



**Raintree  
SYSTEMS**

# **Patient Management**

## **Foundation Courses**

### **Eligibility & Authorization Management**

**October 12th, 2021 - 11:00am PT**

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# Our Team



Speaker  
Yvonne Long  
Product Specialist



Speaker  
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Product Specialist



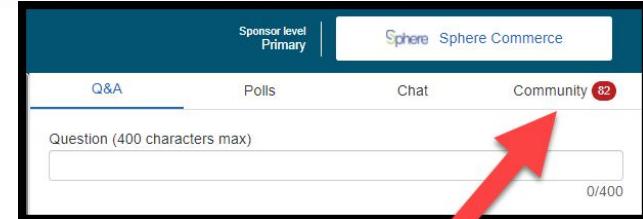
Moderator  
Reili Lille  
Senior QA Engineer

# Scavenger Hunt Game!



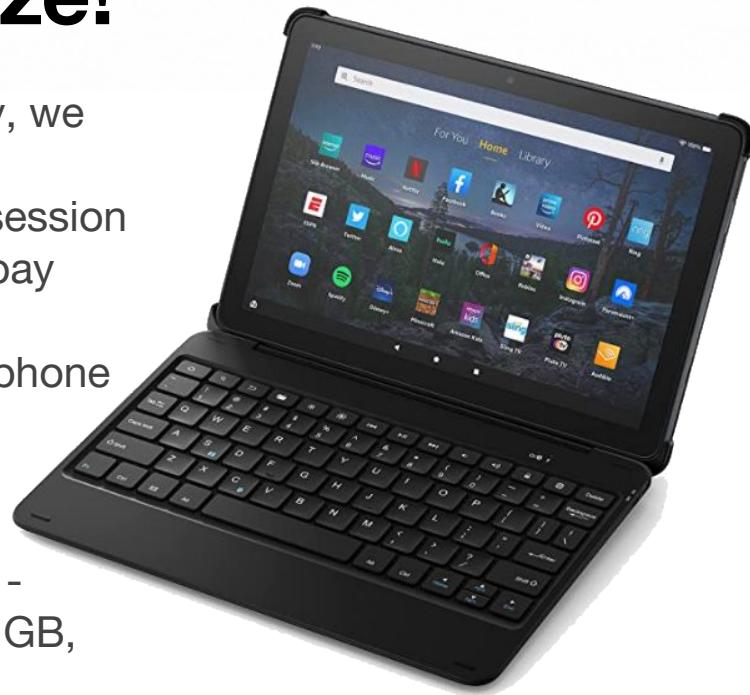
- Attend **EVERY** session of the Patient Management Foundations Course.
- If you spy something out of place on a slide during the sessions, take a screenshot of the slide.
- Post that screenshot to the “October 12th ONLY - Foundations Course - Patient Management Scavenger Hunt!” Community page in the Whova app.
  - Click on Community at the top right of the Whova screen
  - Or take a picture of the the QR Code with your phone
- The winner will be the person who finds all 6 items and posts the screenshots first.
  - You do not need to wait, post them as you see them.
  - If no one finds all 6, the person who found the most, the fastest will be crowned.
  - The Contest will end at 2:15pm PT today (so we can tabulate the entries).
- Here is a hint, the theme of the Scavenger Hunt is... Isaac Asimov
- The Winner will receive their choice of: The Complete Isaac Asimov's Foundation Series Books 1-7 or a \$50 Amazon Gift Card

Raintree and Rev-Ignition Staff are not eligible to win this prize



# There will be a Quiz & a Prize!

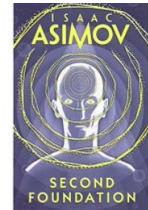
- During the Q&A session at the end of the day today, we will be having a quiz.
- The questions will be from topics covered in each session during the day, so be sure attend all sessions and pay attention.
- We will be using Quizizz for the quiz, so have your phone ready for the 2:00pm PT session.
- You get points for not only the correct answer, but how quickly you answer.
- The winner of the quiz will receive a Fabulous Prize - All-new Fire HD 10 tablet, 10.1", 1080p Full HD, 32 GB, latest model (2021 release), in Black + a Bluetooth keyboard with detachable case in Black.



Raintree and Rev-Ignition Staff are not eligible to win this prize

# Eligibility Verification

- Overview - Purpose of Eligibility Verification
- Payor Record and how it ties in with the Eligibility Record
- TVBEN Record Interface capabilities
  - Contact CRM if interested
- Eligibility Dashboard
- Configuration Options
  - Re-verification of Benefits



# Overview - Purpose of Eligibility Verification

- Therapy benefit verification records store information about patient benefit verifications for therapy visits. This special type of benefit verification records helps you keep track of patient verifications, ensure that the patient has an active insurance coverage, and that the services and billed amounts are covered by the benefits.
- Therapy benefit verification records are available only for therapy specialties; the template (TVBEN) is stored in the REHAB plugin. You can open benefit verification records from the patient's Insurance screen or from the Eligibility tab in the Dashboard.
- The Eligibility Check module allows you to verify if patients have valid insurances.

