

Session Guide:  
Integrated Real-Time  
Eligibility Verification

## Table of Contents

Overview.....	3
When does Eligibility Verification run? .....	3
Eligibility Statuses .....	3
Viewing Eligibility Verification .....	4
Outstanding Eligibility Verification Dashboard Widget.....	7
Eligibility Verification Transaction Report .....	7
Payer Mapping.....	8

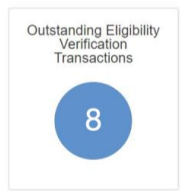
## Overview

Integrated Dorado insurance payer eligibility verification is used to validate patient insurance information, including the certification (if any), what insurance coverage the patient has, and whether the patient is eligible for services.

## When does Eligibility Verification run?

Eligibility Verification runs automatically at the following times:

1. When a payer is added or edited in Intake.
2. When a payer is added or edited from the client's Financial Record.
3. On the 1st and the 15th for all active patients. Eligibility reports that were denied, failed, pending, or had errors in the last 15 days appear on the Outstanding Eligibility Verification Transactions dashboard widget.



## Eligibility Statuses

VERIFIED:	Displays if the request is successfully processed and the patient's insurance is active.
DENIED:	Displays if the request is successfully processed and the patient's insurance is not active.
FAILED:	Displays if the request was submitted but could not be processed.
NOT SUBMITTED:	Displays if eligibility has not yet been submitted for verification.
PENDING:	Displays if eligibility has been submitted but no response has been received.
ERROR:	Displays if the system could not connect with Dorado, times out, or any other scenario where a response could not be retrieved from Dorado.

## Viewing Eligibility Verification

You can access eligibility verification information either from Intake or the patient's Financial Record.

### Viewing Eligibility Verification from the Intake page

When patients are admitted through the intake process, a real-time eligibility request is automatically sent to Dorado when a new payer is added through intake. Select **View** to access **Eligibility History** details or make an eligibility verification request (see below).

If the payer is edited in Intake before the patient's record is created, another real-time call is made to Dorado. Once the patient record is created, users are no longer able to add/edit insurance from Intake and must go to the patient's Financial Record to add or edit insurance.

Insurance Coverage						
<input type="button" value="Add Insurance"/>						
	Payer - Plan	Group ID	Member ID	Coverage	Eligibility Status	
<a href="#">Edit</a>	Private Pay			02/01/2014 -	<a href="#">View</a>	
<a href="#">Edit</a>	Aetna - Aetna Medicare PPS		473743236A	09/01/2016 -	VERIFIED <a href="#">View</a>	
<a href="#">Edit</a>	MN Medicaid - MN Medicaid		01027299	09/01/2016 -	VERIFIED <a href="#">View</a>	

Showing 1 to 3 of 3 entries

### Viewing Eligibility Verification from the Financial Record

In the patient's Financial Record, eligibility verification automatically occurs whenever a new payer is added to the patient's record. If the payer is edited in the Financial Record, a real-time eligibility request is automatically generated to Dorado. Select **View** to access **Eligibility History** details or make an eligibility verification request (see below).

Client Details   Financial Record   Care Details   Case Details   Schedule						
Payers   Authorizations   New Claims   Pending Claims   Outstanding Claims   Rejected Claims   Paid Claims   Credits   Service Rates						
Payers <input type="button" value="Add"/>						
	Payer - Plan	Group ID	Member ID	Coverage	Eligibility Status	
<a href="#">Edit</a>	Aetna - Aetna Medicare PPS		473743236A	09/01/2016 -	VERIFIED <a href="#">View</a>	
<a href="#">Edit</a>	MN Medicaid - MN Medicaid		01027299	09/01/2016 -	VERIFIED <a href="#">View</a>	
<a href="#">Edit</a>	Private Pay			02/01/2014 -	<a href="#">View</a>	

Showing 1 to 3 of 3 entries

**Tip:** If an intake was entered before Eligibility Verification was activated in your Home Health Care database, the Eligibility Status is Not Submitted. You can either wait for the weekly eligibility check or click into the Eligibility Status field and select **Verify Eligibility** from the Eligibility History window.

## Eligibility History Window

From either the **Intake** or the **Financial Record**, you can view the results of the eligibility verification or manually request another real-time call to Dorado. Click the **View** link to open the **Eligibility History** window. Click **Verify Eligibility** to request an eligibility verification.

