#### Webinar

# Don't Get Denied: Protect Your Revenue Cycle with Eligibility Verification

Troy Lambert, Sales Engineer, PointClickCare

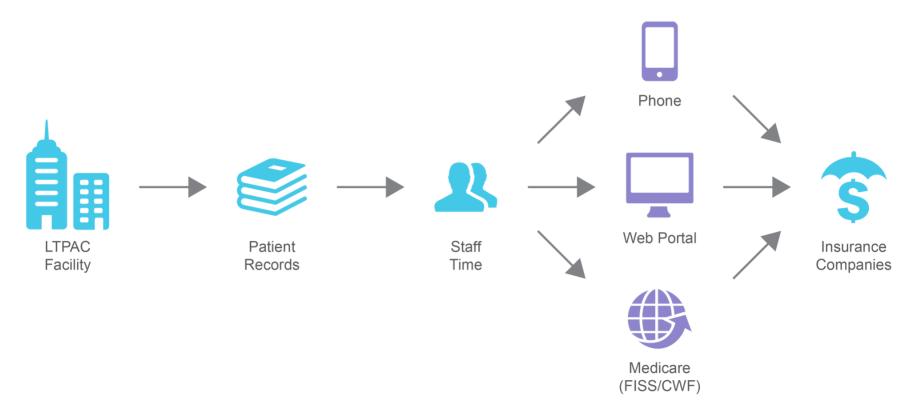


## Turning Point for Ohio Medicaid 270/271 EDI Reports

- Ohio Medicaid Receives Numerous Requests From Providers, to include Patient Liability information in the EDI 271 Eligibility Response.
- Friday September 22<sup>nd</sup> 2017 E mail to Trading Partners Announcing the work has been completed
- PointClickCare works with clearinghouse (Dorado) to ensure systems are configured.
- New Data Element Activated in 271 Eligibility Transactions
- Changes to the reports enabled Oct. 11<sup>th</sup> 2017



# Insurance Validation the Traditional Way





### Existing Eligibility Verification Procedures

- Tedious manual process
- Time consuming and error prone
- No integration to resident financial application
- No automatic recurring verification
- No dashboard visibility for coverage status
- Separate storage of benefit information



### The Benefits of Integrated Eligibility Verification

#### **Improve Efficiency**

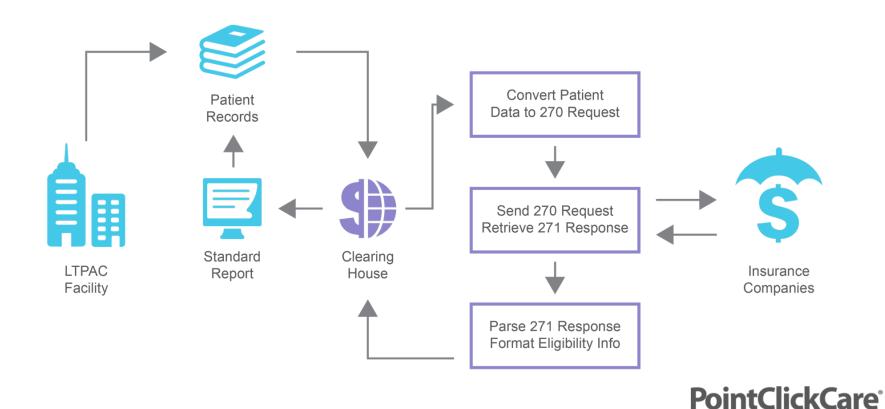
- Truly integrated solution, verification is performed and saved in resident record
- Eliminate the need for lengthy telephone calls, filling out forms and sending faxes
- Identify coverage or lack of coverage prior to admission and ongoing at anytime

#### Improve Revenue and Cost Recovery

- Reduce the number of rejected claims leading to lost revenue
- Reduce Days Sales Outstanding (DSO) due to benefit policy changes
- Automate continued coverage verification during stay, with dashboard visibility
- You're providing the care, help to assure you will be reimbursed



