

The



COVIVITAS

eChecker®

User Guide

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Welcome to the Covivitas eChecker® User Guide!

In the pages of this new publication by Covivitas, you will learn all about the Covivitas eChecker® and all the incredible things this process can do for your clinic.

You'll learn how to increase your clinic's productivity by streamlining the appointment process.

You'll learn how to identify MediCal enrolled self pay, sliding fee and general relief patients that might otherwise be missed in the billing process.

You'll learn how to create labels and print chart receipts to act as proof of eligibility.

You'll learn how to print reports to help your MediCal enrollers increase the number of eligible patients in your clinic.

You'll learn how to customize the eChecker to integrate seamlessly with your clinic's procedures.

You'll learn how other clinics use the eChecker in our Real Life Examples.

But, most of all, you'll learn why clinics throughout the state of California – and the nation! – are moving to this revolutionary eligibility process.

We here at Covivitas love to talk about the eChecker® and we love to hear from you. Be sure to visit the Covivitas website at www.covivitas.com frequently for updates, press releases, documentations and upcoming events for the eChecker® and the robust suite of Covivitas clinical products.

And, Happy eChecking!

Sincerely,

Michael DePaolo
Founder, Covivitas

How to use the **Covivitas eChecker®** and the **Covivitas eChecker® Report and Spreadsheet Output**

The Covivitas eChecker® is a service that provides batch processing of MediCal and HMO eligibility and enrollment on a daily basis. The process runs early in the morning and provides your results prior to the start of business at the clinic. When staff arrives in the morning, the results are there, waiting for them.

The eChecker® accomplishes this in two ways. In some cases, the eChecker® loads the results directly into your practice management system. This is the case with the following practice management softwares:

MegaWest®
Merritt®

In other cases, it distributes the output as Microsoft® Excel spreadsheet files or as Microsoft® Write text files. Practice management systems that use this method include:

Centricity®
Medical Manager®
NextGen®
Health Pro®

The information is gathered on a nightly basis through queries that extract a text file that is then run through the eChecker® to gather eligibility results. In order to be processed by the eChecker®, the patient must have at least one of the following pieces of information:

A validly formatted Social Security Number
A validly formatted MediCal ID (9, 10 or the new 14 character format)

And they must also have a validly formatted date of birth.

If any of these pieces are missing or incorrect, the eChecker® will disregard the record.

The eChecker will check ALL the valid IDs for a patient. So, if a patient has a 10 digit MediCal ID, a Family Pact ID and a valid SSN, the eChecker® will check all three and return results for all three.

A report is available in the MegaWest® system which provides easy-to-understand output for the clinic.

Here's what the prompts look like:

Medical Eligibility Report

12 MWS.AR COVIVITA

```
-----  
As of June 2, 2004, this report will run for  
All MegaWest FCLs!  
  
Enter the Earliest Date of Appointment: 07/05/2004  
Enter the Latest Date of Appointment: 07/07/2004  
Enter the Financial Class:(?,r)  
Enter the Location:(?,r)  
Enter the Provider:(?,r)  
Output device (F0) PF15,,,,,  
  
press RETURN to proceed  
-----
```

In this report, you can specify a range of appointment dates, a group of FCLs, Locations and Providers and you can output to screen (L) or to any PF printer.

If you leave the FCL, Location or Provider field blank, it will default to **ALL** FCLs, Locations or Providers.

The program then goes into MegaWest® and looks for appointments on the dates selected. It then links the appointments with the most recent eligibility results.

In the case of the other softwares, the query is pre-programmed and a spreadsheet is produced from the information gathered from your system. The spreadsheet is then loaded to a secure folder on our FTP site or transferred via VPN or dial-up networking to a folder on your network.

Here are some examples of the output for the direct output systems - please note that the SSN, MediCal Ids and patient identifiable information have been changed for HIPAA compliance.

```
Medi-Cal / FPACT Eligibility  
For Dates of Appointment 07/05/2004 to 07/07/2004  
All FCLs  
All LOCs  
All Providers  
Run On 07:24:31am 06 Jul 2004  
Page 2  
  
LOC... DR.. Time/Date. ACCOUNT... Name - ID..... FCL MediCal Eligibility.....  
of Appt...  
  
09:00am 00/00/00 123-45-678  
109- 07/06/04 645569 SIMPSON, HOMER J 15 LAST NAME: SIMPS. EVC #: 9648WJGT7G. CNTY CODE: 1  
16 5. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/ NO SOC.  
HEALTH PLAN MEMBER: PHP-SPRINGFIELD FAMILY HEALTH CARE:  
MEDICAL CALL (800)391-2000.  
  
09:00am 00/00/00 12345678C0  
109- 07/06/04 199405 GUMBLE, BARNEY 12 LAST NAME: GUMBLE. EVC #: 49476D9PRL. CNTY CODE: 1  
16 5. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC.  
  
09:30am 00/00/00 1234567890  
109- 07/06/04 637253 MC CLURE, TROY  
16
```

The fields in the report are as follows:

LOC – Location of Appointment. If you make your appointments by location, the LOC will appear here.

