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
Shauna Andengaard
Product Specialist

Moderator
Reili Lille
Senior QA Engineer

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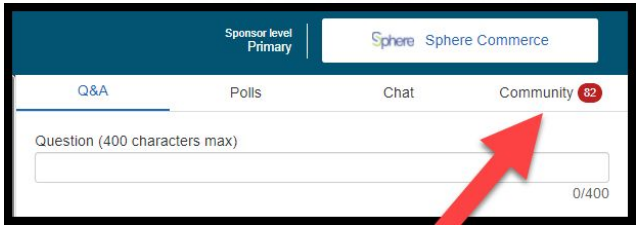
Scavenger Hunt Game!

- 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



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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

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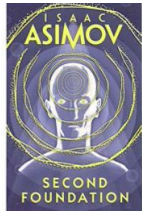
Eligibility Verification

- 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



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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.

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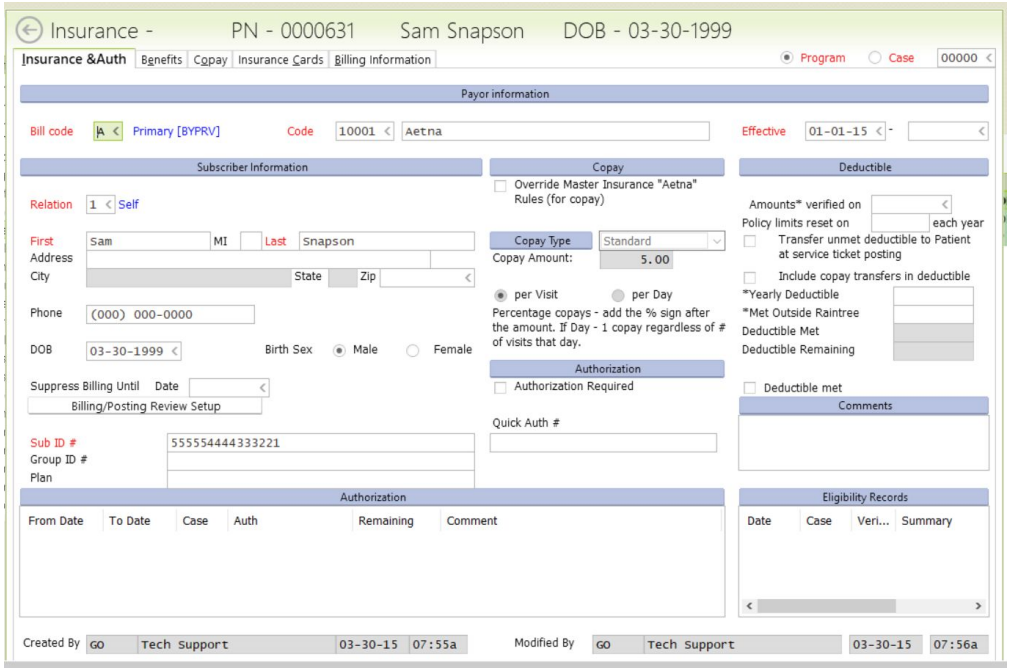
Payor Record

