

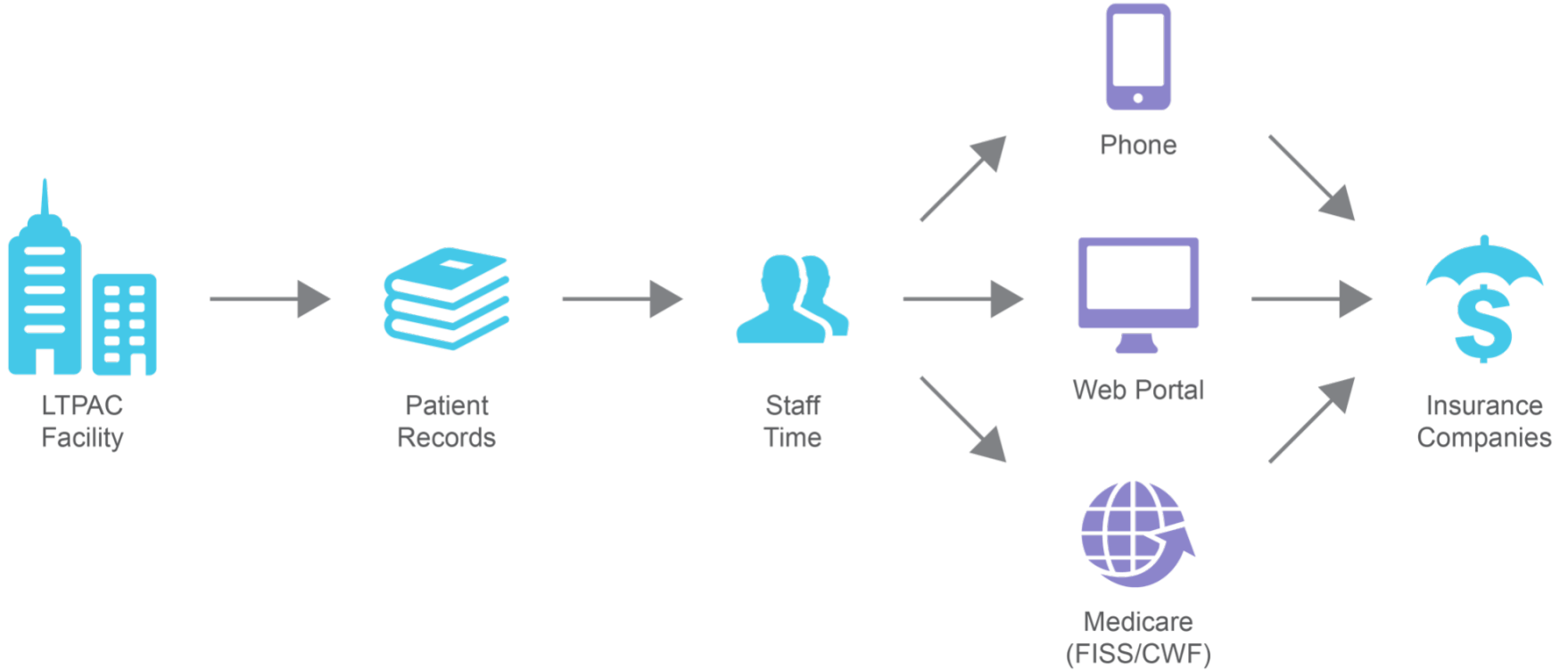
# Don't Get Denied: Protect Your Revenue Cycle with Eligibility Verification