DR – Provider Number

TIME/DATE OF APPT – The time and date of the appointment

ACCOUNT – the Patient Registration number – unique to each patient

NAME – ID – The patient name, Date of Birth and the ID used to check eligibility. If multiple IDs are found then multiple records can appear here.

MEDICAL ELIGIBILITY – The eligibility message.

One of the nice things about this report is that it is very easy to customize. In fact, Covivitas promises that if a piece of data is in the system and we can link it to the appointment, provider or patient, we can put it on the report!

In the example below, we have two clients who are enrolled in MediCal:

```
Medi-Cal / FPACT Eligibility
For Dates of Appointment 07/05/2004 to 07/07/2004
All FCLs
All LOCs
All Providers
Run On 07:24:31am 06 Jul 2004
Page 2

LOC... DR.. Time/Date. ACCOUNT... Name - ID..... FCL MediCal Eligibility.....
of Appt...

109- 09:00am 00/00/00 123-45-678
16 07/06/04 645569 SIMPSON, HOMER J 15 LAST NAME: SIMPS. EVC #: 9648WJGT7G. CNTY CODE: 1
5. PRMY AID CODE: 3N. MEDI-CAL ELIGIBLE W/ NO SOC.
HEALTH PLAN MEMBER: PHP-SPRINGFIELD FAMILY HEALTH CARE:
MEDICAL CALL (800)391-2000.

109- 09:00am 00/00/00 12345678C0
16 07/06/04 199405 GUMBLE, BARNEY 12 LAST NAME: GUMBLE. EVC #: 49476D9PRL. CNTY CODE: 1
5. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC.

109- 09:30am 00/00/00 1234567890
16 07/06/04 637253 MC CLURE, TROY
```

Patient 645569, Homer J. Simpson, is enrolled in MediCal and is a member of the Springfield HMO. His best friend, Barney Gumble, has full MediCal coverage with no share of cost. People within the clinic that are familiar with the MediCal POS machine or the MediCal website (www.medi-cal.ca.gov) will notice that the message in the report is the same as the message on the POS strip or the website page. The eChecker® captures all the fields available, including County and Aid Codes. It also collects the FPACT recertification date and separates it into its own field.

The eChecker® can also reveal clients that may be registered as self pay, but in reality have MediCal coverage:

LOC...	DR..	Time/Date.	ACCOUNT...	Name - ID.....	FCL MediCal Eligibility.....
		of Appt...			
113-		07/06/04	177940	HUTZ, LIONEL	625 SUBSCRIBER LAST NAME: HUTZ. EVC #: 204DW15MBV. C NTY CODE: 37. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN
		12:00pm		00/00/00 123456789	

At the time the appointment was made, Lionel Hutz did not provide proper information to the appointment staff. He had no idea that he was enrolled in MediCal – perhaps he thought that his enrollment had ended, or the MediCal approval never got to him. Because he provided a valid SSN and date of birth, the eChecker® was able to identify him as a MediCal enrolled patient with full MediCal coverage. Of course, Lionel will still receive the same wonderful treatment from your clinic, regardless of his payer source, but from a billing standpoint, it allows the clinic to move the client to the most effective funding source.

LOC...	DR..	Time/Date.	ACCOUNT...	Name - ID.....	FCL MediCal Eligibility.....
		of Appt...			
223-		07/06/04	233765	WIGGUM, CLANCY	100 NO RECORDED ELIGIBILITY FOR 07/04.
		1:00pm		00/00/00 123456789	

If a client has a validly formatted date of birth and MediCal ID or SSN, and the client is NOT enrolled in MediCal, the report will reflect this with the NO RECORDED ELIGIBILITY message.