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



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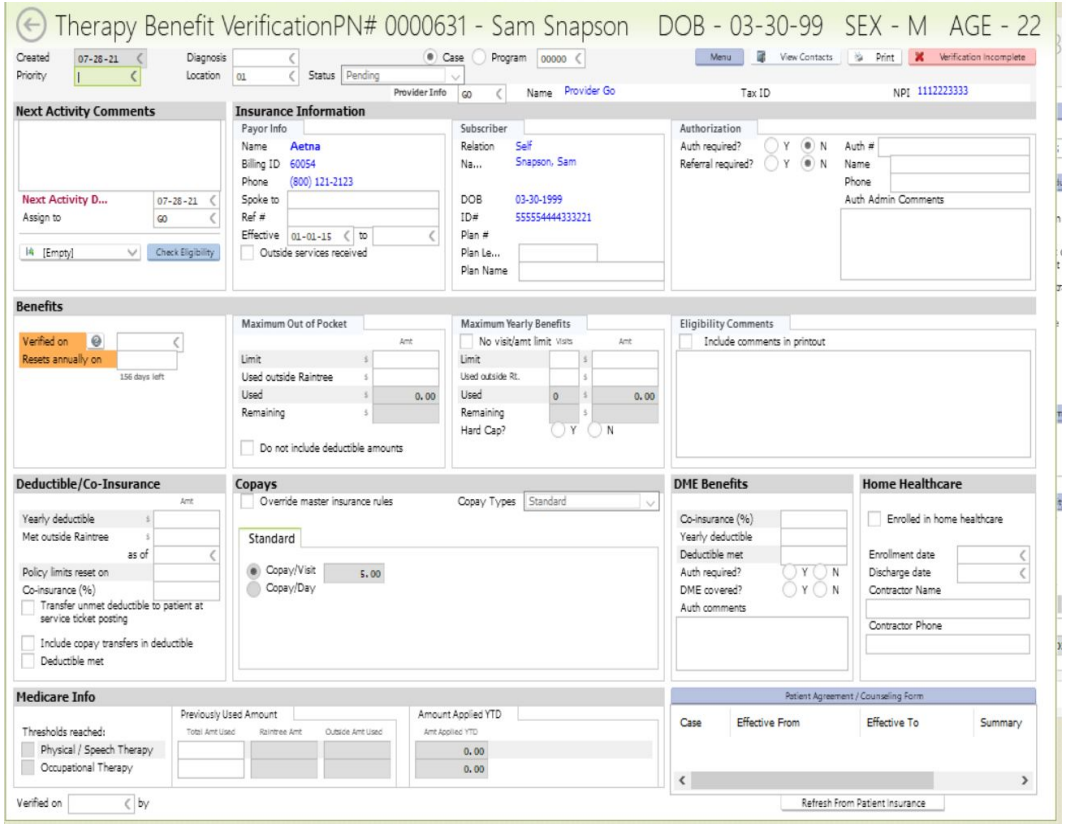
TVBEN Record

- 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



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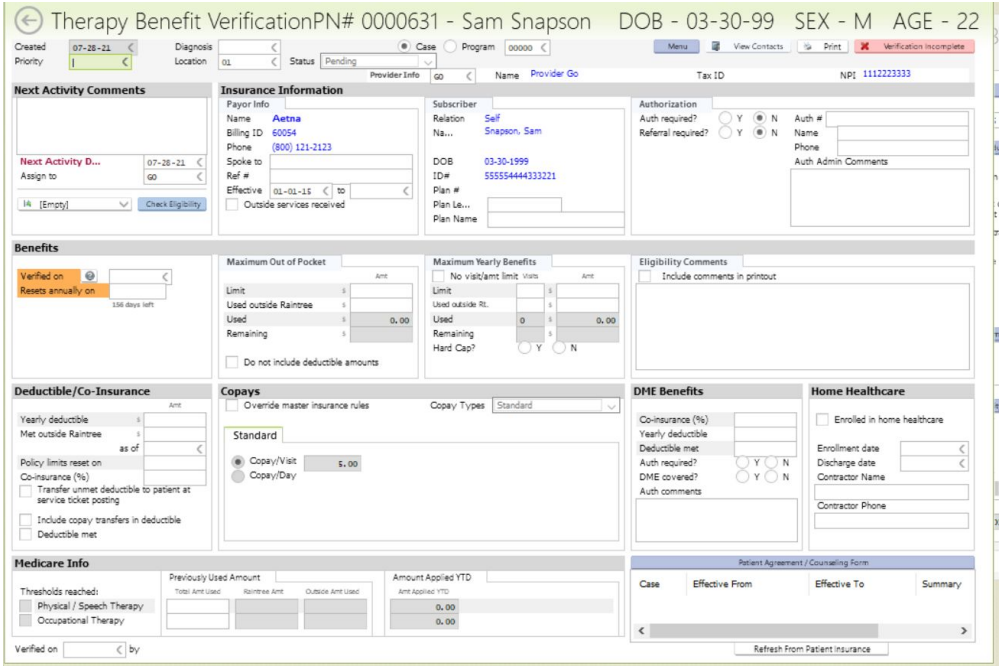
TVBEN General Information

- 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.