# Payor Record

- Patient insurance coverage details
- Subscriber
- Authorization
- Copay/Required Payment
- Benefit Limits
- Deductible
- Max Out Of Pocket
- Eligibility Records

Insurance - PN - 0000631 Sam Snapson DOB - 03-30-1999

Insurance &Auth Benefits Copay Insurance Cards Billing Information

Program Case 00000

**Payor information**

Bill code **A** Primary [BYPRV] Code **10001** Aetna Effective **01-01-15**

**Subscriber Information**

Relation **1 < Self**

First **Sam** MI **Last** **Snapson**

Address  City  State  Zip

Phone **(000) 000-0000**

DOB **03-30-1999** Birth Sex  Male  Female

Suppress Billing Until Date

**Copay**

Override Master Insurance "Aetna" Rules (for copay)

**Copay Type** Standard Copay Amount **5.00**

per Visit  per Day

Percentage copays - add the % sign after the amount. If Day - 1 copay regardless of # of visits that day.

**Authorization**

Authorization Required

Quick Auth #

**Comments**

**Eligibility Records**

Sub ID # **555544433221**

Group ID #

Plan

From Date To Date Case Auth Remaining Comment

Created By **GO** Tech Support **03-30-15 07:55a** Modified By **GO** Tech support **03-30-15 07:56a**

Amounts\* verified on  each year

Policy limits reset on  at service ticket posting

Transfer unmet deductible to Patient

Include copay transfers in deductible

\*Yearly Deductible

\*Met Outside Raintree

Deductible Met

Deductible Remaining

Deductible met

# TVBEN Record

- Benefit details verification record for given patient (and discipline)
- Coverage
- Authorization
- Copay/Required Payment
- Benefit limits
- Deductible
- Max Out Of Pocket
- Medicare Cap
- DME, Home Health

NB! Actual values are used from Payor, not TVBEN

Therapy Benefit Verification PN# 0000631 - Sam Snapson DOB - 03-30-99 SEX - M AGE - 22

Created 07-28-21 Diagnosis Case Program 00000

Priority 1 Location 01 Status Pending Provider Info go Name Provider Go

Next Activity Comments

Next Activity D... 07-28-21 Assign to go

14 [Empty] Check Eligibility

Insurance Information

Payor Info Name Aetna Billing ID 60054 Phone (800) 121-2123 Spoke to Ref # Effective 01-01-15 to Outside services received

Subscriber Relation Self Name Snapson, Sam DOB 03-30-1999 ID# 55555444433321 Plan # Plan L... Plan Name

Authorization Auth required? Y Referral required? Y

Benefits

Maximum Out of Pocket

Maximum Yearly Benefits

Eligibility Comments

Deductible/Co-Insurance

Copays

Medicare Info

DME Benefits

Home Healthcare

Patient Agreement / Counseling Form

Case Effective From Effective To Summary

Refresh From Patient Insurance

# TVBEN General Information

- Created - date the record was created.  
This is always read only.
- Diagnosis - Patient's primary diagnosis - pulled from the case record, if the case is selected on the record.
- Case/Program - Case or program code if the benefit record is specific to case or program.
- Menu - link to the patient edit menu.
- View Contacts - Access to the patient's list of contacts.
- Verification Indicator (Complete or Incomplete)
- Priority - assists in sorting records that need attention.

The screenshot displays the Therapy Benefit Verification (TVBEN) software interface. The top header shows the patient's name as Sam Snapson, with DOB 03-30-99, SEX M, and AGE 22. The main window is divided into several sections:

- Next Activity Comments:** Shows 'Next Activity D...' as 07-26-21, with a 'Check Eligibility' button.
- Insurance Information:** Shows Payor Info (Aetna, Billing ID 60054, Phone 800 121-2123), Spouse to, Ref #, Effective date (01-01-15), and Outside services received checkbox.
- Subscriber:** Shows Relation (Self), Name (Sam Snapson, Sam), DOB (03-30-1999), ID# (555554444333221), Plan #, Plan L#, and Plan Name.
- Authorization:** Shows Auth required? (Y), Referral required? (N), and Auth Admin Comments.
- Benefits:** Shows Verified on (07-26-21), Resets annually on (07-26-21), and 156 days left.
- Maximum Out of Pocket:** Shows Limit (\$), Used outside Raintree (\$), Used (\$), Remaining (\$), and a checkbox for 'Do not include deductible amounts'.
- Maximum Yearly Benefits:** Shows Limit (\$), Used outside Raintree (\$), Used (\$), Remaining (\$), and Hard Cap? (Y/N).
- Deductible/Co-Insurance:** Shows Yearly deductible (\$), Met outside Raintree (\$), as of (07-26-21), Policy limits reset on (07-26-21), Co-insurance (%), Transfer unmet deductible to patient at service ticket posting, Include copay transfers in deductible, and Deductible met checkbox.
- Copays:** Shows Override master insurance rules, Copay Types (Standard), Standard, Copay/Visit (\$0.00), and Copay/Day (\$0.00).
- DME Benefits:** Shows Co-insurance (%), Yearly deductible, Deductible met, Auth required? (Y), DME covered? (N), and Auth comments.
- Home Healthcare:** Shows Enrolled in home healthcare, Enrollment date, Discharge date, Contractor Name, and Contractor Phone.
- Medicare Info:** Shows Thresholds reached: Physical / Speech Therapy, Occupational Therapy, Previously Used Amount (Total Amt Used, Raintree Amt, Outside Amt Used), and Amount Applied YTD (Amt Applied YTD, 0.00, 0.00).
- Patient Agreement / Counseling Form:** Shows Case, Effective From, Effective To, and Summary.

