

A Centricity EDI Double Feature

Check out our enhanced Enrollment & Eligibility Tools



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Sr. EDI Solution Consultant

Agenda

Double Feature: New Enhancements!

- Accessing the new Enrollment UI/UX

- Navigating the new intuitive workflow

- Enhanced features and functionality

Eligibility Headlines: the why, the what, the how

Requesting Eligibility Headlines

YOU asked...WE delivered!

**We have great solutions
that are now even better**


**We are investing in
YOU!**

**We have specific
enhancement
requests...**



New Enrollment UI/UX

New Enrollment UI/UX: Landing page

 Centricity EDI
Practice - DEMO Claire Wright
Aug 22, 2019

GE Payer List

[Linked Payers](#)
[Enrollment Forms](#)
[New Payer Connection](#)
[Manage Accounts](#)

GE Payer List

Fill Forms
Link Payers
New Payer Connection
Filters
⌵

Payer Name

GE Payer ID/Payer ID

LOB

Insurance Type

State

Routing Multistate ID

Destination Payer ID

Enrollment Required

 Yes
 No
 GR

Accepts Secondary

 Yes
 No


Date Added

Reset to Default
Search








<input type="checkbox"/>	Payer Name	GE Payer ID	Payer ID	State	LOB	Insurance Type	Enrollment Required	Accepts Secondary	Routing Multistate ID	Destination Payer ID	Date Added
<input type="checkbox"/>	1199 National Benefit Fund	GEC90002R	13162	US	Remit-P	Commercial	Yes i	No	USC2	USC2	06/09/2010
<input type="checkbox"/>	1199 National Benefit Fund	GEC90002P	13162	US	Claim-P	Commercial	No	Yes	USC2	USC2	10/01/2006
<input type="checkbox"/>	1199 National Benefit Fund	GEC90002E	101257	US	Eligibility-A	Commercial	GR i	No	USE7	USE7	04/20/2017
<input type="checkbox"/>	1199 National Benefit Fund	GEC90002I	13162	US	Claim-I	Commercial	No	Yes	USC2	USC5	10/01/2006
<input type="checkbox"/>	1199 National Benefit Fund	GEC90002R	13162	US	Remit-I	Commercial	Yes i	No	USC2	USC5	06/09/2010
<input type="checkbox"/>	3P ADMIN	GEC91503I	20413	US	Claim-I	Commercial	No	Yes	USC2	USC5	10/01/2006
<input type="checkbox"/>	3P ADMIN	GEC91503P	20413	US	Claim-P	Commercial	No	Yes	USC2	USC2	10/01/2006
<input type="checkbox"/>	888-OhioComp	GEC93659P	26300	US	Claim-P	Commercial	NA i	No	USC2	USC2	08/25/2017
<input type="checkbox"/>	A & I Benefit Plan Administrators	GEC91595I	93044	US	Claim-I	Commercial	No	No	USC2	USC5	04/02/2007

New Enrollment UI/UX: Manage accounts

GE Payer List Linked Payers Enrollment Forms New Payer Connection **Manage Accounts**

Manage Accounts Create Account 

Show Inactive Only

Client Code	Group Name	Tax ID	NPI	State	Actions
CENT 	GE Billing	123456789	1234567890	VT	
WPS	West Pediatric Specialists	909121122	0012312332	NJ	
ABCD1	ABCD Clinic	123456789	1234567890	VT	
NEW	New Group	456159789	7891223456	VT	
STAR	Test Account	123456789	2456842550	AR	
KRB	Kim Bruce	899111144	1991144111	MA	

- Inactive
- Default
- Skip Account Selection
- Pre-populate data

New Enrollment UI/UX: Smart lookup

GE Payer List | Linked Payers | Enrollment Forms | New Payer Connection | Manage Accounts

GE Payer List | **Fill Forms** | **Link Payers** | **New Payer Connection** | **Filters** |

