Introducing EDI Eligibility

EDI Eligibility provides health organizations the ability to check a patient’s insurance eligibility prior to the patient’s arrival for an appointment or a visit. The eligibility can be requested either for an individual patient or for a group of patients.

Individual requests allow you to demand and receive results real-time from the carrier. Results are returned in just a few seconds. Some of the benefits of using EDI Eligibility include the following:

- View a list of all prior eligibility requests for the selected patient (up to a year).
- Demand real-time requests (although use it with caution, we are charged for every request).
- View and compare, from a single screen, both the insurance information that is currently on our system, and the eligibility responses that have been returned by the insurance carrier.

The system also allows you to requests multiple eligibility on a patient, as long as the FSCs are active in the patient’s account.

In some instances, rather than requesting eligibility for an individual patient, it is more efficient to send groups of eligibility to a carrier, and then work with the results that are returned. For grouped requests, some of the benefits include the following:

- Group requests according to desired criteria
- Set a time limit for which eligibility requests are valid (for us it will be 30 days). The system will automatically notify you if a valid eligibility check is still on file. Thus, you avoid sending unnecessary eligibility requests, and save both time and money.
- View request summaries, and determine when/if responses have been returned.
- Examine the details of the responses for each patient request that was sent in an eligibility run.
- Quickly identify variant data on work lists, and work to update the required insurance information.

Detail training for this new product will follow as UMCET gradually brings all Clinical Departments and Hospitals live with this very helpful tool. CIV will be the pilot group, and we are expect to be “LIVE” beginning May 2007.

The insurance payers below will be available through EDI Eligibility once we “go live” at the beginning of May 2007.

(Continued on page 2)
The eligibility received will show you detailed benefit coverage.

The insurance payers below will be available through EDI Eligibility once we “go live” at the beginning of May 2007.

- Aetna
- Avmed
- BC/BS
- Cigna
- Humana
- JMH Health Plan
- Medicaid
- Medicare
- Neighborhood Health Partnership
- United Healthcare

In addition to the existing FSC follow up questions now appearing in the Registration module, additional Follow up questions prefixed with Eligibility will be displayed. These FSC Follow up questions will be view only. Keep in mind that your existing FSC Follow up questions will still need to be updated and populated.
IDX Patient Status Flags “X” and “T”: What Do they Mean?

The UMMG Clinical Practice Committee has recently revised the Disruptive Patient/Visitor Policy. Awareness of this policy is essential for all IDX users because it includes the use of new patient status flags. This revised policy is now more in line with how a clinical environment functions in its recommendations of who is appropriate to assist clinical staff with a difficult patient situation. Please note that all disruptive patient events should be reported to the Physician-Patient Advocacy Program (PPAP) so that an investigation can be initiated to determine if this is a one time event or a chronic problem in the clinical management of the patient. The risk management assessment of this type of problem is complex and involves contacting other providers involved in the care of the patient to further assess problems with the identified patient in their interactions with other providers.

Of importance to IDX users, is that there are two new Patient Status flags that indicate a patient is being tracked for these types of problems. The Patient Status flags are on the first page of registration where demographic information is contained and is highlighted in red. When a patient is coded as “X”, this means that the patient has been disruptive, had serious difficulty communicating or been noncompliant with a particular physician and is most likely prohibited from future appointments with that division or department. When a patient is flagged as a “T”, the division or department chair has reviewed the patient care incident and determined that the patient will no longer receive care from that service. These patients are informed verbally and sent a certified letter from the Office of Patient Protection/PPAP. IDX information regarding the details of which departments will no longer be offering this patient care can be found in the IDX general comment section.

When a patient is coded as a “T”, then the patient has been terminated from all UMMG practitioners. No appointment should be given to this patient under any circumstances with any UMMG provider. An exception is that JMH residents who rotate at Bascom Palmer are able to use IDX to schedule their patients even though they are not UMMG providers. Currently, with this new policy we have less than 10 individuals who are now “terminated” from the UMMG practice. The Co-Medical Directors decide if a patient should be terminated. When this decision is made then the PPAP office verbally informs the patient and also sends a certified letter to the patient that is from the Office of Patient Protection/PPAP.