This message is very important for two reasons:

1. If you think that a patient is MediCal enrolled and he produces this message on the report, then something is going on that may very well cause the claim to be rejected when submitted for payment – the ID and date of birth doesn't line up, there is a data entry error, the patient fell off of MediCal for some reason. The message becomes a warning to check a little deeper in the patient's information before submitting the claim to MediCal.
2. Why would you want to know who ISN'T enrolled in MediCal? To enroll them, of course! A list of non-enrolled patients can be provided for the MediCal worker as a starting place for enrolling new patients to the program. Covivitas provides a report with this information that can be run daily based on appointment times.

There is a third result that may end up in the Eligibility Message column. If the data supplied by the practice management system is invalid in format – that means that either the date of birth is invalid or missing or the SSN or MediCal ID is invalid or missing - a **blank** result is returned:

LOC...	DR..	Time/Date.	ACCOUNT...	Name - ID.....	FCL	MediCal	Eligibility.....
		of Appt...					
113-		07/06/04	159387	FLANDERS, NED		1	
3		12:00pm		00/00/00	1234567890A12		

Ned Flanders has an ID number that does not match any of the MediCal formats or the SSN format. So, the eChecker® can't check the appointment. Since the eChecker® looks at all the Insurance IDs attached to the patient, this may be a perfectly valid ID for another program, or it may be a mistake in data entry. A proper response would be to go to the patient registration and double check the data.

The results for the spreadsheets are very similar to the results from the report. Here is an example of the spreadsheet output:

Springfield Genral Clinic Services MediCal and SpringHealth Eligibility Information for All Sites
For Appointment Dates of 02082005
Eligibility Information Provided by the Covivitas eChecker

Appt Date - Time	Acct.	Patient Name	SSN	Insurance ID	Pay Src	Date of Birth	Provider Name	Eligibility Message	EVC Number	HIC Number	Aid Code	Springfield Eligibility
2/8/2005 9:00	212350	Muntz, Nelson	123456789	1212124A	SSN	1/1/2006	1 - Nick Riviera	SUBSCRIBER LAST NAME: MUNTZ. EVC #: 0000000. CNTY CODE: 01. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN.	000000		60	
2/8/2005 9:15	46070	Terwilliger, Bob	123456789	1212124A	3	1/1/2006	1 - Nick Riviera	SUBSCRIBER LAST NAME: TERWILLIGER. EVC #: 00000. CNTY CODE: 01. PRMY AID CODE: 10. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. PART B MEDICARE COV W/HIC #11111111 . BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL.	0000000	1111111	10	
2/8/2005 9:30	256415	Terwilliger, Cecil	123456789	1212124A	SSN	1/1/2006	1 - Nick Riviera	NO RECORDED ELIGIBILITY FOR 02/05.				
2/8/2005 9:45	219997	Bouvier, Selma	123456789	1212124A	62	1/1/2006	1 - Nick Riviera	NO RECORDED ELIGIBILITY FOR 02/05.				

The formatting has been changed to fit the User Guide, but the basic idea of the spreadsheet is the same as the report. The Eligibility Message is linked to an appointment and the other fields are available as per client request. Worksheets are available later in this guide to help customize the spreadsheet and the report to best fit your clinic's business processes. Be sure to look at these worksheets and to contact Covivitas if you have any questions.

Other Forms of Output

The Covivitas eChecker can provide a variety of eligibility output for your clinic. We've already reviewed the Covivitas eChecker report and spreadsheet but there are three other important forms of output that your clinic can use with the eChecker®. We'll also talk a little bit about "CoviviPort" – a web based portal for clinic eligibility and enrollment information that will provide reports, labels, spreadsheets and more on demand!

While the reports and spreadsheets are a tremendously valuable tool for both billing and front office, they do not satisfy the need for proof of eligibility for individual patients. Can the eChecker produce single receipts that can be placed in individual charts or single labels that can be attached to superbills and charge slips?

Yes, it can!

The eChecker can produce both types of documents! Let's take a look at some samples.

Sample 1 – The eChecker Receipt

The eChecker receipt is a full 8 1/2 by 11 inch document that represents the information from the MediCal website and POS machine. The documents are printed nightly to a specific printer or printers based on your choices. The receipts can be used as proof of MediCal eligibility and represent all the fields from the website and POS device.

But, the receipts also show appointment, patient and provider information from your medical system as well! No more lost POS strips and web screen shots. With the Covivitas eChecker Receipts, you will have the patient information printed right on the printout!

