

# *Covivitas*

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# **The Covivitas eChecker® User Guide**

**Final Draft**

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# Introduction

My name is Michael DePaolo and I am the Founder of Covivitas. Many years ago, I was asked by a community clinic in California to create an automated system to check MediCal eligibility for their patients. Over time, this system evolved into The Covivitas eChecker®. The eChecker® is now in place in over 100 community clinics, dental practices, home health services and behavioral health agencies throughout the United States. The Covivitas eChecker® helps these organizations streamline their patient registration, locate encounters that could be billed to MediCal and track changes in patient eligibility and status. The Covivitas eChecker® has become a powerful tool that helps clinics like yours every day.

This user guide is meant to help you use The Covivitas eChecker® to its fullest. The user guide will show you how the eChecker® works, how it can be implemented and how it can help your clinic on a daily basis. The guide includes output samples, policy descriptions and technical information that will allow you to confidently use the Covivitas eChecker® going forward.

When my loyal assistant Beaker heard that I was working on a user guide, he wanted to help! You'll see him in the manual, from time to time, sharing interesting facts about computers, technology and health. He hopes you will enjoy these little tidbits and is very happy to have a chance to meet everyone.

Thank you for your interest in The Covivitas eChecker® and I hope you enjoy reading this User Guide as much as I enjoyed writing it.

Sincerely,

Michael DePaolo  
Founder, Covivitas



**Beaker – From an old print**

# **Chapter 1 – What is the Covivitas eChecker®**

The Covivitas eChecker® is a fully automated eligibility verification system that fully integrates with Exym. The Covivitas eChecker® is a proven reliable solution - and has been for a long time. It has been operating since 2004 providing accurate and timely MediCal Responses for clinics throughout the United States. Our clients provide behavioral health services, home health care and dental services. Some are also FQHCs, Community Clinics and hospitals providing outpatient and emergency services to their patients.

The best thing about the eChecker® is that it is **FULLY** automated. That means it runs every night and provides verifiable MediCal output without any extra work for you. It runs while you sleep and the results are automatically loaded and integrated with Exym. This allows the eChecker® to directly help with your clinic work process. And since the Covivitas eChecker® is fully hosted by Covivitas, there are no technical demands whatsoever on your clinic. Just log into Exym after 7:00 AM PST and the results will be there for you, ready to go!

The eChecker® was developed with the help of community clinics and their input was interesting, challenging and invaluable. One of the things that Covivitas learned early on in the development process – and one of the things that has held true since – is that the challenges of community clinics are very similar regardless of location or services provided. If you're in LA or Sacramento, San Francisco or Parlier, even Pennsylvania or Hawaii, this is constant:

When we look at patient eligibility, all clinics are looking at the same four basic issues:

1. **Daily Demands** – How do we efficiently and accurately find out a patient's eligibility on a DAILY basis?
2. **Patient Outreach** – How can we identify the patients that are not currently enrolled in MediCal and see if they can be engaged to apply for MediCal services?

3. **Billing Flow** – How do we make sure the correct claims are going to the correct payer sources? And how can we streamline the identification of these payer sources?
4. **Retroactive Eligibility** – is there a way we can manage the gap between patient visits and acknowledgement of enrollment in MediCal / Medicaid? Is there a way we can analyze visits from 3 months, 6 months or even a year ago?

If these are challenges for your clinic, then the Covivitas eChecker® be able to help.



### **Beaker Says:**

The average phone now has more computing power than the computers used for the Apollo 11 moon landing, according to info from NASA.

However, **MY** phone only has as much computing power as a 19<sup>th</sup> century rowboat!

And I don't think this is a real iPhone!

## Chapter 2 – How does the Covivitas eChecker® work?

The Covivitas eChecker® runs 7 days a week – even holidays – to provide the most accurate eligibility results available.

Every night, The Covivitas eChecker® receives a file for your clinic from Exym. The contents of the source file vary based on the date:

### On the 1<sup>st</sup> and 15<sup>th</sup> of the month:

The eChecker verifies all **active patients** on the 1<sup>st</sup> and 15<sup>th</sup> of the month.

An **active patient** is anyone that has a **visit in the last 90 days** – what we would consider a **current client**...

### OR

Anyone **without a visit date but has a future appointment** – someone we would consider an **upcoming** or **new** or **first time client**.

The source file query also looks at the **discharge date**. If a patient has a discharge date, they're considered a **former patient** so we don't check them.

