

Document Name	Batch Eligibility Verification [EDI-270/ EDI-271]
Version	1.0
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Created On	23/07/10
Company	MMF Systems, Inc.
Revised By	Vineet
Last Revised On	09/08/10

Batch Eligibility Verification Workflow

Summary

The eligibility verification batch inquiry [EDI-270] feature allows sending patients information to X12 partner system to check for insurance validity/verification for multiple patients at a time.

As per the process to check eligibility for the patients, the EDI-270 file needs to be generated and uploaded at X12 Partner / Clearing house website. After that the X12 partner will parse and validate the EDI-270 file and we will generate standard response files [EDI-271] at X12 partner location/website.

To make the response information available in an EMR regarding batch inquiry [EDI-270], the EDI-271 response file can be parsed and information stored in EMR database. This information is then accessible within patient chart.

Key Field Requirements

Insurance company information.
Patient Identifying Information to parse the EDI-271 response.
X12 partner information.

Generate EDI-270 Inquiry Batch file (Steps to select and process multiple patients in a eligibility verification batch)

Go to EMR Left navigation => reports => visits => eligibility.

It will open a pop up for the eligibility reports. The following filters are available:

Date Range [to generate the report as per given date range [last day appointments for example]
Facility [to choose the facility]
Provider [to choose the provider]
X12 partner [to choose the x12 partner to send the EDI-270 batch]

After selecting the desired filters, hit “Refresh” button to list all matching patient records.

Delete any particular patient records that you do not want to include in the batch by clicking on the delete icon

E) Now we can generate the EDI-270 batch file for the remaining records on clicking “Create batch” button. This will give a downloadable file message.

F) After downloading the file we can upload this file at X12 partner/clearinghouse website to get the batch response [EDI-271]

Upload & Parse the EDI-271 Response file (Steps to select upload and process eligibility verification response file)

Go to EMR Left navigation => reports => visits => eligibility response.

It will open a pop up for the eligibility response [EDI-271] file upload.

After selecting the desired [EDI-271] file, hit “Upload” button to parse and upload the EDI-271 response to the EMR database system updating the respective patient charts.

Now we can view patient insurance eligibility information within patient demographics page as “Insurance information” block which is placed just below the “Upcoming Appointments” block.

We can also view patient insurance eligibility information at patients encounter page as “Insurance information” block.

Notes

This capability allows ‘Batch’ mode processing of eligibility verification checks for multiple patients at a time. A real-time eligibility verification option will be available to EMR user as well (currently in progress).

Database Schema / tables [Eligibility Verification]:-

Please see below the table structures used for the “eligibility_verification” functionality. There are two new tables added and two existing tables used.

Table :- eligibility_response [Newly added]

Table Name		eligibility_response			
Purpose		Master table for the responses recieved by EDI-271 response.			
Columns		8			
Created By		Vineet			
Created On					
Last Modified By					
Last Modified On		Modified for storing the Response data on getting the EDI-271 File.			
	Field Name	Size	Null	Default	Comments
PK	response_id	BIGINT(20)	No		
	response_description	VARCHAR(255)			Codes Description recieved from the EDI-271 response
	response_status	enum('A','D')		A	A-Active, D-De-active
	response_vendor_id	Bigint(20)			References "X12_partners" , Can get the vendor name from EDI-271 file.
	response_create_date	datetime			
	response_modify_date	datetime			

Table :- eligibility_verification [Newly added]

Table Name		eligibility_verification			
Purpose		Relation table between eligibility_response and insurance_data			
Columns		9			
Created By		Vineet			
Created On					
Last Modified By					
Last Modified On					
	Field Name	Size	Null	Default	Comments
PK	verification_id	BIGINT(20)	No		

	response_id	BIGINT(20)	No		REFERENCES "response_ eligibility"
	insurance_id	BIGINT(20)	No		REFERENCES "insurance_ data"
	eligibility_check_date	datetime			
	copay	int(11)			
	deductible	Int(11)			
	deductiblemet	enum('Y','N')			
	create_date	datetime			

Table :- insurance_data [existing table]

Table Name		insurance_data			
Purpose		To Store the insurance data for the patient.			
Columns		29			
Created By		Vineet			
Created On					
Last Modified By					
Last Modified On					
	Field Name	Size	Null Allowed	Default	Comments
PK	id	bigint(20)	No		
	type	enum('primary','secondary','tertiary')			
	provider	varchar(255)			References insurance_companies
	plan_name	varchar(255)			
	policy_number	varchar(255)			
	group_number	varchar(255)			
	subscriber_lname	varchar(255)			
	subscriber_mname	varchar(255)			
	subscriber_fname	varchar(255)			
	subscriber_relationship	varchar(255)			

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	ss)			
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	DOB				
	subscriber_	varchar(255			
	street)			
	subscriber_	varchar(255			
	postal_code)			
	subscriber_	varchar(255			
	city)			
	subscriber_	varchar(255			
	state)			
	subscriber_	varchar(255			
	country)			
	subscriber_	varchar(255			
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	date	date			Effetive date
					of insurance
	pid	bigint(20)			
	subscriber_	varchar(25)			
	sex				
	accept_assi	varchar(5)			
	gnment				

Table :- insurance_companies [existing table]

Table Name	eligibility_verification
Purpose	Master table for the insurance companies
Columns	7
Created By	Vineet
Created On	

Last Modified By					
Last Modified On					
	Field Name	Size	Null	Default	Comments
PK	id	int(11)	No		
	name	varchar(255)			
	attn	varchar(255)			
	cms_id	varchar(15)			
	freeb_type	tinyint(2)			
	x12_receive_r_id	varchar(25)			
	x12_default_partner_id	int(11)			