Because the document has the EVC number included, these receipts are considered acceptable proof of eligibility for MediCal audits.

```
COVIVITAS eCHECKER ELIGIBILITY RESPONSE

Eligibility transaction performed by provider: ABC12345F
Eligibility Check Date: 02/12/2004

Medical System Information
Patient: 12345 - Smith, John
Birthdate: 03/30/1996
Date of Appointment: 02/13/2004
Time of Appointment: 09:40am
Provider: 16 - HARVEY ROSALES, MD

Medical Response Information

Name: SMITH, JOHN

Recipient ID: 123456789

Date of Service: 02/12/2004
Date of Birth: 03/30/1996
Date of Issue: 02/12/2004

Primary Aid Code: 68
First Special Aid Code:
Second Special Aid Code:
Third Special Aid Code:

Recipient County: 19
HIC Number:

EVC (Eligibility Verification) Number: 4XX67XXXX

Eligibility Message:

LAST NAME: SMITH. EVC #: 4XX67XXXX. CNTY CODE: 19. PRMY AID CODE: 68. -
MEDI-CAL ELIGIBLE W/ NO SOC.
```

Sample 2 – The eChecker Label

One of our clinic clients came up with the great idea of creating a small label that includes appointment as well as eligibility information. These labels can be printed every morning by the front office staff based on provider or location and they can then be attached to charge slips and superbills.

The Covivitas eChecker Label Generator is a local software program that extracts the label information from your medical system and creates beautifully formatted 2" X 4" laser labels (Avery type 5363) that can be printed on any Windows printer!

Here's an example:

```
18824 XXXXXXXX, XXXXXXXX 11/28/1997
Appt Time/Date: 01:32pm 03/03/2004
Dr: 6 - SMITH, JOE, MD
Recp ID:12345678P Cty: 19 Aid Code: 34

Eligibility Response
LAST NAME: XXXX . EVC #: XXXXXXXX. CNTY CODE:
19. PRMY AID CODE: 34. MEDI-CAL ELIGIBLE W/ NO
SOC. HEALTH PLAN MEMBER: PHP-HEALTH NET: MEDICAL
CALL (800)675-6110. HCP: LA VIDA MED GRP CALL:
(310) 214-8677. PCP: SMITH, JOE, MD
```

The label format and output can be customized as per your clinic's needs. Any information that is available in the practice management system can be added to the label.

Sample 3 – CoviviPort

Covivitas is currently developing a web based application that will allow clients to access the eChecker® results through a secure internet connection. Covivitas will be hosting the program in house and will be through testing by June of 2005.

Why would you want to access the eChecker® information on line?

First, it allows the end user a large number of output options – reports based on provider, or date, or location, spreadsheets, receipts, labels and more.

Second, it allows billing staff to look at a patient's enrollment record. If the patient has visited the clinic in the past, their enrollment will be stored in the system and it will be accurate as of the date of service.

But the third reason is the most interesting. Let's say your clinic has a school based site, or a very remote site, or even a mobile clinic and you make your appointments from a centralized location. The eChecker can act as a representation of the appointment schedule!

Here's how that would work:

The mobile clinic would access the internet via a wireless signal. The staff member would then log onto the Covivitas CoviviPort site and access the eligibility for the mobile clinic site. Staff could then run the eChecker report by Date and Time and they would have an exact representation of the schedule for that day!

A link to the beta version of the CoviviPort program will be available in April at the www.covivitas.com website. Be sure to visit our website frequently to learn more about CoviviPort and other eChecker enhancements and events.

Frequently Asked Questions

In our five years of providing services to the community clinics of California, we have been asked a lot of questions. We've decided to share some of the more interesting and perceptive questions with you:

When running the eChecker®, why does it select multiple IDs?

This is done for a variety of reasons: Sometimes, the MediCal results may be updated for one program but not for another. Other times, the Social Security number may not be linked to the patient, and other times, there may be a data entry issue. The more IDs that we check, the more likely we are to find enrollment for an individual that may be in a non-MediCal financial class.

Let's take a look at an example – Patient 12345, Joe Smith. This patient had two numbers that were formatted correctly. Only one of them produced a result – the Family Planning ID. And, that will be the message returned on the report:

```
SMITH JOE                NO RECORDED ELIGIBILITY FOR 01/05.  
SMITH JOE                SUBSCRIBER LAST NAME: SMITH. EVC #: XXXXXXXXXXXX. C  
                           NTY CODE: 37. FAMILY PACT ELIGIBLE, RECERT DATE IS  
                           12/19/2005.
```

There are exceptions to this. If a patient has FPACT and MediCal Enrollment, both messages appear. Also, you can request that ALL messages appear on the report by simply contacting Covivitas. And, all messages and IDs appear on the spreadsheet output.

