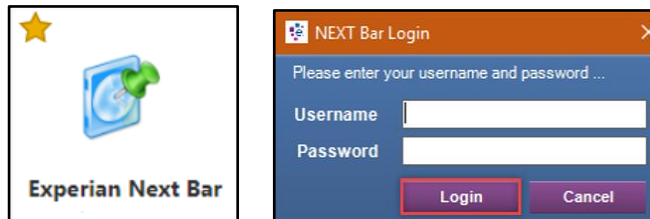


### Login and Submitting Eligibility

To connect the NEXT Bar with Cerner, always log into the Experian Next Bar **before** logging in to Cerner Revenue Cycle. If this is the first time logging in, see the eCare NEXT Login Process and NEXT Bar Options Education for more information.



When logged into the NEXT Bar, the application will appear blank in the middle until it receives a message from Cerner Revenue Cycle.

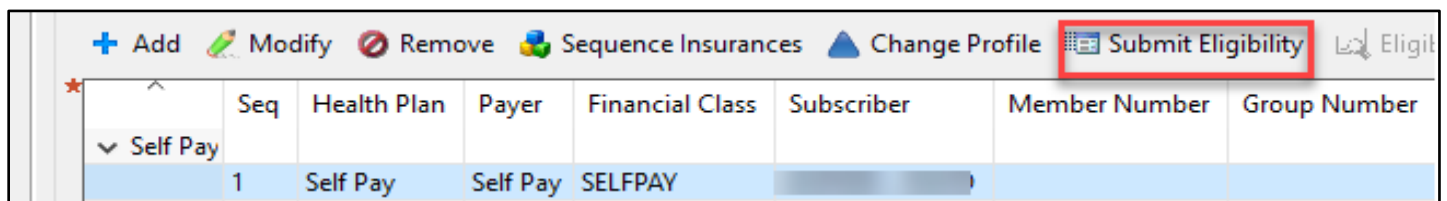


### Coverage Discovery

Coverage Discovery helps find billable coverage for patients who are entered as Self Pay within Revenue 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.

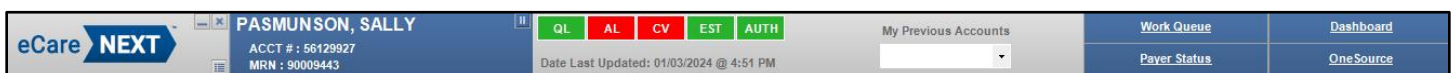
### Submitting Eligibility

Whether a patient has insurance entered or Self Pay, eligibility must be submitted. Eligibility can be submitted in the Registration or Encounter Patient Perspectives or during the check in process. This is done by highlighting the plan and selecting Submit Eligibility.



### Experian Coverage Response

When submitted, Cerner Revenue Cycle communicates with the NEXT Bar. The NEXT Bar will populate with patient information and category/function buttons will display in **red** or **green**.



Patient information includes the patient's name, account (FIN) number, and medical record number (MRN).

Each button on the NEXT Bar corresponds to a different function within eCare NEXT.



Functions currently available for Munson Healthcare are:

- **QL – Quick Launch (Patient Summary)**
- **AL – RQA Alerts (Registration Quality Assurance)**
- **CV – Coverage Verification**

Coming soon in 2024:

- **EST – Patient Estimates**

To be determined if Munson will adopt:

- **AUTH – Passport Authorizations**

A button in **red** indicates that there is an alert or potential error on the portion of the response. This color-coded indicator serves as a signal to users to **take a closer look at that area of the response**.

A button in **green** indicates that no alerts are triggered in that area of the response.

**It is best practice to review all Coverage Verification reports.** Even when the response is **green**, there may be **important** additional information. Example: Eligibility was verified for Medicaid and returned as Active with a green CV button. However, the report may show that the patient has a Medicaid HMO such as Meridian or McLaren.

### Chevrons

A Chevron is a V-shaped object that indicates which part of the patient's account is being viewed. Each button on the NEXT Bar corresponds with a chevron within eCare NEXT. Click on any button to open that portion of the eCare NEXT Response in the default web browser window.

