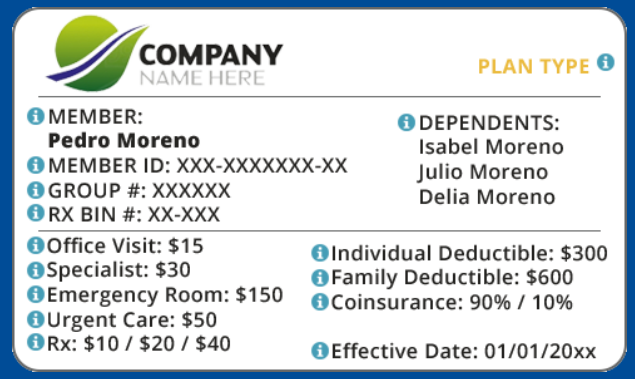
The Naked Truth Behind Insurance Cards

Cheryl Field & Kimberly Sturm

Prime Care Technologies



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Today's Presenters

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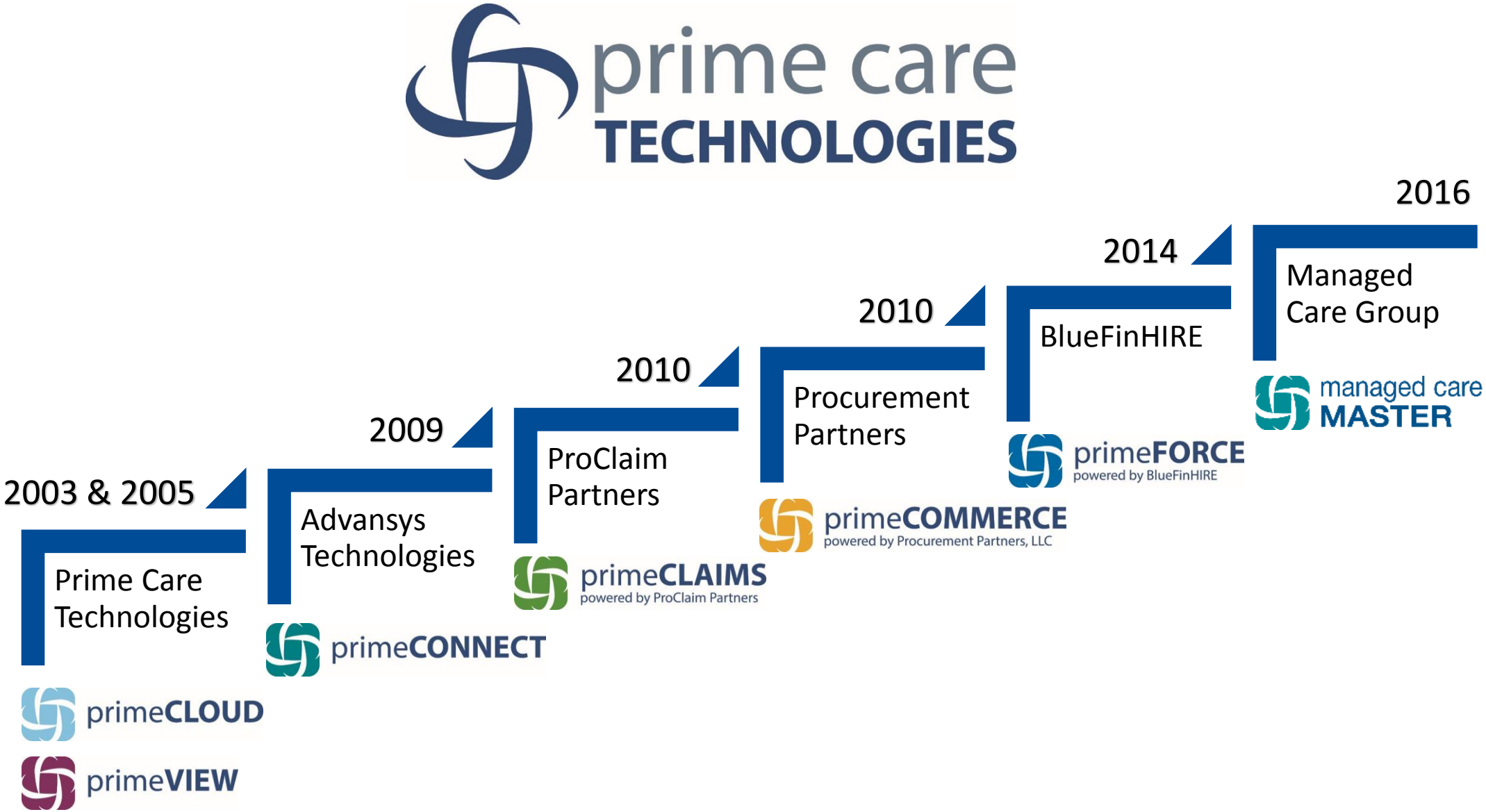

