



Raintree
SYSTEMS

Patient Management Foundation Courses Eligibility & Authorization Management

October 12th, 2021 - 11:00am PT

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Our Team



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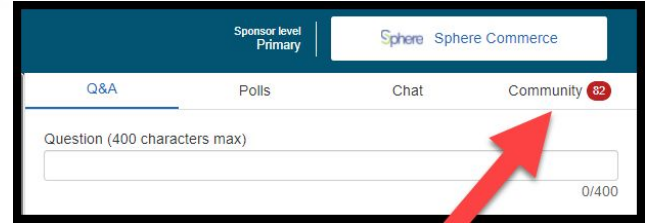


Moderator
Reili Lille
Senior QA Engineer

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!

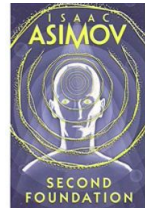
- During the Q&A session at the end of the day today, we will be having a quiz.
- The questions will be from topics covered in each session during the day, so be sure attend all sessions and pay attention.
- We will be using Quizizz for the quiz, so have your phone ready for the 2:00pm PT session.
- 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: Primary [8YPRV] 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:
Billing/Posting Review Setup

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.

Deductible

Amounts* verified on: each year
Policy limits reset on: each year
☐ Transfer unmet deductible to Patient at service ticket posting
☐ Include copay transfers in deductible
*Yearly Deductible
*Met Outside Raintree
Deductible Met
Deductible Remaining

Authorization

☐ Authorization Required
Quick Auth #

Eligibility Records

Date	Case	Veri...	Summary
------	------	---------	---------

Created By: go Tech support 03-30-15 07:55a Modified By: go Tech support 03-30-15 07:56a

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 VerificationPN# 0000631 - Sam Snapson DOB - 03-30-99 SEX - M AGE - 22

Created 07-28-21 Priority 1 Diagnosis Location 01 Status Pending Case 00000 Menu View Contacts Print Verification Incomplete

Provider Info GO Name Provider Go Tax ID NPI 1112223333

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

Subscriber
Relation Self
Name Snapson, Sam
DOB 03-30-1999
ID# 555554444333221
Plan #
Plan Le...
Plan Name

Authorization
Auth required? ☐ Y ☒ N Auth #
Referral required? ☐ Y ☒ N Name
Phone
Auth Admin Comments

Benefits

Verified on Resets annually on 136 days left

Maximum Out of Pocket
Limit \$
Used outside Raintree \$
Used \$ 0.00
Remaining \$
☐ Do not include deductible amounts

Maximum Yearly Benefits
☐ No visit/amt limit visits
Limit \$
Used outside Rt. \$
Used \$ 0 \$ 0.00
Remaining
Hard Cap? ☐ Y ☒ N

Eligibility Comments
☐ Include comments in printout

Deductible/Co-Insurance

Yearly deductible \$
Met outside Raintree \$ as of
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
Copoly Types Standard
Standard
☒ Copay/Visit \$ 0.00
☐ Copay/Day

DME Benefits

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

Home Healthcare

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

Medicare Info

Previously Used Amount
Total Amt Used
Raintree Amt
Outside Amt Used
Amount Applied YTD
Amt Applied YTD
0.00
0.00

Thresholds reached:
☐ Physical / Speech Therapy
☐ Occupational Therapy

Verified on by

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' form for patient Sam Snapson (PN# 0000631, DOB 03-30-99, SEX M, AGE 22). The form is organized into several sections:

- Header:** Patient name, PN#, DOB, SEX, AGE, and a 'Verification Incomplete' status indicator.
- Next Activity Comments:** A section for notes, with a 'Next Activity Due' date of 07-28-21.
- Insurance Information:** Includes Payor Info (Aetna, Billing ID 60054, Phone (800) 121-2123), Subscriber Info (Sam Snapson, DOB 03-30-1999, ID# 555554444333221), and Authorization details.
- Benefits:** Contains 'Maximum Out of Pocket' and 'Maximum Yearly Benefits' sections with various input fields for limits and amounts.
- Deductible/Co-Insurance:** Includes fields for 'Yearly deductible', 'Met outside Rantree', and 'Policy limits reset on'.
- Copays:** Features a 'Standard' copay type with a value of \$1.00.
- Medicare Info:** Includes 'Previously Used Amount' and 'Amount Applied YTD' sections.
- DME Benefits:** Includes fields for 'Co-insurance (%)', 'Yearly deductible', and 'DME covered?'.
- Home Healthcare:** Includes fields for 'Enrolled in home healthcare', 'Enrollment date', and 'Discharge date'.

The form also includes a 'Patient Agreement / Counseling Form' section at the bottom with a 'Summary' table.