How does the eChecker® choose which message to show on the report?

The eChecker® chooses the most valid message based on length. However, if your clinic wishes to use a different selection criteria based on Financial Class or Appointment Type, please let us know and we will make the changes.

Can we see ALL the messages for a given patient in the report?

Yes, you can! Again just let us know and we will make the changes.

How does the eChecker® query work?

Every night, a query selects all of the appointments for a range of dates:

Yesterday (Date - 1)
Today (Date)
Tomorrow (Date + 1)

The query can be expanded all the way to Date + 5. So, you can run the eChecker® report for appointments up to 5 days in the future!

Why would you run yesterday's appointments?

Most clinics add their walk in patients to their schedule as they arrive. At the end of the day, you have a true representation of that day's visits. At this point, the eChecker® becomes a billing tool as well as a front office tool! Your billing staff can run the eChecker® report and find the following:

- Data Entry Errors
- MediCal payer source patients that are not enrolled in MediCal
- Self Pay patients that are enrolled in MediCal

From there, with the information provided by the eChecker®, the billing staff can make the appropriate changes.

What are "valid" formats for Social Security Numbers and MediCal IDs?

There are a variety of format filters that the eChecker® uses to make sure that only correctly formatted insurance IDs are being checked.

A Social Security Number has a format of 9 digits: NNN-NN-NNNN

The eChecker strips out the dashes and spaces before checking the eligibility. There is also another Social Security Number rule:

If the same digit is repeated nine times, that is an invalid SSN.

So, the eChecker does not check 000-00-0000 or 999-99-9999.

Due to the wide variety of MediCal ID formats, the eChecker® filter in the case of MediCal is much more robust:

Old MediCal and FPACT:

8 digits, 1 letter, 1 digit - 10 total length

MediCal HMO:

8 digits, 1 letter - 9 total length

New MediCal and BCEDP:

14 Characters

If the ID is not one of these formats, the result will be a blank Eligibility Message.

Are there any other rules regarding MediCal IDs that we should be aware of?

If the ID number is 10 characters long, MediCal only needs the first 9 characters. This is done to avoid the problems with the extraneous character and check digits.

If the ID is 14 characters long, MediCal needs all 14 characters.

Also, Covivitas is aware of the change to the 14 digit MediCal ID numbers. All eChecker® systems are capable of handling the new IDs.

How does the eChecker® handle walk-ins?

The eChecker® can do a lot of things, but it can't predict who is coming in without an appointment. However, the eChecker® is scheduled to check **one day back!** So, if you are entering walk-ins into the schedule, you will be able to run a report on their eligibility the following day.

Can the eChecker® run by Location?

If the location is being gathered at the time of appointment – Yes! Also, if your location is contained in the provider or clinic number, the eChecker can run the report based on that. Or, if you have a list of providers that are stationed at one location, you can run and sort the report based on that.

The same holds true for the spreadsheets – we can break them up by provider, by location or by date.

Can the eChecker® automatically print the report each morning?

Yes it can! All you have to do is give Covivitas a list of sites and printers and we'll set up the eChecker to do the rest.

What are some reports that other clinics use?

All of our eChecker® reports come from suggestions made by the clinics. Here are some examples of reports that other clinics use on a daily basis:

Self Pay/Sliding Fee patients with MediCal eligibility!
All patients without eligibility – for MediCal enrollment!
Billing and Appointment specific reports!

And if you have any ideas for a report, please let us know!

By April 1, 2005, Covivitas will be providing a uniform reporting package for all eChecker® MegaWest® installations and we will send you a document describing the new reports!

How can I tell if the eChecker® ran during the morning?

For MegaWest® users, there is an eChecker® log program located on your system, usually in the Appointment Menu. Every day, when the eChecker® has loaded its MediCal results file into your system, a log entry is created and can be viewed in this program.

Starting April 1, the eChecker logs will be available on line for clinics that are not running MegaWest®. Be sure to check the Covivitas website (www.covivitas.com) for more information on this free service.

What if there are problems with the eChecker®? What should I do?

First, send an email to ecker@covivitas.com or call our toll free number 886-887-5678. A Covivitas technician will examine the issue and repair it as soon as possible.

What should I do if I want a custom report or custom programming?

Start by visiting our website and requesting a work order quote:

<http://www.covivitas.com/workorder.asp>

You can describe your specific customization and a Covivitas representative will be in touch with you with a quote.