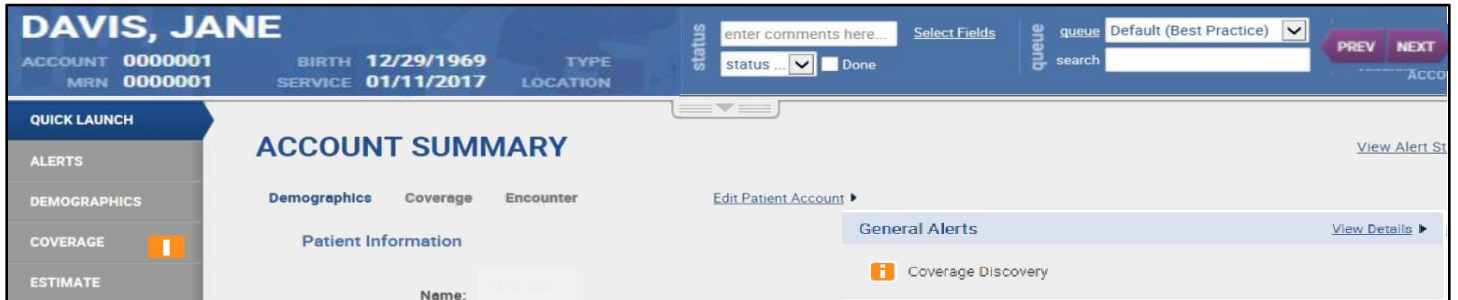
A chevron with a red exclamation mark over it indicates that an alert has been triggered in that area. Chevrons may also appear with a green check mark over them if an area is clear of any alerts, and a yellow/orange informational alert icon if there are informational alerts on that portion of the account.



**Quick Launch (Patient Account Summary)**

The Quick Launch chevron gives users the patient’s Account Summary. This includes a summary of **submitted** demographic, coverage, and encounter information, as well as at-a-glance information on the patient’s status in other products.

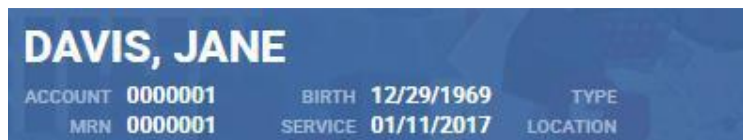
When viewing a response, users can use the links along the top and left side of the page to navigate the site.



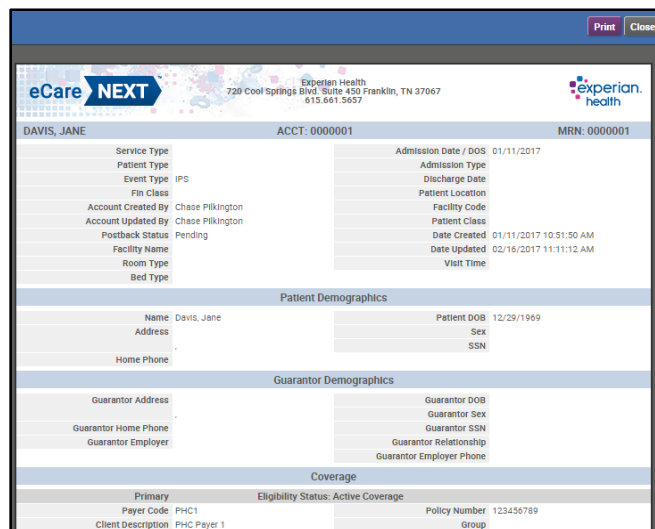
**Patient Information**

The top left portion of the eCare NEXT screen contains the patient’s name, account number, medical record number (MRN), date of birth (DOB), date of service (DOS), type, and location.

For convenience, users may click on the account number or MRN to copy the text to the computer’s clipboard.

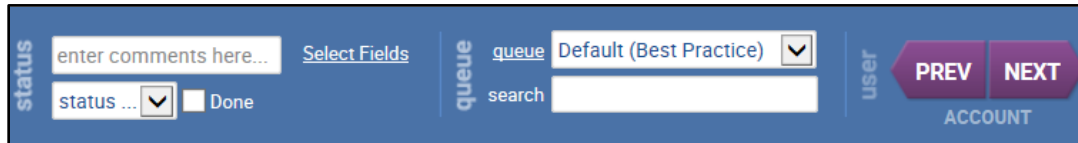


Clicking on the patient’s name allows the user to access a modified Experian Health face sheet. This printer-friendly face sheet gives the user at-a-glance information about the patient’s demographic and insurance information, as well as the most recent HL7 message that was received for that encounter.