Select **View** to access the Eligibility History.

Actions	Date	Time	Status	Error
<a href="#">View</a> <a href="#">Download</a>	09/02/2016	01:49:19PM	VERIFIED	Active
<a href="#">View</a> <a href="#">Download</a>	09/02/2016	01:30:23PM	VERIFIED	Active
<a href="#">View</a> <a href="#">Download</a>	09/02/2016	01:29:58PM	VERIFIED	Active
<a href="#">View</a> <a href="#">Download</a>	09/02/2016	01:28:08PM	VERIFIED	Active
	09/02/2016	09:42:40AM	ERROR	Could not access Eligibilit Provider.
<a href="#">View</a> <a href="#">Download</a>	09/02/2016	07:57:22AM	VERIFIED	Active
<a href="#">View</a> <a href="#">Download</a>	09/02/2016	07:39:16AM	VERIFIED	Active
<a href="#">View</a> <a href="#">Download</a>	09/02/2016	07:37:01AM	VERIFIED	Active

8 Results found. Page 1 of 1. Showing 10 results per page.

First Previous Next Last

Close

**Date Range:** The Eligibility History window automatically displays the last month’s results of eligibility verification. To view a different date range, change the From/To dates and select Refresh.

**Verify Eligibility:** To manually request eligibility verification on the patient, select the Verify Eligibility option. The request is sent to Dorado, and the window refreshes when the results are returned.

### Actions:

- **View:** To view the results of current or previous eligibility requests, click the View link next to the date/time within the Eligibility History window. The resulting Patient Eligibility Verification Report is color coded so that you can quickly see the eligibility status: green = active insurance, yellow = plan should be reviewed, red = carrier was unable to verify insurance. See Patient Eligibility Report, below.
- **Download:** This link allows users to see a view-only copy of the results from Dorado.

**Date/Time:** The date and timestamp of the corresponding eligibility request.

**Status:** The status of the eligibility request.

**Error:** If an error occurred, the error details are displayed in this column.

## Patient Eligibility Verification Report

To review the Patient Eligibility Report, select View or Download from the Eligibility History window. Results are color coded for quick identification of eligibility status. Downloading and viewing the Patient Eligibility Report should be reviewed at intake and each month to confirm the primary payer has not changed.

Active Insurance

**PATIENT SUMMARY** - [REDACTED] **Eligibility Coverage Detail Report**  
Report Generated: 02/20/21 EDT  
Ten ID: [REDACTED]

Primary Insurance Status: ACTIVE      Facility: [REDACTED]      NPI: [REDACTED]      Request Date: 09/15/2020

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**SUBMITTED TO PAYER**

**Patient Demographics**

First Name	Last Name	Member ID	D.O.B.	SSN	Payer (State/Field of State (Region))
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Eligibility Date(From)	Eligibility Date(To)	Service Type(s)			
09/15/2020	09/15/2020	[REDACTED]			

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**RETURNED BY PAYER**

**Patient Demographics - Self**

First Name	Middle Name	Last Name	Suffix	Member ID	D.O.B.	SSN	Gender
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Address Line 1	City	State	Zip Code				
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				

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**PAYER INFORMATION**

Payer Name (State/Field of State (Region))	Plan	Plan Type	Member ID	Group Number	Employer Name
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Effective Date	Termination Date	Subscriber Relationship	Subscriber First Name	Subscriber Last Name	
01/01/2019	12/31/9999	SELF	[REDACTED]	[REDACTED]	
Address Line 1	Address Line 2	City	State	Zip	Phone Number (000) 432-8907
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Website: [REDACTED]

Green - Active insurance.

Alert

**PATIENT SUMMARY** - [REDACTED] **Eligibility Coverage Detail Report**  
Report Generated: 10/18/20 EDT  
Ten ID: [REDACTED]

Primary Insurance Status: ACTIVE      Facility: [REDACTED]      NPI: [REDACTED]      Request Date: 11/06/2020

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**Alerts**

! Alerts

[View Active Medicare Advantage Policy](#)

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**SUBMITTED TO PAYER**

**Patient Demographics**

First Name	Last Name	Member ID	D.O.B.	SSN	Payer
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Medicare
Eligibility Date(From)	Eligibility Date(To)	Service Type(s)			
11/06/2019	09/06/2021	Self-Managed Care, Home Health Care, Health Benefit Plan Coverage, Hospice			

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**RETURNED BY PAYER**

**Patient Demographics**

First Name	Middle Name	Last Name	Suffix	Member ID	D.O.B.	SSN	Gender
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Address Line 1	City	State	Zip Code				
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]				

Orange - Plan information should be reviewed.

