# ELIGIBILITY

CGM eMEDIX October 2023



**Reimbursement Solutions** 

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### Section 1: Where to View

### Within your Software : Aprima

- Desktop calendar > Eligibility icon
- Scheduler > Eligibility icon
- Patient Demographics > Accounts tab > Eligibility hyperlink
- Patient Demographics > Account tab > account name hyperlink > Eligibility button

### Within Your Software: eMDs

- Demographics > edit insurance > Eligibility Notes
- Schedule > Right click on Appointment > Individual Eligibility Check
- Bill > Daily Work List > Eligibly Indicator

### Within eMEDIX Online

- Within eMEDIX Online select the "Real-Time Inquiries" tab
  - Eligibility: allows you to run an individual eligibility check
    - After completing the required information ]an eligibility response is returned and displays in a new window.
    - Eligibility Search: allows users to search for eligibility transactions by transaction date, patient name, subscriber ID, payer, and/or inbound trace number.
      - Clicking the "eye glasses" icon in the View column will open the Eligibility results in a new window.

### Section 2: Reading the Eligibility File

**Important Note:** The information retrieved is directly from the payer's database and not from eMEDIX. Responses vary by payer.

### **General Information**

• The information at the top will include the Insurance company, Subscriber information and patient information.

Eligibility and Benefit Information by Services H ranent Name 10/31/2023 11:37:44 AM	
Payer Name: Blue Cross Blue Shield Payer ID:	Submitter Type: Provider Name: Greco NPI: 1427058619
Subscriber Name: Member ID: Address: Conflicting Info	Patient Name DOB Address: Plan Number: Relationship to Subscriber: Child Plan: 10/30/2023 Enrollment: 09/01/2023-12/31/2099 Eligibility Bedit: 09/01/2023 Eligibility End: 01/01/2100 * Conflicting Info

### Show /Hide Table of Consents

Click on the heading to collapse or expand the Table of Contents. Each transaction is broken down into sections which are outlined in the Table of Contents and includes the coverage information such as benefit types, amounts, time periods, and messages. Click on any item in thee Table of Contents to view details. Using the Table of Contents allows user to go directly to the section they need to review.

