABILITY COMPLETE and click **Import Batch** (Figure 77).

Figure 77: Eligibility Create /Edit Batches page with Import Batch indicated

6. Select the CSV file you just created and click **Open**. If you successfully import a batch, a message appears on your myABILITY page with the number of saved transactions (Figure 78). If not, refer to the next section.

Figure 78: Eligibility Create /Edit Batches page with Import Batch indicated

## Failed Import

If the import was not successful, a pop-up message displays that the import failed and the reason.

## CSV Validation

If any requests are missing information, the CSV Validation dialog box appears (Figure 79). 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 with 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.

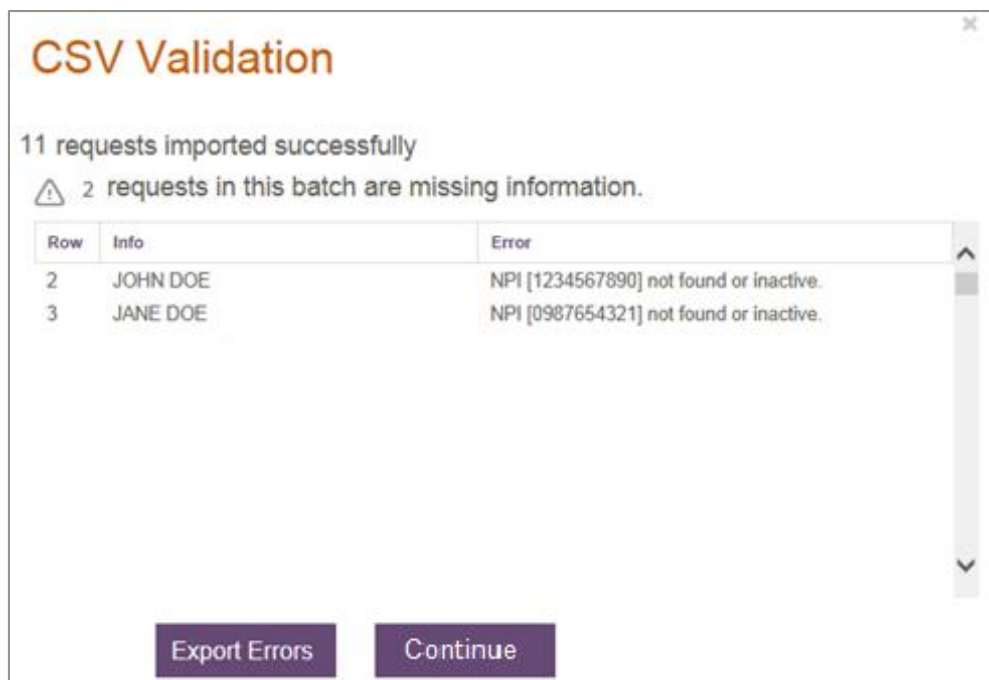


Figure 79: CSV Validation dialog box

**NOTE:** If you click **Continue**, none of the Unsuccessful Imports appear in the batch. 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 80) if you have Add/Edit Batch Eligibility Requests permissions.

**Figure 80: Manage Eligibility Batches page**

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

The following table describes the columns that appear.

NOTE: In the table grid that appears, click the up / down arrows (↕) in the column headings to sort information on that column. COMPLETE saves your sort selection as you continue to work in this session.

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

Column Heading	Description
(no heading)	<ul style="list-style-type: none"> <li>• click <b>RESULTS</b> to open the Eligibility Batch Details page</li> <li>• click <b>RERUN</b> to open the Eligibility Batch Rerun confirmation dialog box</li> <li>• click <b>EDIT</b> to open the Create/Edit Batches page</li> <li>• click <b>DELETE</b> to open the Confirm Delete message box</li> <li>• click <b>Change Report</b> 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.</li> </ul> <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 do not appear on the Batch Change Report as the report only identifies eligibility status changes.</p> <p>NOTE: You cannot run a Batch Change Report for batches with more than 5,000 patient records.</p> <ul style="list-style-type: none"> <li>• click <b>Upload</b> to upload patient data to an existing batch. This action removes all records in the selected batch and replaces them with all the entries in the new CSV file.</li> </ul>

## 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 81).

Figure 81: 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 that the batch has already been run and that other users can no longer edit or rerun this batch if it is deleted (Figure 82).

Figure 82: Confirm Delete dialog box

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

In addition, if you delete a recurring batch from this page, you delete all occurrences of that batch. To delete individual runs of a batch that has been run multiple times, use the Batch History page.



## CHOICE All-Payer Claims and COMPLETE Integration

This document describes the integration points between the eligibility verification options available to you through ABILITY CHOICE® All-Payer Claims (hereafter referred to as CHOICE All-Payer Claims) and ABILITY COMPLETE® (hereafter referred to as COMPLETE).

### Bulk Patient Context Transfer (CHOICE All-Payer Claims Menu)

Selection	Description
<b>My Account</b>	<p>Two bulk patient context transfer actions are available through this selection. The action you use depends upon whether you are an existing CHOICE All-Payer Claims customer new to COMPLETE or an existing COMPLETE customer new to CHOICE All-Payer Claims.</p> <ul style="list-style-type: none"> <li>• <b>Export Data</b> - If you currently use CHOICE All-Payer Claims and are new to COMPLETE, use this action to export all your customer data as either a one-time bulk transfer or use submission dates that you specify to export a selected portion of your data. Use this feature in conjunction with the Import Batch feature in COMPLETE.</li> <li>• <b>Import Data (only for Link1500 and LinkUB users)</b> If you currently use COMPLETE and are new to CHOICE All-Payer Claims, use this action to speed up claim creation. Use this feature in conjunction with the CSV Export Request History action in COMPLETE.</li> </ul>

### Workflow Integration (CHOICE All-Payer Claims Menu)

Selection	Description
<b>Session Results</b>	Check eligibility through the Patient Name column in Session Details.
<b>Rejection Center</b>	Check eligibility through the Patient Name column in the Rejection Report.
<b>Patient Search</b>	Check eligibility through the Claim Details page.
<b>Link 1500</b>	Check eligibility through the First Name column on the Pending Claims, Transmitted Claims, and Deleted Claims pages. This selection is only available if you were previously provisioned with this product.

### Workflow Patient Context Transfer (COMPLETE Eligibility Response Page)

Selection	Description
<b>Send Patient to APC</b>	Use this action if you are a current user of both CHOICE All-Payer Claims and COMPLETE and want to check eligibility for a specific patient. This action is only available when the eligibility state is Active Coverage Review: Other Plan Detected.

## Import and Export Data using CHOICE All-Payer Claims and COMPLETE

Use the Patient Context Transfer selection to open the Export Data and Import Data tabs (Figure 83).

The screenshot displays the 'ABILITY CHOICE All-Payer Claims' user interface. At the top right, there are contact options for 'Email Support' and a phone number '888.499.5465', along with social media icons for Twitter, Facebook, and LinkedIn. A 'Welcome:' message and a 'Logout' button are also present. Below this, the 'Customer ID' and 'Last login: 1/17/2019 6:09:00 AM' are shown.

The left-hand navigation menu is organized into several categories:

- Actions:** Home, LINK1500, LINKUB
- Reporting:** View Messages (20), ERAs, Session Results, Rejection Center, Payer/Claim Statistics, Transmission Report
- Tools:** Provider Revenue Center, Patient Search
- Maintenance & Support:** My Account (highlighted with a red box), Support Documents, Payer List, Payer Enrollments, Getting Started with LINK1500, Getting Started with LINKUB

The main content area is titled 'My Account' and includes the following sections:

- Contact Information:** Change the contact person, phone, fax, email, address, or practice management system for your account.
- Manage Providers:** View current status of providers associated to this account.
- My Settings:** Manage your preferences regarding ERAs, claim status and other transactions.
- Patient Context Transfer:** Transfer patient context data between your ABILITY claims management and eligibility verification services (CHOICE All-Payer Claims and COMPLETE) (highlighted with a red box).
- 5010 - Billing/Pay To Addresses:** Per 5010 changes, augment claims with a physical address if you normally send a PO Box.
- Business Associate Agreement:** View your business associate agreement.
- Terms of Use:** View your Terms of Use.

Figure 83: CHOICE All-Payer Claims Home Page with My Account and Patient Context Transfer indicated

## Export Data (CHOICE All-Payer Claims Users new to COMPLETE)

If you now use CHOICE All-Payer Claims and are new to COMPLETE, use this action to export all your customer data as either a one-time bulk transfer or use submission dates to specify a selected portion of your customer data. Use this feature in conjunction with the Import Batch feature in COMPLETE.