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' form for a patient named Sam Snapson. The form is organized into several sections:

- Header:** Therapy Benefit Verification PN# 0000631 - Sam Snapson, DOB - 03-30-99, SEX - M, AGE - 22. It includes navigation links like 'Menu', 'View Contacts', and 'Print', and a status indicator 'Verification incomplete'.
- Next Activity Comments:** A section for adding comments, with a 'Next Activity D...' field set to 07-28-21 and an 'Assign to' dropdown.
- Insurance Information:** Contains fields for 'Payor Info' (Name: Aetna, Billing ID: 60054, Phone: (800) 121-2123) and 'Subscriber' (Name: Snapson, Sam, DOB: 03-30-1999, ID#: 55554444333221). It also includes 'Authorization' fields for 'Auth required?' and 'Referral required?' with 'Y' and 'N' options.
- Benefits:** Includes 'Maximum Out of Pocket' (Limit: \$0.00, Used outside Raintree: \$0.00, Remaining: \$0.00) and 'Maximum Yearly Benefits' (Limit: \$0.00, Used outside Rt.: \$0.00, Remaining: \$0.00). It also has an 'Eligibility Comments' section.
- Deductible/Co-Insurance:** Features 'Copays' (Standard, \$0.00) and 'Deductible' (Standard, \$0.00) fields. It includes checkboxes for 'Transfer unmet deductible to patient at service ticket posting' and 'Include copay transfers in deductible'.
- Medicare Info:** Shows 'Previously Used Amount' (Total Amt Used: \$0.00, Raintree Amt: \$0.00, Outside Amt Used: \$0.00) and 'Amount Applied YTD' (Amt Applied YTD: \$0.00, Amt Applied YTD: \$0.00). It includes checkboxes for 'Physical / Speech Therapy' and 'Occupational Therapy'.
- DME Benefits:** Includes 'Co-insurance (%)' (Standard, \$0.00), 'Yearly deductible' (Standard, \$0.00), and 'Deductible met' (Y/N) fields.
- Home Healthcare:** Includes 'Enrolled in home healthcare' (checkbox), 'Enrollment date', 'Discharge date', 'Contractor Name', and 'Contractor Phone' fields.
- Footer:** Includes a 'Patient Agreement / Counseling Form' section with 'Case', 'Effective From', 'Effective To', and 'Summary' fields, and a 'Refresh from Patient Insurance' button.

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 07-28-21 Location 01 Status Pending Case 00000 Menu View Contacts Print Verification Incomplete

Next Activity Comments

Insurance Information

Subscriber: Sam Snapson, Self, Relation: Self, Name: Snapson, Sam, DOB: 03-30-1999, ID#: 555554444333221, Plan #: , Plan Name: , Effective: 01-01-15, Outside services received: ☐

Authorization: Auth required? ☐ Y ☒ N, Referral required? ☐ Y ☒ N, Auth #: , Name: , Phone: , Auth Admin Comments:

Benefits

Verified on: , Resets annually on: , 136 days left

Maximum Out of Pocket: Limit: \$, Used outside Rantree: \$, Used: \$0.00, Remaining: \$

Maximum Yearly Benefits: No visit/amt limit: ☐ Limit: \$, Used outside Rt.: \$, Used: \$0.00, Remaining: \$, Hard Cap? ☐ Y ☒ N

Eligibility Comments: Include comments in printout: ☐

Deductible/Co-Insurance

Yearly deductible: \$, Met outside Rantree: \$, as of: , 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: ☐ Copay Types: Standard, Standard: \$0.00, Copay/Visit: \$0.00, Copay/Day: \$0.00

DME Benefits

Co-insurance (%): , Yearly deductible: \$, Deductible met: ☐ Y ☒ N, Auth required? ☐ Y ☒ N, DME covered? ☐ Y ☒ N, 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: , Rantree Amt: , Outside Amt used: , Amount Applied YTD: Amt Applied YTD: \$0.00, \$0.00

Verified on: by: 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

Dashboard for GO (Raintree) Provider

Filters: User / Provider: GO, Location: DOW, Fin. Class: [blank], # of recs to show: 100