# TVBEN General Information, continued

- Location - Location code pulled from the case record. Pulled from the appointment info if not specified in the case.
- Status - reflects the verification status and is read only by default. The status needs to be confirmed after changes have been made to the record.
- Confirm Status and Close - Option to confirm the current status.
- Provider Info - Provider's name, tax ID and NPI code.

The screenshot displays the Therapy Benefit Verification (TVBEN) software interface. The top header shows the title 'Therapy Benefit Verification' and the patient information: PN# 0000631 - Sam Snapson, DOB - 03-30-99, SEX - M, AGE - 22. The interface is divided into several sections:

- Next Activity Comments:** Shows 'Next Activity D...' as 07-26-21 and 'Assign to' as GO. Includes a 'Check Eligibility' button.
- Insurance Information:** Displays payor info (Aetna, Billing ID 60054, Phone (800) 121-2123), subscriber info (Self, Relation N/A, DOB 03-30-1999, ID# 555554444333221), and authorization details (Auth required? Y, Referral required? N).
- Benefits:** Shows 'Verified on' (07-26-21) and 'Resets annually on' (07-26-21). It includes fields for Maximum Out of Pocket (Limit \$0, Used outside Raintree \$0, Used \$0, Remaining \$0), Maximum Yearly Benefits (Limit \$0, Used outside Raintree \$0, Used \$0, Remaining \$0, Hard Cap? Y), and a 'Do not include deductible amounts' checkbox.
- Deductible/Co-Insurance:** Includes fields for Yearly deductible (\$0), Met outside Raintree (as of 07-26-21), and policy limits reset on (Co-insurance (%)). It also includes checkboxes for Transfer unmet deductible to patient at service ticket posting and Include copay transfers in deductible.
- Copays:** Shows 'Override master insurance rules' and 'Copay Types' (Standard). It includes fields for Standard (Copay/Visit \$0.00) and Copay/Day.
- Medicare Info:** Shows thresholds reached for Physical / Speech Therapy and Occupational Therapy, and fields for Previously Used Amount (Total Amt Used, Raintree Amt, Outside Amt Used) and Amount Applied YTD (Amt Applied YTD \$0.00).
- DME Benefits:** Shows co-insurance (%), deductible met, auth required, DME covered, and auth comments.
- Home Healthcare:** Shows enrollment in home healthcare, enrollment date, discharge date, contractor name, and contractor phone.
- Patient Agreement / Counseling Form:** Includes fields for Case, Effective From, Effective To, and Summary.

At the bottom, there are buttons for 'Refresh From Patient Insurance' and navigation arrows.

# TVBEN Specific Information

- Next Activity Comments
- Insurance Information
- Authorization
- Benefits
- Maximum Out of Pocket
- Maximum Yearly Benefits
- Eligibility Comments
- Deductible/Co-Insurance
- Copays
- DME Benefits
- Home Healthcare
- Medicare Information
- Patient Agreement/Counseling Form

Therapy Benefit Verification PN# 0000631 - Sam Snapson DOB - 03-30-99 SEX - M AGE - 22

Created Priority 07-26-21 Diagnosis Case Status Pending

Location 01 Provider Info Name Provider Go

Tax ID NP# 1112223333

**Next Activity Comments**

Next Activity D... 07-26-21 Assign to GO

14 [Empty] Check Eligibility

**Insurance Information**

Payer Info Name Aetna Billing ID 60054 Phone (800) 121-2123 Spoke to Ref # Effective 01-01-15 to Outside services received

DOB 03-30-1999 ID# 555554444333221 Plan # Plan Le... Plan Name

Subscriber Relation Self Name Snapson, Sam

Authorization Auth required? Y N Auth # Name Phone

Referral required? Y N

Auth Admin Comments

**Benefits**

Verified on Resets annually on 156 days left

**Maximum Out of Pocket**

Limit Used outside Raintree Used Remaining Amt

Do not include deductible amounts

**Maximum Yearly Benefits**

Limit Used outside Raintree Used Remaining Hard Cap? Amt

No visit/amt limit Vists

**Deductible/Co-Insurance**

Yearly deductible Met outside Raintree as of Amt

Policy limits reset on Co-insurance (%) Transfer unmet deductible to patient at service ticket posting Include copay transfers in deductible Deductible met