To filter for All Patients, select that option (Figure 84).

The screenshot shows a dialog box titled "Patient Context Transfer" with a "Close" button in the top right corner. Inside the dialog, there are two tabs: "Export Data" (which is active) and "Import Data". Below the tabs, the text reads "Generate New Export Request" followed by "Export patient context data from previously submitted claims for import into your eligibility verification service (ABILITY | COMPLETE).". There are two radio button options: "All patients" (which is selected and highlighted with a red box) and "Filter by submission date". Below these options are two date input fields labeled "From Date:" and "To Date:". At the bottom of the form area are two buttons: "Submit Export Request" and "Cancel". Below the form area, there is a section titled "Last Request Status" which displays "Request was generated at: 08/18/2016 at 08:49 PM" and "Current Status: Completed". A blue hyperlink "Click here to download results." is provided, followed by a note: "\* Note: This link will remain active for 30 days from the request date."

Figure 84: Export Data Tab with All Patients selected

To filter by submission date, click the Calendar icon or use the From and To date fields (Figure 85).

## Patient Context Transfer Close

**Export Data** **Import Data**

### Generate New Export Request

Export patient context data from previously submitted claims for import into your eligibility verification service (ABILITY | COMPLETE).

All patients  Filter by submission date

From Date:

To Date:

### Last Request Status

**Request was generated at:** 08/18/2016 at 08:49 PM

**Current Status:** Completed

[Click here to download results.](#)

\* Note: This link will remain active for 30 days from the request date.

Figure 85: Export Data Tab filtered by Submission Date

Once you have exported your claims data a message appears at the bottom of the dialog box. You are notified within three days, either by email or the View Message feature, when the file(s) are ready for download (Figure 86).

The screenshot shows a dialog box titled "Patient Context Transfer" with a "Close" button in the top right corner. Below the title bar are two tabs: "Export Data" (which is selected and highlighted in blue) and "Import Data". The main content area is titled "Generate New Export Request" and contains the following text: "Export patient context data from previously submitted claims for import into your eligibility verification service (ABILITY | COMPLETE).". There are two radio buttons: "All patients" (unselected) and "Filter by submission date" (selected). Below these are two date input fields: "From Date:" with the value "08/01/2016" and "To Date:" with the value "08/02/2016". At the bottom of the form area are two buttons: "Submit Export Request" and "Cancel". Below the form area, there is a green message: "Export request submitted successfully. You will be notified by email and through the View Messages feature when the file(s) are ready for download. If you do not receive the notice within 3 days, please contact Technical Support at 888.460.4310 or send an email to support@abilitynetwork.com." Below this message is a section titled "Last Request Status" with the following information: "Request was generated at: 08/09/2016 at 09:27 AM" and "Current Status: Submitted".

Figure 86: Patient Context Transfer dialog box with Export Data tab selected

If you do not receive this message within that timeframe, contact Technical Support at 888.460.4310 or email [support@abilitynetwork.com](mailto:support@abilitynetwork.com).

Also, if your download is not successful, ABILITY sends you an email message that also appears in the View Messages tab on the CHOICE All-Payer Claims Home Page.

Once you successfully export a file, use the Import Batch action in COMPLETE (Figure 87).

Click **Import Batch** to open a standard Windows® “Open File” dialog that lets you upload a CSV (Comma Separated Values) file with patient eligibility requests. You can only import CSV files (the file must have a .csv extension) and the file can be no larger than 15MB.

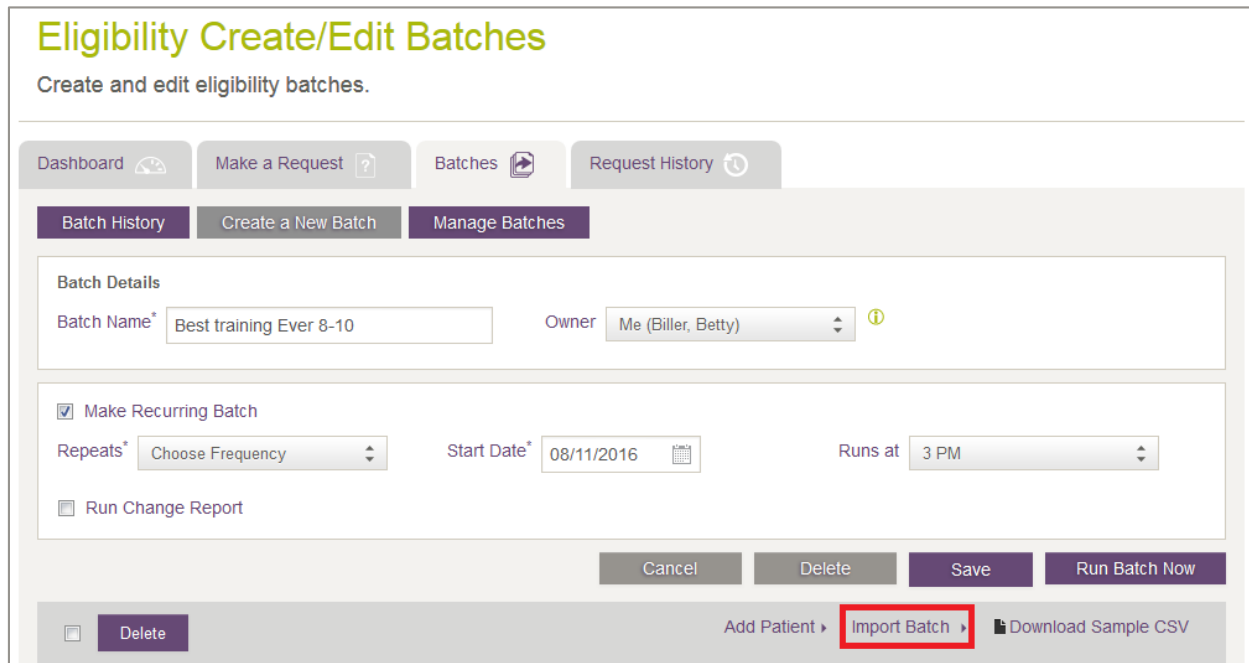


Figure 87: Eligibility Create /Edit Batches page with Import Batch indicated

Use the Export Request History action in COMPLETE to generate and export patient demographic data to CHOICE All-Payer Claims (Figure 88). Once you successfully export this file, you can use the Import Data selection (described in the next section) in CHOICE All-Payer Claims to upload this file.

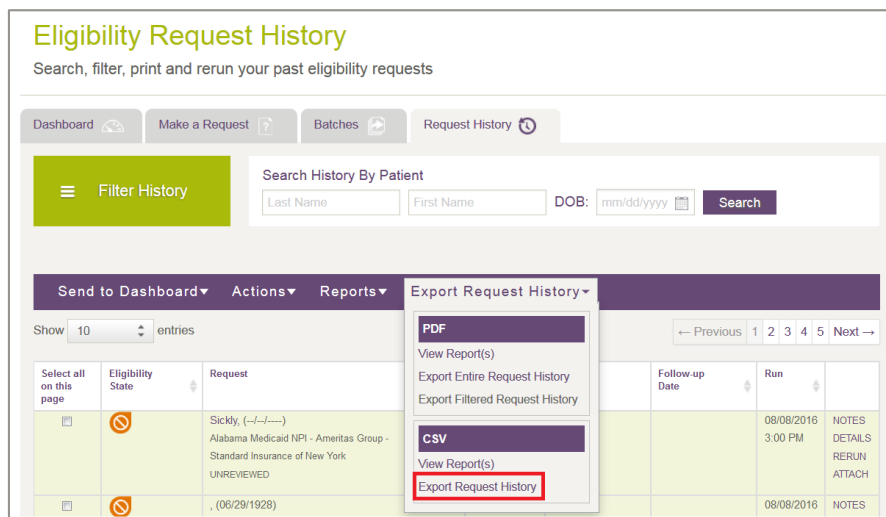


Figure 88: Eligibility Request History page with Export Request History (CSV) action indicated

## Import Data (COMPLETE Users new to CHOICE APC using Link1500 or LinkUB)

If you now use COMPLETE and are new to CHOICE All-Payer Claims, use the Import Data tab (Figure 89) to import patient data and to speed up your claim creation. Use this tab in conjunction with the CSV Export Request History action available in COMPLETE.