# Integrated Eligibility Verification with PointClickCare



# Reports are Stored in PointClickCare

	lus432	This Patient H	as Active	Insuranc	е	Patient: Robe Facility: () Tax ID: NPI: Report General	00700700	17	PM 02/05/	2018
SUBMITTED BY PRO			Pay 12 Ob	yer: io Medicaid	Member ID 1234567874		Date From		Elig Date To 02/05/2018	c
RETURNED BY PA	YER:		- 011	o muudad			22010		02032010	
PATIENT DEMOGRAPH	HICS:	F: DOR:	Gender	ecu-	Address 1:	Address 1	n. Ci	ity: State	e: Zip:	
Robert Hive	realite. SUF	3/7/1945	M	001001002	101 Hoover La	Address		ırora OH	r. 21p: 44702:	9170
			-			-				
PLAN BENEFITS:										
Status: Plan Type:		Medicaid Typ	e Code:		Membe		CAT:	EFF Date:	TERM D	late:
Active Health Benefit Pla			ed Case Mgmt		1234567			2/5/2018	2/5/2018	
Active Health Benefit Pla			rug Addiction S	ervices	1234567			2/5/2018	2/5/2018	
Active Health Benefit Pla		Ohio Mental h	ealth		1234567			2/5/2018	2/5/2018	
Active Health Benefit Pla		Medicaid			1234567			2/5/2018	2/5/2018	
Active Health Benefit Pla			ed Case Mgmt		1234567 1234567			2/5/2018 2/5/2018	2/5/2018	
Active Health Benefit Pla		Alcohol and Di Ohio Mental h	rug Addiction S	ervices	1234567			2/5/2018	2/5/2018	
Active Health Benefit Pla Active Health Benefit Pla		Ohio Mental h Medicald	Павыя		1234567			2/5/2018	2/5/2018	
Nursing Home  LOCK IN:  Provider Name:		\$1969.00 Phone NO:	)	EFF Da	2/01/2018-02/28/20	TERM Date:		Lock In Typ		
Name:	ARTNERSHIP		NPI:		none NO:	EFF Date: 02/05/2018-02/28/	2018		TERM Date:	
Name: AURORA MANOR LIMITED PA		AYERS:			none NO:		2018		TERM Date:	:
Name: AURORA MANOR LIMITED PA INSURANCE/COMMER		AYERS:			none NO:	02/05/2018-02/28/	2018 er/Plan ID:		TERM Date:	
Name: AURORA MANOR LIMITED PA INSURANCE/COMMER Payer Name:	CIAL OTHER F		0040	0400	none NO:	02/05/2018-02/28/				Phone N
Name: AURORA MANOR LIMITED PA INSURANCE/COMMER Payer Name:	CIAL OTHER F Payer Type: Plan Lovel		Plan Code: Medicare Par	0400	none NO:	02/05/2018-02/28/ Membe		COB:		Phone N
Name: AURORA MANOR LIMITED PA INSURANCE/COMMER Payer Name:	CIAL OTHER F Payer Type: Plan Lovel	Plan Type:	Plan Code: Medicare Par	0400	none NO:	02/05/2018-02/28/ Membe		COB: 02/05/2018		Phone N
Name: AURORA MANOR LIMITED P/ INSURANCE/COMMER Payer Name: Medicare Part A	Payer Type: Plan Level Billing Address	Plan Type:  Billing Address 2	Plan Code: Medicare Par City	0400	none NO:	02/05/2018-02/28/ Membe		COB: 02/05/2018 - Zip		Phone N
OTHER PROVIDERS: Name: AURORA MANOR LIMITED P. INSURANCE/COMMER Payer Name: Medicare Part A Message: Medicare Part B	Payer Type: Plan Level Billing Address	Plan Type:  Billing Address 2	Plan Code: Medicare Par City	1 A	none NO:	02/05/2018-02/28/ Membe		COB: 02/05/2018 - Zip	02/28/2018	Phone N