### On the remaining days of the month:

The Covivitas eChecker® will check **new**, **not eligible** and **incomplete** clients on all the other days.

A **new** client is one that has been added to the client list after the 1<sup>st</sup> or 15<sup>th</sup> of the month.

A **not eligible** client is any client that comes back with a “**negative**” MediCal eligibility message such as SUBSCRIBER NOT FOUND, INVALID ID, or NO RECORDED ELIGIBILITY for a specific date.

An **incomplete** client would be one that has all 9s for the Social Security number, for example – or other data issues that doesn't allow their record to be validated by MediCal. If there are changes or updates to the patient, we can then capture their correct eligibility and send the response to Exym.

If you have programs or certain individuals you don't want us to review – crisis intervention, teen or youth confidential programs for example - please let us know and we'll work with Exym to take them off the query.

Exym has an excellent article about the setup and integration of the eChecker with Exym. It goes into great detail about patient setup, authorization numbers and other setup and data questions. The article is available here on the Exym website:

<https://www.exym.org/hc/en-us/articles/4435707146907-Covivitas-Integration>

The eChecker checks eligibility using **both** the **MediCal ID – BIC Number** and the **Social Security Number** – which the traditional 270 – 271 can't do. So, as long as you have:

A valid date of birth

**And**

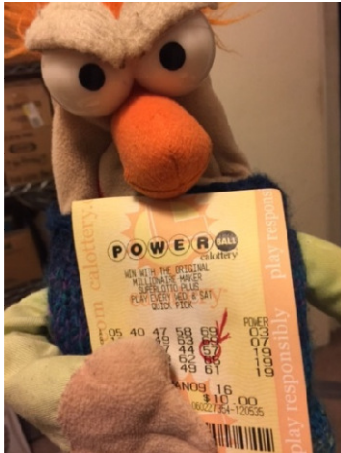
Either a valid MediCal ID

**Or**

A valid SSN

Your client can be checked.

Unlike the 270/271 transaction, the eChecker does **NOT** require a date of issue.



### Beaker Says:

In June of 2015, a chatbot program called “Eugene Goostman” persuaded 33% of human interrogators that it was actually a 13-year-old boy making it the first piece of software to pass the Turing test, named after computer pioneer and WW II hero Alan Turing. He predicted in 1950 that by the year 2000 a computer would play the imitation game well enough that “an average interrogator will not have more than a 70 % chance of making the right identification after 5 minutes of questioning”

Now, if we could only teach a super computer to pick Lotto numbers....correctly!



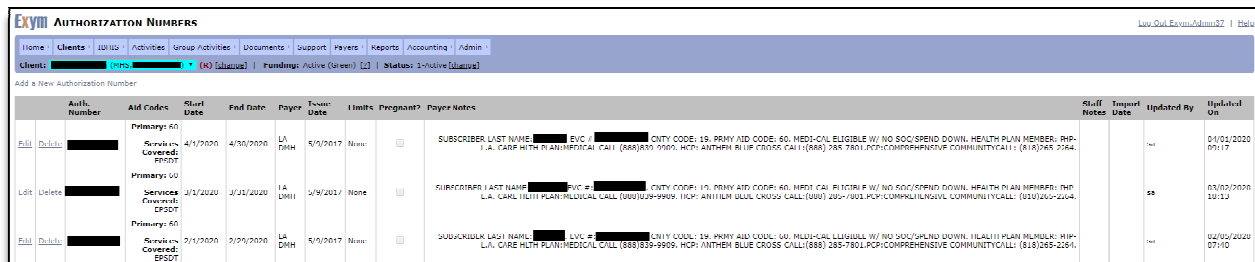
# Chapter 3 – What is the output from the Covivitas eChecker®?

Covivitas and Exym work together daily to gather data for processing and distribute the results before 7:00 AM PST. The daily output includes:

- MediCal eligibility responses directly uploaded to Exym
- PDF MediCal Proof of Eligibility responses

One of the best features of the eChecker is its full integration with Exym. So, once the query is run and the information is processed by Covivitas, the results are automatically uploaded to Exym. You don't have to do anything.