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Today's Objectives

- Understand details behind insurance cards
- Know your contracts by payer
- Be strategic in actions taken by your team
- Avoid taking a "bath" when it comes to revenue

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Polling Question #1

What is the most important factor your “pre-admission team” considers before offering a bed?

- Census – do we have a bed
- Validated payer source
- Estimated costs of patient care vs payer contracted rate
- All of the above

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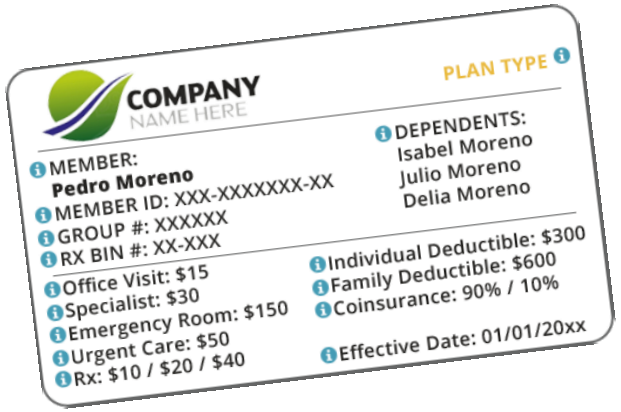
Pre-Admission



Admission team determines scope of services needed

- In-house competency required
- Must confirm who will pay you for providing services
  - Are there copayment amounts?
  - What are the in-network and out-of-network differences?
    - If the service needed is not specified - we must ask
    - If you have any questions when looking at the eligibility, call
    - If you don't, it contributes to accounts receivable aging

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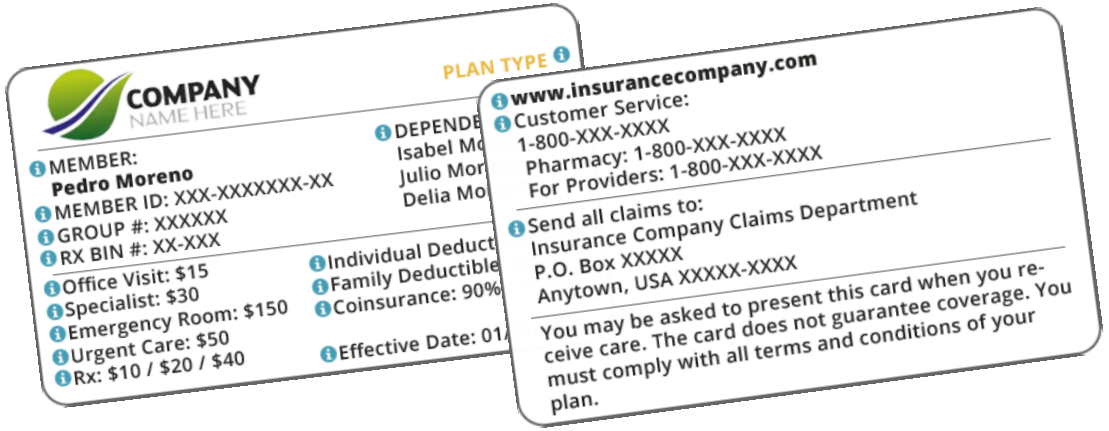
Eligibility



When in doubt, ALWAYS always call insurer's customer service number about specific health plan or coverage

- Identification info for people covered and policy
- Carrier name and how to contact them
- Unique ID number for each person on plan
- Group number unique to each employer
- Medical Network

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Plan Types

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- EPO (Exclusive Provider Organization)
- POS (Point of Service)
- HDHP (High Deductible Health Plan with or without Health Savings Plan
- Catastrophic Plan

- Can have tiered levels (bronze, silver, gold, platinum)
- Vary by cost sharing, deductibles, permissions, authorizations, etc.
- Various plan types complicate internal processes
- Insurance BRANDS may offer multiple plan types

