

ELIGIBILITY

CGM eMEDIX

October 2023

eMEDIX[®]

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 <input type="text"/> Patient Name <input type="text"/> 10/31/2023 11:37:44 AM	
Payer Name: Blue Cross Blue Shield Payer ID: <input type="text"/>	Submitter Type: Provider Name: Greco NPI: 1427058619
Subscriber Name: <input type="text"/> Member ID: <input type="text"/> Address: <input type="text"/>	Patient Name: <input type="text"/> DOB: <input type="text"/> Address: <input type="text"/> Relationship to Subscriber: Child Plan: 10/30/2023 Enrollment: 09/01/2023-12/31/2099 Eligibility Begin: 09/01/2023 Eligibility End: 01/01/2100
* Conflicting Info	* Conflicting Info

Show /Hide Table of Contents

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 the Table of Contents to view details. Using the Table of Contents allows user to go directly to the section they need to review.

Show/Hide Table of Contents																																																																		
Service Types Chiropractic (33) Dental Care (35) Emergency Services (88) Health Benefit Plan Coverage (30) Hospital (47) Hospital - Emergency Accident (51) Hospital - Emergency Medical (52) Hospital - Inpatient (48) Hospital - Outpatient (50) Medical Care (1) Mental Health (MH) Pharmacy (88) Physician Visit - Office- Well (B7) Professional (Physician) Visit - Office (98) Urgent Care (UC) Vision (Optometry) (AL)																																																																		
Professional (Physician) Visit - Office (98) Active Coverage In Network <table border="1"> <thead> <tr> <th>Family</th> <th>Benefit</th> <th>Amount</th> <th>Time Period</th> <th>Messages</th> </tr> </thead> <tbody> <tr> <td></td> <td>Co-Insurance</td> <td>40.0%</td> <td></td> <td>1</td> </tr> <tr> <td></td> <td>Co-Insurance</td> <td>0%</td> <td></td> <td>1</td> </tr> <tr> <td></td> <td>Co-Payment</td> <td>\$25.00</td> <td>Visit</td> <td>2</td> </tr> <tr> <td></td> <td>Co-Payment</td> <td>\$50.00</td> <td>Visit</td> <td>1,2</td> </tr> </tbody> </table> 1 - Specialist 2 - Preferred network Out of Network <table border="1"> <thead> <tr> <th>Family</th> <th>Benefit</th> <th>Amount</th> <th>Time Period</th> <th>Messages</th> </tr> </thead> <tbody> <tr> <td></td> <td>Co-Insurance</td> <td>40.0%</td> <td></td> <td>1</td> </tr> </tbody> </table> 1 - Specialist	Family	Benefit	Amount	Time Period	Messages		Co-Insurance	40.0%		1		Co-Insurance	0%		1		Co-Payment	\$25.00	Visit	2		Co-Payment	\$50.00	Visit	1,2	Family	Benefit	Amount	Time Period	Messages		Co-Insurance	40.0%		1	Urgent Care (UC) Active Coverage In Network <table border="1"> <thead> <tr> <th>Family</th> <th>Benefit</th> <th>Amount</th> <th>Time Period</th> <th>Messages</th> </tr> </thead> <tbody> <tr> <td></td> <td>Co-Insurance</td> <td>0%</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Co-Payment</td> <td>\$50.00</td> <td>Day</td> <td>1</td> </tr> </tbody> </table> 1 - Preferred network Out of Network <table border="1"> <thead> <tr> <th>Family</th> <th>Benefit</th> <th>Amount</th> <th>Time Period</th> <th>Messages</th> </tr> </thead> <tbody> <tr> <td></td> <td>Co-Insurance</td> <td>0%</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Co-Payment</td> <td>\$50.00</td> <td>Day</td> <td></td> </tr> </tbody> </table> Return	Family	Benefit	Amount	Time Period	Messages		Co-Insurance	0%				Co-Payment	\$50.00	Day	1	Family	Benefit	Amount	Time Period	Messages		Co-Insurance	0%				Co-Payment	\$50.00	Day	
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Reading the Information contained in the individual section

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

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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.

Network			
Individual			
Benefit	Amount	Time Period	Messages
Deductible	\$1,000.00	Calendar Year	1
Deductible	\$1,000.00	Calendar Year	2
Deductible	\$1,000.00	Remaining	1
Deductible	\$1,000.00	Remaining	2
Out of Pocket (Stop Loss)	\$4,000.00	Calendar Year	1
Out of Pocket (Stop Loss)	\$4,000.00	Calendar Year	2
Out of Pocket (Stop Loss)	\$3,950.00	Remaining	1
Out of Pocket (Stop Loss)	\$3,950.00	Remaining	2
1 - Participating ntwk 2 - Preferred network			
Family			
Benefit	Amount	Time Period	Messages
Deductible	\$2,000.00	Calendar Year	1
Deductible	\$2,000.00	Calendar Year	2
Deductible	\$1,726.22	Remaining	1
Deductible	\$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
1 - Participating ntwk 2 - Preferred network			

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.

Out 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			
Benefit	Amount	Time Period	Messages
Deductible	\$2,000.00	Calendar Year	
Deductible	\$1,726.22	Remaining	
Out of Pocket (Stop Loss)	\$10,000.00	Calendar Year	
Out of Pocket (Stop Loss)	\$10,000.00	Remaining	

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

Professional (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 in this section will depend on the plan of the subscriber.

Professional (Physician) Visit - Office (98)			
Active Coverage			
In Network			
Individual			
Benefit	Amount	Time Period	Messages
Co-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

1 - General
 2 - Benefit does apply to member's out-of-pocket maximum
 3 - Pcp - included for specific services
 4 - Specialist - included for specific services
 5 - Pcp
 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 legend the user will know 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
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