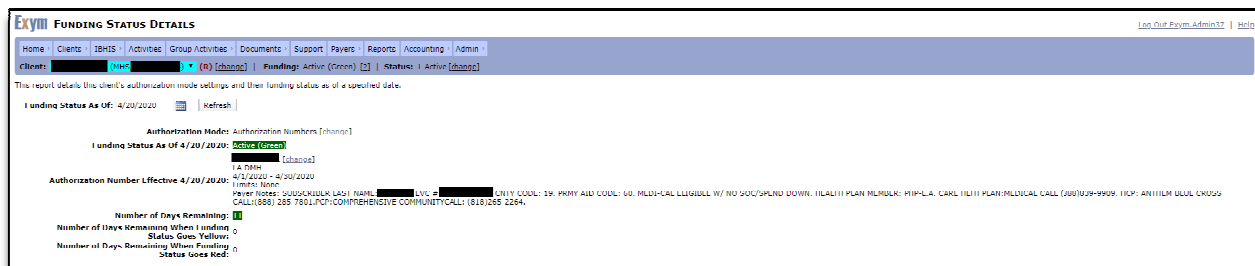
The results appear in a few places in Exym – the MediCal message appears in the **Authorization Numbers** field:



The screenshot shows the 'AUTHORIZATION NUMBERS' screen in the Exym system. It features a navigation bar at the top with links like Home, Clients, and Reports. Below the navigation bar, there's a table with columns: Auth Number, Add Codes, Start Date, End Date, Payer, Term Date, Limits, Program, Payer Notes, Staff Notes, Request Date, Updated By, and Updated On. The table contains three rows of data, each representing a different authorization for a client. The first row shows a primary authorization for a client with a start date of 4/1/2020 and an end date of 4/30/2020. The second row shows a secondary authorization for the same client with a start date of 4/1/2020 and an end date of 4/30/2020. The third row shows a primary authorization for a client with a start date of 4/1/2020 and an end date of 4/30/2020.

Auth Number	Add Codes	Start Date	End Date	Payer	Term Date	Limits	Program	Payer Notes	Staff Notes	Request Date	Updated By	Updated On
1010	Primary: 60 Services Covered: EPSDT	4/1/2020	4/30/2020	LA DHS	5/9/2021	None	None	SUBSCRIBER LAST NAME: [REDACTED] EVC # [REDACTED] COUNTY CODE: 19. PRIMARY AID CODE: 60. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN HEALTH PLAN MEMBER. HIP-LA. CARE HEALTH PLAN/MEDICAL CALL (888)535-9909. HCP: ANTIHIL BLUE CROSS CALL (888) 535-7801.POP/COMPREHENSIVE COMMUNITYCALL: (818)265-2284.			net	01/01/2020 09:17
1011	Primary: 60 Services Covered: EPSDT	4/1/2020	4/30/2020	LA DHS	5/9/2021	None	None	SUBSCRIBER LAST NAME: [REDACTED] EVC # [REDACTED] COUNTY CODE: 19. PRIMARY AID CODE: 60. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN HEALTH PLAN MEMBER. HIP-LA. CARE HEALTH PLAN/MEDICAL CALL (888)535-9909. HCP: ANTIHIL BLUE CROSS CALL (888) 535-7801.POP/COMPREHENSIVE COMMUNITYCALL: (818)265-2284.			SB	03/03/2020 10:17
1012	Primary: 60 Services Covered: EPSDT	4/1/2020	4/30/2020	LA DHS	5/9/2021	None	None	SUBSCRIBER LAST NAME: [REDACTED] EVC # [REDACTED] COUNTY CODE: 19. PRIMARY AID CODE: 60. MEDICAL ELIGIBLE W/ NO SOC/SPEND DOWN HEALTH PLAN MEMBER. HIP-LA. CARE HEALTH PLAN/MEDICAL CALL (888)535-9909. HCP: ANTIHIL BLUE CROSS CALL (888) 535-7801.POP/COMPREHENSIVE COMMUNITYCALL: (818)265-2284.			net	02/02/2020 07:10

The details from the results appear in the **Funding Status Details** screen. You can see that the funding status in this example is **GREEN** which means the client has some type of positive MediCal eligibility. The funding status changes automatically, so if someone is new or if their demographic or insurance data has been updated or changed, a patient can change from **RED** to **GREEN** midmonth - since we run the **not eligible** clients every day.



The screenshot shows the 'FUNDING STATUS DETAILS' screen in the Exym system. It features a navigation bar at the top with links like Home, Clients, and Reports. Below the navigation bar, there's a section for 'Funding Status As Of: 4/20/2020'. The funding status is shown as 'Active (Green)'. Below this, there's a section for 'Authorization Number Effective 4/20/2020'. The authorization number is shown as '1010'. The funding status is shown as 'Active (Green)'. Below this, there's a section for 'Number of Days Remaining When Funding Status Goes Red: 0'. The number of days remaining when funding status goes red is shown as '0'.