Getting The Most Out of The eChecker®

Because the eChecker® is a unique and revolutionary process, sometimes clinics need some guidance in implementing the eChecker® and integrating the process with the daily workflow. Covivitas realizes that these challenges can sometimes be daunting, so here are some suggestion to get the most out of your clinic's eChecker®"

Implementation Area 1 – The Front Office

Implementation

On a daily basis, the eChecker® report or spreadsheets are run for the Front Office staff for the same day through two or three days into the future. Receipts and labels can then be run on demand.

How Implementing the eChecker® This Way Helps The Front Office:

No more "swiping and typing" of MediCal Cards so staff can spend more time face to face with clients.

The report can provide recertification dates so patients that are due for FPACT recertification can be recertified upon arrival.

MediCal payer source patients with "NO ELIGIBILITY FOUND" or blank messages can be asked for further documentation.

Self pay patients who have MediCal are identified by the report and can be switched to MediCal at point of entry.

If the MediCal site is down during the day, eChecker oftentimes produces a file and can act as a back up for the MediCal website or POS Devices.

Staff can create appointment labels upon arrival in the morning.

Staff can also print receipts for clients to add to the next day's charts.

Implementation Area 2 – The Billing Department

Implementation

On a daily basis, the eChecker® report or spreadsheets are run for the Billing Department staff for the prior day. This report will reflect all patients for that day including walk-ins. The report should be customized for the Billing Department's use.

How Implementing the eChecker® This Way Helps The Billing Department:

Running the report the day after provides eligibility and enrollment of ALL patients, including walk ins.

Covivitas can provide a report of Non-MediCal payer source patients with MediCal enrollment who might otherwise have “slipped through the cracks”.

Prior to submitting MediCal claims electronically, a review of missing messages on the report allow you to check MediCal IDs and dates of birth for format errors, thereby reducing the number of denials.

The report can act as a list of enrolled clients and can be used as an archived reference of enrollment at the actual date of appointment.

EVC numbers are provided with all visits for cross reference and reimbursement of denied claims with MediCal.

All visits can be checked centrally, regardless of site. The scope of the process is clinic wide.

Allows for centralized retrieval of eligibility and enrollment information.

Area 3 - Increasing Clinic MediCal Enrollment

Implementation

On a daily basis, the staff member responsible for increasing MediCal enrollment can run a report which matches the appointments for the day. The report will contain only patients not enrolled in MediCal. From this list, the staff member can begin to identify potential new MediCal clients.

How Implementing the eChecker® This Way Helps MediCal Enrollment:

By providing a list of non-enrolled clients, the number of contacts per MediCal enrollee decreases.

The report can be customized as a call list or a mailing list.

Since the report can match schedule, the enroller can see people as they arrive.

Some Stuff For The "Techies"

One of the most important parts of the eChecker® is how it integrates technically with your practice management system. In this section, we examine how the eChecker® connects to your system, how it integrates with your software and how you can create your own reports using the UniVerse® dictionary items and subroutines provided by Covivitas.

Here's how the eChecker® process works for an SQL server/ ODBC system, such as Medical Manager or Centricity:

1. Covivitas requires network access to the client system. This access can be provided through VPN, dial up or telnet.
2. Covivitas requires a unique client log in to the network, with security levels that allow Covivitas to:
 - i. Access the medical system data or reporting system data (Infopoint) through an ODBC or ADO connection.
 - ii. Read/Write/Delete access to a folder on the network which will store the output for distribution
3. Covivitas also requires the clinic passwords for MediCal and any other health plans that the clinic wishes to check.
4. At a scheduled time every night, Covivitas will access the clinic system via the network connection provided by the clinic.
5. Covivitas will run a query on the system data based on the parameters provided by the clinic.
6. The query data will be saved in a flat ASCII text file.
7. No data will be added, delete or changed in the medical system. Covivitas ONLY REPORTS ON THE DATA.
8. Upon completion of the query, the file is transferred to the Covivitas server.
9. Once the file transfer has been completed, the Covivitas server disconnects from the client system and begins the eChecker process on the Internet.
10. Access to the health plan websites is secured by the clinic passwords.
11. Upon completion of the eChecker process, the results are formatted in the manner requested by the clinic, e.g., Excel Spreadsheets, HTML, text.

12. The Covivitas Server then reconnects to the client system and places the output in the requested folders.
13. Covivitas disconnects from the system and waits to run the following day.

