PatientTrak Rx - Incorrect Eligibility Status

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PatientTrak Rx – Incorrect Eligibility Status

Purpose: Follow this procedure when a user reports that a patient has the incorrect Eligibility Status in PatientTrak Rx. Eligibility status of patient is determined based on Living Arrangement (eCC), Payor Exclusion (eCC) and Not Contracted statuses.

Required Information to be documented in each incident:

Contact NameContact NumberClinic / Facility NumberPatient NamePatient MRNCorrect Status (eligible/ineligible) and reason for said statusScreenshot of the PatientTrak RxScreenshot of eCC showing correct Living Arrangement or Financial Class/InsuranceIf multiple patients involved, each patient's specifics need to be provided

Troubleshooting Process:

1. Confirm with user that the issue matches the issue reported.

2. Please document required information and troubleshooting details in the incident.

3. Please attach any referenced knowledge articles to the incident.

4. Following are valid reasons for Ineligible Status

Living arrangement: Nursing Home, Correctional Facility, Assisted LivingPayer Exclusions: Kaiser Permanente, IHS (Indian Health Services), Veterans Contracted (Veteran Administration, VA),

5. If patient has incorrect BMM status due to Living Arrangement:

Check in eCC if Living Arrangement is correct.For example, if patient is in a House, check the Visit tab in eCC, Living Arrangement should reflect House. If living arrangement in eCC is incorrect, changes have to be made by the Clinic in eCF, under the most recent encounter for the visit. Once eCF and eCC reflect correct info, please allow up to 24 hours for PatientTrak Rx to update.

6. If patient has incorrect BMM status due to Payor Exclusion/Insurance

Check in eCC, Visit Tab if Financial Class is set correctlyFor example if patient should be excluded because patient insurance is Veterans Contracted (Veteran Administration, VA), check the visit tab to see if this is correctly reflected

If it is incorrect, user will need to contact their Billing Group or Insurance Coordinator to ensure insurance information is updated in eCube Financials. Clinics cannot and should not update insurance information in eCF.

7. Follow the resolution process.

8. If issue persists after all checks are completed, follow escalation process.

Classification Requirements

Category

Software & Applications

Subcategory

Clinical Applications

Service

PatientTrak for FreseniusRx

Resolution Process

Please review/update Classification and provide customer with the Incident number for their reference prior to resolving.

Resolution Categorization

Resolution Code

Solved Remotely (Permanently)

Resolution Category

Software & Applications

Service

Clinical Applications

Escalation Process

Please review/update Classification and provide customer with the Incident number for their reference prior to escalating.

Specifics for each patient needs to be provided.

Assign the Incident to the Following Group

DTI-EUX-Help Desk-Clinical Java Review – L1

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