Funding Status As Of	Funding Status	Authorization Number Effective	Authorization Number	Funding Status	Number of Days Remaining When Funding Status Goes Red
4/20/2020	Active (Green)	4/20/2020	1010	Active (Green)	0

The PDF proof of eligibility is loaded into the Client Documents screen:

Here's an example of the PDF proof of eligibility:

Eligibility transaction performed by provider: [REDACTED] on Saturday, January 8, 2022 at 8:56:30 AM

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## Twice monthly Excel Summary Report

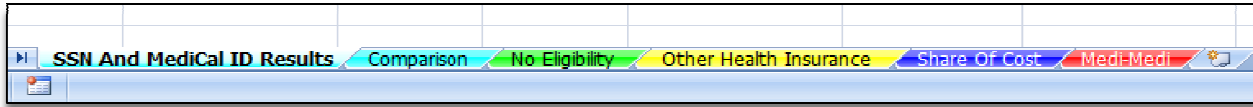
So many of our best ideas and features come from suggestions from our clients. The twice monthly Excel summary report is a perfect example of that! A client wanted a comprehensive report of all the records that we run on the 1<sup>st</sup> and 15<sup>th</sup>, so we created an Excel report that details and categorizes all the MediCal responses from the Covivitas eChecker®:

Medi-Cal Eligibility Information for SAM - SAMPS									
Report Run On 06/17/2020									
Eligibility Information Provided by the Covivitas eChecker									
Patient Account	Last Name	First Name	Date of Birth	Medical ID	SSN	Gender	Date of Service Checked	IRIS Number	Current Medical Message
ABC0000X	XXXXXXXXXX	XXXXXXXXXX	1/1/1901	9XXXXXXXA	XXX-XX-XXXX	M	6/1/2020	000000	SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 60, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-HLTH NET: MEDICAL CALL (800)675-6110, HCP: ASSOC HISP PHYS OF S.CA CALL:(626) 457-5579, PCP: XXXXXXXX CALL: (626)859-2851.
ABC0000X	XXXXXXXXXX	XXXXXXXXXX	1/1/1901	9XXXXXXXA	XXX-XX-XXXX	M	6/1/2020	000000	SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 3R, 1ST SPECIAL AID CODE: 03, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: CARE FIRST CALL: (800) 605-2556, PCP XXXXXXXX CALL: (661)424-9000.
ABC0000X	XXXXXXXXXX	XXXXXXXXXX	1/1/1901	9XXXXXXXA	XXX-XX-XXXX	F	6/1/2020	000000	SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 7J, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: LA CARE HLTH PLAN CALL: (888) 839-9909, PCP XXXXXXXX CALL: (661)471-4000.
ABC0000X	XXXXXXXXXX	XXXXXXXXXX	1/1/1901	9XXXXXXXA	XXX-XX-XXXX	M	6/1/2020	000000	SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 3R, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: LA CARE HLTH PLAN CALL: (888) 839-9909, PCP XXXXXXXX CALL: (626)960-9414.
ABC0000X	XXXXXXXXXX	XXXXXXXXXX	1/1/1901	9XXXXXXXA	XXX-XX-XXXX	M	6/1/2020	000000	SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 49, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: KAISER CALL: (800) 464-4000, PCP XXXXXXXX CALL: (800)464-4000.

The report includes comparisons between the months – we all know it's VERY important to not only know someone's MediCal enrollment status today – but it's also VERY important to know if their status has changed over the last month – and this report helps you check that:

Medical ID Supplied by SSN	Date of Issue Supplied by SSN	Type of Eligibility	ID Used to Create Record	Date Checked	Error Description	Previous Month Medical Message	Previous Month Type of Eligibility	Previous Month Date Checked
9XXXXXXXXZ00000	10/15/2019	MANAGED CARE	MEDIID	06/01/2020		SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 60, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-HLTH NET: MEDICAL CALL (800)675-6110, HCP: ASSOC HISP PHYS OF S.CA CALL:(626) 457-5579, PCP: XXXXXXXX CALL: (626)859-2851.	MANAGED CARE	05/21/2020
9XXXXXXXXZ00000		MANAGED CARE	MEDIID	06/01/2020		SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 3R, 1ST SPECIAL AID CODE: 03, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: CARE FIRST CALL: (800) 605-2556, PCP XXXXXXXX CALL: (661)424-9000.	MANAGED CARE	05/21/2020
9XXXXXXXXZ00000	09/24/2012	MANAGED CARE	MEDIID	06/01/2020		SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 7J, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: LA CARE HLTH PLAN CALL: (888) 839-9909, PCP XXXXXXXX CALL: (661)471-4000.	MANAGED CARE	05/21/2020
9XXXXXXXXZ00000	04/01/2015	MANAGED CARE	MEDIID	06/01/2020		SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 3R, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: LA CARE HLTH PLAN CALL: (888) 839-9909, PCP XXXXXXXX CALL: (626)960-9414.	MANAGED CARE	05/21/2020
9XXXXXXXXZ00000	01/30/2019	MANAGED CARE	MEDIID	06/01/2020		SUBSCRIBER LAST NAME: XXXXXXXX, EVC #: XXXXXXXX, CNTY CODE: 19, PRMY AID CODE: 60, MED-CAL ELIGIBLE W/ NO SOC/SPEND DOWN, HEALTH PLAN MEMBER: PHP-LA, CARE HLTH PLAN: MEDICAL CALL (888)839-9909, HCP: KAISER CALL: (800) 464-4000, PCP XXXXXXXX CALL: (800)464-4000.	MANAGED CARE	05/21/2020

The report also includes tabs for other client categories like No Eligibility, OHI, Share of Cost, Medi Medi and out of county, which are important things to know!



The report can be broken out by location and it is distributed directly from Covivitas through Sharefile, which is a Citrix HIPAA compliant drop box. Covivitas provides you and your staff access to a clinic specific Sharefile account, free of charge! To add staff to your clinic's Sharefile folder, just send us an email at [covivitas@covivitas.com](mailto:covivitas@covivitas.com) with the staff member's first and last name and their email address and we'll set them up immediately with folder access.

There are also reports resident in the Exym System Reports menu. These reports were created by Exym and allow the eChecker® user to check the results on a daily basis:

**Exym VIEW SYSTEM REPORTS** Log Out

Home | Clients | Activities | Group Activities | Documents | Support | Payers | Reports | Accounting | Admin

View Note Reports from Client Activities

To select a report as one of your favorites, check the corresponding check-box in the "Fav" column, on the right. You may select up to 5 reports, which are displayed on your home page.

**Data Exports**

Click the name of the export to download the latest version (date shown). Use the Re-export link to generate a fresh version.

- Activities Last Updated: 8/2/2022 7:10:00 AM [ Re-export ]
- Clients Last Updated: 8/2/2022 7:10:00 AM [ Re-export ]
- Users Last Updated: 8/2/2022 7:09:00 AM [ Re-export ]
- EDI Manifest (IS) Last Updated: 8/2/2022 7:11:00 AM [ Re-export ]
- DMH Claim History (IS) Last Updated: 8/2/2022 7:10:00 AM [ Re-export ]

**Claims** | Financial | Clients | Supervision | Other | Audit | Custom

Report	Description
Claims With Problems Preventing Invoicing	List of Claims With Problems Preventing Invoicing [Filter: DateRange on Activity Completed date]
IRIS Billing	List of claims ready for input into IRIS. Mark them submitted and record the FIN # under Accounting, Record Manually Submitted Claims.
LA DMH Voids Billing History	Returns Activity Billing History for all voids submitted to LA DMH during the date range entered.
LA DMH Voids Report	Returns all voids submitted to LA DMH during the date range entered. Please refer to CBO Bulletin Issue No.: NGA 20-009R for instructions on completing and sending to DMH.
Denied Claims List	List of denied claims with funding source, mode, UOS [Filter: Date Range]
Client Funding Sources	Shows funding sources currently assigned to ACTIVE or Waitlisted clients, sorted by location.
Clients Near Funding Source Age Limits	Shows ACTIVE clients who are the maximum age for their funding source.
DMH EDI Claims Reconciliation	Lists activities in Exym and their corresponding EDI claim responses from DMH [FILTERS: Starting and Ending Date of Service, Patient Location ~ SOURCE: vvDMHClaims]
EDI Checklist	List clients with problems that would prevent billing via EDI such as missing MIS ID, missing provider numbers, etc.
EDI File Manifest	Shows the individual claims that were submitted in an EDI file. Enter a date range and it will show all claims created within that date range, grouped by EDI file name. [FILTERS: Starting and Ending EDI File Date ~ SOURCE: vvEDIManifest]
Flagged Claims	Listing of claims that have been flagged for further processing. [FILTERS: ]
Invoice Balances	Shows balances due for claims with dates of service for the selected date range. Where partial payment has been received and applied, shows remaining balance due. Grouped by client. DOES NOT SHOW CLAIMS WITH \$0 BALANCES, SUCH AS CLAIMS. [FILTERS: Starting and Ending Date of Service, Invoice Status]
Medi-Cal Eligibility Checks	Shows the results of electronic Medi-Cal eligibility checks (271 files) or authorization info entered manually for a given month-end. Pregnant clients are highlighted in yellow.
Medi-Cal Eligibility: Data Missing	[FILTERS: Only locations with valid Medi-Cal information are included in this report.]
MIS Billing Group	Report used for manual billing entry into IS. Displays total clients, listing of therapists, diagnosis code, etc.
MIS Billing Single	Report used for manual billing entry into IS. Displays diagnosis code, biller, Session Time, Other Time, etc.