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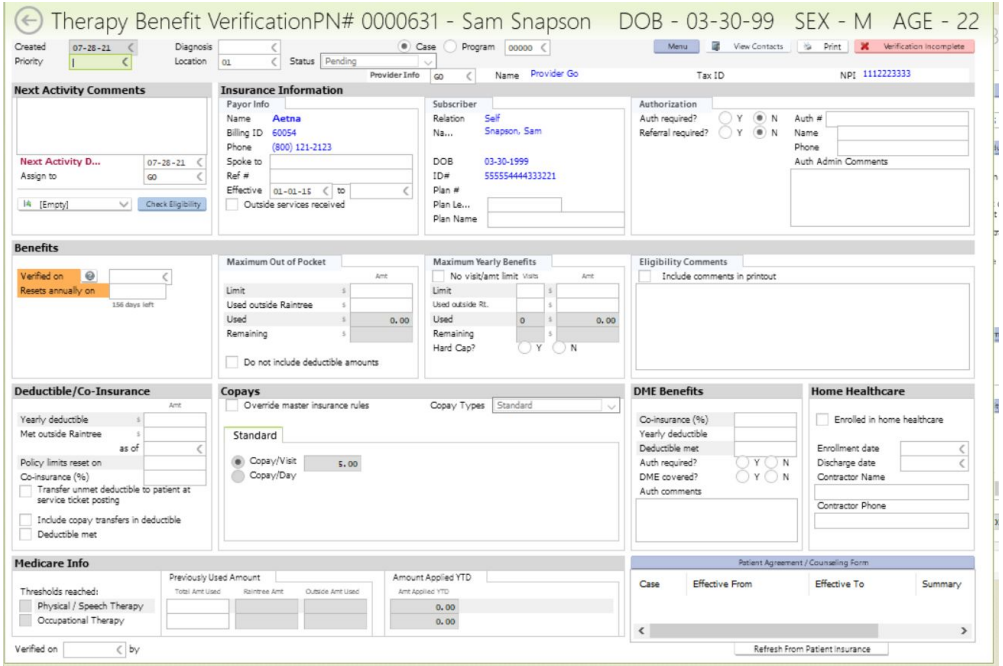
TVBEN General Information, continued

- 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.



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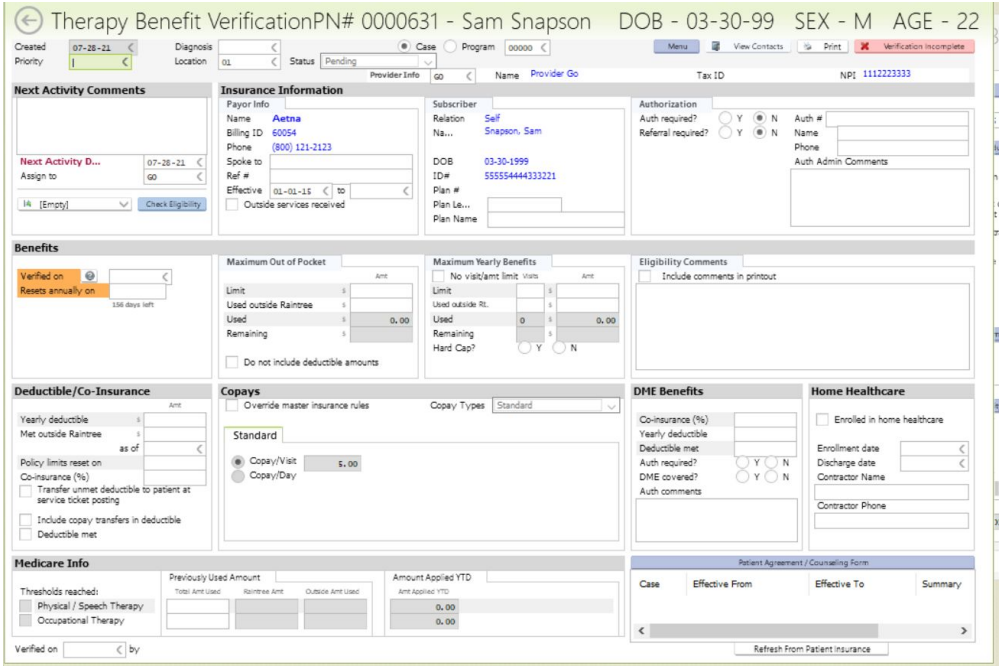
TVBEN Specific Information

