Manage Interface Automations

CollaborateMD's interfaces provide powerful methods to automatically create patients, appointments, and claims within the CMD system. Additionally, powerful add-on features like eligibility, claim scrubbing, address verification, and estimates can now be automated via our interface. This allows customers to leverage value-added features within our application while minimizing manual work!

Enable the Eligibility Interface Automation

With this feature, you can determine if a patient is eligible for insurance benefits in seconds, avoiding possible loss of payment. If you're the Auth Rep, follow the steps below to enable your eligibility interface automation.

1. Select **Account Administration** > **Services**.

2. Click the **button** next to **Real-Time Eligibility**.

3. The *Enable eligibility checking checkbox allows you to enable or disable this service*.

4. Find your **Eligibility Settings**:

    1. **Automatically check eligibility when an appointment or claim is created over an Interface?**

        1. Select **Yes** if you want an automatic eligibility check when creating an appointment or claim from an SIU or DFT message received via the interface.

    2. **Automatically check eligibility when a patient is created or updated over an Interface?**

        1. Select **Yes** if you want an automatic eligibility check when creating a patient from an ADT message received via the interface.

5. Click **Save**.

> ✨ For more info on enabling and configuring your Real-Time Eligibility feature, visit our Manage Real-Time Eligibility Help Article.

Enable the Claim Scrubbing Interface Automation

Claim Scrubbing helps you manage the complex rules and terminology of coding. This feature is used to

nalyze the claims before submission to the clearinghouse as a solution for catching problem claims, maximizing the potential for your healthcare facility to be paid correctly on the first submission. If you're the Auth Rep, follow the steps below to enable the claim scrubbing interface automation.

1. Select **Account Administration** > **Services**.

2. Click the **button** next to **Claim Scrubbing**.

3. The *Enable Claim Scrubbing checkbox allows you to enable or disable this service.*

4. Find your **Claim Scrubbing Settings**:

    1. **Automatically review and scrub new claims as they are entered through an Interface?**

        1. Select **Yes** if you want to automatically scrub new claims created from a DFT message received via the interface.

5. Click **Save**.

> ✨ For more info on enabling and configuring Claim Scrubbing, visit our Manage Claim Scrubbing Help Article.

Enable the Address Verification Interface Automation

ddress verification services reviews the address while matching it to the United States Postal Services USPS) directory. Since the address check is done in real-time, patient address issues are caught and can be orrected immediately. By catching these data errors, you are able to decrease losses, rejections, or denials ue to fraud or simple spelling errors. If you're the Auth Rep, follow the steps below to enable the address erification interface automation.

1. Select **Account Administration** > **Services**.

2. Click the **button** next to **Address Verification**.

3. The *Enable Address Verification checkbox allows you to enable or disable this service.*

4. Find your **Address Verification Settings**:

    1. **Automatically scrub addresses when the above changes are made via Interface?**

        1. Select **Yes** if you want to automatically scrub addresses (based on your pre-selected options when creating or editing a patient record from an ADT/DFT message received via the interface.

5. Click **Save**.

> 🪄 For more info on enabling and configuring your address verification options, visit our Manage Address Verification Help Article.

Coming Soon) Enable the Patient Estimates Interface Automation

> **Note: The ability to automatically generate patient estimates upon appointment or claim creation via the interface will be added soon!**

The Patient Estimates feature allows you to easily create Good Faith Estimates as required by the No Surprises Act. Once an estimate is created using either the Scheduler or the Claim section, users can print the estimate (as required by the No Surprises Act for uninsured or self-pay patients), send a statement (electronically or on paper), enter payments in CMD, or have the patients make the payment on the patient portal. If you're the Auth Rep, follow the steps below to enable the patient estimates interface automation.

> ⚠️ The available estimates for Interface Automations depend on your Practice's selected Default Estimate Options. These options are either Auto (based on eligibility) or Quick (based on copay). Visit our Estimate Defaults Help Articles for more information on configuring this setting...

1. Select **Account Administration** > **Services**.

2. Click the **button** next to **Patient Estimates**.

3. The *Enable Patient Estimates checkbox allows you to enable or disable this service.*

4. Find your **Patient Estimate Settings**:

    1. **Automatically create estimates when new Appointments are created?**

        1. Select **Yes** if you want to automatically create an estimate when creating a new appointment.

    2. **Automatically create estimates when new Claims are created that don't already have estimates?**

        1. Select **Yes** if you want to automatically create a quick estimate when creating a new claim, and the claim does not already have an estimate.

3. **Automatically create estimates when the above changes are made via Interface?**

    1. Select **Yes** if you want to automatically create an auto or quick estimate when creating a new appointment or claim (options 1 and/or 2) from an SIU or DFT message received via the interface.

5. Click **Save.**

> For more info on enabling and configuring your patient estimate options, visit our Manage Patient Estimates Help Article.

> Usage of the Patient Estimates feature requires that the Real-Time Eligibility Service be enabled as well.