## Previous/Next Account

If a user is working through accounts in a work queue, they may click the previous or next button to navigate to the previous or next account in that queue.



## Sliders

Across the top of the response are slider tabs labeled Status, Queue, and User. These sliders can be collapsed or expanded by clicking on them.



- Status**  
 Allows users to update the overall status of the account by selecting a status from the drop-down menu. Comments may also be entered in the status tab. Additionally, users may mark an account as “done” by placing a check in the check box. The status is internal to eCare NEXT only.
- Queue**  
 A Work Queue is a list of patient accounts that match specified criteria to be used either for reference or workflow purposes. Patients with required follow-up and unresolved alerts will fall to a work queue. Click on the link to access the Work Queue. Search the queue using the search field for a specific encounter. Searches can be done by patient name, MRN, or account number with complete or partial information. **See the eCare NEXT Work Queues job aid for more information regarding Work Queues.**
- User**  
 Displays the user and facility, as well as links to OneSource, Dashboard, Self Service Portal (admin users only), Logout, User Info, Help, and Contact Us.


## Alerts

The Alerts chevron provides an overview of any alerts present on the patient’s account in eCare NEXT. An at-a-glance look at the alerts on the patient’s account can be found on the Alerts chevron.

Date Created	Last Updated	Type	Code	Description	Status	Protocol	User	Plan Code	
01/12/2024 2:25:12 PM	01/12/2024 2:25:12 PM		42	Delayed Response Received			eCN default user - Munson Healthcare Physicians	755	
01/12/2024 2:25:12 PM	01/12/2024 2:25:12 PM		1	Third Party Payer			eCN default user - Munson Healthcare Physicians	755	


Alerts are either Informational or Actionable. Examples of alerts include:

- **Patient Demographics**  
Subscriber DOB in registration does not match the subscriber DOB returned in eligibility.
- **Insurance**  
Policy # in registration does not match the Policy # in eligibility.  
Group # in registration does not match the Group # in eligibility.
- **Medicare:**  
Patient over 65 years of age. No Medicare or Medicare replacement on file.  
Medicare may be the Secondary Payer.


**Informational Alerts** are indicated by . These alerts are generally informational only and require no direct action from the user. However, users are encouraged to pay attention to the presence of informational alerts.

Examples of **Informational Alerts** include:

- **Third Pary Payer**  
Indicates the selected plan is not the primary payer. **Users must ensure the primary payer information is entered appropriately and in the proper sequence within Revenue Cycle.**
- **Non-Passport Payer**  
Indicates a payer who does not have a connection from which Experian Health can request benefits. **Eligibility must be obtained through alternate channels, such as the payer website or calling the payer directly.**
- **Passport Added Payer**  
Indicates a payer response that was automatically run based on custom eCare NEXT logic. For example, the rule that states when eCare NEXT detects a self-pay plan code in Revenue Cycle, an automatic search for Medicaid will be run to check for any possible existing coverage.
- **This is a Historical Result**  
Indicates that a response has been reused from a previous encounter. The historical length period may vary by payer.