Yes No GR
 Yes No

Reset to Default **Search**

<input type="checkbox"/>	Payer Name	GE Payer ID/Payer ID	LOB	Insurance Type	Enrollment Required	Accepts Secondary	Routing Multistate ID	Destination Payer ID	Date Added		
<input type="checkbox"/>	1199 National Benefit Fund		Remit-P	Commercial	Yes	No	USC2	USC2	06/09/2010		
<input type="checkbox"/>	1199 National Benefit Fund		Claim-P	Commercial	No	Yes	USC2	USC2	10/01/2006		
<input type="checkbox"/>	1199 National Benefit Fund		Eligibility-A	Commercial	GR	No	USE7	USE7	04/20/2017		
<input type="checkbox"/>	1199 National Benefit Fund	GEC90002I	13162	US	Claim-I	Commercial	No	Yes	USC2	USC5	10/01/2006
<input type="checkbox"/>	1199 National Benefit Fund	GEC90002R	13162	US	Remit-I	Commercial	Yes	No	USC2	USC5	06/09/2010
<input type="checkbox"/>	3P ADMIN	GEC91503I	20413	US	Claim-I	Commercial	No	Yes	USC2	USC5	10/01/2006
<input type="checkbox"/>	3P ADMIN	GEC91503P	20413	US	Claim-P	Commercial	No	Yes	USC2	USC2	10/01/2006
<input type="checkbox"/>	888-OhioComp	GEC93659P	26300	US	Claim-P	Commercial	NA	No	USC2	USC2	08/25/2017
<input type="checkbox"/>	A & I Benefit Plan Administrators	GEC91595I	93044	US	Claim-I	Commercial	No	No	USC2	USC5	04/02/2007
<input type="checkbox"/>	A & I Benefit Plan Administrators	GEC91595P	93044	US	Claim-P	Commercial	No	No	USC2	USC2	04/02/2007
<input type="checkbox"/>	A.G.I.A. Inc.	GEC90003I	95241	US	Claim-I	Commercial	No	No	USC2	USC5	10/01/2006

Showing 25 records per page | 1 - 25 of 7559 records | **1** 2 3 4 5

New Enrollment UI/UX: Fill forms

Centricity EDI Enrollment Practice - DEMO Claire Wright

GE Payer List Linked Payers Enrollment Forms New Payer Connection Manage Accounts

GE Payer List Fill Forms New Payer Connection

<input type="checkbox"/>	Payer Name	GE Payer ID	Payer ID	State	LOB	Enrollment Required	Accepts Secondary	Routing Multistate ID	
<input type="checkbox"/>	AHS State Network (Mississippi Blue Cross)	GEB91547I	12882	MS	Claim-I	Yes i	Yes	USC2	
<input type="checkbox"/>	AHS State Network (Mississippi Blue Cross)	GEB91547I	12882	MS	Claim-I	Yes i	Yes	USC2	
<input type="checkbox"/>	Anthem Blue Cross California	GEB90261E	00039	CA	Eligibility-A	No	No	USE5	
<input type="checkbox"/>	Anthem Blue Cross California	GEB90261E	00039	CA	Eligibility-A	No	No	USE5	
<input checked="" type="checkbox"/>	Blue Cross Blue Shield Mississippi State and Teacher Employees	GEB91547P	00320	MS	Claim-P	Yes i	No	MSB1	MSB1 10/01/2006
<input checked="" type="checkbox"/>	Blue Cross Blue Shield NC BlueMedicare HMO/PPO	GEC91396R	56152	NC	Remit-P	Yes i	No	NCB1	NCB1 03/19/2013
<input type="checkbox"/>	Blue Cross Blue Shield NC BlueMedicare HMO/PPO	GEC91396I	56152	NC	Claim-I	No	No	NCB1	NCB3 10/01/2006

Select Account(s)


Available Accounts Create Account

<input type="checkbox"/>	Client Code	Group Name	Tax ID	NPI	State	Actions
<input checked="" type="checkbox"/>	CENT D	GE Billing	123456789	1234567890	VT	/
<input type="checkbox"/>	WPS	West Pediatric Specialists	909121122	9091122118	NJ	/
<input type="checkbox"/>	ABCD1	ABCD Clinic	123456789	1234567890	VT	/
<input type="checkbox"/>	NEW	New Group	456159789	7891223456	VT	/
<input type="checkbox"/>	STAR	Test Account	123456789	2456842550	AR	/

Showing 5 records per page

1 2 3 Next

New Enrollment UI/UX: Fill forms



**BlueCross BlueShield
of Mississippi**

**ELECTRONIC CLAIMS INFORMATION
Worksheet**

PROVIDER INFORMATION (PLEASE PRINT)

Provider Name

Facility Name GE Billing

Address 40 IDX DR

City, State, ZIP S Burlington VT 05403

Contact Name Claire Wright

Email Address claire.wright@ge.com

Telephone 8028596148 Fax 8028596148

IDENTIFICATION NUMBERS

TAX ID 123456789 Provider ID/NPI

Provider ID/NPI 1234567890 Provider ID/NPI

Provider ID/NPI Provider ID/NPI

Finalize

Save as Draft

Skip

Enrollment Form Status

✔ Enrollment form finalized successfully.

