

Eligibility – Getting Started

Eligibility verification delivers actionable member status information.

To accurately find your patient, a minimum set of data elements are required. Required fields are marked with either a red asterisk (*) or a red outline around the field.

To search and view previously submitted eligibility records for as far back as 6 months, choose "[Search Eligibility History](#)" from the Verification menu. More information about Search History is included at the end of this guide.

Steps to view a claim's eligibility:

[Step 1 - Open the New Eligibility Request Screen](#)

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Step 1 – Open the New Eligibility Request Screen

On the Verification menu, select New Eligibility Request.

Step 2 – Select the Provider

Provider

ID Type: *	ID: *	First Name:	Last/Org Name: *	
<input type="text" value="NPI"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="FIND PROVIDER"/>

There are several shortcuts for completing the provider step. If your eligibility requests are typically submitted on behalf of just one provider or a relatively small number of providers, use **Admin, Provider Management** to create a list of those frequently used providers. (See **Getting Started with Provider Administration** for additional explanation.)

Once your frequently used providers have been listed, you will be able to use the Find Provider button to open the list of saved providers. Click the radio button in the Select column, on the left, next to the provider you wish to use.

Select	Primary Id	Last/Org Name	First Name	Tax ID	Taxonomy Code	Effective Date	Status	Expiration	Default
<input checked="" type="radio"/>	1700031077	'C' CASTING CARE	SPART070			03/23/2017	ACTIVE		<input type="checkbox"/>

Users can set a default provider by clicking **Find Provider** and then choosing the radio button found next to the desired provider in the Default column, on the right side of the table. A default provider's information will be prefilled into Step 1 whenever a new eligibility inquiry is initiated.

Select	Primary Id	Last/Org Name	First Name	Tax ID	Taxonomy Code	Effective Date	Status	Expiration	Default
<input type="radio"/>	1700031077	'C' CASTING CARE	SPART070			03/23/2017	ACTIVE		<input checked="" type="checkbox"/>

Note: after opening Find Provider to choose the default provider, you must also select a provider (using the radio button on the other side of the table) in order to close the provider list and return to the Eligibility request.

For those who determine that Find Provider is either unavailable or not suitable, an alternate short-cut involves the provider's NPI. When you set ID Type to NPI and enter the NPI into the ID field, ConnectCenter will attempt to retrieve the matching provider record from NPPES. If found, the remainder of the required provider fields will be completed automatically.

If both the NPPES inquiry and the Find Provider options prove to be not helpful, the final option is to manually key in Provider ID Type, Provider ID and Provider Name.

Step 3 – Identify the Payer or Plan

My Favorites

One quick method of picking a payer is to select the payer from the My Favorites drop-down list. All payers you designated as favorites will display in this list. If you have not defined any payers as favorites, the list will be blank. To create a Favorite for future use, use the Find Payer option to search for the payer you need. From the results list, click the star next to payers you would like to have included as Favorites.

Select	Fav	Claim Status ID
<input type="radio"/>	<input type="checkbox"/>	TAMPAYS
<input type="radio"/>	<input checked="" type="checkbox"/>	TampayL

Find Payer Button

A second option is to use the Find Payer button to search for the plan. A variety of search criteria are available but if you leave all criteria empty, a complete list of the available payers supporting eligibility will be returned. Locate the payer from the results list. When you select the desired payer using the radio button in the select column, you will be returned to the Eligibility page where the Payer Name field will contain the payer you selected.

Payer Name Search

The final option may be the easiest. Simply begin typing the payer's name in the Payer Name field. ConnectCenter will display a list of matching names. As you add characters to the name, the list will be refined to match your entry. Click any name given in the pop-up list to select a payer.

Step 4 – Enter Member and Service Information

In the Service, Subscriber and Dependent sections, red outlines are used to denote required fields.

Service Information

Service Type is a required field. ConnectCenter provides a list of service types for your selection. Health Benefit Plan Coverage is the default, as it returns the most general information. Some payers will return benefit information for a wide variety of additional services types when Health Benefit Plan Coverage is selected.

Date of Service will default to the current date. Although the default dates can be replaced with either past or future dates, some payers will not return information regarding future dates. Payers also have varying limits on how far in the past you can query.