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Payer ID
Electronic Mailing Address

UnitedHealthcare
StudentResources

2017-18 Academic Year

Insured:
SR ID #:
Policy #:
Group Name:

For Members:
1-888-224-4810

For Providers:
1-888-224-4875

HealthiestYou Telehealth: 1-855-870-5858
www.telehelp4students.com
24/7 Student Assistance Program: 1-877-862-1172

shared savings

OPTUM

UnitedHealthcare Choice Plus

Rx Bin:
Rx PCN:
Rx Group:

Underwritten by UnitedHealthcare Insurance Company

CLAIMS INSTRUCT

Submit claims to the company within 90 days after the da
and hospital bills along with the insured student's name a
address, and the name of the college or university under
address listed on this card.

Send claims to:
StudentResources
PO Box 809025
Dallas, TX 75380-9025
Electronic Payer ID #: 74227

For emergencies wi
UnitedHealthcare
1-877-461-2273 (T
or email assistance
Use ID # 355751

For Hospital pre-admission notification call UnitedHealt

NOTICE TO ALL HEALTHCAI

This card is not a guarantee of coverage. For information
claims instructions, please call Customer Service at the n

17-ID1

www.uhcsr.com

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Eligibility and Insurance Benefit Verification

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Add Eligibility Request

Location

* Location

Required Information

* First Name
* Last Name
* Date of Birth __/__/____
* Gender M F
* Payer Select Payer
* Service Type Select Service Type
* Member Id

Optional Patient Information

SSN ___-__-___

Patient Acct #

Service Start Date

Service End Date

Optional Insurance Information

Relationship to Insured Self

Group #

Plan #

Contract #

Submit Clone Cancel

* Fields marked with an * are required.

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Polling Question #2

Which of the following best describes your access to payer contracts

- I have no idea where they are
- I have access to cheat sheets but not sure they are accurate
- I know where the binder/folder/shared drive is

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Managed Care Eligibility and Insurance Benefit Verification

Health Insurance Benefit Verification | Level of Care | RUG Group

Stay*

Insurance Company*

LineOfBusiness

Plan Type

Is Primary

Phone

Is Primary Risk Payer: No [*Complete Below]

Claims/Benefits Rep:

Date/Time Benefits Verified: Date Benef

Coverage Start Date: Coverage S

Coverage End Date: Coverage E

Eligibility Effective Date

Notes

- LTC/Custodial
- HMO
- PPO
- EPO
- POS
- Supplemental
- Indemnity
- Other

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Who Is Paying the Bill?

Today's Payers	Shift in Payer	Shift in Risk Bearing

• Medicare
• Medicaid
• Managed Care
	• Managed Medicare
	• Managed Medicaid
	• ACO
	• Mandatory Bundles
		• Government Insurance
		• Self-Insured
		• At-risk
		  • Voluntary bundles
		  • Mandatory bundles

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Traditional Medicare

Facility “social worker” serves as internal case manager

Facility Administrator and Utilization Review Team have ethical responsibility to administer the benefit to the beneficiary according the Medicare Skilled rules

There is NO external case manager to face day-to-day

There ARE external agencies that scrutinize claims after the fact

- Denials of payment, appeals, etc.
- On the whole MUCH simpler to deal with in real time for the facility

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Managed Care Contracts

Level-of-care based

1-4; 1-3

4 = “sickest”/consumes most resources

Percentage of RUG based

Numerous “outliers” or carve outs

Medication caps and cap exclusions

Preferred vendors

This list goes on and on….

- Confusing, challenging, operational nightmare for the internal case manager and BOM to get right revenue on bill
- Costs exceed revenue and providers often lose money

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Be Strategic with Payer Requirements

Medicare = MDS schedule

- RUGs, rules for communicating change
- IDT drives the LOS

Managed Medicare = MDS schedule

- Initial Notification/CM assessment
- Authorizations
- Concurrent review
- Exclusion monitoring
- External CM drives LOS and IDT needs to respond

