Glossary

270/271	The eligibility inquiry (270) and response (271) messages. The 270 message is sent by Experian Health to the payer, and the 271 response is returned to Experian Health from the payer.
Coverage Discovery	Coverage Discovery helps find billable coverage for patients who are entered as self-pay within Rev Cycle. It helps reduce overall patient accounts receivable and minimize bad debt write-offs by finding billable Medicaid, Medicare and Commercial insurance coverages that were missed due to frequently changing insurances, data entry mistakes or patient misrepresentation. It will first check for Medicaid and stop if Medicaid is found. If no Medicaid coverage is found, it continues to run through other payers.
Customization	Customization is a feature allowing users to personalize the My Views page with benefits that are related to the user's role. Users can add or remove widgets to their My View and position the widgets in the preferred order.
Dashboard	A website detailing the current status of all Experian Health products.
Fast Client Switching	Allows certain users to have access to multiple facilities under the same trading partner without having to maintain multiple logins. Users can switch between the Provider Networks in which they work.
Full Response	Lists the entire eligibility response returned by the payer on one page.
Historical Results	Indicates a result has been reused from a previous encounter based on custom reuse rules.
Health Level 7 (HL7)	A type of message sent from the HIS or PMS to Experian Health containing patient demographic, insurance, and event information.
Health Information System (HIS)	The registration system that communicates with eCare NEXT to initiate transaction requests.
In-Process Scripting (IPS)	Reads information from the HIS or PMS during the registration process to run address verification and insurance eligibility as the patient is being registered.
My View or My Response	A user-friendly, easy-to-read, and customizable display of the benefits returned from the payer. Each benefit on the My Response is sectioned into its own widget. My View is standardized so that regardless of payer, users will be able to locate specific benefits in their designated place on My View.
Non-Passport Payer	A payer with which Experian Health does not have a 270/271 connection.
OneSource	Experian Health's standalone web-based user interface.
Practice Management System	The registration system that communicates with eCare NEXT to initiate transaction requests used by many physician's offices. Revenue Cycle is Cerner's Practice Management system.
Queue Manager	Tool that allows client admins and managers to create custom work queues for users.
Quick Launch	Tool that allows users to manually add patients to eCare NEXT. Quick Launch enables users to run eCare NEXT functions on patients that have not yet been registered in the HIS or PMS.

RQA **Registration** **Quality Assurance**	Registration Quality Assurance fires alerts if there is a discrepancy between what was submitted by Cerner and what was returned from the payer.
Reuse Rule	Determines when a new transaction will be run.
Skipped by Rule	Indicates that there is logic in place that states that the transaction will not be run.
Trigger Point	For IPS users, this is the point in the registration when the eligibility response is automatically launched. In Cerner Revenue Cycle, the insurance Submit Eligibility field is the trigger point.
Unable to Determine Coverage	Used when Experian Health is unable to classify a patient's coverage as "active" or "inactive"; usually due to some benefits on the response displaying as active while others are inactive.
User Manager	Tool that allows client admins and managers to assign queues to users.
Widget	The name given to the individual benefit boxes contained on the My Response.
Work Queue	A patient list that allows users to review accounts and streamline workflow.