

Manually Configure Provider eligibility

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Eligibility is a helpful tool that allows you to instantly check if a patient is eligible for services. This section is used to manually configure Eligibility for selected provider and payers.

 Effective August 17, 2026, any new payers added to a customer's list will be set to **'Active'** by default for eligibility, eliminating the need for manual updates. This change applies only to payers added on or after August 17, 2026, and does not affect the eligibility status of existing payers.

 In order to use the eligibility feature it must first be enabled in the Admin section. Please reference our [Services Help Article](#) for more information and step-by-step guides.

1. Select **Customer Setup > Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search.
3. Select the Provider.
4. Click the **Configure Eligibility** button.
5. Use the table to configure your provider for the appropriate payer.
 1. **Payer #:** This number is provided by CollaborateMD and cannot be changed.
 2. **Payer Name:** This pulls from your local list of payers that participate in the eligibility verification service.
 3. **CPID:** This is the payer's eligibility Clearinghouse Payer ID (CPID).
 4. **Agreement:** This field will identify whether or not the payer requires an agreement to check eligibility electronically.
 1. **No:** Agreement is not required.
 2. **Yes, Payer:** An authorized agreement is required prior to verifying eligibility.
 5. **Approved:** If an agreement is required, this field will display whether or not the agreement has been authorized by the payer.
 6. **Provider ID:** Enter the provider ID. This can be the Tax ID, NPI, or payer assigned. If you are unsure which ID to place here, please contact your payer(s) to verify how the provider is identified.

 The NPI must be the same one the eligibility agreement was approved under and on file with the payer. If it doesn't match, you will receive an **Invalid/Missing Provider Identification** error.

7. **Alternate NPI:** Enter the provider's alternate NPI. This can be the billing or rendering/attending NPI. If you are unsure which NPI to place here, please contact your payer(s) to verify how the provider is identified.
 8. **Login Required:** This field will automatically populate if the payer requires the provider's login information to check patient eligibility verification.
 9. **Payer Login:** If the payer requires a login, enter the Payer Login username here.
 10. **Payer Password:** If the payer requires a login, enter the Payer Login password here.
 11. **Status:** Use the status column to make payer connections active or inactive for the provider. If the status is set to inactive for a particular payer, eligibility cannot be checked for that payer.
 12. **Default Service Type:** Select the type of service you would like to be verified when running eligibility checks. This default service type may also be selected prior to checking eligibility.
6. **Optional:** Configure eligibility on a batch level.
1. Place a check the box next to the payers you want to configure.
 2. Under **Batch Update**, use the drop-down menus to select what to apply to the selected payers.
 3. Click the **Apply** button.
7. Click **Apply** again, then click **Save**.
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