



Eligibility Management

Need a Cure for Manual Mistakes?

Experience a faster, easier and more complete way to verify eligibility. Automated verification using unique real-time batch process through direct and gateway connection to payers.

Key Features

- ✓ Improve Member Data Accuracy
- ✓ Manage Multiple File Formats (Proprietary, 834) and Multiple Delegated Sources
- ✓ Manage Multiple Population Groups (ACOs, State/Regional Groups, IPAs/PHOs)
- ✓ Reconcile for Retroactive Enrollment/Eligibility Changes
- ✓ Manage Data with Multiple Records Per Member
- ✓ Identify Missing or Incorrect Data
- ✓ Identify Missing Members
- ✓ Customize Any Special Processing Need
- ✓ Prevent Conflicts in Claims/Benefit Systems
- ✓ Save Hours with Automatic Online Eligibility Verification with DataTug™

em eligibility manager

Financial Benefits

- ✓ Manage Eligibility In-House
- ✓ Stop Paying on Inactive Members

Custom EDI Processing

- ✓ Generate Proper COB Data
- ✓ Generate Proper Effective Dates
- ✓ Split Eligibility Files for Multiple Medical Groups
- ✓ Select Unique Records for Each Member
- ✓ User-Maintained Custom Tables



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Process Automation to Validate Member Roster Data

Follow a standard process for all groups/payers using Eligibility Manager to process the enrollment/eligibility files received for the delegated group (State, CMS, HIX, Health plan).

- ✓ Import Base System (EZ-CAP, Tapestry, QNXT, GE (IDX), Facets, Plexis, etc.)
- ✓ Manages Any Number of Populations or Groups (ACOs, State Medicaid, IPAs/PHOs)
- ✓ Import Roster from State or Health Plan (834) Member Data
- ✓ Handles ALL Health Plan Formats
- ✓ Compare Data
- ✓ Review and Edit Changes (Filter and Fix)
- ✓ Identifies Missing or Incorrect Data
- ✓ Identifies and Terms Missing Members
- ✓ Export for System Update

Audit Screen to Identify Changes, Filter and Fix Potential Errors

- ✓ Customizable Layout
- ✓ Edit Data Directly
- ✓ Easy Filtering and Sorting
- ✓ Edit Using the Replace tool
- ✓ User-Configurable Audit Rules
- ✓ Edit Data Manually or Batch

Filter, Replace, Audit

- ✓ Built-In Filter Tools to Identify Problem Areas
- ✓ Saved Filters for Re-Usability
- ✓ Audit Rules to Quickly Identify Members with Potential Data Discrepancies
- ✓ Replace Tool to Modify Filter Group (Based on Defined Expressions, Specific Data, Original Systems Data or Rules-Based.)

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Why Citra?

With over 10M members served by 100+ IPAs, MSOs, health plans and provider groups managing Medicaid/Medi-Cal, Medicare, specialty care and commercial populations, Citra Health Solutions provides integrated software solutions solving for the administrative, financial and clinical needs of health care payer organizations, with a highly configurable, scalable and flexible end-to-end eligibility, membership, authorization, capitation, claims, payment and analytics platform to manage operational and administrative processes, while maximizing the productivity of human capital.

For more information, visit www.citrahealth.com.