This Patient's Insurance Failed to Validate

**PATIENT SUMMARY** - [REDACTED] **Eligibility Coverage Detail Report**  
Report Generated: 01/20/21 EDT  
Ten ID: [REDACTED]

Primary Insurance Status: FAILED      Facility: [REDACTED]      NPI: [REDACTED]      Request Date: 12/15/2020

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**Alerts**

! Alerts

The submitted eligibility request has either an invalid or missing member ID

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**SUBMITTED TO PAYER**

**Patient Demographics**

First Name	Last Name	Member ID	D.O.B.	SSN	Payer
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Medicare Healthcare Of California
Eligibility Date(From)	Eligibility Date(To)	Service Type(s)			
12/15/2020	12/15/2020	[REDACTED]			

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**PAYER INFORMATION**

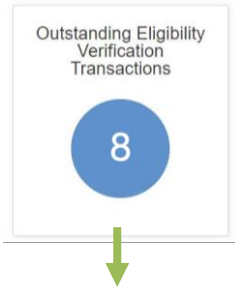
Payer Name (State/Field of State (Region))	Plan	Plan Type	Member ID	Group Number	Employer Name
Medicare Healthcare Of California	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Effective Date	Termination Date	Subscriber Relationship	Subscriber First Name	Subscriber Last Name	
No	[REDACTED]	SELF	[REDACTED]	[REDACTED]	
Address Line 1	Address Line 2	City	State	Zip	Phone Number
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Website Message: [REDACTED]

Red - Carrier was unable to validate the insurance.

## Outstanding Eligibility Verification Dashboard Widget

The **Outstanding Eligibility Verification Transactions** dashboard widget lists denied, failed, and pending verifications within the last 15 days, as well as those with errors. It updates every Monday and should be reviewed weekly to identify any insurance issues that may arise.



Click the widget to view a table listing details of outstanding eligibility verifications

### Outstanding Eligibility Verification Transactions

Eligibility reports that were denied, failed, pending, or had errors in the last 15 days, including patient details.

Patient Name	Enterprise	Branch	Payer - Plan	Member ID	Eligibility Response Date	Eligibility Status	Eligibility Response Message
Stone, Robin	0001390	Home Health of Minnesota	CGS - Medicare - PDGM	123466789	05/15/2020	Denied	Inactive
Wally, Charles	0001664	Home Health of Minnesota	CGS - Medicare - PDGM	1232121321	05/11/2020	Failed	No coverage found for specified service type

## Eligibility Verification Transaction Report

This report identifies patients that have had eligibility verification performed, what branch/business line was used for eligibility verification, and the status of the eligibility request.

Report:	Eligibility Verification Transactions								
Report User:	pco-morris								
Report Date:	06/02/2020								
Branch:	All								
Business Line:									
Patient:	All								
Eligibility Status:	All								
Date From:	05/03/2020								
Date To:	06/02/2020								
EntID	Patient Name	Branch	Business Line	Payer - Plan	Member ID	Group ID	Eligibility Status	Eligibility Transaction Date	Eligibility Response Message

## Payer Mapping

You must map payers in PointClickCare to Eligibility Verification IDs provided by Dorado. Dorado regularly updates their list of carrier codes, and this list is distributed to users by PointClickCare. Be sure to monitor the list and make updates to the payer mappings as changes are made.

To complete the payer mapping, access the Payer from the Administration menu. Select **Edit Payer**, and move to the **Billing** tab. Enter the Dorado Carrier Code found in the Dorado carrier code list in the **Electronic Eligibility ID** field:

The screenshot shows the 'Edit Payer' window with the 'Billing' tab selected. The form is organized into a grid of fields:

Billing Frequency*	BIWEEKLY	Bundle Charges*	NO BUNDLING
Submission Type of Bill*	810	Resubmission Type of Bill*	810
Electronic Payer ID*	41-1674742	Electronic Eligibility ID	100206

At the bottom right of the form are two buttons: 'Accept' and 'Cancel'. The 'Electronic Eligibility ID' field is highlighted with a red rectangular border.