Name: AURORA MANOR LIMITED PI INSURANCE/COMMER Payer Name: Medicare Part A  Message:	Plan Level	Plan Type:  Billing Address 2	Plan Code: Medicare Par City	1 A	none NO:	02/05/2018-02/28/ Membe		COB: 02/05/2018 - Zip	02/28/2018	Phone N
Name: AURORA MANOR LIMITED PI INSURANCE/COMMER Payer Name: Medicare Part A  Message:	Plan Level	Plan Type:  Billing Address 2	Plan Code: Medicare Par City	1 A	none NO:	02/05/2018-02/28/ Membro		COB: 02/05/2018 - Zip 	02/28/2018	Phone N
Name: AURORA MANOR LIMITED PI INSURANCE/COMMER Payer Name: Medicare Part A  Message:  Medicare Part B	Payer Type: Plan Lovel Billing Address Plan Lovel Billing Address	Plan Type: Billing Address 2 Billing Address 2	Plan Code: Medicare Par City Medicare Par City	1 A	none NO:	02/05/2018-02/28/ Membe		COB: 02/05/2018 - Zlp  02/05/2018 - Zlp	02/28/2018	Phone N
Name: AURORA MANOR LIMITED PJ INSURANCE/COMMER Pyer Name: Medicare Part A Message: Medicare Part B Message:	CIAL OTHER F Payer Type: Plan Lovel Billing Address Plan Lovel Billing Address	Plan Type: Billing Address 2 Billing Address 2	Plan Code: Medicare Pai City  Medicare Pai City	tt A		02/05/2018-02/28  Memba State State		COB: 02/05/2018 - Zip 02/05/2018 - Zip	02/28/2018	Phone N
Name: AURORA MANOR LIMITED PJ INSURANCE/COMMER Pyer Name: Medicare Part A Message: Medicare Part B Message:	CIAL OTHER F Payer Type: Plan Level Billing Address Plan Level Billing Address	Plan Type: Billing Address 2 Billing Address 2	Plan Code: Medicare Par City  Medicare Par City	tt A	none NO:	02/05/2018-02/28  Member  State  State  Care Risk		COB: 02/05/2018 - Zip 02/05/2018 - 21p	02/28/2018	Phone N
Name: AURORA MANOR LIMITED PI INSURANCE/COMMER Payer Name: Medicare Part A  Message:  Medicare Part B	Plan Level Billing Address Plan Level Billing Address Plan Level Billing Address Plan Level Billing Address	Plan Type: Billing Address 2 Billing Address 2 Provider Billing Address 2	Plan Code: Medicare Pai City  Medicare Pai City  Health Mainti City	tt A		02/05/2018-02/28  Membi State  State State		COB: 02/05/2018 - Zip 02/05/2018 - Zip	02/28/2018	Phone N
Name: AURORA MANOR LIMITED PJ INSURANCE/COMMER Pyer Name: Medicare Part A Message: Medicare Part B Message:	CIAL OTHER F Payer Type: Plan Level Billing Address Plan Level Billing Address	Plan Type: Billing Address 2 Billing Address 2	Plan Code: Medicare Par City  Medicare Par City	tt A		02/05/2018-02/28  Member  State  State  Care Risk		COB: 02/05/2018 - Zip 02/05/2018 - 21p	02/28/2018	Phone N