**Copays**

Override master insurance rules Copy Types Standard

Standard Copay/Visit \$ 0.00 Copay/Day

**DME Benefits**

Co-insurance (%) Yearly deductible Deductible met Auth required? DME covered? Auth comments

**Home Healthcare**

Enrolled in home healthcare Enrollment date Discharge date Contractor Name Contractor Phone

**Medicare Info**

Thresholds reached: Physical / Speech Therapy Occupational Therapy Previously Used Amount Total Amt Used Raintree Amt Outside Amt Used Amount Applied YTD Amt Applied YTD

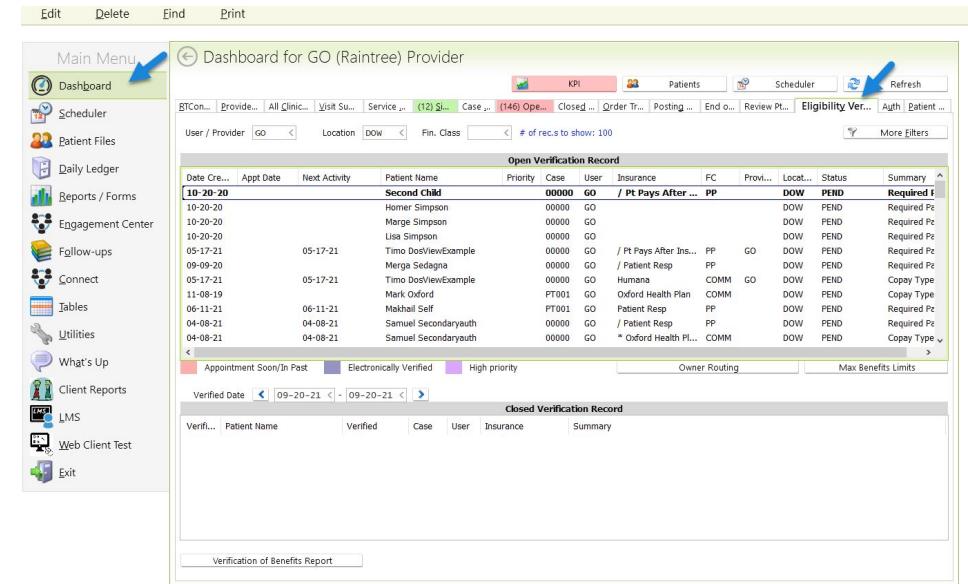
Verified on by

Case Effective From Effective To Summary

Refresh From Patient Insurance

# Eligibility Dashboard

- Can be filtered by User/Provider, Location, and/or Financial Class.
- Additional Filters are available
- Central location to verify benefits



Date Cre...	Appt Date	Next Activity	Patient Name	Priority	Case	User	Insurance	FC	Prov...	Locat...	Status	Summary
10-20-20			Second Child	00000	GO		/ Pt Pays After ...	PP	PP	DOW	PEND	Required Pt
10-20-20			Homer Simpson	00000	GO					DOW	PEND	Required Pt
10-20-20			Marge Simpson	00000	GO					DOW	PEND	Required Pt
10-20-20			Lisa Simpson	00000	GO					DOW	PEND	Required Pt
05-17-21	05-17-21		Timo BoshviewExample	00000	GO		/ Pt Pays After Ins...	PP	GO	DOW	PEND	Required Pt
09-09-20			Merge Sedagha	00000	GO		/ Patient Resp	PP		DOW	PEND	Required Pt
05-17-21	05-17-21		Tim BoshviewExample	00000	GO	Human	COMM	GO	DOW	PEND	Required Pt	
11-08-19			Mark OxfordExample	PT001	GO	Oxford Health Plan	COMM		DOW	PEND	Copy Type	
06-11-21	06-11-21		Makhal Self	PT001	GO	Patient Resp	PP		DOW	PEND	Required Pt	
04-08-21	04-08-21		Samuel Secondaryauth	00000	GO	/ Patient Resp	PP		DOW	PEND	Required Pt	
04-08-21	04-08-21		Samuel Secondaryauth	00000	GO	* Oxford Health Pl...	COMM		DOW	PEND	Copy Type	

Verified...	Patient Name	Verified	Case	User	Insurance	Summary

# Eligibility Dashboard (Continued)

- This dashboard tab displays the lists of your open and closed verification records. In the top list, electronically verified (but open) records are color-coded blue and records with an appointment coming up are colored red. Closed records are color-coded purple.
- You need the DASH\_VBEN=E security right to access this tab.
- You can edit and close the open verification records in this tab. Benefit verification records are marked closed if you define their verification dates. You can verify benefits for the current date, or a previous or future date.