CM Advocate for level changes

CM Ask for additional payment for high cost services

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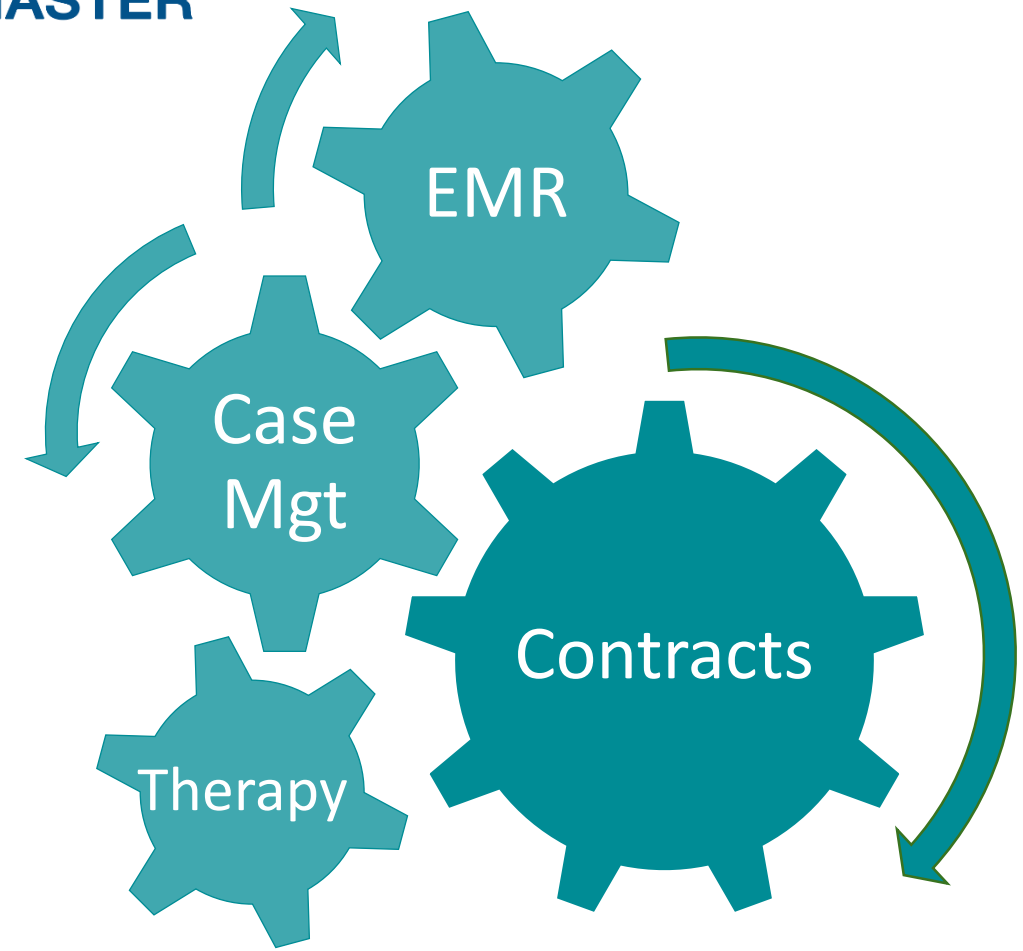
Take Advantage of Technology

managed care MASTER



What it does

- Synthesizes data from managed care contracts, EMR systems, Therapy systems, and case management reporting

Why you need it

- Guides staff through best-practice, step-by-step case management for managed care
- Empower your organization to recover more managed care revenue