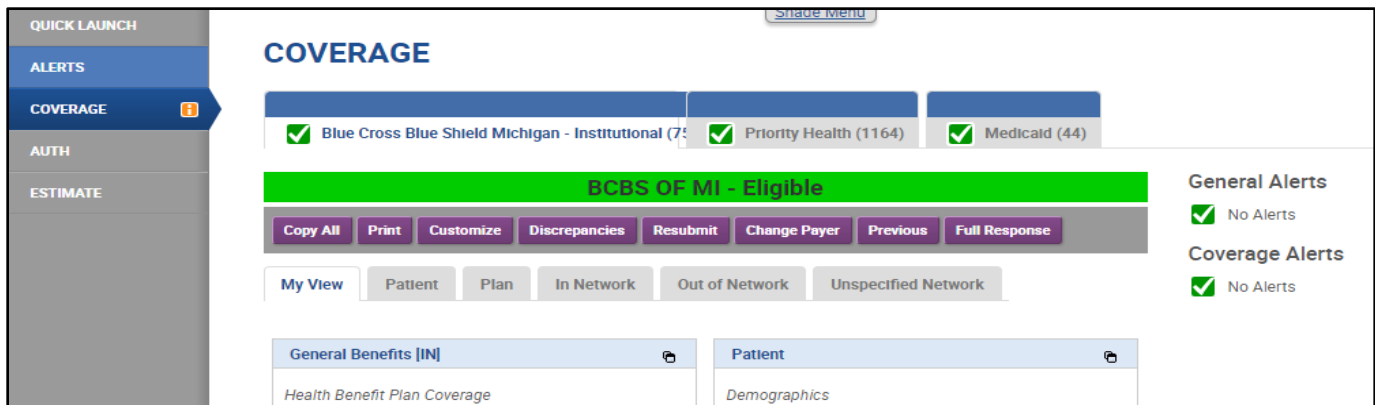
**Actionable Alerts, also known as RQA Alerts** are indicated by . These alerts indicate ineligible or invalid/missing information and **follow-up action is required by the user**. Examples of actionable alerts include:

- **Inactive Coverage**  
The eligibility response indicates that the patient’s coverage is inactive.

**All Clear** are areas that are free of alerts are indicated by a green check mark and the words “all clear”:  All Clear **Alerts are to be immediately addressed and resolved.** In the event the user can not immediately address the alert, the alerts can be found in the Work Queue for follow up. **See the eCare NEXT Work Queue job aid for more information.**  
[Ambulatory Clerical Front Office Processes | Munson Healthcare](#)

## Coverage Verification

Payer responses can be viewed by clicking on the **Coverage** chevron in eCare NEXT or by clicking the CV button on the NEXT Bar.

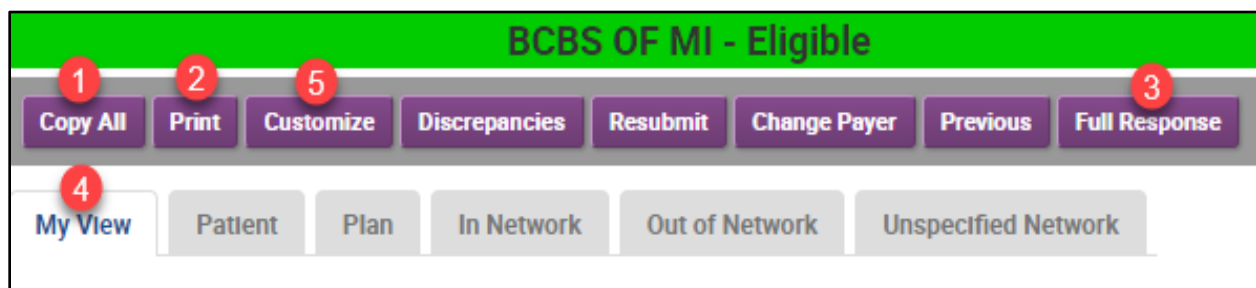


The insurance name will be listed at the top of the response. If multiple coverage exists, each response will be listed under its own tab. Click the desired tab to view the response for that payer.

The top of the response displays a color-coded bar that indicates the patient's eligibility status.

- **Green** if the patient is eligible.
- **Red** if the patient is ineligible or inactive.
- **Yellow/Orange** if a patient has Medicare Part A or Part B only, or if Experian Health is unable to determine coverage.

The response page also contains several buttons.



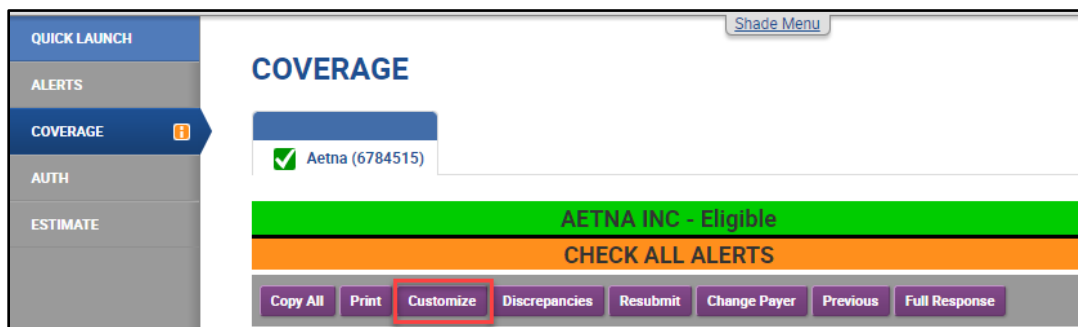
1. **Copy All** copies the response to the computer's clipboard.
2. **Print** opens a printer-friendly version of the response. Users may choose to print the My View or the Full Response.