- 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



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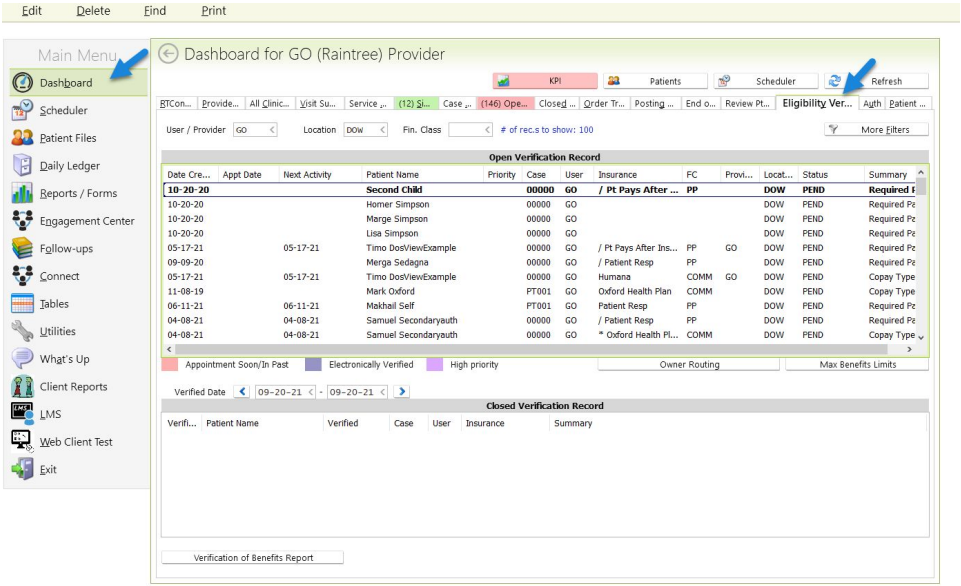
Eligibility Dashboard

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



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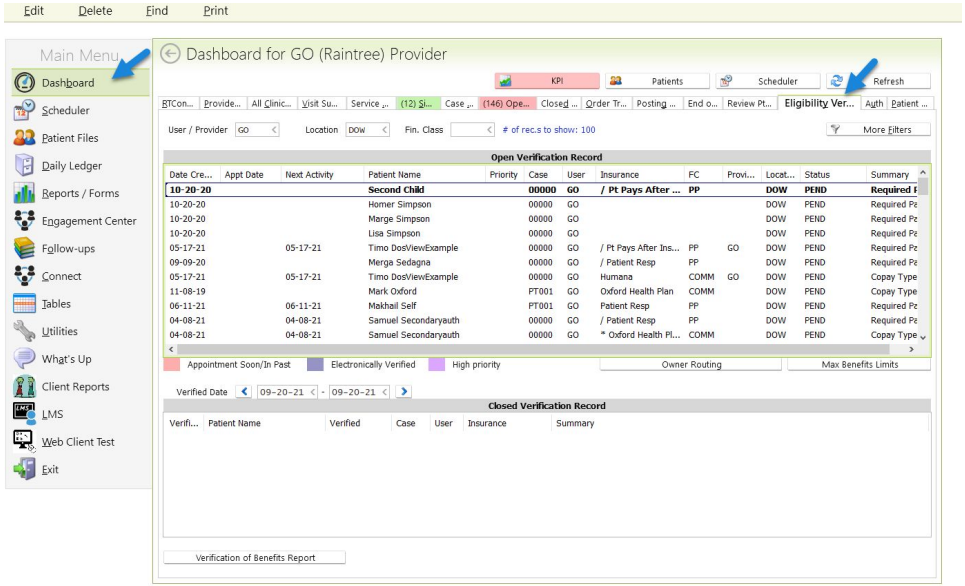
Eligibility Dashboard (Continued)

