Steps for Confirming Patient Insurance Coverage Eligibility

Pre- Registration (Date of Service – 14 days through Date of Service – 2 days)

1. Validate all registration demographic and financial information by contacting the patient prior to the visit
   1. Demographics (Name, DOB, Mailing Address)
   2. Insurance Information (Policy#, Subscriber, Sub DOB, Insurance Name and Address)
   3. Emergency Contact Information (Name and phone)
   4. Verify out-of-pocket expenses (copayment/deductible) and request a payment be made via credit card or at the time of appointment.
2. If the patient has Medicare – Complete the Medicare Secondary Payer Questionnaire to determine whether Medicare is primary and secondary.
3. Once Steps 1 and 2 are complete, perform insurance verification via verification or web-based tool
   1. Comment the patient’s account with the “verified” status and date.
   2. Review **all information** on the returned eligibility page.
      1. If the patient has Medicare, check to see if the patient has a Medicare Advantage Plan. If so, then register the patient with the correct Advantage plan. Medicare is NOT secondary in this instance. It is a replacement plan.
      2. If the patient has Medicaid, check to see if the patient has a Medicaid replacement plan. If so, then register the patient with the correct insurance plan and Medicaid is NOT a secondary plan.
4. If eligibility fails:
   1. Verify that all information was typed correctly.
   2. Check payer website directly (Third-party vendor websites are not always up-to-date)
   3. Call the physician’s office for updated information.
   4. Call the patient and let them know that the insurance did not come back eligible.
      1. Request new insurance.
      2. If the patient does not have new insurance, then refer them to financial assistance.
      3. Change insurance to self-pay.
   5. Document the failed eligibility on the patient’s account.

Date of Service/Time of Appointment

1. Verify that insurance eligibility has been checked prior to the date of service. If not, complete verification.
2. Verify copayment and deductible and request out-of-pocket expense to be paid.
3. If eligibility fails, follow the steps outlined above.

*Source*: Craneware. Used with permission.