There is 1 form remaining to be filled

Forms Finalized : 1

Would you like to:

✉ Email

↓ Download

🖨 Print

✕ Skip All

Continue

New Enrollment UI/UX: Linked payers

GE Payer List **Linked Payers** Enrollment Forms New Payer Connection Manage Accounts

Linked Payers Filters

Accounts - Client Code \ Tax ID \ NPI
CENT \ 123456789 \ 1234567890

Payer Name
Payer Name

Form Fill Status: NF-Not Filled, GR-Route Setu...
 NF-Not Filled
 GR-Route Setup Required
 N-No Enrollment Required
 F-Filled
 D-Draft

LOB: Claim-I, Claim-P, Remit-I, Rem...
 Yes No

Insurance Type: All

Accepts Secondary: Yes No

Payers: Linked Unlinked

[Reset to Default](#) [Search](#)

<input type="checkbox"/>	Client Code	Tax ID	NPI	Payer Name	GE Payer ID	Payer ID	State	LOB	Insurance Type	Form Fill Status	Accepts Secondary
<input type="checkbox"/>	CENT	123456789	1234567890	1199 National Benefit Fund	GEC90002R	13162	US	Remit-P	Commercial	F	No
<input type="checkbox"/>	CENT	123456789	1234567890	1199 National Benefit Fund	GEC90002R	13162	US	Remit-I	Commercial	NF	No
<input type="checkbox"/>	CENT	123456789	1234567890	AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Compan	GEC91607R	36273	US	Remit-I	Commercial	NF	No
<input type="checkbox"/>	CENT	123456789	1234567890	AARP Medicare Supplement Plans insured by UnitedHealthcare Insurance Compan	GEC91607R	36273	US	Remit-P	Commercial	NF	No
<input type="checkbox"/>	CENT	123456789	1234567890	ALABAMA MEDICAID	GED00004R	752548221	AL	Remit-P	Medicaid	NF	Yes
<input checked="" type="checkbox"/>	CENT	123456789	1234567890	ALASKA BCBS	GEB00001R	00430	AK	Remit-I	BCBS	F	Yes
<input type="checkbox"/>	CENT	123456789	1234567890	ALASKA BCBS	GEB00001R	00430	AK	Remit-P	BCBS	D	Yes
<input type="checkbox"/>	CENT	123456789	1234567890	ALASKA MEDICARE PART B	GEB00001R	00430	AK	Claim-P	Medicare	NF	Yes

Showing 25 records per page 1 - 25 of 42 records

F Filled **D** Draft **NF** Not Filled **GR** Route Setup Required **N** No Enrollment Required **NA** Not Available

New Enrollment UI/UX: Enrollment forms

GE Payer List | Linked Payers | **Enrollment Forms** | New Payer Connection | Manage Accounts

Search Enrollment Forms Filters

Client Code |
 Tax ID |
 NPI |
 Payer Name |
 GE Payer ID/Payer ID

LOB |
 Status |
 Form Created Date

Client Code	Tax ID	NPI	Form ID	Created Date	Expected Date	Form Status & Last Update	Payer Name	GE Payer ID	Payer ID	State	LOB	Status	Actions
CENT	123456789	1234567890	18797307	12/11/2018	01/07/2019	Payer Confirmation: Approved (lmichel) Payer Confirmation: Approved - Approval received from the payer	JVHL Blue Cross Complete	GEC05903P	JVHQP	US	Claim-P	Payer Confirma...	Actions
CENT	123456789	1234567890	18794288	12/04/2018		Draft (mgirouard) Changing status to Draft	Tricare East	GET93776I	68299	US	Claim-I	Draft	
CENT	123456789	1234567890	18787181	11/12/2018	04/05/2019	Payer Confirmation: Approved (mgirouard) Payer Confirmation: Approved - Testing	Tricare East	GET93776R	68299	US	Remit-I	Payer Confirma...	Actions
CENT	123456789	1234567890	18787179	11/12/2018	04/14/2019	Manually submitted to Payer (clwright) Manually submitted to payer - emailed to payer	Tricare East	GET93776R	68299	US	Remit-P	Manually submi...	Actions
CENT	123456789	1234567890	18775166	10/04/2018	11/18/2018	Manually submitted to Payer (clwright) Manually submitted to payer - sent on 10/4/18	Blue Cross Blue Shield NC BlueMedicare HMO/PPO	GEC91396R	56152	NC	Remit-P	Payer Confirma...	Actions
CENT	123456789	1234567890	18775165	10/04/2018		Form Populated: Okay to print	Blue Cross Blue Shield Mississippi State and Teacher	GEB91547P	00320	MS	Claim-P	Payer Confirma...	Actions

Showing 25 records per page | 1 - 10 of 10 records

- Add Note
- Print
- Download
- Email
- Copy/Edit
- View History

New Enrollment UI/UX: New payer connection

GE Payer List Linked Payers Enrollment Forms **New Payer Connection** Manage Accounts

New Payer Connection Request Form

This form is used when a Centricity EDI client would like to request that Centricity EDI create a connection to a payer that they currently do not offer the ability to send electronic claims, and/or receive electronic remittance from.