**My View vs. Full Response**

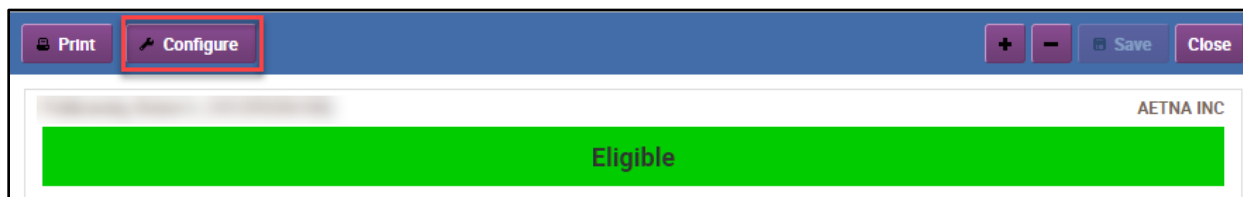
eCare NEXT offers two ways to view eligibility responses – **My View and Full Response**. Click the corresponding button to toggle between the two views.

3. **Full Response** lists the entire response returned by the payer on one page.
4. **My View, also called My Response**, is a user-friendly, easy-to-read display of the benefits returned from the payer. The goal of the My View is to bring forth the benefits that are most relevant to the user while hiding any benefits not relevant to the user’s role.
  - Each benefit is sectioned into its own box, called a **widget**.
  - My View is standardized so that regardless of payer, users will be able to locate specific benefits in their designated place on the My View.
5. **Customize** allows the user to customize the benefits displayed on their My View.
  - Users will need to configure a customized view for each payer type – for example, one for a commercial payer, one for Medicare, and one for Medicaid, etc.
  - After setting up a My Response view for each of these payer types, future transactions will appear using the preferences defined by the user.

From the Coverage Chevron, select **Customize**.



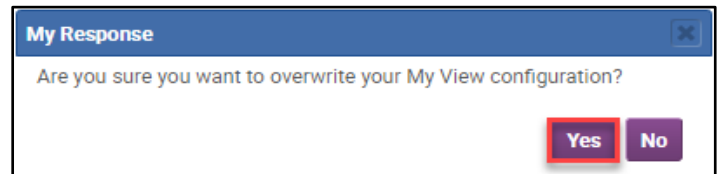
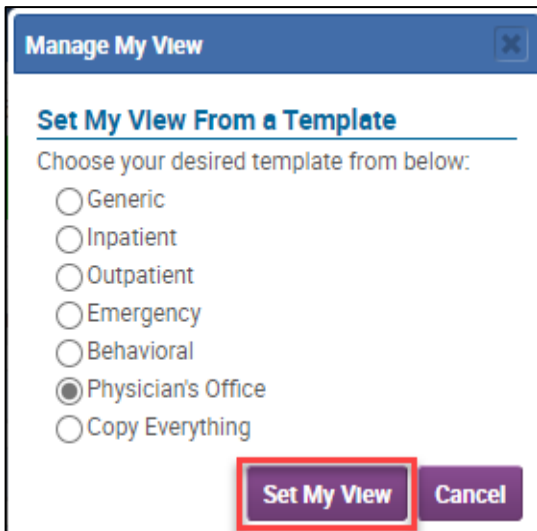
A new window will open. Select **Configure** to open the Manage My View window.



Available templates will open. These are Experian Health’s best practices of what a user working in a certain area would most likely want to see on their eligibility responses. For example, a user working in a physician’s office would most likely want to see Physician’s Office benefits on their My View. The generic template contains Inpatient, Outpatient, and Emergency benefits and is recommended for users who need access to multiple benefit types.



Select a template and click **Set My View**. Confirm you want to overwrite your My View configuration by clicking **Yes** in the My Response window.