		57890876ety			Medicai	id Managed C	are		nt: Nicole Grove D: NPI: 12345678 rt Generated: 12		
SUBMITTED	n RV	PPOVIDE	·								
First Name:		st Name:	DOB:	SSI	u-	Payer:	Me	mber ID:	Elig Date From:		lig Date To:
Nicole		rover	7/7/1944		001001	Ohio Medicaid		521245475	02/06/2018		2/06/2018
RETURNED	В	PAYER:									
PATIENT DEN	MOGF	RAPHICS:									
First Name:	MI:	Last Name:	SUFF:	DOB:	Gender:	SSN:	Address 1:	Address	2: City:	Stat	e: Zip:
Nicole	w	Grover		7/7/1944	F	001001001	123 Bist Rd		Cuyahoga Fa	IIs OH	444410
PLAN BENEF	ITS:										
Status: Plan	Type:			Medica	id Type Co	de:		Member ID:	AID CAT:	EFF Date:	TERM Date:
		efit Plan Coverage			Targeted Ca			124521245475		2/6/2018	2/6/2018
		efit Plan Coverage				ddiction Services		124521245475		2/6/2018	2/6/2018
		efit Plan Coverage			ental health			124521245475		2/6/2018	2/6/2018
		efit Plan Coverage		Medical				124521245475		2/6/2018	2/6/2018
		efit Plan Coverage			Targeted Ca			124521245475		2/6/2018	2/6/2018
		rfit Plan Coverage				ddiction Services		124521245475		2/6/2018	2/6/2018
		fit Plan Coverage			ental health			124521245475 124521245475		2/6/2018	2/6/2018
		efit Plan Coverage		Medicai	id			124521245475		2/6/2018	2/6/2018
PATIENT LIA	BILIT	Υ:									
Patient Liability 1	Type:				MT:		EFF Date:				
Nursing Home				\$1	283.00		02/01/201	8-02/28/2018			
LOCK IN:					283.00						
LOCK IN:		P	Provider Ph		283.00	EFF	02/01/2011 Date:	TERM Da	te:	Lock In Type	»:
LOCK IN: Provider Name:			Provider Ph		283.00	EFF			te:	Lock In Type	p:
LOCK IN: Provider Name: OTHER PROV	/IDEF		Provider Ph		283.00		Date:	TERM Da			
LOCK IN: Provider Name: OTHER PROV		RS:			283.00	NPI: 007007007		TERM Da			rERM Date:
OCK IN: Provider Name: OTHER PROVI	ALTHO	RS: CARE GROUP, IN	NC.	ione NO:	283.00	NPI:	Date:	TERM Da	e:		
LOCK IN: Provider Name:  OTHER PROVIDER Name: BATH CREEK HE	COMI	RS: CARE GROUP, IN	NC. THER PA	ione NO:	283.00	NPI:	Date:	TERM Da	e:		
LOCK IN: Provider Name:  OTHER PROV. Name: BATH CREEK HE INSURANCE/N Payer Name:	COMI	RS: CARE GROUP, IN	NC. THER PA	YERS:	283.00	NPI: 007007007	Date:	TERM Da  EFF Da  02/06/20	e: 18-02/28/2018	,	FERM Date:
LOCK IN: Provider Name:  OTHER PROV. Name: BATH CREEK HE INSURANCE/N Payer Name:	COMI	CARE GROUP, IN MERCIAL OT	√C. THER PA	YERS:		NPI: 007007007	Date: Phone NO	TERM Da  EFF Da  02/06/20  mber/Plan ID:	e: 18-02/28/2018 COB:	,	FERM Date:
LOCK IN: Provider Name: DTHER PROVINGER NAME: BATH CREEK HE INSURANCE/O Payer Name: Medicare Part A	COMI	CARE GROUP, IN MERCIAL OT layer Type: Itan Level Ittilling Address 1	√C. THER PA	YERS:		NPI: 007007007 Plan Code: Medicare Part A	Date: Phone NO	TERM Da  EFF Da  02/06/20  mber/Plan ID:	e: 118-02/28/2018 COB: 02/06/2018 - 02/2	,	FERM Date:
LOCK IN: Provider Name: OTHER PROVINGER BATH CREEK HE INSURANCE/N Payer Name: Medicare Part A	COMI	CARE GROUP, IN MERCIAL OT layer Type: Itan Level Ittilling Address 1	NC. THER PA	YERS:		NPI: 007007007 Plan Code: Medicare Part A City	Date: Phone NO	TERM Da  EFF Da  02/06/20  mber/Plan ID:	e: 18-02/28/2018 COB: 02/06/2018 - 02/2 Zip	,	FERM Date:
-	COMI P P B	CARE GROUP, IN MERCIAL OT layer Type: Itan Level Ittilling Address 1	NC. THER PA	YERS: an Type:		NPI: 007007007 Plan Code: Medicare Part A City	Date: Phone NO	TERM Da  EFF Da  02/06/20  mber/Plan ID:	e: 18-02/28/2018 COB: 02/06/2018 - 02/2 Zip	28/2018	FERM Date:
LOCK IN: Provider Name: OTHER PROV Name: BATH CREEK HE INSURANCE/N Payer Name: Medicare Part A Message:	COMI P P B	MERCIAL OT Vayer Type: Valan Level	HER PA	YERS: an Type:	nss 2	NPI: 007007007 Plan Code: Medicare Part A City	Phone NO  Me St:	TERM Da  : EFF Da  02/06/20  mber/Plan ID:	e: 18-0228/2018 COB: 02/06/2018 - 02/2 Zip	28/2018	Phone NO:
Provider Name:  OTHER PROVIDENCE HE NSURANCE HE NSURANCE HE NSURANCE Part A Message:	COMI P P B	MERCIAL OT Layer Type: lan Level illing Address 1	HER PA	YERS: an Type: ming Addre	nss 2	NPI: 007007007 Plan Code: Medicare Part A City 	Date: Phone NO  Me	TERM Da  : EFF Da  02/06/20  mber/Plan ID:	e: 18-0228/2018 COB: 02/06/2018 - 02/2 Zip 02/06/2018 - 02/2	28/2018	Phone NO:
LOCK IN: Provider Name: OTHER PROV Name: BATH GREEK HE BINSURANCE/M Medicare Part A Medicare Part 8 Medicare Part 8	COMI P P B	MERCIAL OT Layer Type: lan Level illing Address 1	NC. PI Bi	YERS: an Type: ming Addre	nss 2	NPI: 007007007  Plan Code: Medicare Part A City  Medicare Part B City	Date: Phone NO  Me	TERM Da  : EFF Da  02/06/20  mber/Plan ID:	e: 18-02/28/2018 COB: 02/06/2018 - 02/2 Zip  02/06/2018 - 02/2 Zip	28/2018	Phone NO:
LOCK IN:  Provider Name:  OTHER PROV Name:  BATH CREEK HE INSURANCE/ Payer Name:  Medicare Part A  Medicare Part B  Message:	P B B	RS:  CARE GROUP, IN MERCIAL OT ayer Type: Islan Level Islan Address 1	NC. PI Bi	YERS: an Type: ming Addre	nss 2	NPI: 067907007  Pfan Code: Modicare Part A City  Medicare Part B City	Phone NO  Me	TERM Da  : EFF Da  02/06/20  mber/Plan ID:	e: 18-02/28/2018 COB: 02/06/2018 - 02/2 Zip 	28/2018	FERM Date: Phone NO:
LOCK IN: Provider Name: DTHER PROV Jame: ATH CREEK HE NSURANCE/N Payer Name: Medicare Part A Message: Medicare Part B	P P B B	MERCIAL OT typer Type: Ian Level Iilling Address 1	PI Bi	YERS: an Type:	nos 2 nos 2	NPI:  607907907  Plan Code:  Medicare Part A  City   Medicare Part B  HMO, MyCare Ohic	Phone NO  Me Str	TERM Do  EFF Da 020620 mbenPlan ID:	c: 18-02/28/2018 COB: 02/06/2018 - 02/2 Zip  02/06/2018 - 02/2 Zip	28/2018	Phone NO:
OCK IN: Tovider Name: OTHER PROV JOHER PROV	P P B B	AS:  CARE GROUP, IN MERCIAL OT TAYOR TYPE: Itan Level silling Address 1  Itan Level silling Address 1	PI BI	YERS: an Type: lling Addre	nos 2 nos 2	NPI: 007007007 Plan Code: Medicare Part A City Medicare Part B City	Date:  Phone NO  Me Sti	TERM Do  EFF Da 020620 mbenPlan ID:	e: 18-02082018  COB: 02062018 - 022  Zip  02062018 - 022  Zip  02062018 - 022  Zip	28/2018	FERM Date: Phone NO:
OCK IN: Tovider Name: OTHER PROV JOHER PROV	P P B B	RS:  CARE GROUP, IN MERCIAL OT toyer Type:  Itan Level  Itan Level	PI Bi	YERS: an Type: lling Addre	nos 2 nos 2	NPI:  607907907  Plan Code:  Medicare Part A  City   Medicare Part B  HMO, MyCare Ohic	Phone NO  Me Str	TERM Do  EFF Da 020620 mbenPlan ID:	c: 18-02/28/2018 COB: 02/06/2018 - 02/2 Zip  02/06/2018 - 02/2 Zip	28/2018	FERM Date: Phone NO:



## The Value of Eligibility Verification



#### **Enhance Data Integrity**

Automatically checks eligibility in real-time, in batches and reports can be retrieved at any time.



#### **Cost Savings**

Reduces the average coverage denial rate and leads to the discovery of coverage termination via claim rejection delays reimbursement.



#### **Time Savings**

Reduce the amount of time spent checking resident eligibility.

Eligibility Verification



# Questions?

# Thank you for joining us!

success@pointclickcare.com 1-800-277-5889