ervice Types Chiropractic (33) Dental Care (35) Emergency Services (86) Health Benefit Plan Coverage (30) Hospital - Emergency Accident (51) Hospital - Emergency Medical (52) Hospital - Inpatient (48) Hospital - Outpatient (48) Hospital - Outpatient (48) Hospital - Outpatient (48) Hospital - Outpatient (40) Medical Care (1) Medical Care (1) Mental Health (MH) Pharmacy (88) Physician Visit - Office (98) Messages Emerfit Amount Time Period Messages Physician Visit - Office (98) Co-Insurance 0% Co-Insurance 0%	nt Time Period	Messages
Chiropractic (33)         Dental Care (35)         Emergency Services (88)         Health Benefit Plan Coverage (30)         Hospital - Emergency Accident (51)         Hospital - Emergency Accident (51)         Hospital - Inpatient (48)         Hospital - Outpatient (48)         Hospital - Outpatient (48)         Medical Care (1)         Medical Care (1)         Pharmacy (88)         Physician Visit - Office (98)         Professional (Physician) Visit - Office (98)         Renefit         Annount         Time Period         Messages         Co-Insurance         O%         Co-Insurance         0%	nt Time Period	Messages
Dental Care (35)         Imergency Services (86)         Iealth Benefit Plan Coverage (30)         Jospital - Emergency Accident (51)         Iospital - Emergency Medical (52)         Jospital - Dupatient (48)         Jospital - Outpatient (50)         Active Coverage         In Network         In Network         Professional (Physician) Visit - Office (98)         Active Coverage         In Network         Pharmacy (88)         Physician Visit - Office (98)         Co-Insurance       0%         Co-Insurance       0%         Co-Payment       \$50.00	nt Time Period	Messages
mergency Services (86) lealth Benefit Plan Coverage (30) lospital - Emergency Accident (51) lospital - Emergency Medical (52) lospital - Inpatient (48) lospital - Outpatient (50) ledical Care (1) lental Health (MH) harmacy (83) hysician Visit - Office Well (BZ) rofessional (Physician) Visit - Office (98) Co-Insurance 40.0% 1 Co-Insurance 0% Co-Insurance 0% Co-Insurance 0%	nt Time Period	Messages
ealth Benefit Plan Coverage (30) ospital (47) ospital - Emergency Accident (51) ospital - Inpatient (48) ospital - Inpatient (48) ospital - Outpatient (50) edical Care (1) ental Health (MH) harmacy (88) ysician / Visit - Office (98) Co-Insurance 40.0% 1 Co-Insurance 0% Co-Insurance 0% Co-Insurance 0% Co-Insurance 0% Co-Payment \$50.00	nt Time Period	Messages
pspital (47) pspital - Emergency Accident (51) pspital - Inpatient (48) pspital - Inpatient (48) pspital - Inpatient (48) pspital - Outpatient (50) partial - Outpatient (50) partial - Coupatient (50) pa	int Time Period	Messages
Image: Signital - Emergency Accident (51)       Signital - Emergency Medical (52)       Signital - Inpatient (48)       Signital - Loutpatient (50)       edical Care (1)       Intel Health (MH)       armacy (88)       Social (Physician) Visit - Office (98)       Co-Insurance     40.0%       Co-Insurance     0%       1	nt Time Períod	Messages
spital - Emergency Medical (52)       spital - Inpatient (48)       spital - Inpatient (48)       spital - Outpatient (50)       idical Care (1)       in Network       in Network       Family       Benefit     Amount       Spital - Office: Well (BZ)       offices ional (Physician) Visit - Office (98)       Visit - Office: Well (BZ)       offices ional (Physician) Visit - Office (98)	int Time Period	Messages
Spital - Inpatient (48)     Active Coverage     In Network       spital - Outpatient (50)     Active Coverage     In Network       addcal Care (1)     Family     Family       ental Health (MH)     Benefit     Amount       armacy (88)     Co-Insurance     40.0%       spicial - Outpatient (98)     Co-Insurance     0%       offessional (Physician) Visit - Office (98)     Co-Insurance     0%	Int Time Period	Messages
In Network In Network In Network Sector Co-Insurance 0% Co-Insurance 0% Co-Insurance 0% Co-Insurance 0% Sector Co-	unt Time Period	Messages
Family     Family       annacy (88)     Benefit     Amount     Time Period     Messages     Benefit     Amo       ysician Visit - Office: Well (BZ)     Co-Insurance     40.0%     1     Co-Insurance     0%       ofessional (Physician) Visit - Office (98)     Co-Insurance     0%     1     Co-Payment     \$50.00	Int Time Period	Messages
Partial Hoalth (MH)     Participantial Hoalth (MH)     Renefit     Amount     Time Period     Messages       Benefit     Amount     Time Period     Messages     Benefit     Amo       Nysician Visit - Office: Well (BZ)     Co-Insurance     40.0%     1     Co-Insurance     0%       ofossional (Physician) Visit - Office (98)     Co-Insurance     0%     1     Co-Payment     \$50.0	int Time Period	Messages
Denemic         Andomic         Time Pendo         Messages         Denemic         Andomic           sysician Visit - Office: Well (BZ)         Co-Insurance         40.0%         1         Co-Insurance         0%           ofossional (Physician) Visit - Office (98)         Co-Insurance         0%         1         Co-Payment         \$50.00	Int lime Period	Messages
visit         Office:         Well (BZ)         Co-Insurance         40.0%         1         Co-Insurance         0%           ofossional (Physician) Visit - Office (98)         Co-Insurance         0%         1         Co-Payment         \$50.0		
ofessional (Physician) Visit - Office (98) Co-Insurance 0% 1 Co-Payment \$50.0		
	0 Day	1
pent Care (UC) Co-Payment \$25.00 Visit 2		
ion (Optometry) (AL) 1 - Preferred network		
Out of Network		
1 - Specialist 2 - Preferred network Family		
Benefit Amo	Int Time Period	Messages
Out of Network Co-Insurance 0%		
Family Co-Payment \$50 (	0 Day	
Benefit Amount Time Period Messages		
Co-Insurance 40.0% 1		
Keturn		
1 - Specialist		

### Reading the Information contained in the individual section

Each section may be slightly different based on the benefit. Here we will vie the overall Health Benefits and the Professional (Provider) Visit sections.