The page will now display the benefits that are part of the chosen template. Review the template to become familiar with the benefits that are a part of the view.

Additional benefits pertinent to your clinic can be added to My View and benefits that are not relevant can be removed.

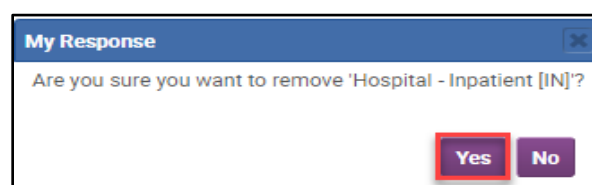
Widgets can be collapsed so they are easier to move around. Click the – button to collapse widgets and the + button to expand.



Remove any unneeded benefits by clicking the X on the widget.



Click **Yes** to confirm the removal.





View additional benefits under the other benefit tabs.

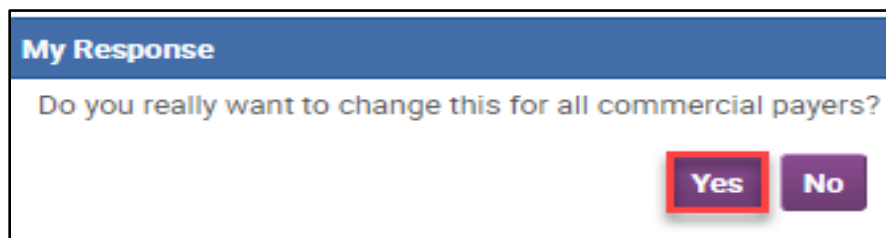


**Add a benefit** to My View by clicking on the star icon of the benefits widget. The star icon will turn into a checkmark to indicate that your preference has been saved. This benefit will now be located on the bottom left-hand side of the My View tab.

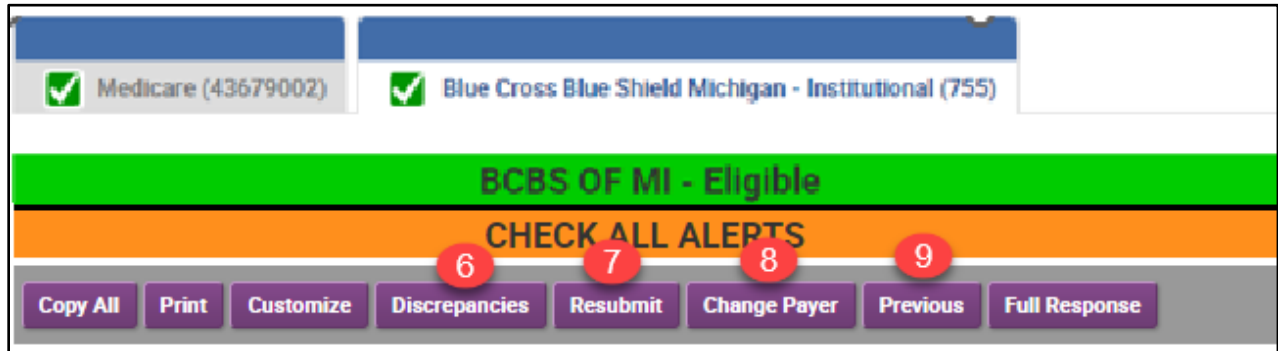
Items with a check mark are currently under My View and can be removed from the My View tab as stated above.

The location of the widgets on My View can be changed based on user preference. To reposition a widget, left click on the grey title bar of the benefit and drag and drop the widget to the desired location. Available benefits will vary by payer. For optimal results, customize using an active response that contains the benefits that you expect to see on your responses in normal circumstances.

Click **Save** in the upper right to save changes made during the customization process. A confirmation prompt will appear. Click **YES** to confirm the change for all responses for that payer type. Configure My View for each payer type. Ex: one for Commercial, one for Medicaid, and one for Medicare, etc.



After setting up a My Response view for each payer type, future transactions will appear using the preferences defined by the user.



- 6. **Discrepancies** are not enabled for Munson Healthcare.
- 7. **Resubmit** allows users to resubmit the request to the payer. This is not a best practice workflow because the changed information **will not flow to Cerner**.

