



OPEN ENROLLMENT

Get a Head Start on Patient Insurance Changes



New Year, New Headaches?

It happens every year. January comes around, and suddenly your billers are thrown for a loop.

In the past, there were only two options for avoiding denials due to undetected patient insurance changes:

- Manual eligibility revalidation. Is someone in your
 organization manually rechecking eligibility for the entire
 patient census? It's a common approach, but it won't help
 you detect changes that occur later in the year. It's also a
 major time investment.
- Crossing your fingers. You probably made quite an effort to educate patients that they need to inform you of any insurance changes. Now, you have to sit back and hope your message got through.

What's at Stake?

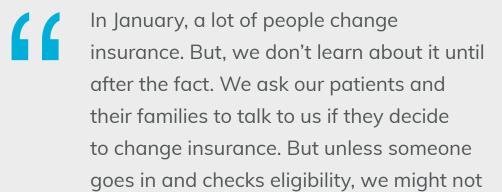
The best-case scenario when you don't catch an insurance change is that your reimbursement is delayed. If payment is denied altogether, you face an unpleasant choice:

- Surprise the patient with a bill. Patients will never forgive or forget the healthcare provider who sends them a statement with an unexpected charge.
- Write off your services. You may provide exceptional care and have little to show for it at the end of the month due to uncompensated care.





You're Not Alone



know the patient has changed plans.

—Admissions Coordinator



Take Charge Of Eligibility

If you're torn between spending hours on manual revalidation, or doing nothing and hoping for the best, you should know there's another option.

- Many facilities use a software application such as ABILITY COMPLETE® to perform eligibility checks automatically and to rerun checks on a recurring basis. These services often pay for themselves by preventing claim denials and can be used to:
- Run a batch check of your patients at the start of the year and each month

- Speed up verification with easy, accurate, real-time checks of insuranceand benefits
- Receive alerts when a patient's coverage or eligibility changes
- Verify eligibility for multiple patients and payers in one session with a single sign-on
- Automate large one-time or recurring batch eligibility checks d

- Check Medicare only, or check commercial, Medicare Advantage and Medicaid payers and HMOs
- Validate eligibility before providing care
- Easily find patient Medicare Beneficiary Identifiers (MBIs)

Early Preparation Pays Off All Year Long

While January is the most common time for insurance changes, patients in special situations can change their coverage at other times, making it necessary to be alert year-round.

- **Dual-eligibility.** Patients eligible for both Medicare and Medicaid can join, switch or drop a Medicare Advantage plan at any time of year.
- **5-Star Medicare Advantage plans.** Medicare Advantage plans with the highest rating on quality can enroll patients year-round.
- Qualifying events. A variety of situations allow individuals to make a mid-year change in their health insurance, including:
 - Loss of other coverage
 - + Marriage
 - + Birth of a child
 - + Moving to another state

- + Divorce from an employee with an employersponsored health plan
- + End of employment for someone with an employersponsored health plan



Having a system for verifying eligibility helps you:

- Bill the correct payer the first time
- Receive prompt reimbursement
- Improve cash flow
- Reduce denied claims after a patient changes health plans
- Reduce time spent resubmitting claims to the patient's new health plan
- Reduce write-offs
- Reduce patient bad debt





Eligibility software is definitely an Eligibility software is definitely an asset. The more we can do ahead of time to determine eligibility, the better off we are. And the less I have to write off on the back end.

—Terry N.

Director of Finance,

Walla Walla, Washington



We can help!

With ABILITY applications, you can improve efficiency, increase cash flow and maximize your revenue.

For more information, visit our Resource Center, or contact us