**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

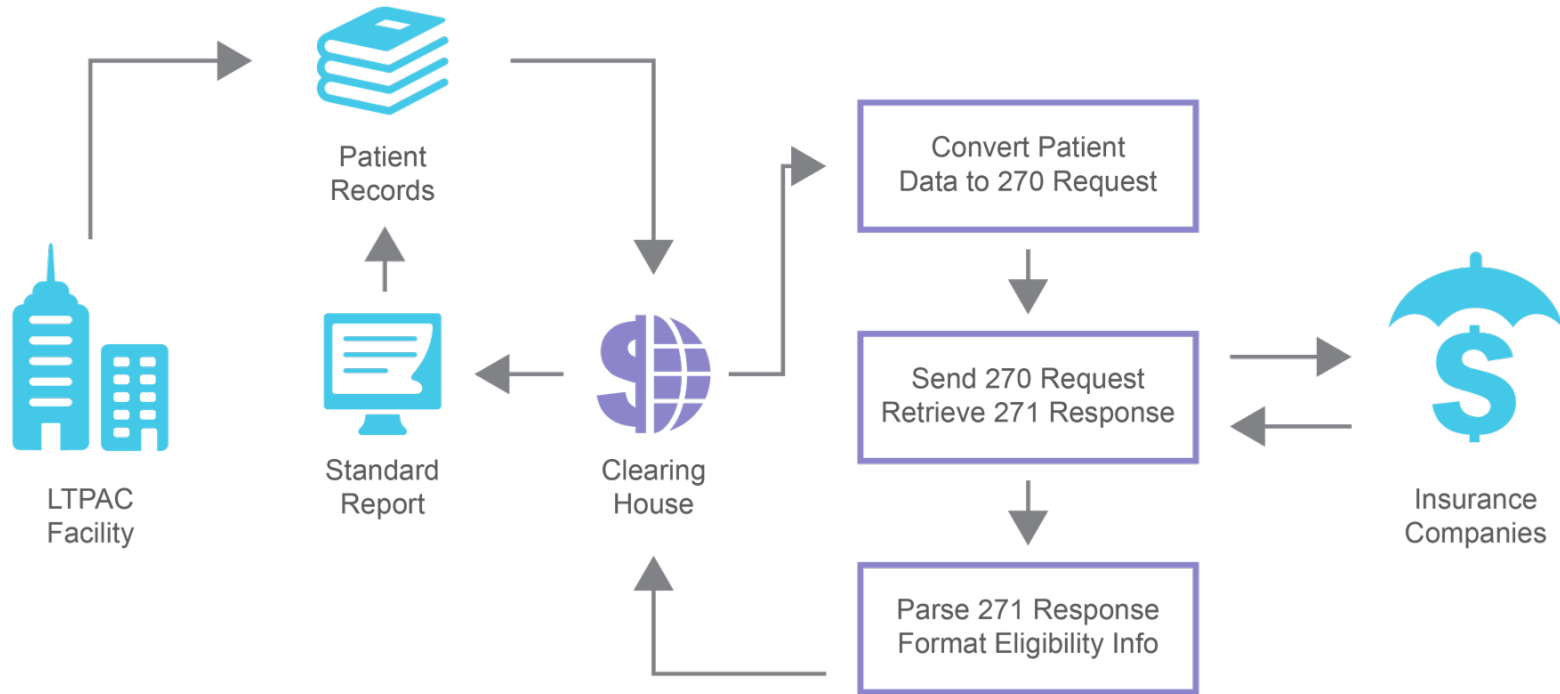
## **Improve Efficiency**

- 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

PIN ID: 446e813129ce99994461  
**This Patient Has Active Insurance**  
 Patient: Robert Hlve - Patient NO:  
 Facility: ()  
 Tax ID: NPI: 067007007  
 Report Generated: 10:20:49 EST PM 02/05/2018

**SUBMITTED BY PROVIDER:**

|             |            |          |           |               |             |                 |               |
|-------------|------------|----------|-----------|---------------|-------------|-----------------|---------------|
| First Name: | Last Name: | DOB:     | SSN:      | Payer:        | Member ID:  | Elig Date From: | Elig Date To: |
| Robert      | Hlve       | 3/7/1945 | 001001002 | Ohio Medicaid | 12345678749 | 02/05/2018      | 02/05/2018    |

**RETURNED BY PAYER:**

**PATIENT DEMOGRAPHICS:**

|             |     |            |       |          |         |           |                 |            |        |        |            |
|-------------|-----|------------|-------|----------|---------|-----------|-----------------|------------|--------|--------|------------|
| First Name: | Mi: | Last Name: | SUFF: | DOB:     | Gender: | SSN:      | Address 1:      | Address 2: | City:  | State: | Zip:       |
| Robert      | --- | Hlve       | ---   | 3/7/1945 | M       | 001001002 | 101 Hoover Lane | ---        | Aurora | OH     | 44703-9170 |