You must adhere to these criteria for a successful data import:

- Data must be in CSV format
- Maximum number of records in any one import cannot exceed 5,000
- No duplicate records can exist

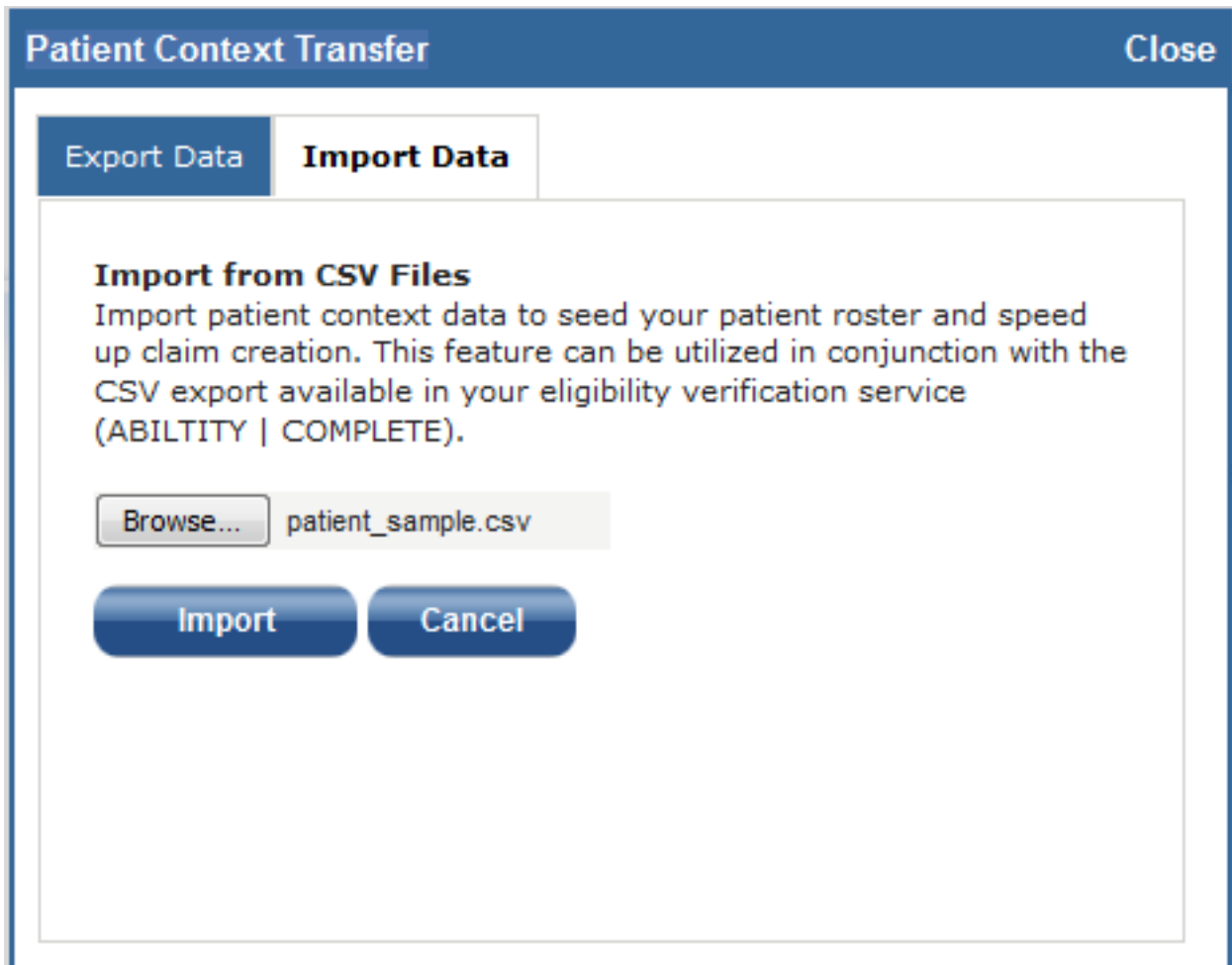


Figure 89: Patient Context Transfer with Import Data tab selected

If an error occurs and the process fails, you see a message that instructs you to contact ABILITY Technical Support (Figure 90).

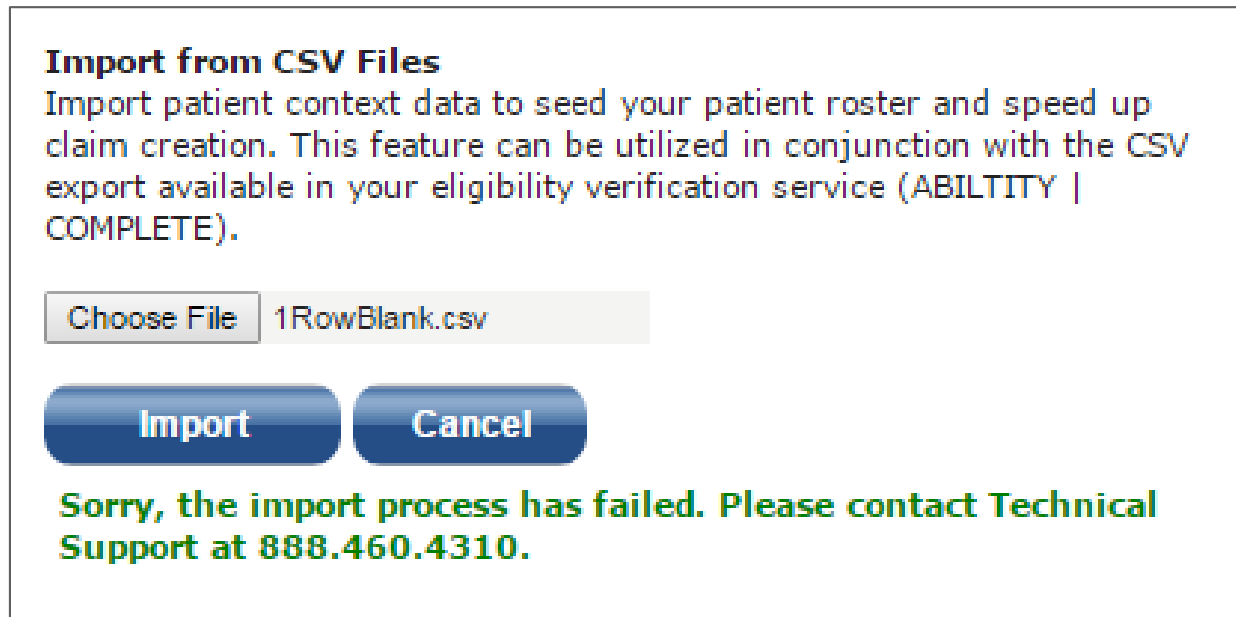


Figure 90: Import Process Failure message



## Check Eligibility through CHOICE All-Payer Claims Menu Selections

The following CHOICE All-Payer Claims menu selections let you check eligibility for an individual patient.

- Session Results (page 93)
- Rejection Center (page 95)
- Patient Search (page 99)
- Link1500 (page 102)
- LinkUB (page 105)

## Check Eligibility through Session Results

You can use the Session Results selection on the CHOICE All-Payer Claims Menu page to check eligibility in COMPLETE (Figure 91).

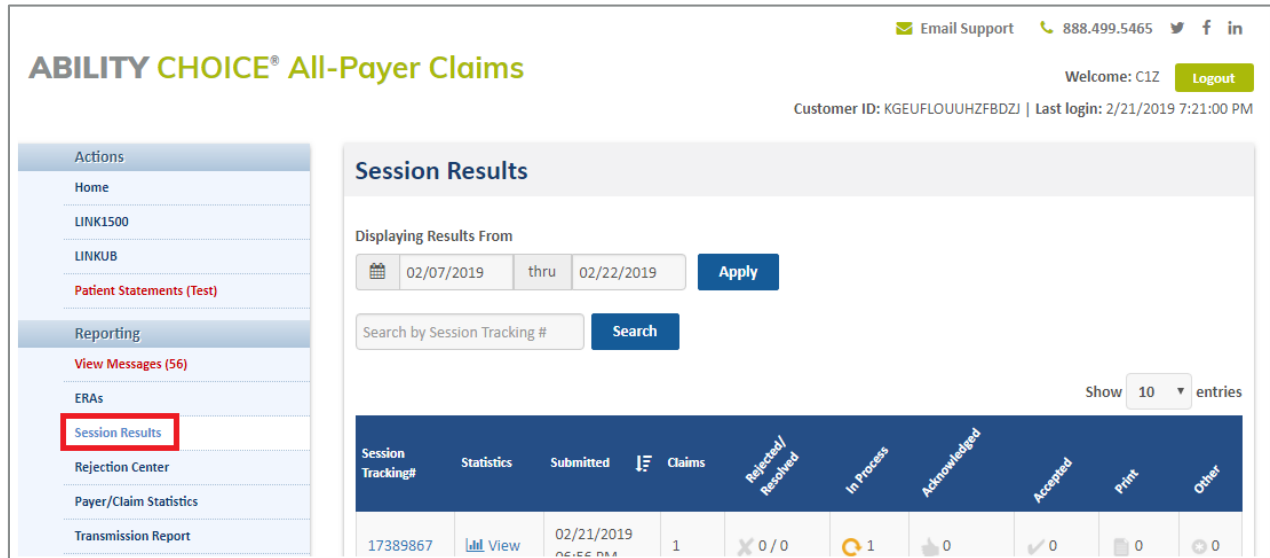


Figure 91: CHOICE All-Payer Claims with Session Results selection indicated

From the Session Results page, click the Session Tracking number (Figure 92).

