Home Health Care

PointClickCare[®]



Session Guide: Integrated Real-Time Eligibility Verification

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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 Coverag	je				
Add Insurance					
	Payer - Plan	Group ID	Member ID	Coverage	Eligibility Status
Edit	Private Pay			02/01/2014 -	View
Edit	Aetna - Aetna Medicare PPS		473743236A	09/01/2016 -	VERIFIED View
Edit	MN Medicaid - MN Medicaid		01027299	09/01/2016 -	VERIFIED View
Showing 1 to 3 of 3 entries	1 Next » Last				

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 Detai	Chient Details Financial Record Care Details Case Details Schedule								
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Payers 📝	Add								
	Payer - Plan	\$	Group ID	Member ID	Coverage	¢ Eligibilit	y Status 🗘		
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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.

	Eligibility History				
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			Verify Elig	ibility	
	Actions	Date	Time	Status	Error
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y.		09/02/2016	09:42:40AM	ERROR	Could not access Eligiblit Provider.
	View Download	09/02/2016	07:57:22AM	VERIFIED	Active
	View Download	09/02/2016	07:39:16AM	VERIFIED	Active
	View Download	09/02/2016	07:37:01AM	VERIFIED	Active
	8 Results found	I. Page 1 of 1. St	nowing 10 results p	er page.	
	First Prev	vious Next	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 -					Eligibility Coverage Deta	il Report	
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DAVED INFORMATION						_	
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Effective Date 01/01/2019	Termination Date 12/31/9999	Subscriber Relationship SELF	Subscriber First Name		Subscriber Last Name		
Address Line 1	Address Line 2	City	State	Zip	Phone Number (800) 452-8507		
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ttClickCare Eligibility						_	
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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.



Eligibility	Verification	Transaction	Report	

CGS - Medicare - PDGM

0001664

Home Health of Minnesota

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.

1232121321

05/11/2020

Report:	Eligibility Verification Transactions								
Report User:	pcc-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	Paver - 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:

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