Exym - View System Reports	Untitled spreadsheet - Google S...
abw.exym1.com/reports/ViewReports.aspx?category=3	
Admissions, Discharges, and Census Summary	Admissions and discharges between StartDate and EndDate [FILTERS: StartDate, EndDate]
CANs Compliance	Listing of clients with admit dates during date range entered and the last 2 years of CANs Due Dates and Effective Dates. Due dates are based on the clients most recent admit dates. CANs with Effective dates greater than 2 years from the report run date are excluded. [BillingType, ClinicianID, Location, PatientStatusID, StartDate, EndDate]
Client Assignments and Diagnoses	Displays a list of clients and their Axis I diagnoses, grouped by the therapist they are assigned to. [FILTERS: ]
Client Data Export	A listing of clients formatted for export to Excel. All clients are listed. Use Excel to sort by location, filter out closed records, or order by last activity. [FILTERS: None ~ SOURCE: vwPatientList]
Client List -- Case Manager	Listing of active clients (not closed, not on the waitlist) by case manager assigned
Client List -- Detailed	Listing of all clients in the system including MIS ID, current status, clinician assigned and total minutes billed to date. [FILTERS: Clinician, Clinic, Billing Program]
Client List -- Other Assigned Worker	Listing of active clients (not closed, not on the waitlist) by other worker assigned
Client List -- Psychiatrist	Listing of active clients (not closed, not on the waitlist) by psychiatrist assigned
Client List -- Social Worker	Listing of active clients (not closed, not on the waitlist) by Social Worker assigned
Client List -- Therapist	Listing of clients by therapist assigned. Be sure to filter out closed or waitlisted statuses if you only want to see active clients.
Client List By Clinician	NEW REPORT - Listing of clients assigned to a particular therapist. To change the assignment go to Client Data Tabs and click on the Assignment tab, then change the person selected as the Primary Therapist. [FILTERS: Location, Status, Therapist] [SOURCE: vwExportClients]
Client Medications	Shows medication history for a given client, including med name, dosage and date
Clients Diagnosis and Medications	Shows medications and diagnosis for a list of clients; can be filtered by location, date of service and note type
Completed Activities By Client	Shows all activities completed for a given client; can be filtered by client, location and date range
Consults By Type	Lists internal consultation requests such as a therapist requesting a psychiatric consult. Can be filtered by person receiving consult request and type of consult
Contact List	Displays, name, address, phone, language and relationship of the contacts associated with a given client
Daily Appointments	Displays all client visits scheduled for the next week including client name, clinician assigned, MIS #, DOB and funding status
Demographics	Listing of clients with a billable service within the service date range provided. Designed for export to Excel. [FILTERS: Completed Date ~ SOURCE: sp_GetDemographics]
Diagnosis Changes	Shows all diagnosis changes, including DSM-IV code, within a given date range
DMH Face Sheet	DMH Face Sheet [FILTERS: PatientID]
EBPs By Client	Shows counts of services for each client by EBP type. Shows EBP as a percentage of total services for that client. Only services associated with PEI plans are included. [FILTERS: Starting and Ending Service Date, Clinician]
Eligibility Checks	[FILTERS: StartDate, EndDate]
First Contact	Shows how many days after the application date the first contact occurred AND how many days after the first contact the initial assessment occurred. The first contact is the first service that occurs AFTER the Application Date. Therefore entering a new Application Date causes the system to ignore service dates from prior admissions. Entering a date range limits the results to clients with Application Dates within the given range.
Goals By User	Show active goals for all clients for a given user [FILTERS: Clinician]
Inactive Clients	List of Clients with no activity in the last 30 days; can be filtered by billing program type and location [SOURCE: vwInactivePatients]
Inactive Clients (Billable Only)	List of Clients with no BILLABLE activity in the last 30 days; can be filtered by billing program type and location [SOURCE: vwInactivePatientsBillable]
Lab History	Lists all labs requested, including results, for a given client and date range
Memos By Client	Shows all internal client memos; can be filtered by client, receiving clinician and date range
Monthly Attendance	Shows attendance across clients for a given month. [FILTERS: Start Date, Attendance Type Description]