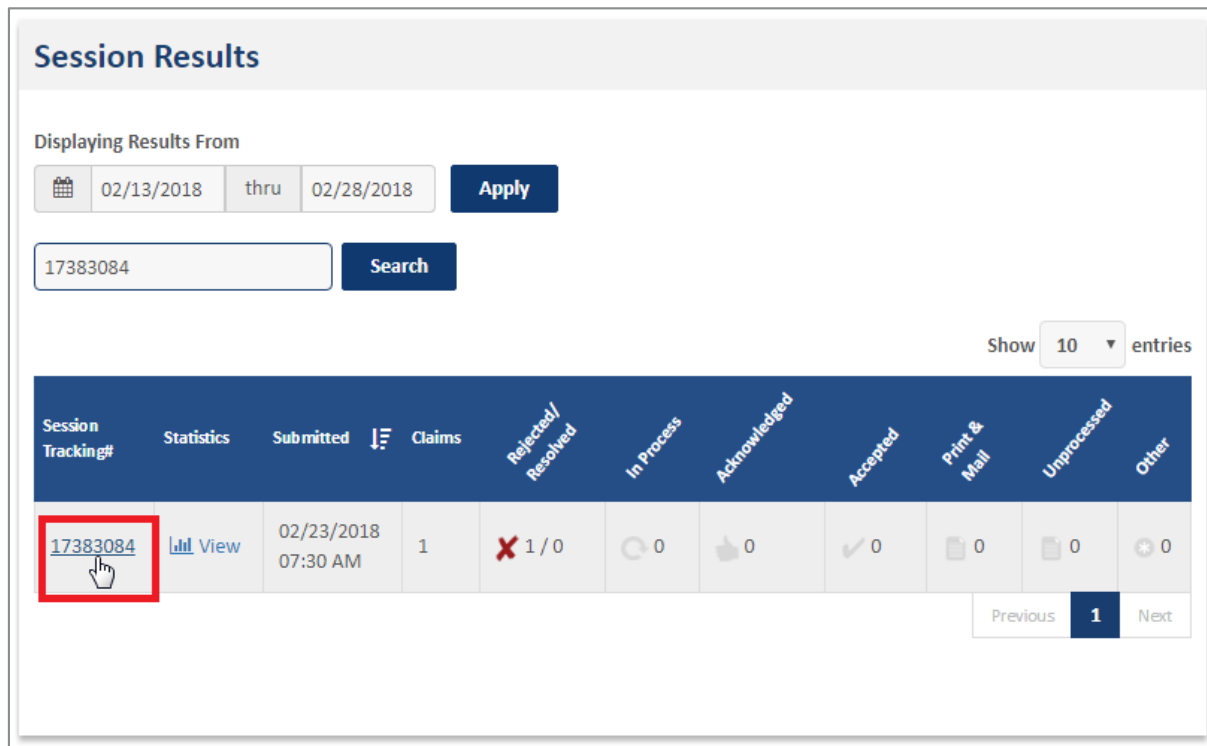


Figure 92: Session Results page with Session Tracking number indicated

The Electronic Claims table provides you with an icon to check that patient's eligibility in COMPLETE (Figure 93).

**Session Report**

Session #: 17383084      Report For: S123456789      Print

Total Claims: 1      Total Balance: \$250.00      Submitted: 02/23/2018      [Session Statistics](#)

Rejected 1 (\$250.00)	In Process 0 (\$0.00)	Acknowledged 0 (\$0.00)	Accepted 0 (\$0.00)	Print & Mail 0 (\$0.00)	Unprocessed 0 (\$0.00)	Discarded 0 (\$0.00)	Other 0 (\$0.00)
--------------------------	--------------------------	----------------------------	------------------------	----------------------------	---------------------------	-------------------------	---------------------

[+ Expand All](#)   [- Collapse All](#)   [← Back To Result](#)

**Report For DOSHI PRAKASH**

**Electronic Claims**

Show 10 entries

Payer	Payer ID	Patient	Patient CTL #	Insured ID	Date of Service	Claim Amount	Eligibility	Status	Is Resolved
1199	13162	DOE, JOHN 	39964YE5867ED23	INS001	10/01/2015	\$250.00	N/A	Rejected	<input type="checkbox"/> Resolve

*View/Check Eligibility: Click to run an eligibility verification on this patient through ABILITY | COMPLETE*

Total Electronic Claims: 1      \$250.00 (Total Amount: \$250.00)

Previous 1 Next

Figure 93: Session Report page with Patient Name and Eligibility Icon indicated

## Check Eligibility through Rejection Center

You can use the Rejection Center selection to check a patient's Eligibility in COMPLETE.

From the CHOICE All-Payer Claims Menu page, select Rejection Center (Figure 94).

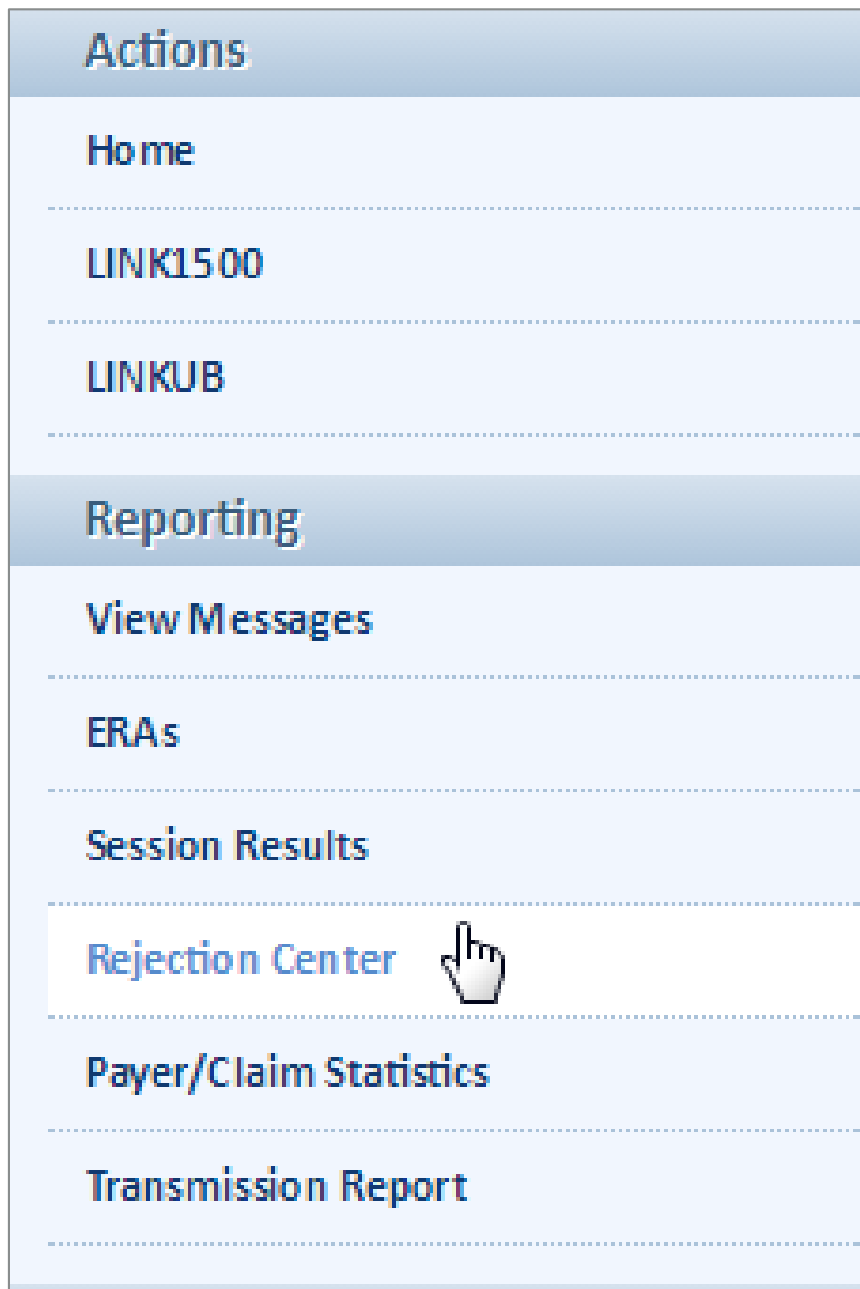


Figure 94: Rejection Center selection indicated

From the Rejection Center page, you can search by either Session Tracking Number or Date Range.