- 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.



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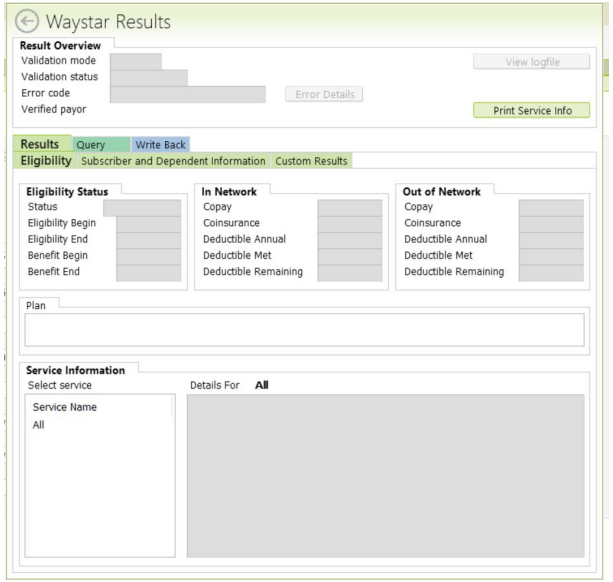
Eligibility Interface Capabilities

- 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!

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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.

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Authorization Management

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

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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)

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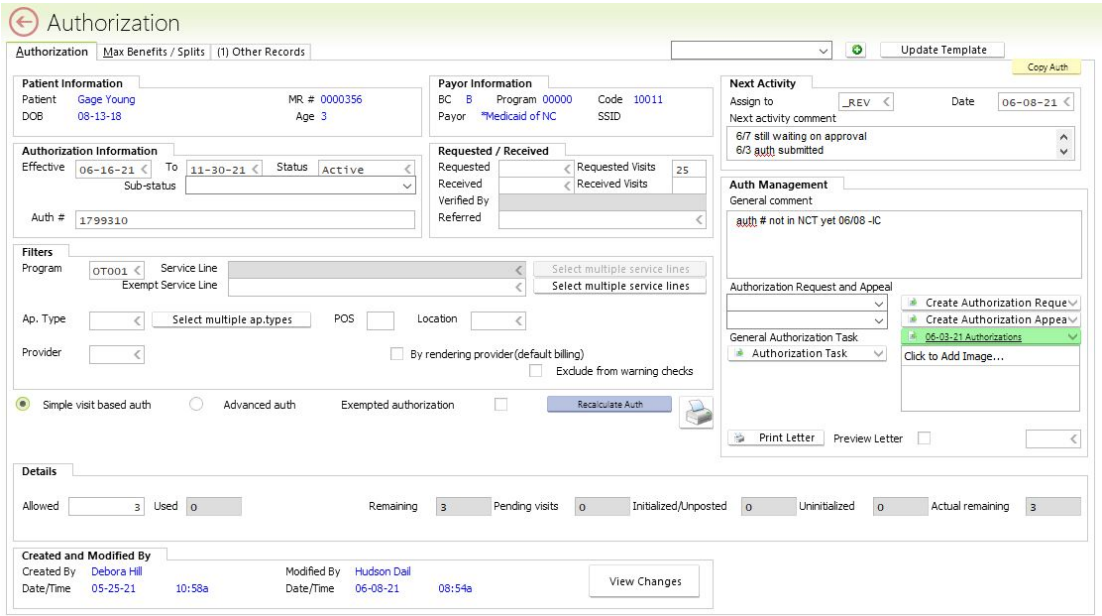
Authorization Record