Subscriber Information

This section allows you to identify the member who is the subject of the verification request. For most payers, several different combinations of fields can be used to retrieve eligibility information. Once the payer has been chosen, as described in Step 3, the drop-down list labeled Payer Search Option will be filled with a list of search options appropriate to the payer. The required member fields marked with red outlines will change whenever you select a different search combination from the Payer Search Option drop down list.

Payer Search Options

Each Payer Search Option will consist of a list of different types of member information such as name, ID or date of birth. The purpose of these options is to provide guidance about which combinations of member information are sufficient to retrieve eligibility data. The first option listed will be selected by default because it contains the preferred combination of member details. However if you do not have all of the information identified in that search option, or if your patient is a dependent, you can review other entries in the Payer Search Option list to evaluate whether there is a combination that better suits your needs.

▼ Payer

My Favorites: Payer Name:

UserID: Password: Payer Search Options:

Request Information

▼ Service Information

Service Type: * Date of Service: From: To:

▼ General Information - Subscriber

Member ID: Date of Birth:

First Name: Gender: Male Female

Last Name: Additional ID Type: Additional ID:

▼ Dependent Information

Relationship to Insured: Date of Birth:

First Name: Gender: Male Female

Last Name: Additional ID Type: Additional ID:

▼ Payer

My Favorites:

Payer Name:

FIND PAYER

UserID:

Password:

Payer Search Options:

Request Information

▼ Service Information

Service Type: *

Date of Service

From:	To:
<input type="text" value="12/02/2020"/>	<input type="text" value="12/02/2020"/>

▼ General Information - Subscriber

Member ID:

Date of Birth:

First Name:

Gender

Male Female

Last Name:

Additional ID Type:

Additional ID:

Additional ID Type and ID

The fields for Additional ID Type and ID allow you to enter information such as the Subscriber's Group Number, Plan ID, or SSN as additional identification.

Dependent Information

If the member you are inquiring about is a dependent, you will need to select one of the dependent search options from the Payer Search Option list. For payers that support dependent searches, the dependent options will be at the end of the Payer Search Option list. The preferred dependent search option will be the first dependent search option given in the list. After selecting a dependent search option from the Payer Search Option list, required fields corresponding to the selected search option will be outlined in red in both the Subscriber and Dependent sections.

If the payer you have selected does not allow for eligibility inquiries for dependents, the Dependent Information section will be collapsed.

Step 5 – Select an Action Option

To submit the inquiry, choose a submission type from the Action Options drop-down list. This field can be found on the far-right side of the View Options section.

Be sure to bypass the **Select View** and **Service Types Returned** fields as they will remain empty until the eligibility request is submitted.

The screenshot shows the 'View Options' section with the following elements:

- Select View:** A dropdown menu with a 'Skip' callout bubble.
- Service Types Returned:** A dropdown menu with a 'Skip' callout bubble.
- CLEAR**: A button to clear the selection.
- Action Option(s):** A dropdown menu with 'Submit-Review Later' and 'Submit' options.
- Red text:** 'All eligibility requests will be submitted by submitter: INTERN'.

Submit

Sends your request and displays the response immediately. The response displays in the Response Information section, below the View Options section.

Submit-Review Later

Sends your request and stores the response to view later. If you chose to review responses later, the system displays a confirmation message at the top of the eligibility form indicating that the request was successfully submitted.

Payer and provider information from the inquiry just submitted will remain on the page so that they are ready to be used with another member. However, these can be removed with the Clear button, if needed. The **Submit-Review Later** option may prove particularly helpful for those wanting to work in a heads-down data entry mode to queue up several members, before switching gears to evaluate all the results. To access saved responses later, use **Eligibility History** (below).

Step 6 – Eligibility Request Response

ConnectCenter's custom response is displayed beneath the Response Information title bar, just below the View Options section. The response begins with a color-coded bar indicating whether the member is active (green) or inactive (red) for coverage. If a system error prevents member determination, information about that error may be displayed in this area. If the eligibility response indicates that the member is active for some services but inactive for others, the service selected in the Service Type Returned field will be used to determine which status is displayed.

