

Batch Eligibility User Guide

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Batch Eligibility

Batch Eligibility Verification

SmartCare provides a process to verify a client's insurance coverage eligibility for services. The verification can be with the coverage plan or a designated clearinghouse. This process is referred to as *Electronic Eligibility Verification*. There are two levels of *Electronic Eligibility Verification*.

[Individual manual verification](#)

[Batch Eligibility](#)

How the Eligibility Verification Process Works

1. Technically, both verifications use the standard 270/271 transfer files process. SmartCare creates a 270 file and sends the request to the coverage plan or clearinghouse to request the verification.
2. The coverage plan or clearinghouse creates the 271 file response that provides the information about the coverage that the client is currently eligible for. The 271 file provides the following information:
 - Description of coverage
 - Dates of eligibility for dates of service
 - Spenddown information, if applicable
 - Other information may be possible depending on the who is verifying the request

Additionally, the information in the 271 response file can be programmed to update SmartCare clients' accounts automatically. Implementing the 270/271 process changes from state to state. However, once electronic eligibility is set up in a state, it is easier to set up another customer in the same state.

Schedule Batch Eligibility

The *Batch Eligibility* files can be set up to run at any time and as often as you want. Typically, the batch files are set up to run overnight. If the process is too lengthy, the file can be broken into smaller batches and run on separate nights or times.

Reports

There are reports that are available that explain what information was updated or not.

Individual Manual Eligibility Verification

Individual verification is a manual process which can be set up in SmartCare that allows you to click a button to verify a client's eligibility one coverage plan at a time from the *Client Plans and Time Spans* page. These verifications are real-time, meaning they happen as you click the button in SmartCare, and the response is within minutes back to SmartCare.

It is recommended that *Individual Manual Verification* be set up and running successfully for two months before implementing *Batch Eligibility*.

The *Individual Manual Verifications* can be set up to:

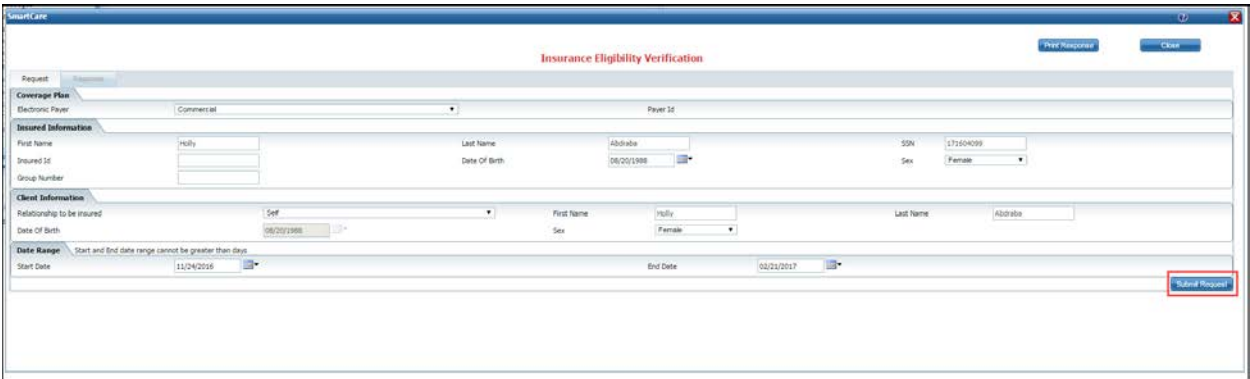
- Update the client's coverage plan information
- Not update the client's coverage plan information

If the customer chooses to update coverage plans, the customer can decide which coverage plans to update or not.

How Manual Verification Works in SmartCare

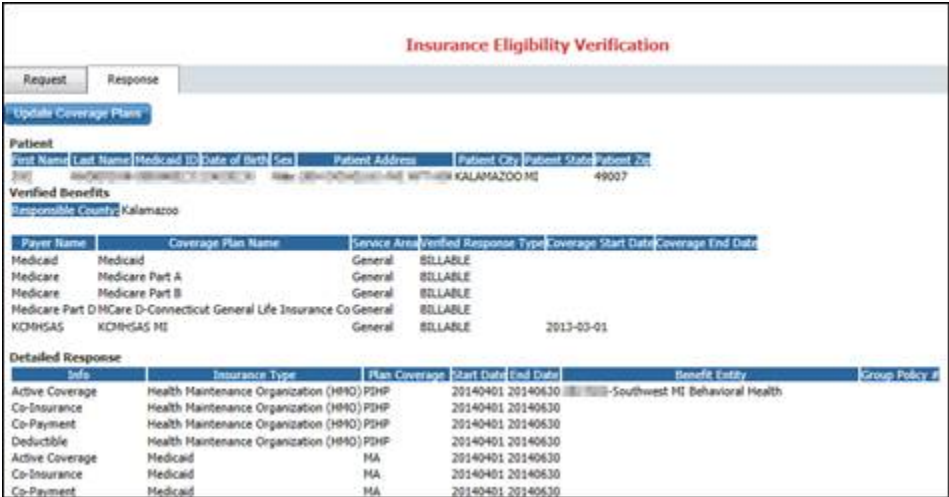
After clicking the *Verify Eligibility* button on the *Client Plans and Time Spans* page, you manually enter the client's information on the *Insurance Eligibility Verification* window. See the following figure. When all information has been entered, click the *Submit Request* button. SmartCare converts the information

into a 270 file to send to the coverage plan. This is the payer selected in the *Electronic Payer* drop down field.