- 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



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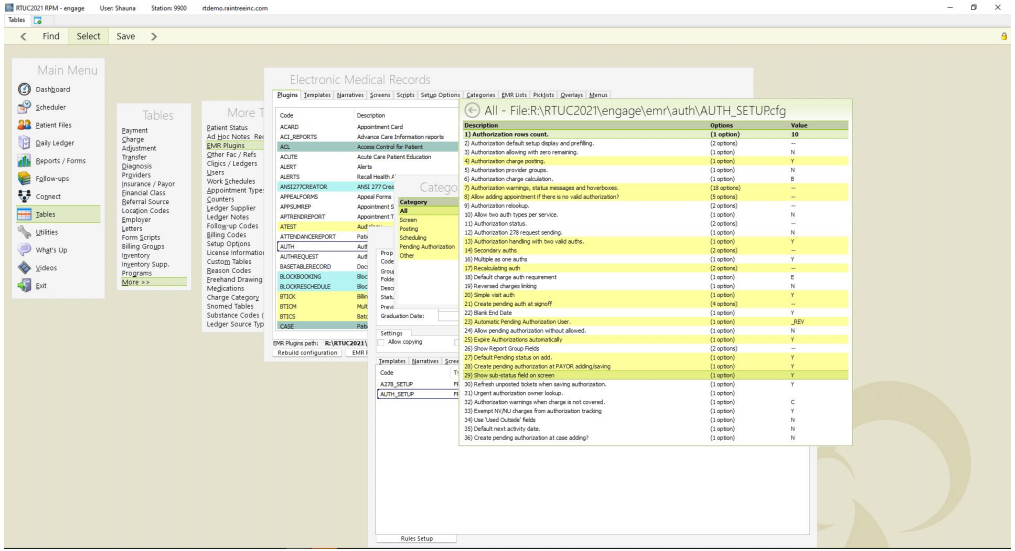
Authorization Setup

- 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



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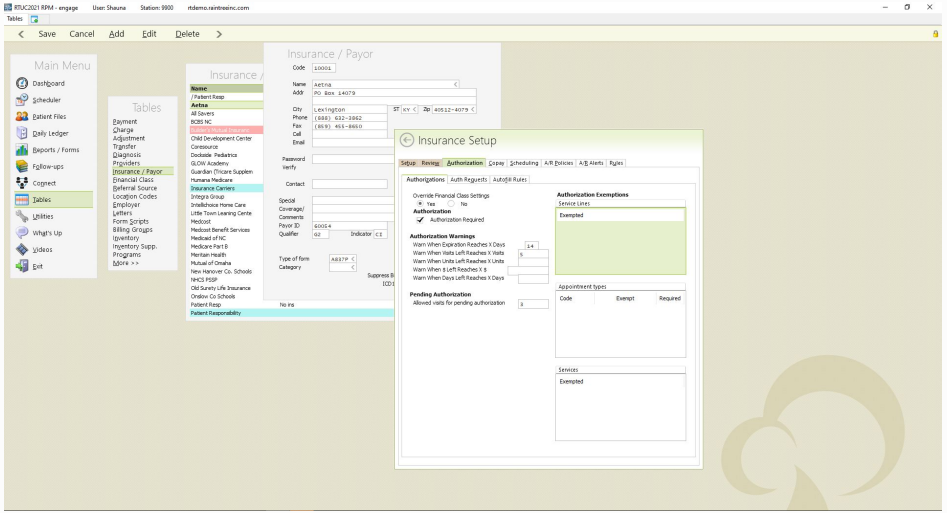
Authorization Requirement