If you select Session Tracking Number, you can search for a specific rejected session (Figure 95).

### Rejection Center

Displaying Results From [Calendar] thru [Date] Apply

Q 17382928 Search

Total Claims: 1 Total Balance: \$250.00 Date: 02/21/2018 **Session# : 17382928**

Report For: S123456789 ▼

+ Expand All - Collapse All
All Rejected ? Unresolved

**▼ Report For DOSHI PRAKASH**

**▼ Rejected Electronic Claims**

Show most recent status messages

Show 10 entries

	Payer ▲	Routed To ▼	Payer ID ▼	Patient ▼	Patient CTL # ▼	Insured ID ▼	Date of Service ▼	Claim Amount ▼	Is Resolved	
<span style="color: red; font-weight: bold;">-</span>	1199	837	13162	DOE, JOHN +	39964YE5867ED23	INS001	10/01/2015	\$250.00	<input type="checkbox"/> Resolve	<span style="background-color: #0056b3; color: white; padding: 2px 5px;">Action</span>

**Rejection Details:**

Message ID : 165496366

Tracking Number: 17382928

\* THE VALUE 555555551 DOES NOT MATCH THE FORMAT FOR A HIPAA NATIONAL PROVIDER ID (NPI)

\* LINE: 32 LOOP: 2310D SUPERVISING PROVIDER IDENTIFIER

Previous 1 Next

Figure 95: Rejection Center with Session Tracking Number search indicated

If you select Data Range, you can search for a Rejected Session by the From and To dates or in seven-day increments (Figure 96).

The screenshot shows the 'Rejection Center' interface. At the top, there is a section 'Displaying Results From' with a date range selector. The date range '10/01/2015 thru 10/01/2015' is highlighted with a red box, and an 'Apply' button is next to it. Below this is a search bar with a magnifying glass icon and a 'Search' button. The main content area shows summary statistics: 'Total Claims: 1', 'Total Balance: \$250.00', and 'Date: 02/21/2018'. On the right, 'Session#: 17382928' and 'Report For: \$123456789' are displayed. There are buttons for '+ Expand All', '- Collapse All', 'All Rejected', and 'Unresolved'. The main section is titled 'Report For DOSHI PRAKASH' and contains a sub-section 'Rejected Electronic Claims'. A checkbox 'Show most recent status messages' is checked. Below this, it says 'Show 10 entries'. A table lists claim details:

Payer	Routed To	Payer ID	Patient	Patient CTL #	Insured ID	Date of Service	Claim Amount	Is Resolved	
1199	837	13162	DOE, JOHN +	39964YE5867ED 23	INS001	10/01/2015	\$250.00	<input type="checkbox"/> Resolve	cl Actio

Below the table, 'Rejection Details' are shown:

- Message ID : 165496366
- Tracking Number: 17382928
- \* THE VALUE 555555551 DOES NOT MATCH THE FORMAT FOR A HIPAA NATIONAL PROVIDER ID (NPI)
- \* LINE: 32 LOOP: 2310D SUPERVISING PROVIDER IDENTIFIER

At the bottom right, there are 'Previous', '1', and 'Next' navigation buttons.

Figure 96: Session Results page with Date Range search indicated

Through either method, the Rejected Electronic Claims table provides you with an icon to check that patient's eligibility in COMPLETE (Figure 97).

**Rejection Center**

Displaying Results From [Calendar Icon] [Date Range] thru [Date Range] **Apply**

Q 17382928 **Search**

Total Claims: 1 Total Balance: \$250.00 Date: 02/21/2018 **Session# : 17382928**

Report For: S123456789 ▾

**+ Expand All** **- Collapse All** **All Rejected** **? Unresolved**

**Report For DOSHI PRAKASH**

**Rejected Electronic Claims**

Show most recent status messages

Show 10 entries

Payer	Routed To	Payer ID	Patient	Patient CTL #	Insured ID	Date of Service	Claim Amount	Is Resolved	
1199	837	13162	DOE, JOHN + [Eligibility Icon]	39964YE5867ED23	INS001	10/01/2015	\$250.00	<input type="checkbox"/> Resolve	[Clear] [Action]

**Rejection Details:**  
Message ID : 165496366  
Tracking Number: 17382928  
\* THE VALUE 555555551 DOES NOT MATCH THE FORMAT FOR A HIPAA NATIONAL PROVIDER ID (NPI)  
\* LINE: 32 LOOP: 2310D SUPERVISING PROVIDER IDENTIFIER

Previous **1** Next

*View/Check Eligibility : Click to run an eligibility verification on this patient through ABILITY | COMPLETE*

Figure 97: Rejection Center page with eligibility icon indicated

## Check Eligibility through Patient Search

You can use the Patient Search selection to check a patient's Eligibility in COMPLETE.

From CHOICE All-Payer Claims Menu page, select Patient Search and enter the Patient Name with either the Date of Service or Submission Date (Figure 98).

**Actions**

- Home
- LINK1500
- LINKUB

**Reporting**

- View Messages (22)
- ERAs
- Session Results
- Rejection Center
- Payer/Claim Statistics
- Transmission Report

**Tools**

- Provider Revenue Center
- Patient Search**

**Maintenance & Support**

- My Account
- Support Documents
- Payer List
- Payer Enrollments
- Getting Started with LINK1500
- Getting Started with LINKUB

### Patient Search

Welcome to ABILITY's new patient search feature. A last name, patient control #, Provider ID or Payer and a date range are required to perform a search. You can choose to search by either the date of service or the date the claim was submitted to ABILITY Network.

Patient Last Name: Doe      Patient First Name: John

Patient Control #:      Insured ID:      Provider ID:

Claim Type:  Professional  Institutional

Payer Search:

Payer:

Date of Service  Submission Date

From 01/01/2019 to 01/17/2019

**Search**

[Return to Main Menu](#)

Figure 98: Patient Search page with Search fields indicated



On the Patient Search page, click a number in the Claim ID column (Figure 99) to open the Claim Details page.

The screenshot shows the 'Patient Search' interface. At the top, there is a header 'Patient Search' and a sub-header 'Click on a claim ID to see more information about that claim.' Below this, there are status filters: 'In Process' (orange circle), 'Acknowledged' (purple thumbs up), 'Accepted' (green checkmark), 'Rejected' (red X), and 'Other' (orange asterisk). A 'Show 10 entries' dropdown is on the right. The main table has columns: Claim ID, Insured ID, Patient Name, Patient Ctrl No., Date(s) of Service, Submission, and Total. The first row is highlighted, and the 'Claim ID' '372570246' is enclosed in a red box with a mouse cursor pointing to it. The other rows have status icons: red X for the first three and orange asterisk for the last one.

Claim ID	Insured ID	Patient Name	Patient Ctrl No.	Date(s) of Service	Submission	Total
<a href="#">372570246</a>	INS001	Doe, John	39964YE5867ED23	10/1/2015	10/24/2016	\$250.00
<a href="#">372570248</a>	INS001	Doe, John	39964YE5867ED23	10/1/2015	10/24/2016	\$250.00
<a href="#">372570250</a>	INS001	Doe, John	39964YE5867ED23	10/1/2015	10/24/2016	\$250.00
<a href="#">372570252</a>	INS001	Doe, John	39964YE5867ED23	10/1/2015	10/24/2016	\$250.00

Figure 99: Patient Search page with Claim ID indicated

On the Claim Details page, click the **View/Check Eligibility** link to check that patient's eligibility in COMPLETE (Figure 100).