This form can also be used if Centricity EDI already has a connection to a payer you are interested in, but does not offer a transaction you are interested in. For example, if you want to send institutional claims to a payer that Centricity EDI only has a professional claims connection with.

⚠ Instructions
Please complete the form by filling in the information requested below. Upon completing the form please open a case and attach the form to the case. If you are with a VAR please contact your VAR for assistance.

* Client Name

* Client Code

Payer Information

* Payer Name

* Address

Payer Contact Name

* City

* Payer ID

* State

* Zip Code

* Phone Number Extension

* Transactions Needed (Check all that apply)

Professional Claims
 Institutional Encounter
 Professional Auto Workers' compensation
 Institutional Claims
 Professional Encounter
 Institutional Auto Workers' compensation
 Professional Electronic Remittance
 Dental
 Institutional Electronic Remittance
 Real Time Eligibility

* Monthly transaction volume

Cancel **Save**

Eligibility Headlines

Eligibility Headlines: The why

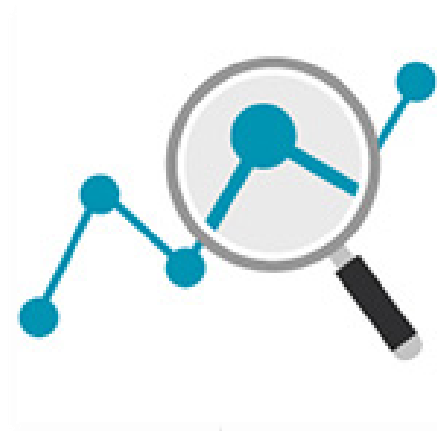
Make eligibility
functionality in CPS
easier and more
user friendly.



We listened and heard
your feedback!

Solution: Manipulate
payor's 271 eligibility
response in Centricity
EDI Services

Eligibility Headlines: The what



Headline & move loops

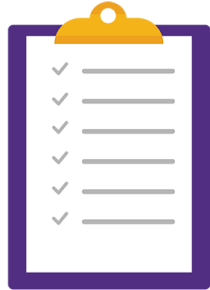


Sort by service types



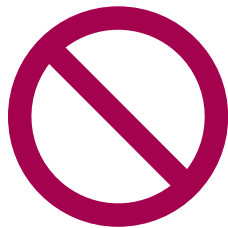
Sort specific benefit info

Eligibility Headlines



What it is

- Part of the Centricity EDI Services clearinghouse
- Manipulates the payor's 271 Response
- Adds customized messages if needed
- Can change the payor response from Active to Inactive if appropriate for workflow
- Custom setup for majority of scenarios



What it is NOT

- Not part of Centricity Practice Solution functionality
- Payor must provide the data in the 271 response if we are to headline or sort it
- Automatically address issues: Users must act on the response
- Only some scenarios can apply to all customers, so most of the setup must be custom and upon request

Eligibility Headlines: Benefits

- Create a customized message to identify a scenario
- Sort payor responses according to your practice preference
- Increase standardization of response layout
- Improved user experience could lead to increased adoption

Making better decisions can benefit your practice and your patients



Headlines and move loops

Eligibility Headlines: Headlines and move loops



Eligibility Headlines: Headlines and move loops

Medicare MCO existing on all customers!

Additional Policy Information

Insurance Carrier: Medicare Part B

Effective: / / Termination: / /

Deductible

Deductible: 0.00

Remaining

Exceeded till: / /

Unknown

Dates of Service

From: 07/30/2015

To: 07/30/2015

Eligibility

Active Coverage

Inactive Coverage

Pending Verification

Not Verified

Verified By: hwinston on 07/30/2015

Notes

7/30/2015 9:54:44 AM - X12_271

***** Response Type: X12_271 *****

Payer

Name: MEDICARE CMS
Payer ID: 00431
URL: www.cms.COM

Provider

Name: WINSTON,HARRY
National Provider ID: 1234567890

Insured

Name: TESTGUY,MISTER P
Member ID: 123321123
Group Number: 800727
City/State/Zip Code: TESTLAND, TX 75075
BirthDate: 01/01/1970
Gender: Male
Insured Indicator: Yes
Relation to Subscriber: SELF
ID Data Change: Change has been made to the identification elements.
Date: 346 - Plan Begin => 01/01/2015

Eligibility/Benefit Information: I - Non-Covered
Service Type Code(s): 54~ - Unknown ELGServiceTypeCode

Eligibility/Benefit Information: 1 - Active Coverage
Service Type Code(s): 30 - Health Benefit Plan Coverage
Insurance Type Code: MA~ - Unknown ELGInsuranceTypeCode
Date: 291 - Plan Date =>