Integrating eChecker® with MegaWest®

The **eChecker®** results can be integrated seamlessly with your MegaWest® practice management system. You can create reports and procedures which can be run from the eChecker® data and ACCESS query statements can be created using the eChecker results as criteria.

How the eChecker® integrates with MegaWest®:

1. A flat file is imported into the UniVerse® database and is parsed into a UniVerse® file
2. The parsed file is then linked to the Appointment (APPT) file through the dictionary item MEDI.ELIG.
3. As the eChecker gathers the eligibility information every night, the parsed file is updated and expanded with the most recent results.

eChecker® output in MegaWest®:

Along with the report, label and receipt output, your clinic can also obtain the eChecker® results by using the UniVerse® query language ACCESS. Here are some examples:

1. This will give you a list of all appointments with some sort of Eligibility response:

```
> SORT APPT WITH MEDI.ELIG <> " " MEDI.ELIG
```

2. This will give you a list of all appointments on February 15, 2004 with no recorded eligibility:

```
> SORT APPT WITH !DATE = "02/15/2004" AND WITH MEDI.ELIG = "NO RECORDED]"
```

3. This will give you a list of appointments from February 22 to February 29 with valid eligibility:

```
> SORT APPT WITH !DATE >= "02/22/2004" AND WITH ! DATE <= "02/29/2004" AND WITH MEDI.ELIG <> "NO RECORDED]" AND WITH MEDI.ELIG <> " "
```

The eChecker® output can also be exported to a Microsoft Access or Excel spreadsheet using the Wintegrate® Query Builder utility. All the fields available in the on line report can be found as UniVerse® dictionary items in the APPT file.

The results of the Query Builder process can then be used to print labels or other custom output. The Access or Excel file can be customized to include MegaWest® information as well as eChecker® information.

Covivitas eChecker Sample Query

Date Condition	Query #1	Query # 2
Normal Day	Checks 1 day in Advance	Checks 2 days in Advance
Regular Saturday	Checks 2 days in Advance	Checks 3 days in Advance
1st of the month	Checks the same day and 1 day in Advance	Checks the same day, 1 day in Advance and 2 days in advance
Saturday the first of the month	Checks Monday and Saturday	Checks Monday, Tuesday and Saturday
2nd of the Month on a Monday	Checks the same day and 1 day in Advance	Checks the same day, 1 day in Advance and 2 days in advance

eChecker® Worksheets

Installing and configuring the Covivitas eChecker® is a snap if you use the eChecker® worksheets! These worksheets will guide you step by step from setting up the eChecker®, to creating the query and customizing the reports and labels.

Worksheet #1 - eChecker® Tech Worksheet

Complete this worksheet to provide connectivity between your clinic and the Covivitas eChecker®

EChecker® Network Login Name	
EChecker® Network Password	
ODBC login name	
ODBC Password	
VPN TCP IP Address	
Location of Folders	
MediCal Login	
MediCal Password	

Notes:

Worksheet #2 - eChecker® Query Worksheet

Complete this worksheet to define the dates of your Covivitas eChecker® query.

On This Day	I want to see results for
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Notes:

Worksheet #3 - eChecker® Spreadsheet/Database Worksheet

Use this worksheet to define the fields and sort order of your Covivitas eChecker® report or spreadsheet. If you have any special requests, be sure to include them in the Notes section.

Spreadsheet/Database Element	Dictionary Item - Field Name
Date of Appointment	
Time of Appointment	
Patient Account Number	
Patient Name	
Social Security Number	
MediCal ID (If any)	
Date of Birth	
Address	
City	
State	
Zip	
Phone	
Gender	
Location	
Language	
Ethnicity	
Provider Name	

**Worksheet #3 - eChecker® Spreadsheet/Database Worksheet,
Continued**

Other Fields:	
Eligibility Message	eChecker
EVC Number	eChecker
HIC Number	eChecker
Aid Code	eChecker
Other Fields:	

Notes:

Worksheet # 4 - Eligibility Output

Please use this worksheet to help your Covivitas representative properly configure your eligibility output.

1. Do you wish to create:
 - Receipts
 - Labels

 2. What Medical software are you currently using?
-

Parameters of the Receipts

3. Would you like receipts for:
 - MediCal Eligible Patients Only
 - All Patients with an eligibility message including "NO ELIGIBILITY FOUND"
 - All patients regardless of message

4. Would you like your receipts to be printed automatically on a nightly basis to a system printer?
 - Yes
 - No

5. If yes, to which printer: _____

6. Would you like to send the results to multiple printers? If yes, please describe how you would like the results dispersed to these printers:

HIPAA and Security

Security and HIPAA have both been in the news a lot lately – and for good reason. Client confidentiality and information security are two of the most important Information Technologies issues facing clinics today.