Н

#### Health Benefit Plan Coverage

The Health Benefit Plan Coverage contains three sections: Individual, Family and Out of Network. Each section contains Deductible and Out of Pocket (Stop Loss) information.

lenefit	Amount	Time Period	Messages
leductible	\$1,000.00	Calendar Year	1
leductible	\$1,000.00	Calendar Year	2
leductible	\$1,000,00	Remaining	1
eductible	\$1,000,00	Remaining	2
out of Pocket (Stop Loss)	\$4,000.00	Calendar Year	1
ut of Pocket (Stop Loss)	\$4 000 00	Calendar Year	2
ut of Pocket (Stop Loss)	\$3,950,00	Remaining	1
out of Pocket (Stop Loss)	\$3,950.00	Remaining	2
imily enefit	Amount	Time Period	Messages
eductible	\$2,000.00	Calendar Year	1
eductible	\$2,000.00	Calendar Year	2
eductible	\$1,726.22	Remaining	1
eductible	\$1,726.22	Remaining	2
out of Pocket (Stop Loss)	\$8,000.00	Calendar Year	1
out of Pocket (Stop Loss)	\$8,000.00	Calendar Year	2
out of Pocket (Stop Loss)	\$7,577.88	Remaining	1
out of Pocket (Stop Loss)	\$7,577.88	Remaining	2
Participating ntwk Preferred network ut of Network			
Individual Benefit	Amount	Time Period	Messages
Deductible	\$1,000.00	Calendar Year	
Deductible	\$1,000.00	Remaining	
Out of Pocket (Stop Loss)	\$5,000.00	Calendar Year	
Out of Pocket (Stop Loss)	\$5,000.00	Remaining	
Family	-		
Panny	Amount	Time Period	Messages
Benefit	00 000 00	Calendar year	
Benefit Deductible	\$2,000.00	Remaining	
Benefit Deductible Deductible Out of Packet (Step Lose)	\$2,000.00 \$1,726.22 \$10.000.00	Remaining Calendar Year	

Use the Legend under each section to Interpret each line item;

Benefit	Amount	Time Period	Messages
Deductible	\$1,000.00	Calendar Year	1

Using the legend, the user will know that this Deductible applies to "Participating ntwk (provider)

Clinics can also see the Remaining Deductible per individual and family.

Notice that Out of Network information does not include a legend.

#### confessional (Physician) Visit - Office

Other sections will read similar to this section. In this section you may find co-pay, and co-insurance information. The animation provided int his section will depend on the plan of the subscriber.

enefit	Amount	Time Period	Messages
o-Payment	\$35.00	Visit	1,2
Co-Insurance	0%		1
Co-Insurance	0%		3,4
Co-Payment	\$35.00	Visit	2,3
Co-Insurance	0%		5,6
Co-Payment	\$35.00	Visit	2,5
Co-Payment	\$75.00	Visit	2,6
Co-Payment	\$75.00	Visit	2,4
Co-Payment	\$5.00	Visit	2,7
Co-Insurance	0%		7

6 - Specialist

7 - Telehealth through contracted vendor

Use the Legend under each section to Interpret each line item;

Benefit	Amount	Time Period	Messages
Co-Payment	\$35.00	Visit	1,2
Using the le	gend the	user will k	now this

co-pay amount applies to General and does not apply to the patient's out of pocket amount.

Using the legend and table, a Specialist is code 6 and the copay would be \$75.00. ( Co-Payment \$75.00 Visit 2,6