### Claim Details

Claim #: **372570246** Status: ✖ Rejected

Go To:

Session Report
Timely Filing Letters
Appeals Letter
Add Claim Notes
Email Support
Most Recent Message

View/Check Eligibility  
↑  
View/Check Eligibility

#### Session Information

Session #	Submission Date	Payer
17370932	10/24/2016	1199 ()

#### Patient Information

Patient Name	Insured ID	Patient Ctrl #	Total Charges
Doe, John	INS001	39964YE5867ED23	\$250.00

[Return to Search Results](#) | [Return to Patient Search](#) | [Return to Main Menu](#)

Figure 100: Claim Details page with View/Check Eligibility indicated

## Check Eligibility through Link1500

Select Link1500 from the CHOICE All-Payer Claims Menu (Figure 101). The following pages in Link1500 let you check eligibility in COMPLETE.

- Manage Pending Claims (Figure 102)
- Manage Transmitted Claims (Figure 103)
- Manage Deleted Claims (Figure 104)

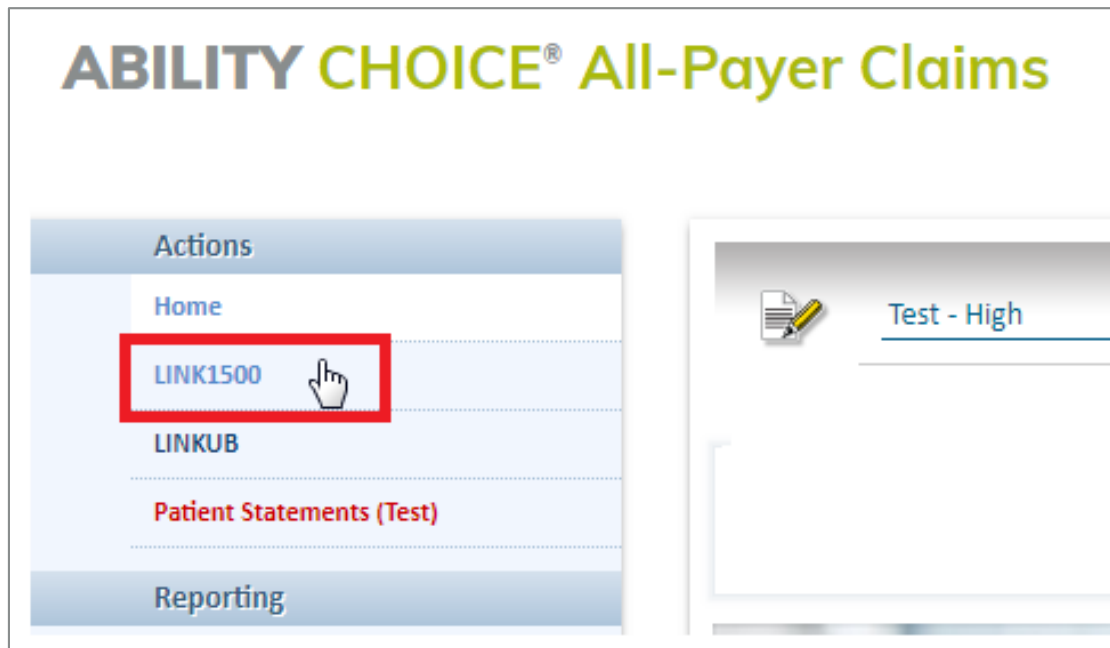


Figure 101: CHOICE All-Payer Claims Menu page with Link1500 indicated

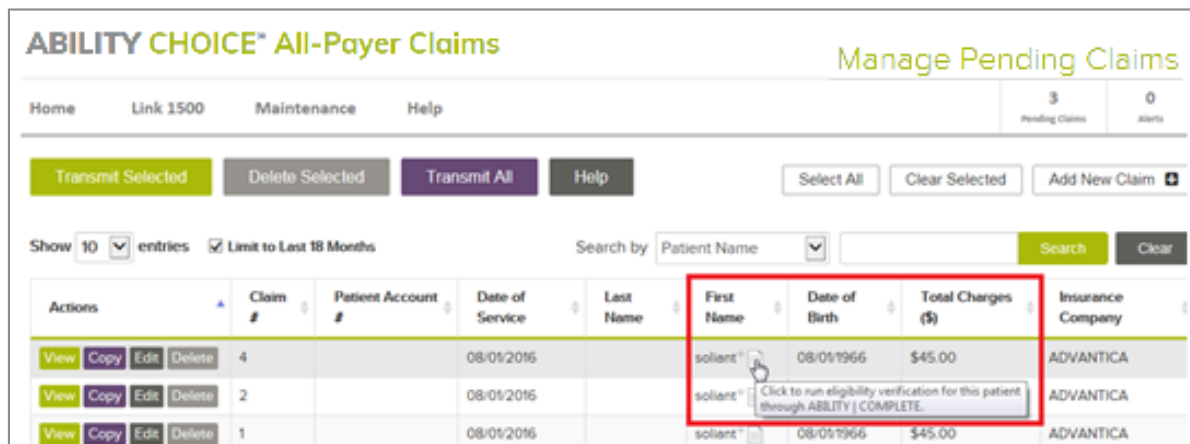


Figure 102: Manage Pending Claims page

**ABILITY CHOICE® All-Payer Claims** Manage Transmitted Claims

Home Link 1500 Maintenance Help 3 Pending Claims 0 Alerts

Copy Selected Delete Selected Help Select All Clear Selected Add New Claim

Show 10 entries  Limit to Last 18 Months Search by Patient Name  Search Clear

Actions	Claim #	Patient Account #	Date of Service	Last Name	First Name	Date of Birth	Total Charges (\$)	Transmission Date	Insurance Company
View Copy Delete	12	Bet6970344	08/01/2016	Betty	Billing+	01/07/1955	\$50.00	08/17/2016	BCBS MI - MEDICARE ADVANTAGE CLAIM
View Copy Delete	11	Bet6970344	08/01/2016	Betty	Billing+	01/07/1955	\$50.00	08/18/2016	BCBS MI - MEDICARE ADVANTAGE CLAIM

Figure 103: Manage Transmitted Claims page

**ABILITY CHOICE® All-Payer Claims** Manage Deleted Claims

Home Link 1500 Maintenance Help 3 Pending Claims 0 Alerts

Recover Selected Help Select All Clear Selected Add New Claim

Show 10 entries  Limit to Last 18 Months Search by Patient Name  Search Clear

Status	Claim #	Patient Account #	Date of Service	Last Name	First Name	Date of Birth	Total Charges (\$)	Insurance Company
Transmitted	10	Bet6970344	08/01/2016	Betty	Billing+	01/07/1955	\$50.00	3P ADMINISTRATORS
Untransmitted	9	Bet6970344	08/01/2016	Betty	Billing+	01/07/1955	\$50.00	BCBS MI - MEDICARE ADVANTAGE CLAIM

Figure 104: Manage Deleted Claims page

On any of these three pages (Pending, Transmitted, Deleted), click the icon next to the patient's first name (Figure 105) to check that patient's eligibility in COMPLETE.

First Name	Date of Birth	Total Charges (\$)	Insurance Company
Joe+	01/02/1915	\$12.00	1199
Joe+			ctors

Figure 105: Eligibility Verification icon in First Name column

## Additional Eligibility Check Locations in Link1500

You can also check eligibility in Link1500 in these locations:

<b>Page</b>	<b>Action</b>
<b>Add a New Claim</b>	View / Check Eligibility
<b>Manage Pending Claims</b>	View and Edit actions provide you with the check eligibility option
<b>Manage Transmitted Claims</b>	View and Copy actions provide you with the check eligibility option

## Check Eligibility through LinkUB

Select LinkUB from the CHOICE All-Payer Claims Menu (Figure 106). These pages in LinkUB let you check eligibility in COMPLETE.

- Manage Pending Claims (Figure 107)
- Manage Transmitted Claims (Figure 108)
- Manage Deleted Claims (Figure 109)

On any of these three pages (Pending, Transmitted, Deleted), click the icon next to the patient's first name to check that patient's eligibility in COMPLETE.

