



Kareo Feature Guide
Real-Time Patient Eligibility
November 2009



1. Overview

You can perform real-time patient eligibility checks for hundreds of the nation's largest government and commercial insurance payers directly from within Kareo. Using Kareo's real-time patient eligibility engine empowers you to make sure patients have valid insurance before scheduling the patient's visit, which helps reduce downstream claim denials and uncollectable accounts receivable. This guide shows you how to set up your practices for patient eligibility and how to perform real-time patient eligibility requests.

IMPORTANT NOTE: Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used in formatting the CMS 1500 claim form. All customers that signed up for a Kareo account AFTER November 6, 2009 are configured to use the **New Mode**. All customers that signed up for a Kareo account ON OR BEFORE November 6, 2009 are configured to use the **Classic Mode**. To find out the claim settings mode used for your account, click on the Settings menu, then click on Company, and then click Claim Settings Mode. If your account is set to use the New Mode, please read the section entitled **Setting up Eligibility for a Practice in New Mode**. If, instead, your account is set up to use the Classic Mode, please read the section entitled **Setting up Eligibility for a Practice in Classic Mode**.

2. Setting up Eligibility for a Practice in New Mode

IMPORTANT NOTE: Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used for eligibility. Please refer to Section 1 Overview to confirm that the instructions in this section apply to your account.

Before using Kareo's patient eligibility features, there are a few steps you will need to take to ensure that the practice and provider records have been set up correctly in the system in order to request eligibility verification from payers that provide this service. The steps for setting up eligibility for your practice will vary based on whether the provider is enrolled with the payer as a group practice or as an individual provider.

If the provider is enrolled with a payer to perform eligibility checks as a group, you must ensure that the practice's Tax ID and NPI number have been entered on the practice record. You can do this by following these steps:

1. From the **Settings** menu, click **Company** and then click **Find Practice**.
2. Locate and open the practice record.
3. In the **Tax ID** field, verify that the practice's Tax ID has been entered.
4. In the **NPI** field, verify that the practice's NPI has been entered.
5. If you've made any changes to the record, click **Save** to capture the changes.
6. From the **Settings** menu, click **providers**
7. In the Claim Settings tab ensure you have Bill with Group and Individual NPI and Bill with tax ID selected from the drop down.
8. If you've made any changes to the record, click **Save** to capture the changes.

If the provider is enrolled with a payer to perform eligibility checks as an individual (not as part of a group), then you must follow these steps to ensure that the individual provider's NPI has been entered under the "General" section of the provider record.

1. From the **Settings** menu, click **Provider** (You must be logged into a practice to access the provider record).
2. Locate and open the provider record.
3. In the General tab under the **NPI** field, verify that the provider's NPI has been entered.
4. If you've made any changes to the provider record, click **Save** to save the record.
5. In the Claim Settings tab ensure you have Bill Individual NPI and Bill with tax ID selected from the drop down.
6. If you've made any changes to the record, click **Save** to capture the changes.

When checking eligibility, the system will first send the NPI of the group or provider. In addition to that, the tax (employer) ID, and potentially some payer-specific provider ID numbers for payers that are non-NPI compliant.

For more information about setting up group and individual NPI Overrides in Kareo, please refer to the “Claim Settings Guide” located under the “Guides” section of the Kareo **Help & Support** website.

A list of payers that provide electronic eligibility services is available under the Enrollment section of the Kareo **Help & Support** website. Note that most of the insurance payers within this list do not require enrollment; however, certain Blue Cross payers do require that you enroll with them first before using their eligibility services. As of May 2007 all Medicare payers require authorization from all clearinghouses before you can transmit eligibility requests. The NPI provided to us will be checked against the CMS website to verify your NPI is on file with Medicare.

Another simple way to know if an insurance payer provides electronic eligibility services is by checking the “Electronic Claims” section of the insurance company record. There is a check box on the right of the screen under the “Electronic Claims” tab that reads “Supports patient eligibility requests”. If this checkbox is checked, then the company does indeed provide electronic eligibility verification. Again, certain Blue Cross payers do require that you enroll with them prior to performing eligibility verification.

Note that certain transaction fees may apply when using this feature. Please consult your Kareo customer agreement or email Kareo at sales@kareo.com for any questions regarding fees related to eligibility verification services.

3. Setting up Eligibility for a Practice in Classic Mode

IMPORTANT NOTE: Kareo has two different modes for configuring the tax ID, National Provider Identifier (NPI), provider number, and group number settings that are used for eligibility. Please refer to Section 1 Overview to confirm that the instructions in this section apply to your account.

You can perform real-time patient eligibility checks for many of the largest government and commercial insurance payers through Kareo’s clearinghouse interface to Capario or TriZetto (formerly Gateway EDI). Please refer to the Kareo **Help & Support** website for information and availability of eligibility services.

Before using Kareo’s patient eligibility features, there are a few steps you will need to take to ensure that the practice and provider records have been set up correctly in the system in order to request eligibility verification from payers that provide this service. The steps for setting up eligibility for your practice will vary based on whether the provider is enrolled with the payer as a group practice or as an individual provider.

If the provider is enrolled with a payer to perform eligibility checks as a group, you must ensure that the practice’s Tax ID and NPI number have been entered on the practice record. You can do this by following these steps:

1. From the **Settings** menu, click **Company** and then click **Find Practice**.
2. Locate and open the practice record.
3. In the **Tax ID** field, verify that the practice’s Tax ID has been entered.
4. In the **NPI** field, verify that the practice’s NPI has been entered.
5. If you’ve made any changes to the record, click **Save** to save the changes.
6. From the **Settings** menu, click **Group Numbers**.
7. Ensure that the correct qualifier and group number has been entered.