>> Tip: To explore the response easily, you may find it useful to collapse each of the request sections: Provider, Payer, Service Information, Subscriber and Dependent

View Options

Select View: Service Types Returned: Action Option(s):

All eligibility requests for the logged in user will be submitted under biller: 999997 and submitter: 999997

Response Information

Active Coverage

Demographic Information

Patient Information	Subscriber Information	Plan Detail Information
Relationship: Self First Name: John Middle Name: T Last Name: Doe SSN: Date of Birth: 07/06/1933 Gender: F Street: 225 Main Street City State Zip: Centerville PA 17111 Eligibility Begin Date: 06/07/1997 Eligibility End Date: 06/08/1997	First Name: John Middle Name: T Last Name: Doe Member ID: CC5010-ADAE1-MEDICARE SSN: Date of Birth: 07/06/1933 Gender: F Street: 225 Main Street City State Zip: Centerville PA 17111 Eligibility Begin Date: 06/07/1997 Eligibility End Date: 06/08/1997	Plan Name: Plan Number: Plan Begin Date: Plan End Date: Group Name: Group Number: Policy Name: Policy Number:

Eligibility

In Network	Coverage Level	Percentage	Message	Auth/Cert Required	Facility Type
▲			Health Benefit Plan Coverage [30] (1)		

View Options

As you review a response, you can use the **View** and **Service Types** drop-down lists to quickly navigate between important sections of the response.

Select View

Allows you to select the type of benefit information to be displayed first. After evaluating the initial **View**, you will be able to switch to other **View** options without needing to re-submit the request. Available views are:

- Coinsurance
- Copay
- Deductible
- Limitation
- Out of Pocket

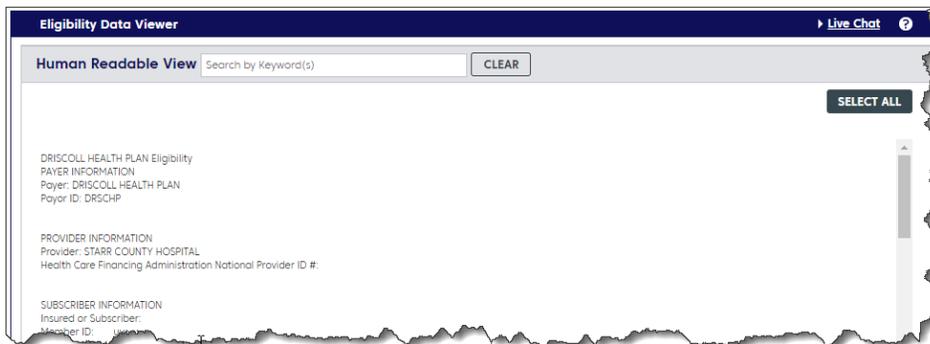
Service Types Returned

Allows you to toggle between different Service Types returned, whenever the payer returns more than one Service Type. If no Service Type is selected, the Eligibility section (described below) will contain separate sub-sections for each Service Type included in the response.

Human Readable Viewer

If you find that View and Service Types filters are more limiting than you would like, you can select the Human Readable button to access the complete response, with simple formatting and code translations. This viewer has 2 convenient features:

- Use the Search by Keyword box to highlight every instance of any keyword you enter.
- Use the Select All button to quickly select the entire response. Use this with Control-C or other clipboard copy commands to copy the response from ConnectCenter to another application.

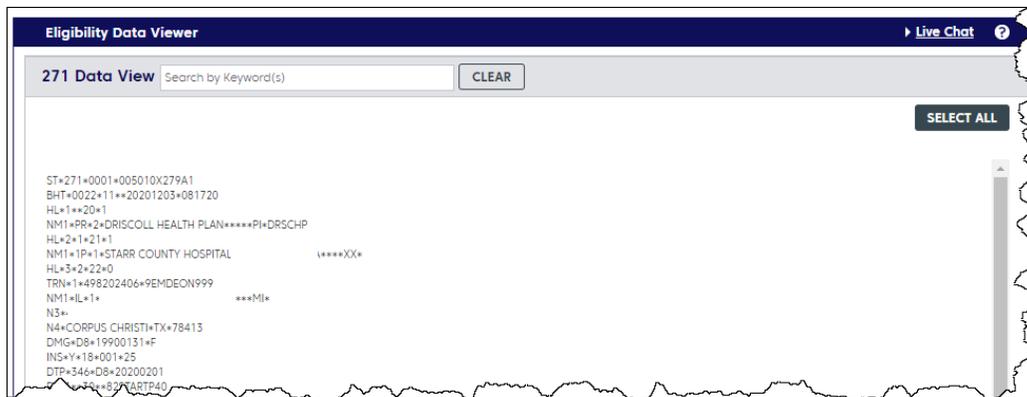


Data View

The Data View works similarly to the Human Readable View. Again, the entire response is displayed. However, in this view the response will be formatted exactly as returned from the payer, encoded using the ANSI X12 guidelines for the 270/271 eligibility transaction.