Eligibility/Benefit Information: 1 - Active Coverage
Service Type Code(s): BV - Obstetrical/Gynecological
Insurance Type Code: MA~ - Unknown ELGInsuranceTypeCode
Date: 291 - Plan Date =>

Procedure Code Information:

Qualifier - HC
CPTCode - G0447~
Date: 348 - Benefit Begin =>

Eligibility/Benefit Information: R - Other or Additional Payer
Service Type Code(s): 88 - Pharmacy
Insurance Type Code: OT~ - Unknown ELGInsuranceTypeCode
Plan Number: S5967 193~
Date: 292 - Benefit Date =>
Name: WELLCARE PRESCRIPTION INSURANCE, INC.~
City/State/Zip Code: Tampa, FL 33634~
Telephone Number: 888-888-9355
URL: www.wellcarepdp.com~

Eligibility/Benefit Information: R - Other or Additional Payer
Service Type Code(s): 30 - Health Benefit Plan Coverage
Insurance Type Code: PR~ - Unknown ELGInsuranceTypeCode
Plan Number: ID Number
Date: 290 - COB Date =>
Message: MCO Bill Option Code - C~
Name: HUMANA INSURANCE COMPANY~
City/State/Zip Code: DePere, WI 54115~
Telephone Number: 800-448-6262
URL: www.humana-medicare.com~

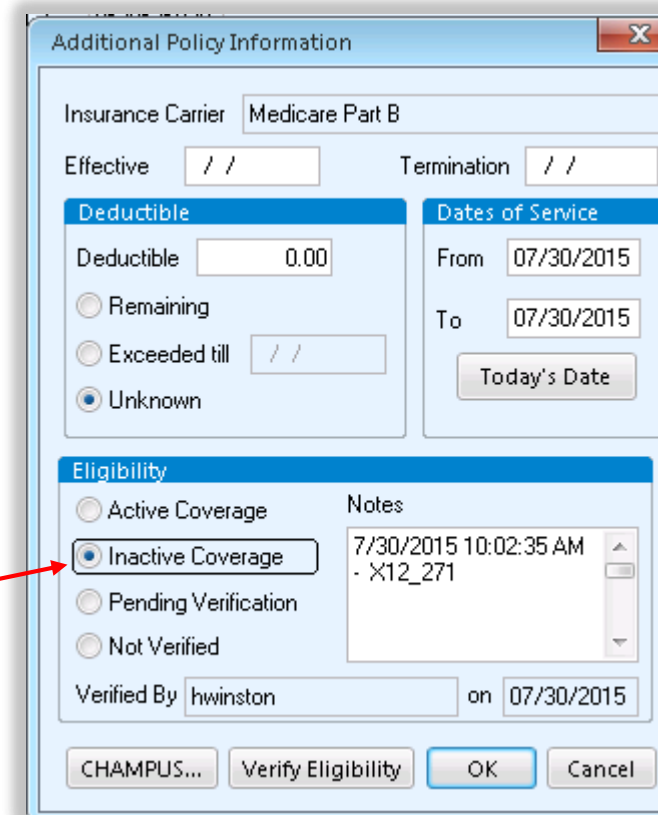
Eligibility/Benefit Information: 1 - Active Coverage
Service Type Code(s): BV - Obstetrical/Gynecological
Insurance Type Code: MA~ - Unknown ELGInsuranceTypeCode
Date: 291 - Plan Date =>

Eligibility/Benefit Information: 1 - Active Coverage
Service Type Code(s): BV - Obstetrical/Gynecological
Insurance Type Code: MA~ - Unknown ELGInsuranceTypeCode
Date: 291 - Plan Date =>

Eligibility Headlines: Headlines and move loops

Centricity EDI Services will do the following:

- Add a segment at the top of the 271 for a message or Headline:
EB*D**30*OT~
- Create a unique message
MSG*CPS-EVIDENCE OF CMS MCO
PLAN FOUND – HUMANA INSURANCE
COMPANY~
- Create a segment to set the status to
inactive EB*6~