The screenshot shows the Raintree Eligibility Dashboard. The main menu on the left has 'Dashboard' selected. The top navigation bar includes 'KPI', 'Patients', 'Scheduler', 'Eligibility Ver...', and 'Auth'. The 'Eligibility Ver...' tab is highlighted with a blue arrow. The main content area has two tables:

Date Cre...	Appt Date	Next Activity	Patient Name	Priority	Case	User	Insurance	FC	Prov...	Locat...	Status	Summary	
10-20-20			Second Child	00000	GO			/ Pt Pays After ...	PP	DOW	PEND	Required Pt	
10-20-20			Homer Simpson	00000	GO					DOW	PEND	Required Pt	
10-20-20			Marge Simpson	00000	GO					DOW	PEND	Required Pt	
10-20-20			Lisa Simpson	00000	GO					DOW	PEND	Required Pt	
05-17-21	05-17-21		Timo BoshViewExample	00000	GO			/ Pt Pays After Ins...	PP	GO	DOW	PEND	Required Pt
09-09-20			Merge Sedagha	00000	GO			/ Patient Resp	PP	DOW	PEND	Required Pt	
05-17-21	05-17-21		Tim BoshViewExample	00000	GO			Human...	COMM	GO	DOW	PEND	Required Pt
11-08-19			Mark Oxford	PT001	GO					DOW	PEND	Copy Type	
06-11-21	06-11-21		Makaili Self	PT001	GO			Patient Resp	PP	DOW	PEND	Required Pt	
04-08-21	04-08-21		Samuel Secondaryauth	00000	GO			/ Patient Resp	PP	DOW	PEND	Required Pt	
04-08-21	04-08-21		Samuel Secondaryauth	00000	GO			* Oxford Health Pl...	COMM	DOW	PEND	Copy Type	

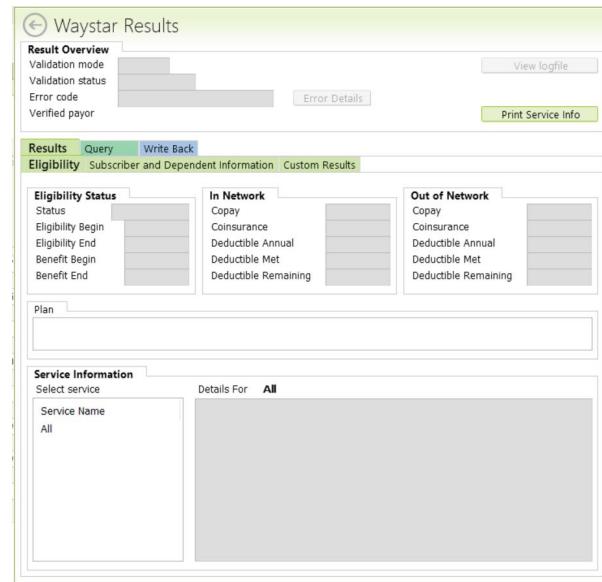
**Closed Verification Record**

Verified...	Patient Name	Verified	Case	User	Insurance	Summary

Verification of Benefits Report

# Eligibility Interface Capabilities

- Interface to validate patient's insurance coverage and details
- WayStar, pVerify, Trizetto
- Typically run in batch for future appointments, and results are stored in Raintree under the patient menu.



Contact your CRM for more details!

# TVBEN Configuration Options to Consider

- Benefits can be verified through the dashboard or in the individual patient account through the payor record.
- Benefits can be verified through a clearinghouse automatically, however, there may be additional costs involved both through Raintree and the clearinghouse. Clients should contact their CRM in order to obtain additional information.
- A new verification can be added at the start of a new year or new course of treatment.

# Authorization Management

- Overview - Purpose of the Plugin
- Authorization Record
- Set up Options
- Exemptions
- Obtaining, Linking and Tracking
- Dashboard and Reports

# Overview - Purpose of Authorization Plugin

Many payors have their own authorization guidelines and will deny claims that don't meet their requirements. The **Authorization Plugin** allows you to manage authorization requirements for proper reimbursement for services rendered.

- Every visit without an authorization could mean the loss of payment
- Certain payors require prior authorization and do not accept requests for authorization after the visit
- Minimize the financial risk of rendering service without an authorization when one is needed
  - Obtain authorization for the treatment (start the process as soon as possible)
  - Track the usage of the authorization
  - Obtain a new authorization before current one expires (start the process as soon as possible)

# Authorization Record

- Authorization Information
  - Effective Dates
  - Status
  - Authorization Number
- Filters
- Management Section
- Simple vs Advanced
  - Scheduled and Unposted can only be tracked with Simple
- Templates
- Copy
- Additional Tabs

Authorization

Patient Information

Patent: Gage Young, DOB: 08-13-18, MR #: 0000356, Age: 3

Payor Information

BC: B, Program: 00000, Code: 10011, Payor: Medicaid of NC, SSID

Authorization Information

Effective: 06-16-21, To: 11-30-21, Status: Active, Sub-status: , Auth #: 1799310

Requested / Received

Requested: 25, Received: 25, Verified By: , Referred:

Filters

Program: OT001, Service Line, Exempt Service Line, Select multiple service lines, Select multiple service lines

Ap. Type, POS, Location

Provider, By rendering provider(default billing), Exclude from warning checks

Simple visit based auth (radio button selected), Advanced auth, Exempted authorization, Recalculate Auth

Details

Allowed: 3, Used: 0, Remaining: 3, Pending visits: 0, Initialized/Unposted: 0, Uninitialized: 0, Actual remaining: 3

Created and Modified By

Created By: Deborah Hill, Date/Time: 05-25-21 10:58a, Modified By: Hudson Dail, Date/Time: 06-08-21 08:54a, View Changes

Next Activity

Assign to: REV, Date: 06-08-21, Next activity comment: 6/7 still waiting on approval, 6/3 auth submitted

Auth Management

General comment: auth # not in NCT yet 06/08 -IC

Authorization Request and Appeal

Create Authorization Request, Create Authorization Appeal

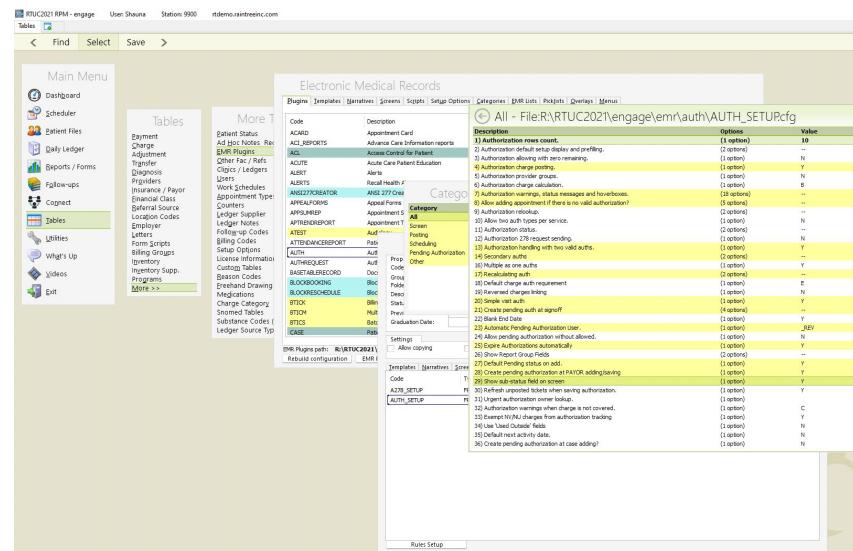
General Authorization Task

Authorization Task, Click to Add Image...

Print Letter, Preview Letter, Close

# Authorization Setup

- Setup options are located in Tables > More > EMR Plugins > AUTH > Setup Options tab > AUTH\_SETUP
- Recommended settings
  - Setup option 4 - Controls posting
  - Setup option 7 - Controls alerts about authorizations
  - Setup option 8 - Controls scheduling
  - Setup options 8, 21, 27, 28, and 36 - Controls pending authorization usage
- Turn on Authorization Requirement
  - Patient Insurance Record, Master Insurance Record, Financial Class



# Authorization Requirement

- Setup in Insurance (or Financial Class) table
  - Set Authorization Requirement (can be changed at patient level)
  - Define exemptions
    - Service line (only required for certain specialties)
    - Appointment Type
    - Services (evals being exempted as an example)
    - Avoids the need to list exemptions or add exemptions in patient file
  - Define your warning thresholds
  - Define your Authorization request forms

RTU2021RPM\_engage User: Sheena Station: 9900 ntdemo.rentmeinc.com

Tables Save Cancel Add Edit Delete >

Main Menu

- Dashboard
- Schedule
- Patient Files
- Billings
- Reports / Forms
- Follow-ups
- Copay
- Tables
- Utilities
- What's Up
- Videos
- Exit

Insurance / Payor

Code: L00001

Name: Acme, Inc.

Address: PO Box 14079

City: Lexington

State: KY

Zip: 40512-4079

Phone: (0888) 632-3362

Fax: (0899) 455-9860

Cell:

Email:

Password:

First:

Last:

Contact:

Address:

City:

State:

Zip:

Phone:

Qualifer:

Indicator:

Type of Form:

Category:

Comments:

Supress B:

Indicator:

Exempted

Insurance Setup

Setup | Billing | Authorization | Case | Scheduling | A/R Policies | A/R Alerts | Rules

Authorizations | Auth Requests | Auth Rules

Override Financial Class Settings

✓ Yes No

✓ Authorization Required

Authorization Exemptions

Service Lines

Exempted

Authorization Warnings

Warn when Open Authorizations > Days

Warn when Units Left Reaches Units

Warn when Units Left Reaches Units

Warn when Days Left Reaches Days

Pending Authorization

Allowed ratio for pending authorization

Appointment types

Code: Exempt Required

Services

Exempted

# Authorization Exemptions

- There may be a situation where some charges may be exempted from authorization based on rendering provider, location, service line, or something else, while other charges still need the authorization. You can create authorization in exempt mode to track such cases.
- There are rules for exemption in the Insurance and Financial Class setup as well. However, these apply only if the patient does not have an authorization in the payor record. Once the authorization has been added, only the patient authorization rules apply.