It is essential that IDX users be alert to these Patient Status flags because IDX does not allow us at this time to block a particular patient’s access to an appointment. Consequently, patients can still be scheduled. Making this type of error on the part of an IDX user is quite problematic. There have been several of these patients who have repeatedly tried to get appointments even after they have been informed that no university provider will see them. If you encounter a patient flagged as a “T”, you should inform the patient that you are not allowed to schedule an appointment for them and that you are forwarding their call to the PPAP office at 305-243-1500 for them to discuss their request with the appropriate authority. When you encounter a patient flagged as an “X”, please contact the PPAP office for an update on the latest appointment scheduling restrictions for that patient. In an effort to support the new revised policy and prevent uncomfortable situations for our patients, staff and physicians, we encourage you to call the PPAP office for assistance in these circumstances. We will also be glad to send you complete copy of the Disruptive Patient/Visitor Policy.

(See table on top of page 4 for a revised Patient Status Flag Chart)

**Important Front Desk Update**

In an effort to avoid errors and Front Desk Batches not interfacing with the FRS Medical Finance System, the UMCET Department has made some fields automatically default in the batch description form.

Effective May 2, 2007, the characters FD will now default in your batch description form. Users will need to continue filling out the batch description form using the required format (FD DIV XX/XX) mandated by the Medical Finance Department. Any deviation from this pre-determined format will result in an error message.

(Place refer to the list on the right for your department’s mnemonic.)

If you have any questions please call the UMCET Training Department at 305-243-3665.

**DIVISION/DEPARTMENT MNEMONIC**

Anne Bates Leach Eye Hospital/ABLEH
Anesthesiology/ANES
CHDS/CHDS
Dermatology/DERM
Diabetes Research Institute/DRI
Family Medicine/FAM
Medicine/MED
Neurology/NEUR
Neurosurgery/NSURG
OB/GYN/OB
Ophthalmology/OPT
Orthopedics/ORTH
Otolaryngology/OTO
Pathology/PATH
Patient Financial Services/PFS
Pediatrics/PED
Psychiatry/PSY
Radiation Oncology/RONC
Radiology/RAD
Rehabilitative Medicine/RMR
Surgery/SURG
Urology/ URO
Patient Status Flags

(Revised Patient Status Flag Chart)

<table>
<thead>
<tr>
<th>Flag Category</th>
<th>Program</th>
<th>Program Owner</th>
<th>Flag</th>
<th>Flagging Authority/Access</th>
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<tr>
<td>Service Assistance Programs</td>
<td>PinnacleCare</td>
<td>UMMC Business Development</td>
<td>P</td>
<td>OSE/PRO</td>
</tr>
<tr>
<td>(External/Contracted)</td>
<td>Flagship</td>
<td>UMMC Business Development</td>
<td>F</td>
<td>OSE/PRO</td>
</tr>
<tr>
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<td>MDVIP</td>
<td>UMMC Business Development</td>
<td>Q</td>
<td>OSE/PRO</td>
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<td></td>
<td>Referring MD</td>
<td>UMMC Business Development</td>
<td>C</td>
<td>OSE/PRO</td>
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<td>Service Assistance Programs</td>
<td>Miami Medicine Personalized Services Program</td>
<td>Medical Development</td>
<td>V</td>
<td>Med Dev/Privacy Office</td>
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<td>(Internal)</td>
<td>- VIP</td>
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<td></td>
<td>Program - Donor</td>
<td>Bascom Palmer Development</td>
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<td>BP Development/ Privacy Office</td>
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<td>International Patients</td>
<td>International Health Center</td>
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<td>IHC</td>
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<td>Pediatrics</td>
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<td>Medical Students</td>
<td>Medical Education</td>
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<td>Patient Financial Services -</td>
<td>Collection Negotiations w/Pt Attorneys</td>
<td>Patient Financial Services</td>
<td>L</td>
<td>PFS</td>
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<td>OPPRP</td>
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<td>OPPRP/Billing Compliance</td>
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<td>Disruptive Patient</td>
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<td>OPPRP/PPAP</td>
<td>T</td>
<td>Dr. D. Thevenin's Office</td>
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<td>Under Investigation for Risk Management</td>
<td>Office of Third Party and</td>
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<td>Reasons</td>
<td>Compliance</td>
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Ask “Joe”…

E-Commerce EOB Printing and Remittance Reconciliation Activity

Function 61 - eCommerce Management

Activity 2 - eCommerce Receipts

Activity 13 - eCommerce Receipts Edits & EOBs

E-Commerce Receipts Edits & EOBs Activity provides an excellent and much more versatile alternative to the EOB printing process using EZ-Print. (The free software provided my CMS for printing EOBs, from the raw 835 remittance file.) The E-Commerce Receipts Edits & EOBs Activity provides users with the ability to sort and filter by a number of parameters. This eliminates the need to print the entire EOB in order to locate the rejections for Collectors.