Additional Policy Information

Insurance Carrier: Medicare Part B

Effective: / / Termination: / /

Deductible

Deductible: 0.00

Remaining

Exceeded till: / /

Unknown

Dates of Service

From: 07/30/2015

To: 07/30/2015

Today's Date

Eligibility

Active Coverage

Inactive Coverage

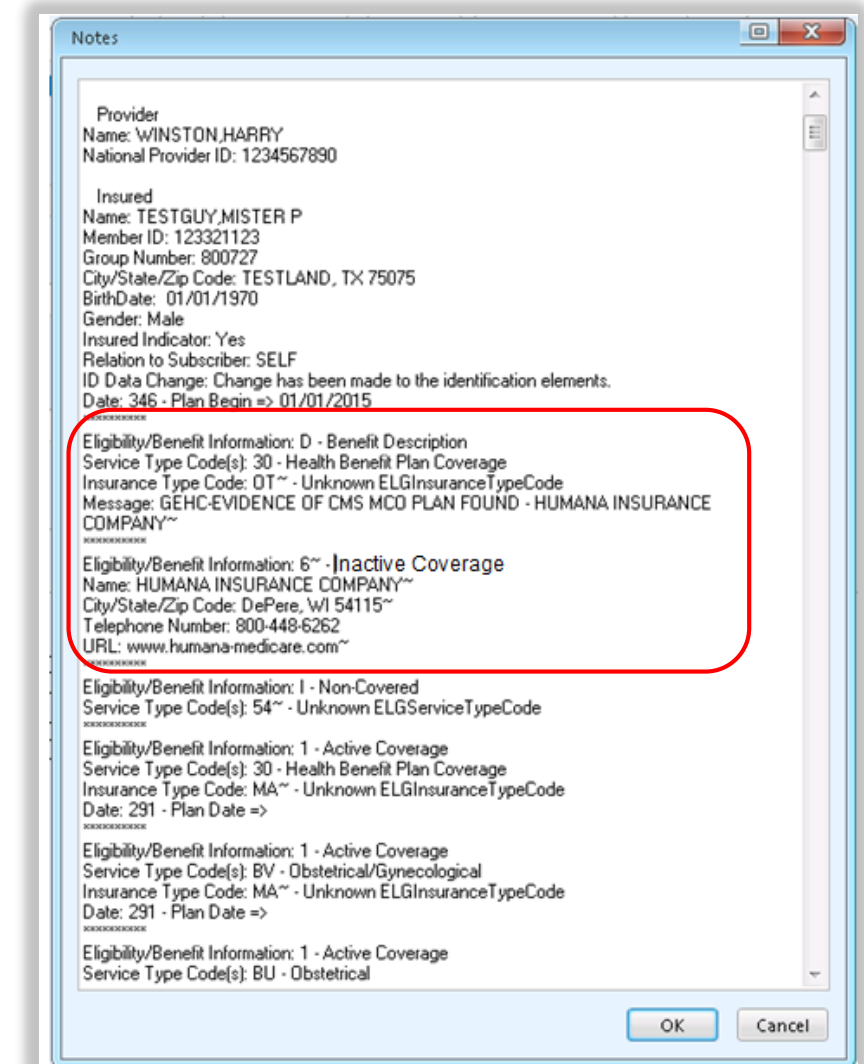
Pending Verification

Not Verified

Notes: 7/30/2015 10:02:35 AM - X12_271

Verified By: hwinston on 07/30/2015

Buttons: CHAMPUS..., Verify Eligibility, OK, Cancel



Notes

Provider
Name: WINSTON,HARRY
National Provider ID: 1234567890

Insured
Name: TESTGUY,MISTER P
Member ID: 123321123
Group Number: 800727
City/State/Zip Code: TESTLAND, TX 75075
BirthDate: 01/01/1970
Gender: Male
Insured Indicator: Yes
Relation to Subscriber: SELF
ID Data Change: Change has been made to the identification elements.
Date: 346 - Plan Begin => 01/01/2015

Eligibility/Benefit Information: D - Benefit Description
Service Type Code(s): 30 - Health Benefit Plan Coverage
Insurance Type Code: OT~ - Unknown ELGInsuranceTypeCode
Message: GEHC-EVIDENCE OF CMS MCO PLAN FOUND - HUMANA INSURANCE COMPANY~

Eligibility/Benefit Information: 6~ - Inactive Coverage
Name: HUMANA INSURANCE COMPANY~
City/State/Zip Code: DePere, WI 54115~
Telephone Number: 800-448-6262
URL: www.humana-medicare.com~

Eligibility/Benefit Information: 1 - Non-Covered
Service Type Code(s): 54~ - Unknown ELGServiceTypeCode

Eligibility/Benefit Information: 1 - Active Coverage
Service Type Code(s): 30 - Health Benefit Plan Coverage
Insurance Type Code: MA~ - Unknown ELGInsuranceTypeCode
Date: 291 - Plan Date =>

Eligibility/Benefit Information: 1 - Active Coverage
Service Type Code(s): BV - Obstetrical/Gynecological
Insurance Type Code: MA~ - Unknown ELGInsuranceTypeCode
Date: 291 - Plan Date =>

Eligibility/Benefit Information: 1 - Active Coverage
Service Type Code(s): BU - Obstetrical

Buttons: OK, Cancel

Sorting by Service Types

Eligibility Headlines: Sorting specific benefit information



Problem:

- CPS displays 271 response in the **same order it is received**
- Some specific benefit segments are **more important** than other segments
- Practices may need **multiple segments from different Service Types** in order at the top of the response



Solution:

- **Specific EB segments** can be identified and **reordered** at the top of the response
- **Multiple criteria** can be used to prioritize a specific EB segment
- **Multiple sets** of multiple criteria can be setup
- Can set this up for **specific insurance carriers** or for **all insurance carriers**

Eligibility Headlines: Sorting specific benefit information

Sample where customer wanted certain EB segments prioritized

Original payor 271

EB*1*FAM*30*PR~

EB*P~

MSG*UNLESS OTHERWISE REQUIRED~

EB*1**1*****W~

EB*1**33*****W~

EB*1**47*****W~

EB*1**48*****W~

EB*1**50*****W~

EB*1**51*****W~

EB*1**52*****W~

EB*1**86*****W~

EB*1**98*****W~

EB*1**MH*****W~

EB*1**UC*****W~

EB*C*IND*30***23*955*****W~

DTP*291*RD8*20150101-20151231~

EB*C*IND*30***29*627.97*****W~

DTP*291*RD8*20150101-20151231~

Customer would like to see

- Co-Insurance for Specialist
- Co-Payment for Specialist
- Deductible Individual for Health Benefit Plan Coverage
- Deductible Family for Health Benefit Plan Coverage
- Sort the rest by Service Type 30, 98 then 1

Eligibility H

Sample whe

Translated pay

EB***A*IND*98*******.2****Y~
 MSG***SPECIALIST**~
 EB***A*IND*98*******.4****N~
 MSG***SPECIALIST**~
 EB***B*IND*98*****7*40****Y~
 DTP*292*RD8*20150701-
 MSG***SPECIALIST**~
 EB***C*IND*30*****23*955***~
 DTP*291*RD8*20150101-
 EB***C*IND*30*****29*627.97~
 DTP*291*RD8*20150101-
 EB***C*FAM*30*****23*1910*~
 DTP*291*RD8*20150101-
 EB***C*FAM*30*****29*0****~
 DTP*291*RD8*20150101-
 EB***G*IND*30*****23*3824**~
 EB***G*IND*30*****29*3403.3~
 EB***G*IND*30*****23*6693**~

ORIGINAL PAYOR 271

Eligibility/Benefit Information: 1 - Active Coverage
 Coverage Level: FAM - Family
 Service Type Code(s): 30 - Health Benefit Plan Coverage
 Insurance Type Code: PR - Preferred Provider Organization(PPO)

 Eligibility/Benefit Information: P - Benefit Disclaimer
 Message: UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS
 AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL

 Eligibility/Benefit Information: 1 - Active Coverage
 Service Type Code(s): 1 - Medical Care
 In Plan Network:

 Eligibility/Benefit Information: 1 - Active Coverage
 Service Type Code(s): 33 - Chiropractic
 In Plan Network:

 Eligibility/Benefit Information: 1 - Active Coverage
 Service Type Code(s): 47 - Hospital
 In Plan Network:

 Eligibility/Benefit Information: 1 - Active Coverage
 Service Type Code(s): 48 - Hospital - Inpatient
 In Plan Network:

 Eligibility/Benefit Information: 1 - Active Coverage
 Service Type Code(s): 50 - Hospital - Outpatient
 In Plan Network:

 Eligibility/Benefit Information: 1 - Active Coverage
 Service Type Code(s): 51 - Hospital - Emergency Accident
 In Plan Network:

 Eligibility/Benefit Information: 1 - Active Coverage
 Service Type Code(s): 52 - Hospital - Emergency Medical
 In Plan Network:

CEDI TRANSLATED 271

Eligibility/Benefit Information: A - Co-Insurance
 Coverage Level: IND - Individual
 Service Type Code(s): 98 - Professional (Physician) Visit - Office
 Benefit Percent: 20%
 In Plan Network: Yes
 Message: SPECIALIST

 Eligibility/Benefit Information: A - Co-Insurance
 Coverage Level: IND - Individual
 Service Type Code(s): 98 - Professional (Physician) Visit - Office
 Benefit Percent: 40%
 In Plan Network: No
 Message: SPECIALIST

 Eligibility/Benefit Information: B - Co-Payment
 Coverage Level: IND - Individual
 Service Type Code(s): 98 - Professional (Physician) Visit - Office
 Time Period: 7 - Day
 Benefit Amount: \$40
 In Plan Network: Yes
 Date: 292 - Benefit Date => 07/01/2015-12/31/9999
 Message: SPECIALIST

 Eligibility/Benefit Information: C - Deductible
 Coverage Level: IND - Individual
 Service Type Code(s): 30 - Health Benefit Plan Coverage
 Time Period: 23 - Calendar Year
 Benefit Amount: \$955
 In Plan Network:
 Date: 291 - Plan Date => 01/01/2015-12/31/2015