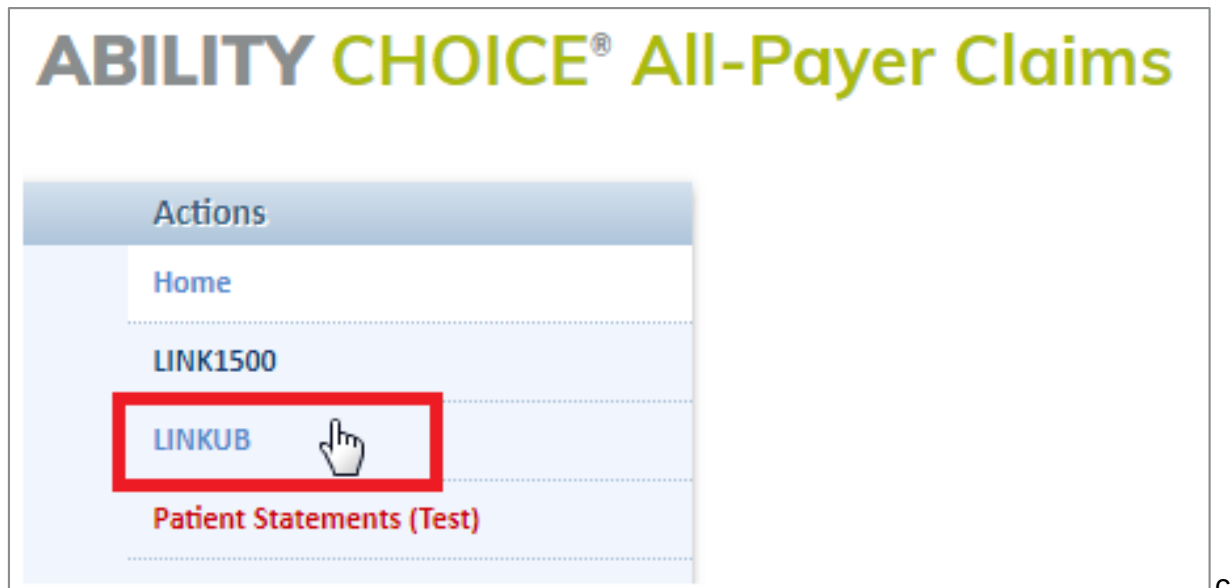


Figure 106: CHOICE All-Payer Claims Menu page with LinkUB indicated

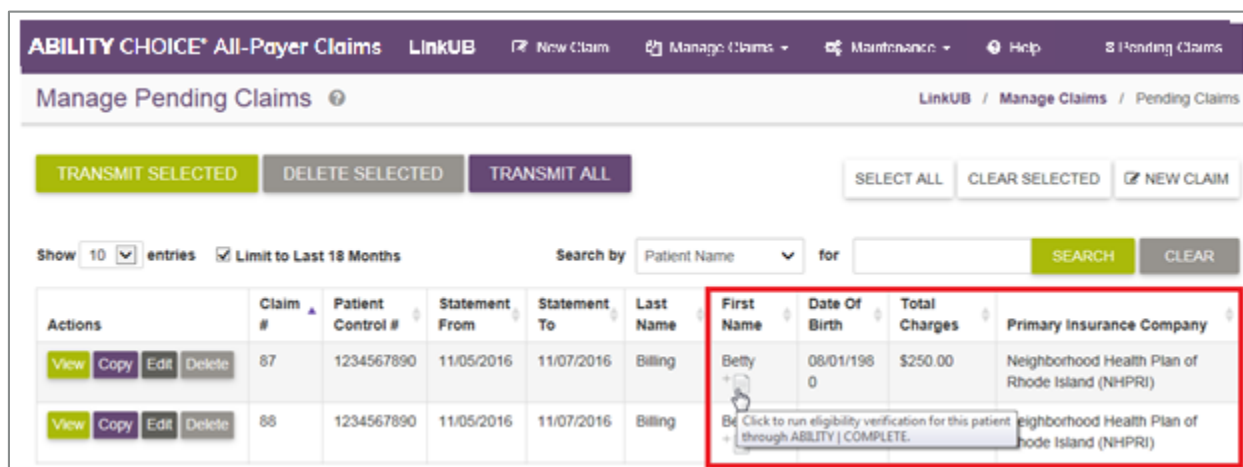


Figure 107: Manage Pending Claims page

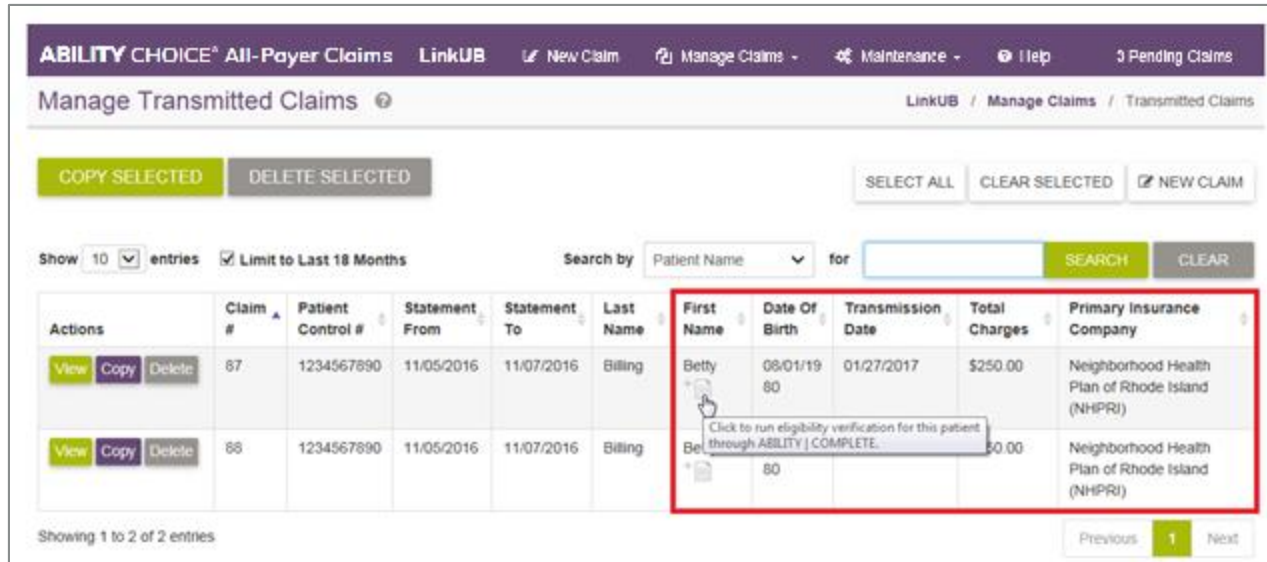


Figure 108: Manage Transmitted Claims page

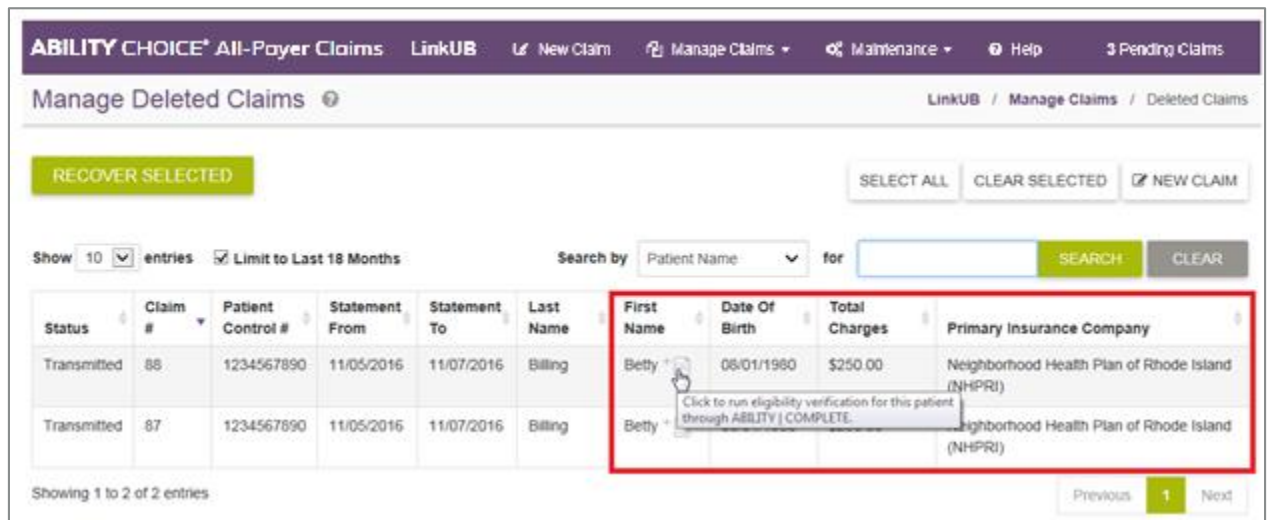


Figure 109: Manage Deleted Claims page

### Additional Eligibility Check Locations in LinkUB

You can also check eligibility in LinkUB in these locations:

Page	Action
Add a New Claim	View / Check Eligibility
Manage Pending Claims	Edit action provides you with the View / Check Eligibility option
Manage Transmitted Claims	Copy action provides you with View / Check Eligibility option

## Eligibility Check (COMPLETE)

This section describes the dialog box and page that appears when you select a patient in CHOICE All-Payer Claims to check their eligibility in COMPLETE and an action in COMPLETE specifically for CHOICE All-Payer Claims users.

