

Eligibility Department

March 28, 2021



Home Health Foundation

The Leaders in Home Health and Hospice Care

Did You Know...

We Have a New Eligibility Department.

- ▶ The Revenue Cycle team would like to introduce a newly established Eligibility Department. The team was created to meet the needs within Home Health Foundation for a more robust system and knowledge home base for all things relating to patient insurance. We aim to support all members of HHF in their interactions with all aspects of the eligibility and insurance process. To ensure we are best able to support all departments with their insurance inquiries we have expanded our availability, there is now access to the designated team of insurance experts 7 days a week. We have put processes in place to assist in all avenues possible, proactive and reactive. We have created an insurance benefit coordination note which includes all patient responsibility and insurance coverage information. We have also formed an email group to which all eligibility inquiries should be directed. We also have a phone hotline which you can call during coverage hours for more immediate assistance.
- ▶ All inquiries should be sent to EligibilityDepartment@homehealthfoundation.org.
- ▶ The Eligibility Hotline direct phone number will be 978.258.8400 with ext 5165 for internal use.

Coordination Note: Insurance Benefit Details

- ▶ We have created and implemented a new coordination note that the Eligibility Department has put into use.
- ▶ We will be using the note type: Insurance Benefit Details to enter all pertinent insurance information that many departments are often looking for.
- ▶ The note will also be useful to clinicians, it will be a good reference for informing patients of their insurance patient responsibility.
 - ▶ A Y indicator next to patient responsibility will direct whether the clinician needs to look for the benefit information in the coordination note for further details of the owed amounts.
- ▶ The information is being entered at the time of insurance verification which precedes visits being scheduled.

Insurance Benefit Details: Verification Template

INSURANCE PLAN:
EFFECTIVE DATE:

PATIENT RESPONSIBILITY (Y/N):
[] DED [] CO-PAY [] CO-INS [] NOT COVERED

BENEFITS RECEIVED FROM INSURANCE:

DEDUCTIBLE REMAINING (\$):
CO-PAY AMOUNT (\$):
CO-INSURANCE AMOUNT (%):

OUT OF POCKET REMAINING (\$):

AUTHORIZATION REQUIRED (Y/N):

VISIT LIMITATIONS:

SECONDARY PAYER:

AUTO/WORKERS COMP/LIABILITY

DATE OF ACCIDENT:

ADJUSTOR NAME:

ADJUSTOR PHONE NUMBER:

IF MEDICARE HOME HEALTH

OVERLAP WITH ANOTHER AGENCY (Y/N):

AGENCY NAME:

AGENCY CONTACTED (Y/N):

IF MEDICARE HOSPICE

BENEFIT PERIODS:

OVERLAP WITH ANOTHER HOSPICE (Y/N):

MEDICARE PART D CARRIER: |

On-Call Authorization Bypass: Follow-Up Date Limits

- ▶ We are requesting that follow up date limits are noted for any authorization workflows that are pushed through by *on-call staff*.
- ▶ We want to tighten the authorization process, in order to do this one of the areas we identified was the pending authorization workflow. As long as the follow up date limits are used, the utilization department can appropriately request authorizations on time. These dates were chosen to maximize the authorization coverage needed for schedulers to complete their workflows but also ensures that authorization is not requested outside of insurance guidelines.
- ▶ **Weekdays: Same Day Follow Up Date**
Weekend: Monday Follow Up Date

Example of Authorization Follow Up Date

ADD AUTHORIZATION FOR

GONZZZZALEZ, BERT

Payor Type: MANAGED MEDICAID **Payor Source:** 1 - FALLON WELLFORCE **Program:** ALL VISITS - ALL VISITS

Unit Type: VISITS **Budget Type:** DISCIPLINES Active
 Generate Reauthorization Workflow
 Pending Authorization

Authorized By: _____ **Authorization No.:** PENDING

Phone Number: () - _____ **Start Date:** 11/27/2020 **End Date:** 03/30/2021 **Follow Up Date on Pending Authorization:** 03/30/2021

Comments:

Job Codes Save & Close Cancel

Weekend Urgent Authorization/Verification Definition

- ▶ We have set the expectation that verification workflows are completed within the hour they are received by the eligibility team, however, not everything goes to plan so we'd like to define what is urgent. This is still a work in progress as clinician input is very important for this initiative. We want to ensure that clinicians have all of the support and information that they need prior to visiting patients. We will be working with intake, clinical managers and schedulers to ensure we have a smooth and effective process flow.

Weekend On-Call Schedule

- ▶ To further support intake, schedulers and clinicians, we have created a structure that will enable 7 days a week availability for all insurance related issues, this weekend group includes the Eligibility Department along with some members from the UR and Billing Team. We have arranged the On-Call team to maximize the coverage span to coincide with the work schedules of the mentioned departments. We will be providing the weekend schedule for 3 month spans along with contact information. The weekend staff have 3 check-in points at which they must connect and complete all workflows to ensure schedulers are able to complete their workflows and applicable benefit details are available to the clinicians to relay to the patient during their visit.
- ▶ **Check-In Periods: 7:00AM-7:30AM; 11:30AM-12:30PM; 5:00PM-6:00PM** *subject to change depending on company needs, further specificity available for individual weekend days

Contact Us:

- ▶ We have a new email inbox that should be used for all inquiries relating to insurance and workflows relating to SOC verifications and authorizations. If you require further authorization units outside of the initial authorization period, please contact the UR team.

Email: EligibilityDepartment@homehealthfoundation.org

- ▶ For immediate assistance the Eligibility Hotline direct phone number is 978.258.8400 with ext 5165 for internal use.