- 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



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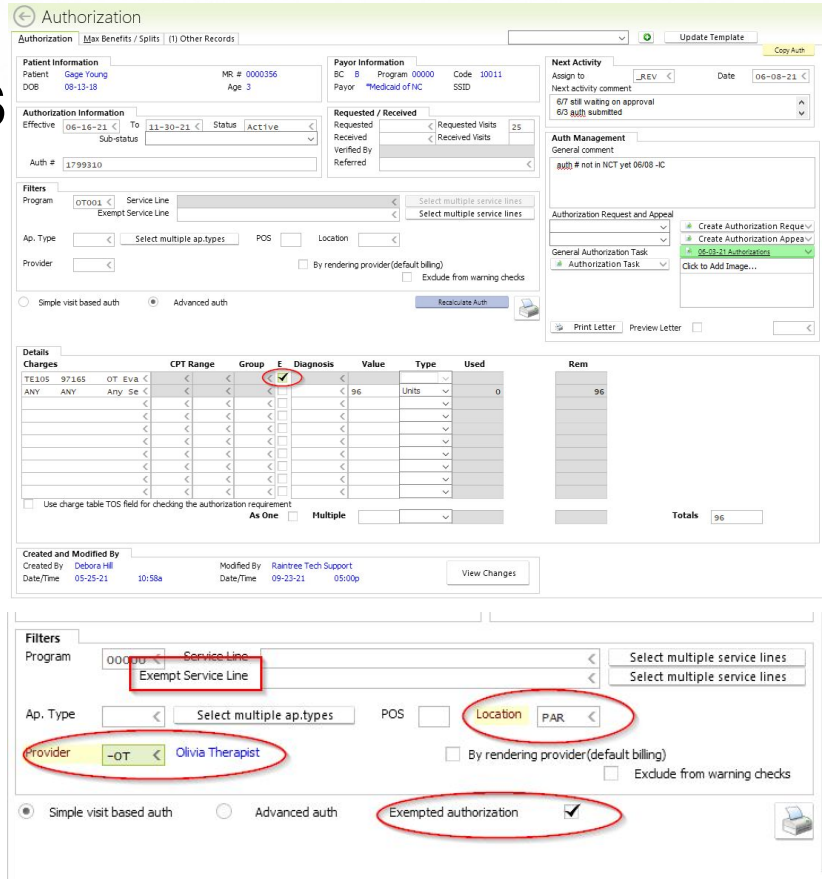
Authorization Exemptions

- 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.



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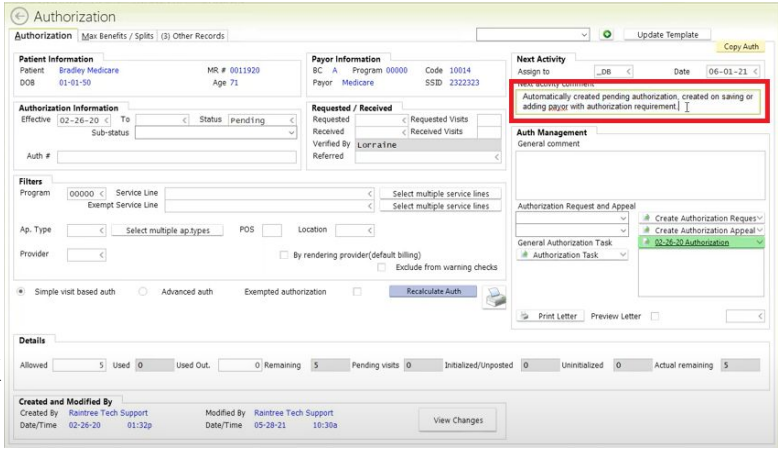
Obtaining Authorization

- 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)