**PLAN BENEFITS:**

| Status: | Plan Type:                   | Medicaid Type Code:                 | Member ID:  | AID CAT: | EFF Date: | TERM Date: |
|---------|------------------------------|-------------------------------------|-------------|----------|-----------|------------|
| Active  | Health Benefit Plan Coverage | MRDD Targeted Case Mgmt             | 12345678749 |          | 2/5/2018  | 2/5/2018   |
| Active  | Health Benefit Plan Coverage | Alcohol and Drug Addiction Services | 12345678749 |          | 2/5/2018  | 2/5/2018   |
| Active  | Health Benefit Plan Coverage | Ohio Mental health                  | 12345678749 |          | 2/5/2018  | 2/5/2018   |
| Active  | Health Benefit Plan Coverage | Medicaid                            | 12345678749 |          | 2/5/2018  | 2/5/2018   |
| Active  | Health Benefit Plan Coverage | MRDD Targeted Case Mgmt             | 12345678749 |          | 2/5/2018  | 2/5/2018   |
| Active  | Health Benefit Plan Coverage | Alcohol and Drug Addiction Services | 12345678749 |          | 2/5/2018  | 2/5/2018   |
| Active  | Health Benefit Plan Coverage | Ohio Mental health                  | 12345678749 |          | 2/5/2018  | 2/5/2018   |
| Active  | Health Benefit Plan Coverage | Medicaid                            | 12345678749 |          | 2/5/2018  | 2/5/2018   |

**PATIENT LIABILITY:**

|                         |           |                       |
|-------------------------|-----------|-----------------------|
| Patient Liability Type: | AMT:      | EFF Date:             |
| Nursing Home            | \$1969.00 | 02/01/2018-02/28/2018 |

**LOCK IN:**

|                |                    |           |            |               |
|----------------|--------------------|-----------|------------|---------------|
| Provider Name: | Provider Phone NO: | EFF Date: | TERM Date: | Lock In Type: |
|----------------|--------------------|-----------|------------|---------------|

**OTHER PROVIDERS:**

|                                  |           |           |                       |            |
|----------------------------------|-----------|-----------|-----------------------|------------|
| Name:                            | NPI:      | Phone NO: | EFF Date:             | TERM Date: |
| AURORA MANOR LIMITED PARTNERSHIP | 060000000 |           | 02/05/2018-02/28/2018 |            |

**INSURANCE/COMMERCIAL OTHER PAYERS:**

|                 |                   |                   |                 |                 |                         |           |
|-----------------|-------------------|-------------------|-----------------|-----------------|-------------------------|-----------|
| Payer Name:     | Payer Type:       | Plan Type:        | Plan Code:      | Member/Plan ID: | COB:                    | Phone NO: |
| Medicare Part A | Plan Level        | ---               | Medicare Part A | ---             | 02/05/2018 - 02/28/2018 | ---       |
|                 | Billing Address 1 | Billing Address 2 | City            | State           | Zip                     |           |
|                 | ---               | ---               | ---             | ---             | ---                     |           |

Message: ---

|                 |                   |                   |                 |       |                         |     |
|-----------------|-------------------|-------------------|-----------------|-------|-------------------------|-----|
| Medicare Part B | Plan Level        | ---               | Medicare Part B | ---   | 02/05/2018 - 02/28/2018 | --- |
|                 | Billing Address 1 | Billing Address 2 | City            | State | Zip                     |     |
|                 | ---               | ---               | ---             | ---   | ---                     |     |

Message: ---

|                        |                   |                   |  |       |                         |     |
|------------------------|-------------------|-------------------|--|-------|-------------------------|-----|
| HUMANACHOICE H1345-050 | Plan Level        | Provider          | Health Maintenance Organization (HMO) - Medicare Rsk | ---   | 02/05/2018 - 02/28/2018 | --- |
|                        | Billing Address 1 | Billing Address 2 | City   | State | Zip                     |     |
|                        | ---               | ---               | ---  | ---   | ---                     |     |

Message: ---

**NOTES:**

PIN ID: 446e813129ce99994461  
**Medicaid Managed Care**  
 Patient: Nicole Gover - Patient NO: Facility: ()  
 Tax ID: NPI: 12345678  
 Report Generated: 12:01:43 EST AM 02/06/2018

**SUBMITTED BY PROVIDER:**

|             |            |          |           |               |               |                 |               |
|-------------|------------|----------|-----------|---------------|---------------|-----------------|---------------|
| First Name: | Last Name: | DOB:     | SSN:      | Payer:        | Member ID:    | Elig Date From: | Elig Date To: |
| Nicole      | Gover      | 7/7/1944 | 001001001 | Ohio Medicaid | 1245321245475 | 02/06/2018      | 02/06/2018    |