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 Pz
10-20-20			Homer Simpson	00000	GO					DOW	PEND	Required Pz
10-20-20			Marge Simpson	00000	GO					DOW	PEND	Required Pz
10-20-20			Lisa Simpson	00000	GO					DOW	PEND	Required Pz
05-17-21		05-17-21	Timo DosViewExample	00000	GO	/ Pt Pays After Ins...	PP	GO		DOW	PEND	Required Pz
09-09-20			Merga Sedagna	00000	GO	/ Patient Resp	PP			DOW	PEND	Required Pz
05-17-21		05-17-21	Timo DosViewExample	00000	GO	Humana	COMM	GO		DOW	PEND	Copay Type
11-08-19			Mark Oxford	FT001	GO	Oxford Health Plan	COMM			DOW	PEND	Required Pz
06-11-21		06-11-21	Makhael Self	FT001	GO	Patient Resp	PP			DOW	PEND	Required Pz
04-08-21		04-08-21	Samuel Secondaryyouth	00000	GO	/ Patient Resp	PP			DOW	PEND	Required Pz
04-08-21		04-08-21	Samuel Secondaryyouth	00000	GO	* Oxford Health PL...	COMM			DOW	PEND	Copay Type

Verification of Benefits Report

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.

Edit Delete Find Print

Main Menu Dashboard Scheduler Patient Files Daily Ledger Reports / Forms Engagement Center Follow-ups Connect Tables Utilities What's Up Client Reports LMS Web Client Test Exit

Dashboard for GO (Raintree) Provider

KPI Patients Scheduler Refresh

BTCon... Provide... All Clinic... Visit Su... Service... (12) Sl... Case... (146) Ope... Closed... Order Tr... Posting... End o... Review Pt... Eligibility Ver... Auth Patient...

User / Provider GO Location DOW Fin. Class # of recs to show: 100 More Filters

Open Verification Record												
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 Pz
10-20-20			Homer Simpson		00000	GO				DOW	PEND	Required Pz
10-20-20			Marge Simpson		00000	GO				DOW	PEND	Required Pz
10-20-20			Lisa Simpson		00000	GO				DOW	PEND	Required Pz
05-17-21		05-17-21	Timo DosViewExample		00000	GO	/ Pt Pays After Ins...	PP	GO	DOW	PEND	Required Pz
09-09-20			Merga Sedagna		00000	GO	/ Patient Resp	PP		DOW	PEND	Required Pz
05-17-21		05-17-21	Timo DosViewExample		00000	GO	Humana	COMM	GO	DOW	PEND	Copay Type
11-08-19			Mark Oxford		FT001	GO	Oxford Health Plan	COMM		DOW	PEND	Required Pz
06-11-21		06-11-21	Makhael Self		FT001	GO	Patient Resp	PP		DOW	PEND	Required Pz
04-08-21		04-08-21	Samuel Secondaryyouth		00000	GO	/ Patient Resp	PP		DOW	PEND	Required Pz
04-08-21		04-08-21	Samuel Secondaryyouth		00000	GO	* Oxford Health PL...	COMM		DOW	PEND	Copay Type

Appointment Soon/In Past Electronically Verified High priority Owner Routing Max Benefits Limits

Verified Date 09-20-21 09-20-21

Closed Verification Record						
Verif...	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.

The screenshot displays the 'Waystar Results' interface. At the top, there's a 'Result Overview' section with fields for 'Validation mode', 'Validation status', 'Error code', and 'Verified payor'. To the right of these fields are buttons for 'View logfile' and 'Print Service Info'. Below this is a navigation bar with tabs: 'Results', 'Query', 'Write Back', and 'Eligibility'. The 'Eligibility' tab is selected, showing sub-tabs for 'Subscriber and Dependent Information' and 'Custom Results'. The main content area is divided into three columns: 'Eligibility Status', 'In Network', and 'Out of Network'. Each column has a list of fields (Status, Copay, Coinsurance, Deductible Annual, Deductible Met, Deductible Remaining) and corresponding data entry fields. At the bottom, there's a 'Plan' field and a 'Service Information' section with a 'Select service' dropdown and a 'Details For' dropdown set to 'All'. A large greyed-out area is present below the 'Service Information' section.

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

The screenshot displays the 'Authorization' record interface in Raintree Systems. The interface is organized into several sections:

- Authorization Information:** Includes Patient Information (Gage Young, MR # 0000356, DOB 08-13-18, Age 3), Payor Information (BC B, Program 00000, Code 10011, Payor *Medicaid of NC, SSID), and Authorization details (Effective dates 06-16-21 to 11-30-21, Status Active, Sub-status, Auth # 1799310).
- Filters:** Includes Program (OT001), Service Line, Ap. Type, POS, Location, and Provider. There are also checkboxes for 'By rendering provider (default billing)' and 'Exclude from warning checks'.
- Requested / Received:** A table showing Requested, Received, Verified By, and Referred visits. Requested Visits are 25, and Received Visits are 0.
- Next Activity:** Includes 'Assign to' (REV), 'Date' (06-08-21), and 'Next activity comment' (6/7 still waiting on approval 6/3 auth submitted).
- Auth Management:** Includes 'General comment' (auth # not in NCT yet 06/08 -JC) and 'Authorization Request and Appeal' (Create Authorization Request, Create Authorization Appeal, Authorization Task).
- Details:** A summary section showing 'Allowed' (3), 'Used' (0), 'Remaining' (3), 'Pending visits' (0), 'Initialized/Unposted' (0), 'Uninitialized' (0), and 'Actual remaining' (3).
- Created and Modified By:** Includes 'Created By' (Deborah Hill, 05-25-21, 10:58a) and 'Modified By' (Hudson Dall, 06-08-21, 08:54a).