If you have any ideas for improvements to the report – or maybe an idea for a new tab, please let us know. Our best ideas always come from you, the client, and we love to hear what you have to say.



## Beaker Says:

The first computer programmer was Lady Augusta Ada Lovelace. She was the only child of the poet Lord Byron and his wife Lady Byron, a mathematician. Ada was also an expert mathematician and suggested to Charles Babbage that he should use a binary number system in his Analytical engine - the 0s and 1s which we still use today! Lady Lovelace was also the very first operator of Babbage's Analytical Engine.

Perhaps she was a friend of my ancestor, John Quincy Beaker!

## Chapter 4 –How does the Covivitas eChecker® pick a record?

One of the great strengths of the Covivitas eChecker® is that it can check a patient's MediCal eligibility based on either MediCal ID / BIC Number OR Social Security number! This can be very helpful for clients who have incorrect or missing MediCal IDs but have valid Social Security numbers. This is often the case with self pay and sliding fee patients as well as with patient aging, missed claims and retroactive verification.

When a patient has both a BIC number and an SSN, two responses are created on the Covivitas side. Covivitas returns the **most valid record** of the two:

BIC/CIN Response	SSN Response	eChecker® Returns
Positive	Positive	BIC/CIN Record
Positive	Negative	BIC/CIN Record
Negative	Positive	SSN Record
Negative	Negative	BIC/CIN Record

A Positive response would be any response that shows some sort of MediCal enrollment, including MediCal, Medi-Medi, MediCal Managed Care, Family Pact and other services.

Negative response would include **NO ELIGIBILITY FOUND FOR DATE, SUBSCRIBER NOT FOUND** and the Covivitas **BAD RECORD** response, which indicates that a record could not be run for data issues such as a missing date of birth or incorrectly formatted BIC number.

MediCal includes the 14 digit BIC number with the SSN response. In the first and third case in the table above, Covivitas will fill the **MediCal ID Supplied by the SSN** and the **Issue Date Supplied by SSN** columns on the Excel report with the information provided by the SSN response.



### Beaker Says:

Computers are used to help make movies all the time today – from big budget Hollywood blockbusters to cat videos on Youtube. The first movie to use CGI (Computer Generated Images) was 1973's **Westworld**, which stars Yul Brynner as an android in a futuristic Western-themed amusement park. The movie used CGI to simulate the heavily pixilated vision of the robots.

Beaker read for the part of Cranky Puppet #2 – but he didn't get it!

## Chapter 5 –How does the Covivitas eChecker® work with MediCal dates of issue?

Many times, you may not have a stored date of issue available for a patient when you want to check their MediCal eligibility. The Covivitas eChecker® has a solution for this common problem.

If you are running a check using the 270/271 system, you would not be able to receive eligibility information using a MediCal BIC number without a matching issue date.

But, by using the Covivitas eChecker®, you can check MediCal eligibility without an issue date - and you can also check using a patient's Social Security number.

When a 14 digit BIC number is supplied, the Covivitas eChecker® uses the the last 4 digits of the BIC number as the date of issue. This is often referred to as the "Julian" date of issue. For example, if the MediCal BIC number is **90123456A74033** then the date of issue is **February 2, 2014**.

- The **4** in **4033** represents 2014
- The **033** in **4033** represents **33** days from January 1.

The Covivitas eChecker® translates this internally and uses that date as the Issue Date for that record.

However, if:

- The translated date from the 14 character BIC Number is not a valid date
- The translated date from the 14 character BIC Number is a date in the future
- The MediCal ID / BIC Number checked is 10 characters and not 14 characters
- The eligibility is checked using the SSN and not the MediCal ID / BIC Number



Then, the date of issue used by the Covivitas eChecker® defaults to **the current date**. There is no change in the data returned if the Covivitas eChecker® uses the current date and it allows us to check all records with a valid MediCal ID or BIC Number or SSN and a valid date of birth

You can choose whether or not to use the date of issue attached to the 14 digit BIC/CIN number. If you do not feel confident in the dates of issue entered in your system, you can request that we bypass the Julian date attached and the Covivitas eChecker® will just use today's date.



