The following are the Eligibility status and their meaning:

1. *Active* = Covered
2. *Inactive* = Not Covered at the time
3. *Mix* = Inactive & Active at the same time, in essence, patient has SOME coverage
4. *Rejected* = Payor’s Gateway down or No match

**Please note that the status and outcomes are two different things. The status you get back from the payor and cannot change and the outcome is assigned by the employee who reviews the results,**

The following are the Outcomes and their meaning:

**Eligible**
- Patient is active and eligible
- Depending on the appt type, additional intervention may be required by agent
- Response: Active

**Wrong FSC**
- When the results is a different health plan or product/group in IDX
- The agent must terminate the current FSC and add a new FSC according to new benefits
- Response: Active

**Covered w/ Limitations**
- Patient is active, but policy may exclude certain services or have pre-existing clauses/conditions
- Patient is active, but benefits for a particular service are exhausted (i.e., mammograms)
- The agent must make the determination specific to the appt type
- Response: Active and/or Mixed

**Not Eligible**
- When the clearing house can’t find, locate or match the member to any health plan
- Response: No Response or Rejected

**Terminated**
- When the clearing house identifies the member as terminated and includes a termination date
- Response: Inactive

**Hospital Benefits Only**
- When a health plan covers hospital benefits only
- No professional services are covered by the plan
- Response: Active and/or Mixed

**Please refer to your departmental Policies & Procedures to make the final determination on which action to take.**