

Run Batch Insurance Eligibility Verification in the Billing Engine

Last Modified on 03/22/2023 9:06 am EDT

About

Batch eligibility is run in the Billing System. This type of eligibility check can be run prior to the patient being seen, and is used to show a list of all patients that are being seen within a specific date range in the future.

In order to run eligibility for a specific Payer, the **Elig Payer ID/Name** fields need to be completed on Page 2 in the Master Insurance Form. This information can be obtained from your clearinghouse. A 270 file is generated by the Billing System which you need to manually upload to the clearinghouse. A 271 response file with client eligibility information can be downloaded from your clearinghouse and manually reviewed in the Billing System or printed, or you can review the report from the clearinghouse.

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Create and Submit a 270 Eligibility Request File

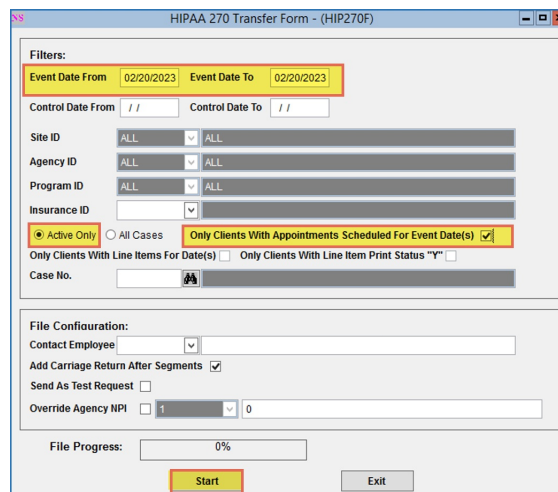
1. Navigate to the HIPAA 270 Transfer Form: **File > Claims Processing > Eligibility > 270 (Outbound)**
2. Set filters around which clients to run eligibility for:
 - a. Enter the **Event Date From** and **Event Date To** criteria.
 - b. Deselect the **Only Clients with Line Items For Date(s)** checkbox.
 - c. Select the **Only Clients With Appointments Scheduled For Event Dates** checkbox.
 - d. Select the **Active Only** radio button.

Notes:



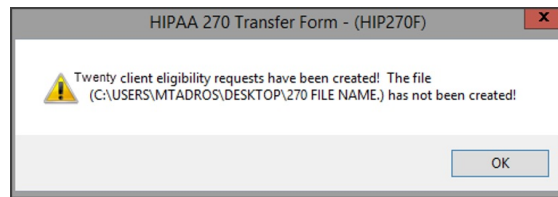
- Event Date is the Date of Service and Control Date is the last time the Line Item was changed.
- If your Agency is using the VPO Billing System, you can filter by Program ID if necessary.
- The "Only Clients With Appointments Scheduled For Event Dates" checkbox can only be selected if the "Only Clients With Line Items for Date(s)" checkbox is deselected.

3. Click the **Start** button.



4. Select the location you wish to save your file.

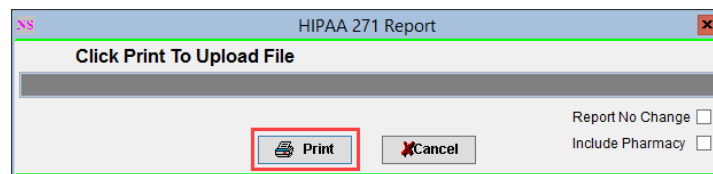
5. Enter a file name, and click the **Save** button.
6. A verification prompt is displayed, listing the number of client eligibility requests that have been created within the batch file. Click the **OK** button.



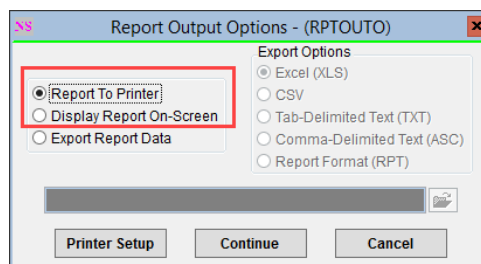
7. Navigate to your clearinghouse and manually upload the file from the location you saved it.

Print or View a 271 Response File

1. Navigate to your clearinghouse and download the 271 Eligibility Response file.
2. Within the Billing Engine, navigate to the HIPAA 271 Report: **File > Claims Processing > Eligibility > 271 (Inbound)**
3. The HIPAA 271 Report window displays. Confirm the eligibility responses to include in the report file:
 - Check the **Report No Change** checkbox to include all eligibility responses.
 - To show only clients where eligibility has changed, the **Report No Change** checkbox should be unchecked.
4. Click the **Print** button.



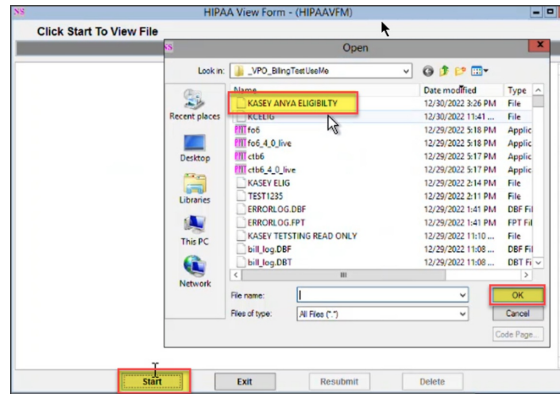
5. In the Report Output Options window, select one of the following radio buttons:
 - **Report to Printer:** to send to the printer
 - **Display Report On-Screen:** to review the report on-screen



6. Click the **Continue** button.
7. Locate the 271 file that you downloaded from your clearinghouse and select the file name.
8. Click the **OK** button. The report will either be displayed on-screen or sent to the printer based on your previous Report Output Options selection. See the [CMS Guide](#) to interpreting eligibility files for more information on the 271 files.
9. Manually update any discrepancies in coverage in the Billing Engine.

View a Batch Eligibility File

1. Navigate to **File > Claims Processing > Eligibility > 270 (View)**.
2. Click **Start**.
3. Find and select the Batch Eligibility File.



4. Click on **Ok**.
5. The Batch Eligibility File will open in the viewer. See the [CMS Guide](#) to interpreting eligibility files for more information on the 270 files.