This viewer will not be helpful to you unless you are familiar with the 271 syntax or have access to a 271 translator. For the benefit of those who are able to make use of a 271 formatted response, the same tools offered for the Human Readable View are available.

- Use the Search by Keyword box to highlight every instance of any keyword (or text string) you enter.
- Use the Select All button to quickly select the entire response. Use this with Control-C or other clipboard copy commands to copy the response from ConnectCenter to another application.



Demographic Information

The demographic information displayed in the next section of the response allows you to compare your records of the patient's demographics with payer records. Note: data displayed in red alerts you that member information entered in the eligibility request criteria conflicts with payer records. Identifying demographic differences is important in confirming that you have retrieved the intended member. Moreover, successful claims processing often depends on submitting member demographics that precisely match payer records.

The **Demographic** section also contains useful plan details such as group name, policy number, member ID and eligibility effective dates.

Eligibility

The information displayed within the Eligibility section is responsive to your selection of View and Service Type, in the **View Options** section.

If the response contains benefits related to multiple Service Types **and** you have not selected a Service Type from the Service Types Returned list, then the **Eligibility** section will include separate subsections for each Service Type found in the response. Within each Service Type subsection, the precise benefit details available will vary based on the selected View, as follows:

Copay View	Deductible View
<ul style="list-style-type: none"> • Service Type • In Network • Coverage Level • Amount • Description • Message • Authorization/Certification Required • Facility Type 	<ul style="list-style-type: none"> • Service Type • In Network • Coverage Level • Amount • Time Period • Remaining • Description • Message • Facility Type • Authorization/Certification Required

Out of Pocket View	Coinsurance View
<ul style="list-style-type: none"> • Service Type • In Network • Coverage Level • Out of Pocket Max Amount • Time Period • Remaining • Message Deductible Total 	<ul style="list-style-type: none"> • Service Type • In Network • Coverage Level • Percentage • Description • Message • Authorization/Certification Required • Facility Type

Limitation View - Monetary	Limitation View - Quantity (episode limits)
<ul style="list-style-type: none"> • Service Type • Coverage Level • Amount • Time Period • Remaining • Message • Authorization/Certification Required 	<ul style="list-style-type: none"> • Service Type • In Network • Coverage Level • Quantity • Units • Time Period • Remaining • Message • Authorization/Certification Required

Search Eligibility History

To search and view previously submitted eligibility records for as far back as 6 months, choose "Search Eligibility History" from the Verification menu.

The matching search results will highlight the member, date that eligibility was checked and whether the initial search returned a response. Drill into successful requests by clicking "Success." The complete request and response will display.

Similarly, clicking the "Unsuccessful" link will open the eligibility request screen. However, in the unsuccessful case, error information will be displayed at the top of the screen. You may correct indicated errors and resubmit the request.

Eligibility Search Results							Live Chat	?
Patient Name	Member ID	Date of Birth	Payer Name	Requester ID	Date Requested	Date of Service	Request Status	
Filter by Patient Name	Filter by Member ID	Filter by Date of Birth	Filter by Payer Name	Filter by Requester ID	Filter by Date Requested	Filter by Date of Service	Filter by Request Status	
Baker J	38859888	05/08/1997	KAISER	tjones89	02/01/2019	02/01/2019	Success	
Smith Tom	38594738	03/03/2000	MEDICAD	rogerg	01/31/2019	01/31/2019	Success	
Klein S	38393595	10/10/2015	BCBS	johnjay	01/30/2019	01/30/2019	Success	
Smith Tom	38594738	03/03/2000	MEDICAD	rogerg	01/29/2019	01/29/2019	Unsuccessful	
Klein S	38393595	10/10/2015	BCBS	johnjay	01/29/2019	01/29/2019	Unsuccessful	
Lakshmi	501075	01/29/2019			01/29/2019	01/29/2019	Unsuccessful	