Authorization

Authorization | Max Benefits / Splits | (I) Other Records |

Patient Information		Payor Information				
Patient Name	Gage Young	MR #	0000356	BC	Program 00000	Code 10011
DOB	08-13-18	Age	3	Payor	Medicaid of NC	SSID
Authorization Information		Requested / Received				
Effective	06-16-21	To	11-30-21	Status	Active	
Sub-status		Requested	Requested Visits 25			
Auth #		Received	Received Visits			
1799310		Verified By	Referred			

**Filters**

Program	OT001	Service Line	Select multiple service lines
Exempt Service Line		Select multiple service lines	
Ap. Type	Select multiple ap.types		
POS	<input type="checkbox"/>	Location	<input type="checkbox"/>
Provider	<input type="checkbox"/> By rendering provider (default billing) <input type="checkbox"/> Exclude from warning checks		

Simple visit based auth  Advanced auth

06-23-21 Authorization

Click to Add Image...

**Details**

Charges	CPT Range	Group	E	Diagnosis	Value	Type	Used	Rem
TE105 97165	OT Eva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
ANY	Any Se	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Filters	<input style="width: 200px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="00000000000000000000000000000000"/> <span style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; font-size: 0.8em;">Service Line</span>		<input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="button" value="Select multiple service lines"/> <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px;" type="button" value="Select multiple service lines"/>	
Program	<input style="width: 200px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="Exempt Service Line"/> <span style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; font-size: 0.8em;">Exempt Service Line</span>			
Ap. Type	<input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px; margin-right: 10px;" type="button" value="Select multiple ap.types"/> <input style="width: 50px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="POS"/> <span style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; font-size: 0.8em;">Location</span>		<input style="width: 50px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="PAR"/> <span style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; font-size: 0.8em;">PAR</span>	
Provider	<input style="width: 50px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-right: 10px;" type="text" value="—OT"/> <span style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; font-size: 0.8em;">Olivia Therapist</span>		<input style="margin-right: 10px;" type="checkbox" value="By rendering provider (default billing)"/> <input type="checkbox" value="Exclude from warning checks"/>	
<input checked="" type="radio" value="Simple visit based auth"/> Simple visit based auth		<input type="radio" value="Advanced auth"/> Advanced auth		<span style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; font-size: 0.8em;">Exempted authorization</span> <input checked="" type="checkbox"/>

# Obtaining Authorization

- Trigger a Pending Authorization as soon as possible
  - When adding an insurance - Setup option 28
  - When adding a case - Setup option 36 (new in 2021.1 SP)
  - When scheduling an appointment - Setup option 8
  - Note in the authorization record comment box indicates what triggered it to be created
  - Only one pending authorization is created
- Determine how many visits are allowed with pending authorization (controlled by Insurance /Financial Class setup)

The screenshot shows the Raintree Authorization software interface. The main window is titled 'Authorization' and contains sections for 'Patient Information', 'Authorization Information', 'Payor Information', and 'Filters'. A red box highlights the 'Comments' section, which contains the text: 'Automatically created pending authorization, created on saving or adding payor with authorization requirement.' Below this, the 'Auth Management' section shows a task for '02-26-20 Authorization'.

# Authorization Charge Linking

- By default, Raintree automatically links valid authorizations to charges
- Determine the desired behavior for posting charges that require an authorization but one is missing
  - Do not allow posting
  - Send to Billing Review
  - Allow posting and create BAUTH follow up notes to be worked
- View authorizations from posted charges
- Recalculate authorization
- Ledger View Authorization Tab
- View authorizations from service ticket

The screenshot shows the Raintree Ledger View interface for patient Charlie Maxwell (DOB: 08-13-18). The 'Authorization' tab is selected. The main area displays a list of charges (DOS, Case, Code, Description) and their authorization status (Status, Authorization Status). A summary table on the right shows the count of authorizations applied to charges for different dates and payors. The bottom of the screen shows the insurance and patient balance.