### Resubmit Request

PATIENT:  MRN:   
 DOB: 11/2/2018 ACCOUNT:

**Blue Cross Blue Shield of Michigan Eligibility**

NPI:

Subscriber ID:   
Please include prefix when entering Subscriber ID.

Patient Group Number:

Patient Last Name:

Patient First Name:

Patient Date of Birth:

Patient Sex:

Relationship to Subscriber:

Eligibility Coverage Type:

Beginning Date of Service:

Ending Date of Service:

- After clicking Resubmit, users may edit any of the information that is being sent in the request to the payer.
- Click **Submit Request** to run eligibility with the new information.
- **Update Cerner Revenue Cycle with newly discovered information for the patient's policy.**

- 8. **Change Payer** allows the user to search for coverage with a different payer. When clicked the change payer tool will open a new window.

- Select the Payer Type.
- Select the Payer.
- Click Switch Payer.

- The submission form for the chosen payer will appear. The patient’s information will carry over from the previous transaction, so there is no need to reenter name, birthdate, and other required information. Note that the ID number from the previous transaction will also carry over and may need to be removed for successful results.
- Click Submit Request to run eligibility with the chosen payer.
- **Update Cerner Revenue Cycle with newly discovered information for the patient’s policy.**

9. **Previous** displays a listing of previous transactions run for the patient and allows the user to view past transactions. The information shown includes the date run, run by, encounter number, payer code, and status. If Resubmit or Change Payer was used, a checkmark will appear in the Manual Submit column.

Manual Submit	Date Run	Run By	Encounter #	Payer Code	Status	Response
✓	14/Jan/2024 17:37:20	Malak, Judy (6806973)	58279290	33364186	Active Coverage	<a href="#">Response</a>
✓	14/Jan/2024 17:12:47	Malak, Judy (6806973)	58279290	33364186	Active Coverage	<a href="#">Response</a>
✓	14/Jan/2024 17:11:58	Malak, Judy (6806973)	58279290	33364186	Active Coverage	<a href="#">Response</a>
	14/Jan/2024 16:10:55	Ashley Squires (6891977)	58279290	33364186	Active Coverage	<a href="#">Response</a>

Click on the Response link to view a previous transaction.

10. **Coverage Alerts** will appear on the right side of the response.

The screenshot shows the eCare NEXT interface. At the top, there are status indicators for 'EXP - SELFPAY PES (MEDICAID-MI)', 'Passport Found Medicare A and B (MEDICARE-EL)', and 'Passport Found BCBS MI (BCBS-MI)'. Below this is a green banner for 'CMS - Eligible' and an orange banner for 'CHECK ALL ALERTS'. A row of buttons includes 'Copy All', 'Print', 'Customize', 'Resubmit', 'Change Payer', 'Previous', and 'Full Response'. Underneath are tabs for 'My View', 'Patient', 'Plan', 'Part A', 'Part B', and 'Other Benefits'. The main content area is split into 'Medicare Days' (with sub-items like Hospital Full Days Remaining, Hospital Copay Days Remaining, Lifetime Reserve Days Remaining) and 'Patient' (with sub-items like Demographics, Member ID Code, Relationship). On the right side, there is a 'General Alerts' section and a 'Coverage Alerts' section with a red circle containing the number '10'. The Coverage Alerts list includes: Code: 53 Coverage Discovery; Code: 1 MEDICARE-ELIG Third Party Payer; Code: 11 MEDICARE-ELIG Self Pay, Active Coverage; Code: 54 MEDICARE-ELIG Coverage Discovery Added Insurance; Code: 10 MEDICARE-ELIG Passport Added.

11. The **Experian Health/Passport Reference Number** is a unique number listed at the bottom of all transactions along with a timestamp and name of the user running the transaction. Use this number to refer to the transaction. When contacting Ambulatory Informatics Support with inquiries about a specific transaction, please include the reference number.

Passport Reference #: 20240114-4978967  
 Transaction run on 01/14/2024 5:37:23 PM () by Malak, Judy (6806973)

### Payer Specific Education

For payer-specific education, visit the Regional PAS site at the link below. The first time accessing the site, you may need to request permission. Requests will be addressed Monday-Friday 8 am-4:30 pm. You will receive an email when access has been granted.

[PAS Site - Cerner Experian Education \(mhc.net\)](#)