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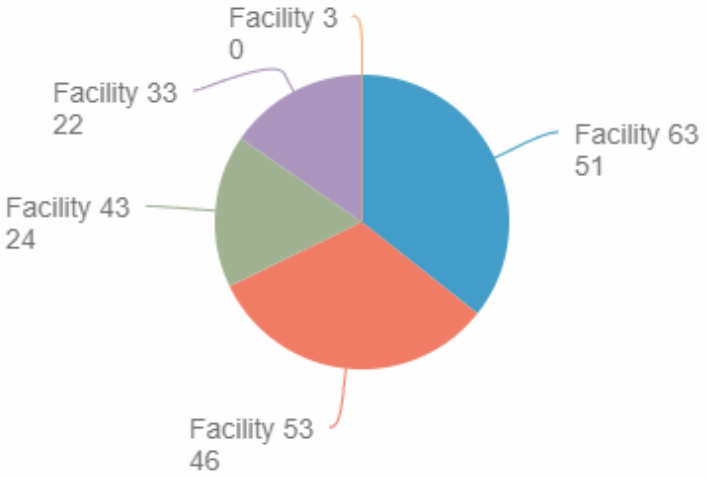
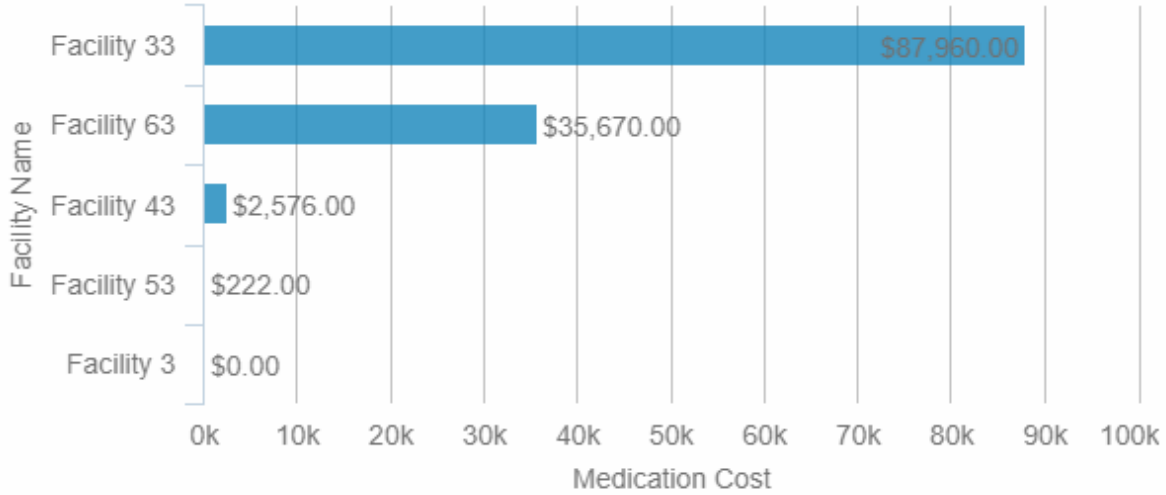
Accurately Capturing and Billing Managed Care Revenue

Count of Diagnosis Code by Facility Name



Run the original report.

Sum of Medication Cost by Facility Name



Run the original report.

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Polling Question #3

What tools are you using to manage post payment/ADR activity?

- Giant spreadsheet
- Shared drive/folder with limited access/restricted membership
- One person keeps a record/log/list for whole team
- Other SaaS system

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Tips for Submitting a Clean Claim

Utilize triple check process

- Verify qualifying hospital stay dates and benefit days available
- Verify admit dates on UB04 sync with census
- Ensure ancillary changes, occurrence and condition codes are accurate

Verify patient demographics

- Legal name, date of birth, policy number
- Suffix – yes or no (varies with payers)

Ensure needed authorization codes are on claim

Keep track of filing deadlines (90 days, 12 months, etc.)

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Not getting paid the first time?

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Home | Analytics | Claims | CLIP | DDE | HETS | Downloads | Reports | Revenue Recovery | Administration | Support

Recovery Dashboard | Recovery Candidates | Active (In Recovery) | Pending Recovery | Closed Recovery | Reports | Administration | Resources

Summary and Aging | ADR and Denials

Recovery Summary

Payer Type	Candidate Count	Candidate Total	Active Count	Active Total	Pending Count	Pending Total	Total Count	Total Amount
Medicare	1	7,724.02	5	27,326.77	0	0.00	7	35,230.79
Medicaid	0	0.00	0	0.00	0	0.00	0	0.00
Commercial	0	0.00	0	0.00	0	0.00	0	0.00
Totals	1	7,724.02	5	27,326.77	0	0.00	7	35,230.79

Recovery Aging

Payer Type	0 - 4 Days Count	0 - 4 Days Total	5+ Days Count	5+ Days Total	Total Count	Total Amount
Medicare	0	0.00	0	0.00	7	35,230.79
Medicaid	0	0.00	0	0.00	0	0.00
Commercial	0	0.00	0	0.00	0	0.00
Totals	0	0.00	0	0.00	7	35,230.79

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Questions

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Leading Post-Acute Care Technologies

Hosting & Managed Svcs	primeCLOUD
PAC Operations Dashboard	primeVIEW
Warehousing & Integration	primeCONNECT
Procurement Management	primeCOMMERCE
PAC Claims Reimbursement	primeCLAIMS
HR Management	primeFORCE
Managed Care Reimbursement	managed care MASTER

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- Expect replay/presentation via email
- Visit www.primecaretech.com to view our 2-minute demo video
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