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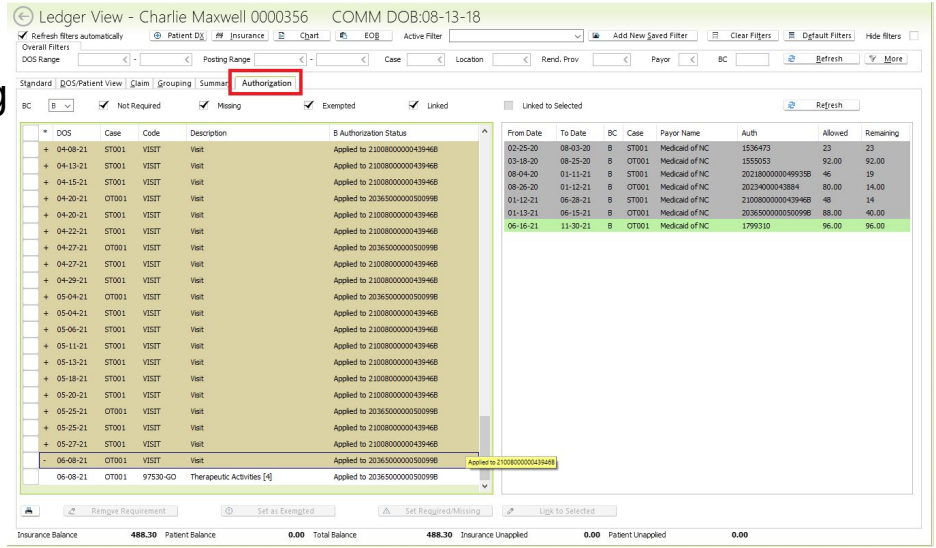
Authorization Charge Linking

- 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



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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

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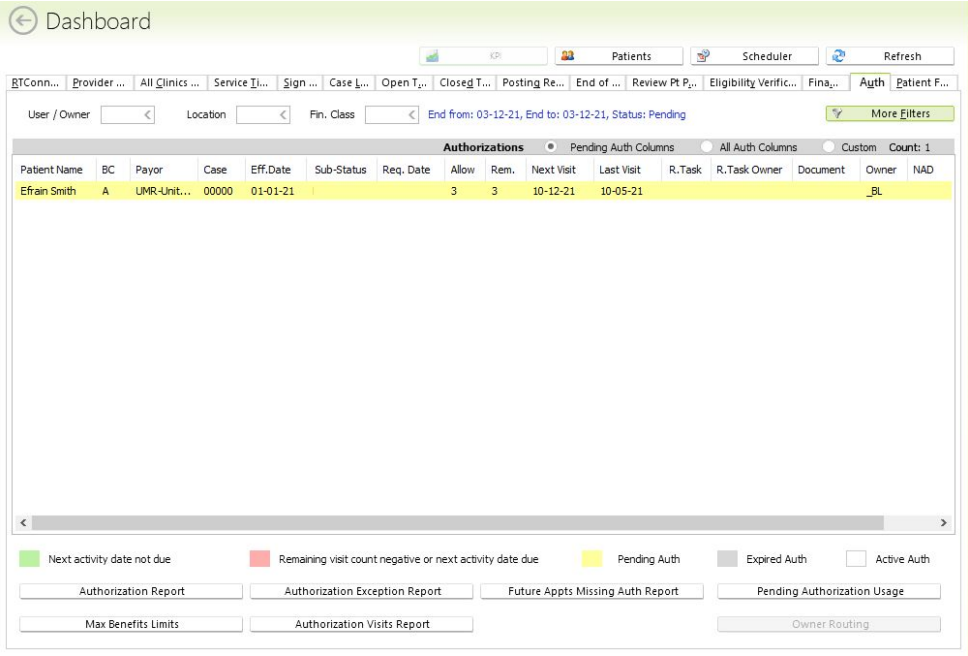
Authorization Dashboard

- 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



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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

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Thank You!

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

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