 Eligibility/Benefit Information: C - Deductible
 Coverage Level: IND - Individual
 Service Type Code(s): 30 - Health Benefit Plan Coverage
 Time Period: 29 - Remaining
 Benefit Amount: \$627.97
 In Plan Network:
 Date: 291 - Plan Date => 01/01/2015-12/31/2015

 Eligibility/Benefit Information: C - Deductible
 Coverage Level: FAM - Family
 Service Type Code(s): 30 - Health Benefit Plan Coverage
 Time Period: 23 - Calendar Year

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Loss)

be prioritized at the top of
of the Service Type Codes.

How do I get these?

Eligibility Headlines: Sending an eligibility enhancement service request

Sending in an SR for Headlines with or without Move Loops

- **Payor ID** required
- **Centricity EDI Services Customer code** (often Customer Short Name: example ABC, ABC01)
- **Scenario** being requested; examples:
 - MCO logic for Medicaid, Headline PCP information, Headline LOB like IA Medicaid had Medipass and Iowa Wellness plans.
- Include **examples** of 271 or screen print of Eligibility Notes field including date stamp at the top of the request:
 - Attach to SR activity.
 - Please keep in mind the method or communication and if your data has PHI.
- **New scenarios will need to be tested** and customer should expect participate in testing.
- **Dispatch SR**

Eligibility Headlines: Sending an eligibility enhancement service request

Sending in an SR for Type of Service Sort

- **Payor ID**
- **CEDI Customer code** (often your Customer Short Name)
- Get **list of Service Type** Codes they want sorted
- Put the list of codes in **order of priority**
- **Dispatch SR**

Eligibility Headlines: Sending an eligibility enhancement service request

Sending in an SR for Specific Eligibility Sort

- **Payor ID**
- **CEDI Customer code** (often your Customer Short Name)
- Get **list of Criteria** for **specific benefit section** and can include:
 1. Service Type
 2. Ind or Family
 3. Deductible, co-pay, co-insurance
 4. Parts of Messages like includes specialist
- Do you want **Service Type Sorting as well**, then list the codes in priority
- **Dispatch SR**

Eligibility Headlines: Sending an eligibility enhancement service request

Sending in an SR for EB Sort

- Add a screen print to the case of the eligibility benefits you want and in what order
- This can be set for a **particular payor ID**, or it can be set for **all payors**.

Put the items you want listed and in order of preference. This can help identify the exact benefit segment you are looking for, and in the order you need it.

Eligibility/Benefit Information: A - Co-Insurance

Coverage Level: IND - Individual

Service Type Code(s): 98 - Professional (Physician) Visit - Office

Benefit Percent: 20%

In Plan Network: Yes

Message: SPECIALIST

Eligibility/Benefit Information: B - Co-Payment

Coverage Level: IND - Individual

Service Type Code(s): 98 - Professional (Physician) Visit - Office

Time Period: 7 - Day

Benefit Amount: \$40

In Plan Network: Yes

Date: 292 - Benefit Date => 07/01/2015-12/31/9999

Message: SPECIALIST

Testimonial

Case Study: University Physicians, Inc.

210 physician multi-specialty practice | Located in Maryland

Improves eligibility checking and decreases denials

Goal

Increase eligibility verification

Reduce manual effort

Decrease eligibility denials



Results*

Increased eligibility verification rate from 77% to **93%**

Increased eligibility automation from <5% to **92.8%**

Decreased eligibility denials from 2.5% to **1.42%**

“Collaboration between GE Healthcare and UPI, and the commitment of everyone involved were key to the project’s success. We’re very pleased with the outcome of the project.”

-K. Laura Linantud, Director of Training and Registration Quality, UPI

Survey comments

We chose Centricity EDI Clearinghouse for their excellent service, the reporting, and because of the financial impact the system will have for us. The system is very user friendly.

When I request changes, EDI is always very good about advising me on what will happen if they make those changes and what my other options are. They are always very proactive about giving me options, and that is what I really like about them. They are very knowledgeable.

I highly respect and admire our implementation consultant. We still receive follow-up even though we are already live on the system. EDI doesn't forget about us. I am very pleased.

We are successful because EDI listens to what we need and works with us to meet those needs.

With exemplary customer service

EDI Service customers are backed by a team of people dedicated to your success:



EDI Project Managers



EDI Engineers,
EDI Analysts



Proactive
Service



EDI Solution
Consultant Managers



Dedicated
EDI support

Experience the new UI today

<https://edi.idxasp.com/ec???web> → IE for legacy

<https://ux.idxasp.com/ec???web> → Chrome for new UI

Thank you



Claire Wright

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