### Eligibility Check

When you select a patient, a Warning message appears (Figure 110).

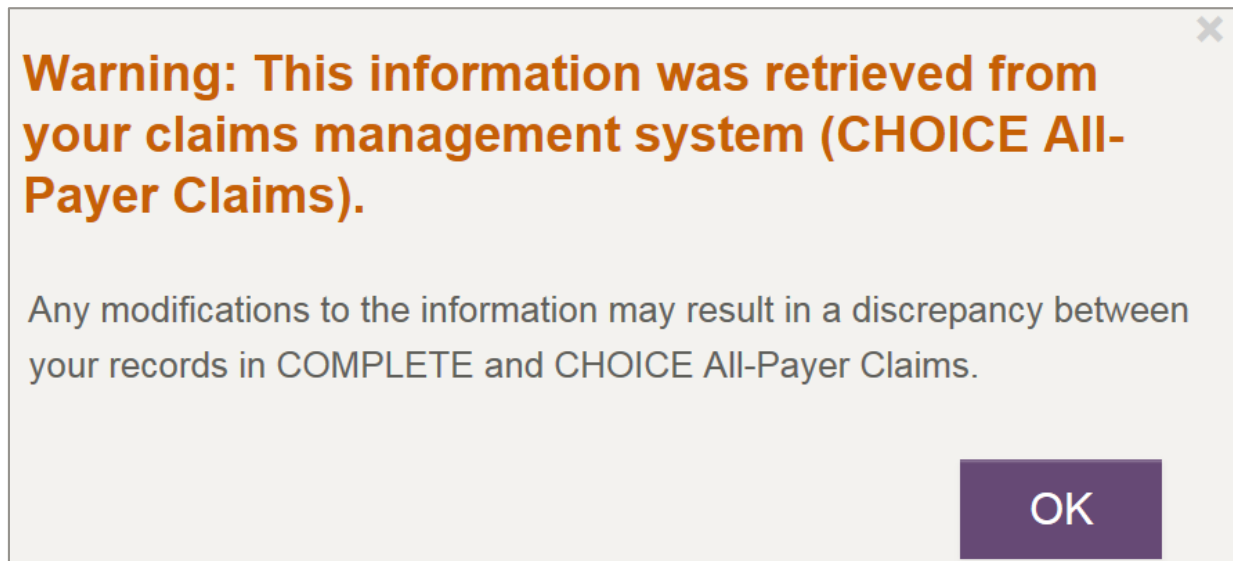


Figure 110: Warning Message



Complete Steps 1, 2, and 3 to check eligibility on the patient you selected (Figure 111). For detailed information on these steps, refer to these pages:

- Step 1: Select an NPI (page 29)
- Step 2: Select Payer(s) (page 30)
- Step 3: Enter Patient and Request Information (page 39)

**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: Select an NPI**

AARP/Aetna NPI (1497704126)	SELECT ▶
Affinity Health Plan NPI (1477640258)	SELECT ▶
AULTCARE NPI (1366433195)	SELECT ▶
BCBS Of Minnesota NPI-1 (1417990805)	SELECT ▶
BCBS Of Minnesota NPI-2 (1992854863)	SELECT ▶
BCBS Of South Carolina NPI-1 (1326078288)	SELECT ▶
BCBS Of South Carolina NPI-2 (1902803315)	SELECT ▶
BCBS of Texas NPI (1295764330)	SELECT ▶
Blue Cross of California NPI (1528249885)	SELECT ▶

[Add or Edit NPIs ▶](#)

**Step 2: Select Payer(s)**

**Step 3: Enter Patient and Request Information**

Figure 111: Make an Eligibility Request Page

Once you submit the request and then click **View/Check Eligibility** in CHOICE All-Payer Claims, the Eligibility Response page in COMPLETE appears (Figure 112).

Figure 112: Eligibility Response page

If COMPLETE is unable to locate the Payer or NPI, the Make an Eligibility Request page reappears with the corresponding message (Figure 113 and Figure 114).

Figure 113: Payer not found message

Figure 114: NPI not found message

## Send Patient to APC

This section describes the Send Patient to CHOICE All-Payer Claims action in COMPLETE. Use this action if you are a current user of both CHOICE All-Payer Claims and COMPLETE and want to check eligibility for a specific patient.

This action only appears for these Eligibility States:

- Active Coverage
- Review: Other Plan Detected

On the Eligibility Response page, click **Send Patient To APC** (Figure 115).

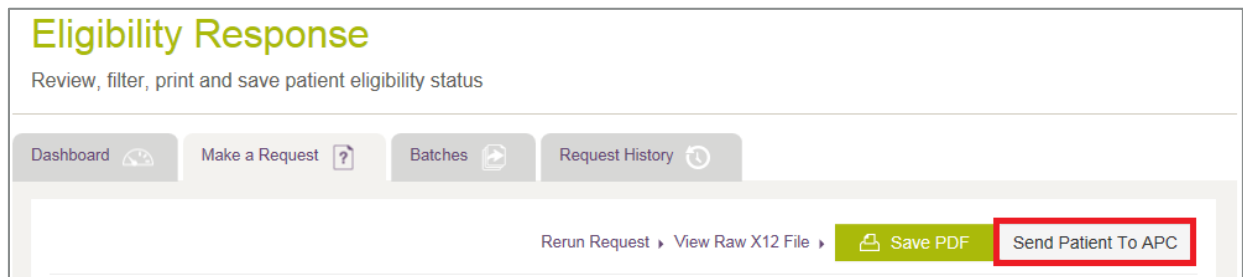


Figure 115: Eligibility Response page with Send Patient to APC action indicated

The Send Patient to All-Payer Claims message box opens. Click **Yes** to confirm that you want to import this patient record into CHOICE All-Payer Claims (Figure 116).

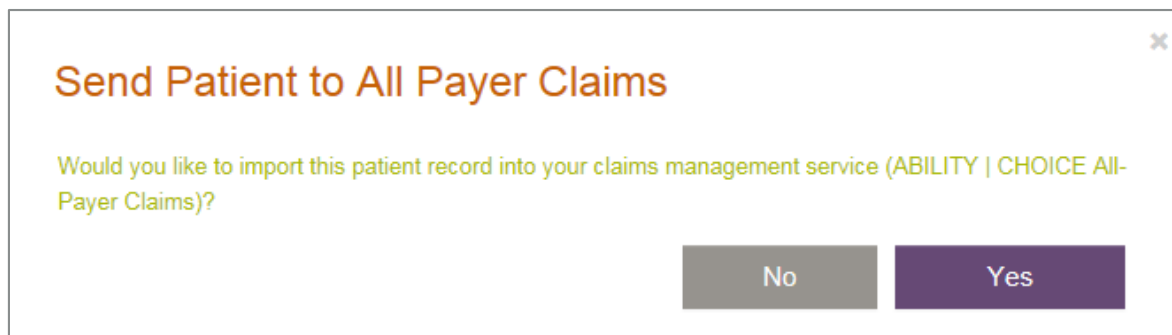


Figure 116: Send Patient to All-Payer Claims message box

If you do not subscribe to CHOICE All-Payer Claims, click the message that appears to learn more (Figure 117).

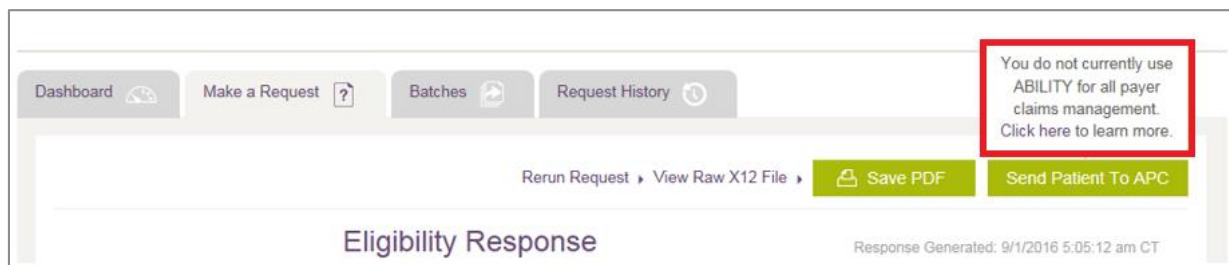


Figure 117: Eligibility Response page with message indicated