The screenshot shows the 'Request' tab of the 'Insurance Eligibility Verification' window. It contains several sections for data entry: 'Coverage Plan' with a dropdown menu; 'Insured Information' with fields for First Name, Last Name, SSN, Date of Birth, Sex, and Group Number; 'Client Information' with fields for Relationship to be insured, First Name, Last Name, and Sex; and 'Date Range' with Start Date and End Date fields. A 'Send Request' button is located at the bottom right.

When the 271 response is sent back by the coverage plan or clearinghouse, the information is translated by SmartCare and displayed on the *Response* tab in the *Insurance Eligibility Verification* window. See the figure below. Click the **Response** tab on the *Insurance Eligibility Verification* window to view the response.



The screenshot shows the 'Response' tab of the 'Insurance Eligibility Verification' window. It displays a table of patient information and a detailed response table.

First Name	Last Name	Medicaid ID	Date of Birth	Sex	Patient Address	Patient City	Patient State	Patient Zip
John	McDonald	123456789	01/01/80	Male	12345 Main St	Southwest	MI	49007

Responsible County: Kalamazoo

Payer Name	Coverage Plan Name	Service Area	Verified Response Type	Coverage Start Date	Coverage End Date
Medicaid	Medicaid	General	ELLABLE		
Medicare	Medicare Part A	General	ELLABLE		
Medicare	Medicare Part B	General	ELLABLE		
Medicare Part D	Medicare D-Connecticut General Life Insurance Co	General	ELLABLE		
KCHHSAS	KCHHSAS MI	General	ELLABLE	2013-03-01	

Detailed Response

Info	Insurance Type	Plan Coverage	Start Date	End Date	Benefit Entity	Group Policy #
Active Coverage	Health Maintenance Organization (HMO) PDP		20140401	20140630	Southwest MI Behavioral Health	
Co-Insurance	Health Maintenance Organization (HMO) PDP		20140401	20140630		
Co-Payment	Health Maintenance Organization (HMO) PDP		20140401	20140630		
Deductible	Health Maintenance Organization (HMO) PDP		20140401	20140630		
Active Coverage	Medicaid	MA	20140401	20140630		
Co-Insurance	Medicaid	MA	20140401	20140630		
Co-Payment	Medicaid	MA	20140401	20140630		

[Why can't I access these screens?](#)

Batch Eligibility Verification Process

Unlike *Individual Manual Verification*, *Batch Eligibility* runs the verifications in batches for groups of clients. In a batch, multiple clients at one time to multiple plans are verified. A Batch process can update plan information, as well. The *Batch Eligibility* process is automated. Batch eligibility includes:

- Daily batches
- Monthly batches

Reports

Reports are available for batch eligibility to explain what information was updated, and what information was found, but could not be updated.

Daily Batches

A daily batch job can run which checks for eligibility for specific clients. The batch can be set up to run at any time, although is typically set up to run overnight every day. A daily batch looks for:

1. Any client with a new authorization entered yesterday
2. Any client with an authorization entered in the last 60 days
3. All new clients created yesterday
4. All clients scheduled for services two days from today

Monthly Batches

A monthly batch is typically run twice a month for all *active clients*. However, the batch can be run more often. The batches are set up to run automatically at the specified times. Active clients are determined by the *Active* check box on the *Client Information* page, *General* tab. Refer to the red box outlining the *Active* check box in the figure below.

Client Information(C)

General Demographics Contacts Release of Information Log Client Episodes Hospitalization Primary care referral Financial Aliases SA Demographics
Client Referral Family Special Rates Custom Fields

General Information

Type of Client ☒ Individual ☐ Organization

Client ID 2104675 SSN 9999 Primary Clinician Heimerle, Dan Medical Provider Adams, Joe

Prefix First Name John Middle Name Last Name Aaron Suffix

E-Mail Medicaid ID ☒ Active Professional Suffix

Phone Numbers

Home (847) 742-2355 DNC ONUM

Business 2

Fax

Home 2

Addresses

Home 1234 Main St
Any City, IL 60123

☒ Billing

Comments

List any special needs or considerations important to note about the client

Depending on the number of clients in the customer's organization, the monthly batch can take from 5 to 24 hours to complete each time it is run. If the monthly batch takes too long to complete, the batch can be run in smaller groups of clients to control the processing time. For example, the batch could verify information for client's whose last names begin with A through E, and so forth.

Batch Eligibility Screen

The *Batch Eligibility* screen is available in SmartCare. It does not have core functionality behind it. It can, however, be used for customization. The screen can be customized to display the batches that have been run.