Denied claims are easily identified allowing users to filter by paid amount, to include payments equal to “0.00”, for a given check. Payment Posters can benefit as well by having the ability to print the Non-Posted (edited) invoices of a given run, for their Division, by Check #. This eliminates the need to go into the shared drive and search for the checks among the rest and allows users to segregate theirs and go directly to them.

The possibilities are really endless, however in order to become truly proficient with it and enjoy its benefits, one must use it and experiment with the different sorting and filtering parameters. Though no longer necessary, users can still print out the entire EOB various ways. Scanning EOBs and filing away paper is no longer necessary. The plan to retain a minimum of 3 years worth of remit files readily available on the system. Furthermore, a system by which to request archived files, at the end of the first 3 years, will be in place so that any auditing inquiries may be readily answered promptly, and the data is also readily available for your research needs.

For Single Payment & Inquiries,

Function 61 - eCommerce Management

Activity 2 - eCommerce Receipts

Activity 4 – Demand eCommerce EOB

Single payment and inquiries allows users the ability to demand an EOB for a single payment or denial in order to bill a secondary carrier or request an appeal, much like the Demand claim activity works. We urge you to use this very effective tool and experiment with it as much as possible. When experimenting, you may want to send more complexly sorted and/or filtered reports to your screen by not identifying any device, in order to examine the results of your custom EOB Reports.

Enjoy!

Joe

We reserved this section of our newsletter for “you”, our UMCET User Community to email Joe questions about anything you have on your mind. Each issue, will profile your questions and Joe’s responses. If you are interested in submitting your questions to our “Ask Joe” column, please send them to: umcettraining@med.miami.edu in the subject line please be sure to type “Ask Joe”. Joe looks forward to your questions!
In an effort to continually improve the workflow of users in RIS/PACS, we have made changes to the Provider Order Request screen and the schedulers Exam Information screen.

Previously the ordering physician and Radiology schedulers where required to type the name of the ordering physician in the Attending field and again in the Requesting field, this was time consuming and repetitive. As of April 23, 2007 the ordering physician and radiology scheduling staff will no longer have to do this, once the ordering physician name is type in the Attending field, the Attending name will default to the Requesting field automatically. If the Requesting physician name is different than the Attending, the Requesting field can be manually edited as needed. If you have any questions please call the UMCET Department at 305-243-7339.

How much do you know about GE Centricity Business (IDX) system?
Test your knowledge and solve the crossword.

Across
3. new patient appointment type mnemonic
5. hospital patient accounting “nickname”
7. billing and accounts receivable “nickname”
8. first screen in Registration
12. function 25

Down
1. function 51
2. referral type for UMMG providers
4. visit management “nickname”
6. highest priority FSC with an outstanding balance
9. Financial Status Classification “nickname”
10. F7Q
11. F10
13. another name for invoice level FSC

Provider Order Request Screen

Schedulers Exam Information Screen

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Trainer’s Corner

Important Training Course Update!

Effective May 1, 2007, In an effort to continually improve our courses and curriculum, the UMCET Training Department is merging Hospital Appointment Scheduling and Appointment Scheduling into one course: EWS (Enterprise Wide Scheduling). Whether you are an employee scheduling an appointment in one of our Hospitals or Physician Practice, you will need to register for the Enterprise Wide Scheduling course. We have also merged the Hospital Front Desk and Front Desk courses into one course named Front Desk. This change allows us to provide you with more sessions.

Please be on the look out for these changes in our May Course Calendar. If you have any questions contact our UMCET Training Department at 305-243-3665. ☀️

Heads Up! ☀️
Visit our website at http://cet.med.miami.edu to obtain a copy of UMCET Training Department’s course calendars, training form and course catalog.

April 2007
UMCET’S
Baby Face Challenge

He had long hair for many years.
He was born in Madrid, Spain.
He is an only child.

He worked for two other departments at UM prior to UMCET.
He loves gadgets and the latest and greatest technology.

Do you know who this baby boy is?
If so, send an email to UMCETTRAINING@MED.MIAMI.EDU, in the subject line please type “Baby Face Challenge” and be sure to include your contact information. A prize is awarded to the first person who guesses correctly. You will also be featured in our next edition. GOOD LUCK!

Last Month’s Baby Face Challenge
Doreen Jambu,
last edition’s Baby Face Challenge

Congratulations to Israel Diaz, for guessing Doreen’s baby picture.