If the provider is enrolled with a payer to perform eligibility checks as an individual (not as part of a group), then you must follow these steps to ensure that the individual provider’s NPI has been entered under the “General” section of the provider record:

1. From the **Settings** menu, click **Find Provider**. (You must be logged into a practice to access the provider record.)
2. Locate and open the provider record.
3. In the General tab under the **NPI** field, verify that the provider’s NPI has been entered.
4. If you’ve made any changes to the provider record, click **Save** to save the record.

When checking eligibility, the system will first send the NPI of the group or provider. In addition to that, the tax (employer) ID, and potentially some payer-specific provider ID numbers for payers that non-NPI compliant.

Please ensure that the appropriate payer-specific (legacy) group and individual provider numbers have also been entered in the system for those insurance payers to which you will be submitting electronic claims. For more information about setting up group and individual provider numbers in Kareo, please refer to the “Group and Provider Numbers Guide” located under the “Guides” section of the Kareo **Help & Support** website.

A list of payers that provide electronic eligibility services is available under the Enrollment section of the Kareo **Help & Support** website. Note that most of the insurance payers within this list do not require enrollment; however, certain Blue Cross payers do require that you enroll with them first before using their eligibility services. As of May 2007 all Medicare payers require authorization from all clearinghouses before you can transmit eligibility requests. The NPI provided to us will be checked against the CMS website to verify your NPI is on file with Medicare.

Another simple way to know if an insurance payer provides electronic eligibility services is by checking the “Electronic Claims” section of the insurance company record. There is a check box on the right of the screen under the “Electronic Claims” tab that reads “Supports patient eligibility requests”. If this checkbox is checked, then the company does indeed provide electronic eligibility verification. Again, certain Blue Cross payers do require that you enroll with them prior to performing eligibility verification.

Note that certain transaction fees may apply when using this feature. Please consult your Kareo customer agreement or email Kareo at sales@kareo.com for any questions regarding fees related to eligibility verification services.

4. Performing Eligibility Checks

There are two ways to perform eligibility checks. First, you can select the **Check Patient Eligibility** item from the **Patients** menu. This will display a task allowing you to select the patient, case, and insurance policy, Provider, service type and then request a patient eligibility report. Kareo submits a real-time request with the payer's system and returns an eligibility report that can be printed or saved to the insurance policy record for the patient. Second, you can access this function at the same time you are entering a new insurance policy for a patient.

The following instructions explain how to check patient eligibility from the **Patients** menu.

- Under the **Patients** menu, click **Check Patient Eligibility**. This opens the **Check Eligibility** task.
- Enter the following information:
 - **Name:** Enter the patient's first or last name; or the patient ID. Once you tab from the field, the system will automatically search for the patient record. If it finds a match, it will drop the full name of the patient into the patient field and underline it so that you know a match was found. Optionally, you can click the **Patient** button to the right of the field to open the patient browser and use the search bar at the top of the browser to locate the patient record.
 - **Case:** Once the patient is selected, the system automatically populates the **Case** field with the primary case recorded on the patient record. If you are checking insurance eligibility for a different case associated with the patient record, select the correct case from the drop-down list.
 - **Policy:** Once the Case is selected, the system automatically populates the **Policy** field with the primary insurance policy recorded on the patient record for the case selected. If you are checking insurance eligibility for a secondary insurance policy associated with the case, select the policy from the drop-down list.
 - **Provider:** This is a new feature and now you can select the provider you want the request to run under. If you have a default render provider attached to the patient record this will be the provider displayed in the drop-down list.
 - **Service Type:** This is a new feature and you can now select a service type for certain payer's example: Medicare, Aetna and some Blues. Select the drop-down to find the list of available service types. If no other service types are allowed you will only have the search option of 30 which is the default for all payers.
 - **Check Eligibility Now:** Once the patient, case, and policy, provider, service type have been selected, click the **Check Eligibility Now** button.
- The system will initiate an eligibility request; and until it receives a response, the screen will display a “working” icon and a message that reads “Checking Eligibility”.
- Once the response is received, the eligibility report will be automatically displayed on screen. The information contained in an eligibility report will differ slightly, depending on the insurance payer. Some insurance payers provide

very detailed information; such as the status of the insurance policy (active or inactive), the type of coverage the patient has, any patient copays or deductibles due by the patient, etc. Other insurance payers may simply report if a patient's insurance status is active or inactive.

- If the verification request has been rejected, it will be noted in red within the eligibility report. It may simply be that certain information provided to the insurance payer related to the patient or the patient's insurance policy does not match up to the insurance payer's system. You will need to review the patient record and the patient's policy information and resubmit or call the insurance payer for verification.
- After reviewing the eligibility report, you can do one of the following:
 - Print the report by clicking the **Print** button on the bottom of the report.
 - Save the report to the patient's insurance policy record, by clicking the **Save** button.
 - Save the report and perform another verification check by clicking the **Save & New** button.
 - Cancel from the screen without doing any of the above by clicking the **Cancel** button.

As previously mentioned, you can also perform patient eligibility verification at the same time you enter a new insurance policy for a patient. Simply click the **Check Eligibility** button on the Task Button Bar of the policy record to open the Check Eligibility task. (For more information on entering insurance policies on patient records see Online Help or the Kareo User Manual under **Managing Patient Records > Entering a New Patient > Adding Insurance Policies to Patient Record.**)