Batch Eligibility (0)

From 12/08/2016 To 01/07/2017

Staff Name	Batch Name	Date Batch Ran	Total Records	Records with Errors
No data to display				

[Why can't I access these screens?](#)

Set Up Batch Eligibility

When want Electronic Eligibility set up, your Business Analyst (BA) will set up manual eligibility verification first. It should run successfully for two months.

After two months, Batch Eligibility can be set up and started in the “Train” environment and run for several months to verify the process consistently completes successfully. After the successful “Train” phase, your Batch Eligibility can go live.

The Process to Set Up Batch Eligibility

[Gather Information](#)

[Identify Plans for Verification](#)

[Register with the Payer](#)

[Technical Requirements to Set Up Individual Electronic Eligibility](#)

[Technical Requirements to Set Up Batch Eligibility](#)

Gather Information

To begin implementation, the BA must gather requirement information from the customer. The following information is needed:

- Identify whether the customer uses any electronic verification currently.
 - If so, determine if the connection information can be re-used for Electronic Eligibility.
- Identify the plans to verify eligibility.
- Identify the plans to be automatically updated.
- Identify the plans to remove based on the 271 response.
- Identify any custom information to include in the request or the response file. For example, the customer may want to provide the specific county of treatment.
- Identify the coverage plans that provide Medicaid Spenddown information.
- Identify how to handle spenddown information:
 - Insert Unknown records when no data is returned for date met, but 271 indicates a spenddown.
 - Insert *Date Met* when data is returned for “date met” by the 271.

- Identify COB order for all coverage plans.

Note: Every plan in SmartCare must be ranked for COB, even if the plan will not be electronically verified.

- Identify the reports that are needed.

Identify Plans for Verification

When you know which plans the customer wants to verify, then you need to determine how to connect electronically to each plan. The plan may provide connection or may require the provider to send the 270 to a clearinghouse for verification.

Register with the Payer

- Typically, the customer registers with the plan or clearinghouse.
- Streamline may need to register as a “software vendor” with the provider.

Technical Requirements to Set Up Individual Electronic Eligibility

For Individual Electronic Eligibility, the following is needed:

- Web Service URLs, preferably SOAP
 - Streamline also supports TCP/IP.
 - Other types of connections are possible, but may require extra development time.
- Submitter IDs, where necessary
- Web Service Usernames
- Web Service Passwords

Technical Requirements to Set Up Batch Eligibility

For Batch Eligibility using FTP:

FTP URL, password and username for batch implementation is needed.

For Batch Eligibility using Web Service:

- What is needed for Web Service for batch implementation???
- 270/271 companion guide(s)
- Other connectivity guide information, such as SOAP implementation guide, when available.

Test Batch Eligibility Verification

Before electronic eligibility testing begins, verify that your contract with the payer approves unlimited testing. Unlimited testing means that the payer does not charge per request for testing. A request refers to the submission of a 270 file. Typically, state-related entities and non- or not-for profit entities have unlimited contracts.

If you have a **limited** contract with the payer, communicate with your Streamline analyst to notify you when testing is being performed as these tests may incur a charge.

Testing Process

You will be asked to provide a list of clients to use in testing. It is important during testing to ensure all requirements for eligibility verification are tested. Therefore, make sure the client testing list includes enough customers to test different possible eligibility scenarios.

Miscellaneous

Why Can't I Access a Screen?

You can only access screens that your user sign on has been granted access to. This property is referred to as *Permissions*. Use the table below to find the screen you need access to and determine the Permissions that are needed. To solve this, you need to discuss this issue with your system administrator to have the Permissions changed.

To access *Permissions*:

1. Follow this path: **Administration > User/Role Setup > Role Definition.**

The *Role Definition* page is displayed. View field definitions.

From the *Permissions* page, you can:

Determine Which Permissions Are Needed for the Batch Eligibility List Page

You Need Permission Type	Parent	Permission Item
Banners	Administration	Batch Eligibility

Role Definitions Page Field Definitions

An asterisk (*) following the field name indicates a *Required* field in the Core SmartCare system. Your system may have been customized to require additional fields.

Field	Description
Roles	
Roles	All roles defined in the system. A role defines a collection of permissions to make it easier to assign permission to each staff member who will use the system. Permissions are assigned to staff to give them permission to access list pages, screens and windows in SmartCare.
Add Role	Click the Add Role button to add a new role to the system and assign permissions to that role.
Default Permissions for Selected Role	
Select Permission Type	Use this drop down list to display one permission type for the selected role.
Select Parent	Use this drop down list to select a specific parent type to view.
All	Use this drop down list to select to view all permissions, Granted permissions or Denied permissions for the selected role.
Permission Utilities	
Selected Role	This field appears if you have selected a role in the <i>Roles</i> section.
Copy permissions from one role to selected role	Click the hyperlink to copy permissions set up for one role to the Selected Role. When you click the Save button, all permission are copied from the role you select in the <i>Copy Permission from...</i> drop down list. However, if there are permissions already set up on the <i>Selected Role</i> , these permissions are not overridden.
Remove permissions from selected role	Use this option to remove all permissions from the selected role.
Grant complete access to the selected role	Use this option to grant all permissions in the system to the selected role.