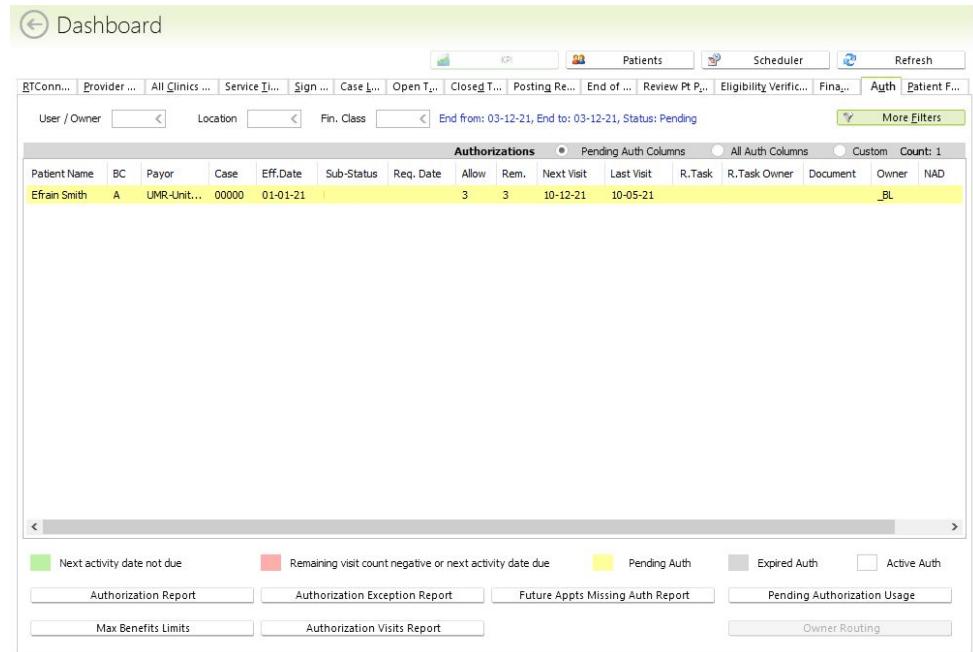
From Date	To Date	BC	Case	Payer Name	Auth	Allowed	Remaining
05-25-20	08-20	B	ST001	Medicaid of NC	1536473	23	23
05-25-20	08-20	B	OT001	Medicaid of NC	3300000000499358	50	50.00
08-26-20	01-11-21	B	ST001	Medicaid of NC	2021000000499358	46	19
08-26-20	01-12-21	B	OT001	Medicaid of NC	202100000043884	80.00	14.00
01-12-21	06-28-21	B	ST001	Medicaid of NC	2100800000049946	48	14
01-13-21	06-15-21	B	OT001	Medicaid of NC	2036500000050096	88.00	40.00
06-16-21	11-30-21	B	OT001	Medicaid of NC	1799310	96.00	96.00

# Authorization Tracking and Renewal

- Set Warning Thresholds
  - At some point the authorization will expire or will be used up so the authorization status needs to be tracked.
  - Authorization Plugin setup option 7 allows you to set warning thresholds to alert users so renewal process can be started with another pending auth being created.
- Warn at Scheduling
  - A pending authorization is created if scheduling over the limit
  - Authorization Plugin setup option 8
- Warn at Ticket Signoff
  - Provider will be prompted to determine if they will continue to treat the patient and a pending auth will be created
  - Authorization Plugin setup option 21
- Work Authorization Dashboard
- Work Authorization Reports

# Authorization Dashboard

- DASH\_PENAUTH=E is the security right needed to make the tab visible
- Multiple Views
  - Pending Authorization view
    - Main view for obtaining authorizations
  - All Authorization view
  - Custom View
- Assign workload
  - By user
    - Define default user in setup option #23
  - Location, Financial Class, Insurance role records
  - Filters
- Report links
  - Quick access to common Auth Reports



The screenshot shows a software interface titled 'Dashboard'. At the top, there are several tabs: 'Dashboard', 'ICP', 'Patients', 'Scheduler', and 'Refresh'. Below the tabs, there are search fields for 'User / Owner', 'Location', 'Fin. Class', and date ranges ('End from: 03-12-21, End to: 03-12-21, Status: Pending'). A 'More Filters' button is also present. The main area displays a table titled 'Authorizations' with the following columns: Patient Name, BC, Payor, Case, Eff.Date, Sub-Status, Req. Date, Allow, Rem., Next Visit, Last Visit, R.Task, R.Task Owner, Document, Owner, and NAD. A single row is highlighted for 'Efrain Smith' with values: A, UMR-Unit..., 00000, 01-01-21, and several other columns filled with numerical values. At the bottom of the dashboard, there are several buttons and links: 'Next activity date not due', 'Remaining visit count negative or next activity date due', 'Pending Auth', 'Expired Auth', 'Active Auth', 'Authorization Report', 'Authorization Exception Report', 'Future Appts Missing Auth Report', 'Pending Authorization Usage', 'Max Benefits Limits', 'Authorization Visits Report', and 'Owner Routing'.

# Authorization Reports

These reports can be run from the Auth Dashboard, or from the Reports Menu > Authorizations Menu

- Authorization Report
  - Look for and manage authorizations, based on a given filter set. While it is recommended that this be done first from the Authorization Dashboard, one benefit of this report is that it can be defined and scheduled to run and be delivered on a regular basis, for an auth criteria set that is most at risk for auth compliance.
- Authorization Exception Report
  - Find charges that are already posted but missing authorization
- Appointments Missing Authorization Report
  - Run for future dates to look for any upcoming appointments missing authorization



**Raintree  
SYSTEMS**

# Thank You!

**Join us today for Q&A  
at 2:00pm PT**