**RETURNED BY PAYER:**

**PATIENT DEMOGRAPHICS:**

|             |     |            |       |          |         |           |             |            |                |        |       |
|-------------|-----|------------|-------|----------|---------|-----------|-------------|------------|----------------|--------|-------|
| First Name: | Mi: | Last Name: | SUFF: | DOB:     | Gender: | SSN:      | Address 1:  | Address 2: | City:          | State: | Zip:  |
| Nicole      | --- | Gover      | ---   | 7/7/1944 | F       | 001001001 | 123 Blst Rd | ---        | Cuyahoga Falls | OH     | 44410 |

**PLAN BENEFITS:**

| Status: | Plan Type:                   | Medicaid Type Code:                 | Member ID:    | AID CAT: | EFF Date: | TERM Date: |
|---------|------------------------------|-------------------------------------|---------------|----------|-----------|------------|
| Active  | Health Benefit Plan Coverage | MRDD Targeted Case Mgmt             | 1245321245475 |          | 2/6/2018  | 2/6/2018   |
| Active  | Health Benefit Plan Coverage | Alcohol and Drug Addiction Services | 1245321245475 |          | 2/6/2018  | 2/6/2018   |
| Active  | Health Benefit Plan Coverage | Ohio Mental health                  | 1245321245475 |          | 2/6/2018  | 2/6/2018   |
| Active  | Health Benefit Plan Coverage | Medicaid                            | 1245321245475 |          | 2/6/2018  | 2/6/2018   |
| Active  | Health Benefit Plan Coverage | MRDD Targeted Case Mgmt             | 1245321245475 |          | 2/6/2018  | 2/6/2018   |
| Active  | Health Benefit Plan Coverage | Alcohol and Drug Addiction Services | 1245321245475 |          | 2/6/2018  | 2/6/2018   |
| Active  | Health Benefit Plan Coverage | Ohio Mental health                  | 1245321245475 |          | 2/6/2018  | 2/6/2018   |
| Active  | Health Benefit Plan Coverage | Medicaid                            | 1245321245475 |          | 2/6/2018  | 2/6/2018   |

**PATIENT LIABILITY:**

|                         |           |                       |
|-------------------------|-----------|-----------------------|
| Patient Liability Type: | AMT:      | EFF Date:             |
| Nursing Home            | \$1283.00 | 02/01/2018-02/28/2018 |

**LOCK IN:**

|                |                    |           |            |               |
|----------------|--------------------|-----------|------------|---------------|
| Provider Name: | Provider Phone NO: | EFF Date: | TERM Date: | Lock In Type: |
|----------------|--------------------|-----------|------------|---------------|

**OTHER PROVIDERS:**

|                                   |           |           |                       |            |
|-----------------------------------|-----------|-----------|-----------------------|------------|
| Name:                             | NPI:      | Phone NO: | EFF Date:             | TERM Date: |
| BATH CREEK HEALTHCARE GROUP, INC. | 067007007 |           | 02/06/2018-02/28/2018 |            |

**INSURANCE/COMMERCIAL OTHER PAYERS:**

|                 |                   |                   |                 |                 |                         |           |
|-----------------|-------------------|-------------------|-----------------|-----------------|-------------------------|-----------|
| Payer Name:     | Payer Type:       | Plan Type:        | Plan Code:      | Member/Plan ID: | COB:                    | Phone NO: |
| Medicare Part A | Plan Level        | ---               | Medicare Part A | ---             | 02/06/2018 - 02/28/2018 | ---       |
|                 | Billing Address 1 | Billing Address 2 | City            | State           | Zip                     |           |
|                 | ---               | ---               | ---             | ---             | ---                     |           |

Message: ---

|                 |                   |                   |                 |       |                         |     |
|-----------------|-------------------|-------------------|-----------------|-------|-------------------------|-----|
| Medicare Part B | Plan Level        | ---               | Medicare Part B | ---   | 02/06/2018 - 02/28/2018 | --- |
|                 | Billing Address 1 | Billing Address 2 | City            | State | Zip                     |     |
|                 | ---               | ---               | ---             | ---   | ---                     |     |

Message: ---

|            |                   |                   |                  |       |                         |                |
|------------|-------------------|-------------------|------------------|-------|-------------------------|----------------|
| CARESOURCE | MCO               | ---               | HMO, MyCare Ohio | ---   | 02/06/2018 - 02/28/2018 | (888) 888-1234 |
|            | Billing Address 1 | Billing Address 2 | City             | State | Zip                     |                |
|            | ---               | ---               | ---              | ---   | ---                     |                |

Message: MEDICAD ONLY

**NOTES:**

# 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

**PointClickCare®**