### **Beaker Says:**

Mark Twain claimed to be the first author to use the typewriter, and his entire manuscript for *Life on the Mississippi* was submitted to the publisher in typeface. But, despite his early infatuation with the “newfangled typing machine,” Twain quickly became frustrated with the typewriter and went back to writing his great works with a pen.

“Be sure to visit the Covivitas website at [www.covivitas.com](http://www.covivitas.com) to learn more about Covivitas products and services!” – Mark Twain

## **Chapter 6 –How can the Covivitas eChecker® be used in my clinic?**

The Covivitas eChecker® is a very versatile tool. It can not only identify who is enrolled in MediCal, it can also tell you what type of MediCal they have, what their aid codes are, what county they're enrolled in and if there are any changes in their enrollment. So, having a good policy for using such a powerful tool is very important.

Different clinics use the Covivitas eChecker® in different ways:

Some clinics will focus on patients that do not have MediCal, because it's just as important to know who **isn't** enrolled in MediCal as to know who **is**. This gives the clinic a chance to contact the patient and see if they can be enrolled in MediCal services.

Other clinics focus on changes in MediCal enrollment from month to month. These changes are highlighted in the twice monthly Excel report. Sometimes a patient's Type of MediCal will change between months – from Share of Cost to Straight MediCal, for example. These changes need to be addressed and the Covivitas eChecker® helps you with that task.

Changes in Primary and Secondary Aid Codes are also important to track. Certain aid codes qualify the patient for certain services and if these codes change, they could be eligible for different services.

The same is also true of county codes. A quick check of the Out of County tab will show which patients in your rolls are from a county other than your home county or counties.

Large clinics with multiple sites may have a single person assigned to examine eligibility while at a smaller clinic, eligibility verification may be one of many duties for staff. Rural clinics have different needs and sometimes provide different services than urban clinics. But regardless of the type or size of the clinic, or of the services provided, the Covivitas eChecker® can help shape your eligibility verification policy by being efficient, timely and accurate.



### **Beaker Says:**

The first automated car navigation system was Honda's Electro Gyro-Cator. This system used a combination of a computer, transparent maps and helium to help the driver navigate around town. The cost of this device in 1981? \$2,746 – which was almost a quarter of the price of the car!

Cap'n Beaker navigates by the stars. That's why his boats always sink!

## **Chapter 7 – What else can the eChecker do?**

The Covivitas eChecker® is very flexible when it comes to checking MediCal eligibility. Not only can it check based on SSN as well as MediCal ID (and not only can it check without a date of issue), it can also check eligibility based on any date of service up to one year back! This makes the eChecker® a very effective tool for verifying retroactive MediCal eligibility.

Due to the increased volume of MediCal enrollees and recipients, it sometimes takes the state a few weeks – or a few months – to add the new MediCal patients to the master list in Sacramento. A patient who was initially viewed as self pay or sliding fee may not be seen as a MediCal patient by the state system for a little while, even if they are fully enrolled in MediCal.

This is also a great process for aged accounts. If you have a lot of encounters that do not have claims attached – that are in your account aging – that are self pay – you can run that list through the eChecker to see if the patients were enrolled in MediCal for that date of service and can be potentially billed. Using the Covivitas eChecker to check your patient aging retroactively allows you to find any missed chances that may have slipped by during your busy day.

We know that no matter what their funding source, a patient will receive the best care possible from your clinic – and you should be very proud of that! We just want to make sure that you receive the correct reimbursement for your services and that the billing is going to the right place.

Covivitas also uses the eChecker® to work on special projects.

## Chapter 8 - How do I contact Covivitas?

We always love to hear from our clients. If you have any questions, comments or suggestions about the Covivitas eChecker®, please feel free to contact us at:

[Covivitas@covivitas.com](mailto:Covivitas@covivitas.com)

We also have a comprehensive website that includes product information, samples, testimonials and success stories:

[www.covivitas.com](http://www.covivitas.com)

Give it a look – we’d love to hear what you think!



And, if you’d like to say “Hi!” to Beaker, you can email him directly at:

[beaker@covivitas.com](mailto:beaker@covivitas.com)

He always has time to answer your questions and help you use the Covivitas eChecker®!

Sincerely,

***Michael DePaolo***

Founder, Covivitas