

## **Electronic Insurance Eligibility Verification Systems**

### **Tom Hickey:**

Based on my experience I recommend three different companies. However, a Ryan White grantee should investigate any electronic insurance verification system they are considering to see how many insurance plans are covered in the state or area where your patients live. If you are a grantee that has responsibility for patients living in more than one state, make sure that the system can search the databases for all of the states where your patients live.

**Contact Other Providers** - The best method to utilize to decide on the electronic verification system that your program might utilize is to contact local hospitals and community health centers to see which systems they have used and whether they have had a good experience.

**Pricing** – The pricing I describe below (Netwerkes) is average pricing. Based on the volume of inquiries, I have found community health centers to pay much less than \$0.25 per inquiry.

**Disclaimer** – for any of the companies listed below. I have worked with Netwerkes and PayorPath. Because I am a full-time consultant and no longer manage billing/eligibility services, I no longer utilize the services of an electronic insurance verification system. I do not receive any compensation for the information provided below. It is merely to provide grantees with an idea of what companies are available and what they charge for this service.

**1. Netwerkes** – This is a company that is headquartered just a few miles from my office. They have expanded to become a major Medicaid billing corporation. They handle all Medicaid claims for the State of Michigan. I have spoken with a representative from Netwerkes his name is Bill Radakoski ([brodakoswki@aimhealth.com](mailto:brodakoswki@aimhealth.com)). He has provided me with the following pricing information.

Based on Ryan White requirements. Netwerkes will charge \$0.25 for every new patient that is enrolled – a complete search would be done at the time of enrollment. In order to make sure that a Part A or B Grantee is compliant with the CareAct requirement to verify eligibility every six months a price can be negotiated to do a mass review of your database every six months. In other words, the six month review would be done as a group price, not based on \$0.25 per claim.

**2. PayorPath** – Owned by MISYS (Now AllScripts)– This company has recently merged with AllScripts. PayorPath’s name may also have changed as part of the buyout. This is a very large company that specializes in medical information software. <http://www.payerpath.com/products/ev.asp> -

**3. Emdeon** - Emdeon used to be a subsidiary of Web MD – Which at one time was owned by the American Academy of Family Practice.  
[http://www.emdeon.com/ProviderSolutions/provider\\_services\\_batchverification.php](http://www.emdeon.com/ProviderSolutions/provider_services_batchverification.php)