How Does the eChecker Address Client Confidentiality?

First, the eChecker® process itself is HIPAA compliant and secure. At no time is your system connected simultaneously to Covivitas and an open Internet connection. Once the data has been extracted, Covivitas disconnects from the client system and then begins the eChecker® process.

Also, Covivitas acts as a processing agent, not a storage facility. Once the records are formatted and distributed to our many clients, the data is deleted from our system.

The eChecker® runs as a clinic specific process so only your clinic's information is checked under your clinic's passwords and IDs. And, Covivitas always insists on a signed HIPAA Business Partner Agreement with all of its clients.

More Security Features!

The eChecker® can provide even more security features including

- Passworded Reports
- Report access based on user log in
- CoviviCloak – a Covivitas process that can mask patient identifiable information on output such as reports, receipts and labels

Covivitas is very serious about its commitment to security and confidentiality. If you have any questions concerning these very important topics, be sure to contact us at Covivitas@covivitas.com.

Real Life Examples

When implementing the eChecker®, many clinics like to know how their peers are using the service. And, we like to know, too! After all, our best ideas come from you, our loyal eChecker® users!

We've seen some of the ideas that the clinics have provided earlier in the User Guide - ideas like the labels and non-enrolled patient report. But, here are some other ways that clinics throughout the state use the eChecker®:

One clinic in Los Angeles runs the eChecker® twice a day - once in the early morning and once again in the late morning. The clinic is now able to pick up extra appointments that are made in the morning so that the labels are that much more complete.

Another clinic in the Central Valley uses the eChecker® to proof MediCal billing. If a patient on the report is scheduled to be billed to MediCal, but they are missing an eChecker® message, the billers know that there is a data entry error that they must correct. The clinic has seen a marked reduction in MediCal denials due to poorly formatted or missing information.

A clinic in San Diego has the reports divided by clinic group rather than site, while another in the Central Valley schedules the reports to run automatically every night.

And, one clinic in the Central Valley checks over 100,000 patient appointments every three weeks. That's a lot of "typing and swiping" that staff does not have to do, which is a gigantic savings in labor and time.

Why is the eChecker® so popular?

Here's another real life example - this time from a large Central Valley clinic. Covivitas was asked to do a study of the fiscal impact of the eChecker on the clinic based on the number of "lost" claims - claims that were viewed as self-pay or sliding fee that were, in fact, for MediCal enrolled clients - that the eChecker located.

The results were quite impressive:
Over a one month period...

The clinic had a total of 32,346 appointments.

Of these, the eChecker® could check the enrollment of 21,290 patients.

The total checked reflected 8,099 self pay/sliding fee appointments

Here's where it gets interesting!

Out of 8,099 Self Pay Appointments, eChecker® found:

36 FPACT Enrolled Patients!

223 Straight MediCal Enrolled Patients!

That means, at an average value of \$85.00 per claim:

36 FPACT Claims

Amount: \$3,060.00

223 Straight MediCal Claims

Amount: \$18,955.00

Which prorates to \$22,015.00 in revenue for the month and \$227,460.00 for the year!

From this real life example, you can see the value and power inherent in the eChecker® process. By using the eChecker® results on a daily basis, your clinic is well on the way to increased revenue, reduced workload and more accurate understanding of your patient flow.

Other Covivitas Products

The eChecker® isn't the only product or service offered by Covivitas. In our five years working with the Community Clinics of California, we've come up with a wide array of time saving and revenue producing products:

The Covivitas RADical - post your MediCal payments at the touch of a button. The Covivitas RADical will load your RADs, create adjustments based on your logic and codes and it will prepare your payment batches for posting. And you can have this all for one low fee! Comes complete with Revenue Maximization reporting and denial reports.

The Covivitas Form Maker - Print registration forms, super bills and charge slips directly from your medical system. Covivitas can customize the output to match your clinic's workflow and forms. Best of all, you can print the forms on any Windows printer.

To learn more about Covivitas and our many clinic products, be sure to visit the Covivitas website at www.covivitas.com or email us at covivitas@covivitas.com.

Covivitas Contact Information

Here at Covivitas, we love to hear from our clients. Be sure to email us with any questions or comments and be sure to visit our website regularly at www.covivitas.com

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