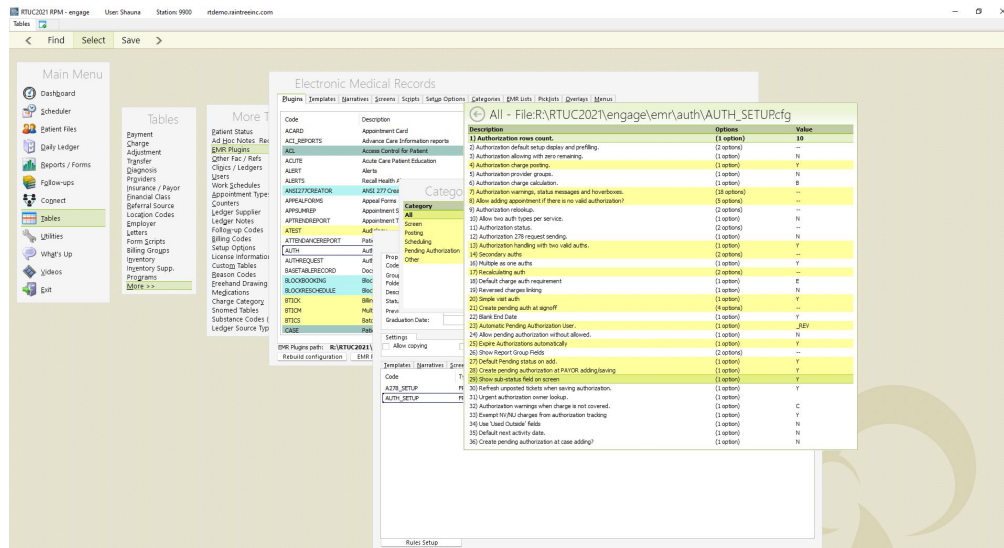
The interface also features a 'Recalculate Auth' button and a 'View Changes' button.

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

[illegible]

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.

[illegible]

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 displays the 'Authorization' form in the Raintree Systems software. The form is divided into several sections: 'Patient Information', 'Payer Information', 'Authorization Information', 'Requested / Received', 'Filters', 'Details', and 'Created and Modified By'. A red box highlights the 'Next Activity' section, which contains the text: 'Automatically created pending authorization, created on saving or adding payer with authorization requirement.' The form also includes a 'Comment' box and a 'Recalculate Auth' button. The 'Details' section shows various counts for authorization status, and the 'Created and Modified By' section shows the user and date of creation and modification.

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

Ledger View - Charlie Maxwell 0000356 COMM DOB:08-13-18

Refresh filters automatically Patient DX Insurance BC Chart EOB Active Filter Add New Saved Filter Clear Filters Default Filters Hide Filters

Overall Filters DOS Range Posting Range Case Location Rend. Prov Payor BC Refresh More

Standard DOS/Patient View Claim Grouping Summary **Authorization**

BC ☒ Not Required ☒ Missing ☒ Exempted ☒ Linked Linked to Selected

	DOS	Case	Code	Description	B Authorization Status	From Date	To Date	BC	Case	Payor Name	Auth	Allowed	Remaining
+	04-08-21	ST001	V5STT	Visit	Applied to 21008000000439468	02-25-20	08-03-20	B	ST001	Medicaid of NC	1536473	23	23
+	04-13-21	ST001	V5STT	Visit	Applied to 21008000000439468	03-18-20	08-25-20	B	OT001	Medicaid of NC	1555353	92.00	92.00
+	04-15-21	ST001	V5STT	Visit	Applied to 21008000000439468	08-04-20	01-11-21	B	ST001	Medicaid of NC	20218000000499358	46	19
+	04-20-21	OT001	V5STT	Visit	Applied to 20365000000500998	08-26-20	01-12-21	B	OT001	Medicaid of NC	20234000043884	80.00	14.00
+	04-20-21	ST001	V5STT	Visit	Applied to 21008000000439468	01-12-21	06-28-21	B	ST001	Medicaid of NC	21008000000439468	48	14
+	04-22-21	ST001	V5STT	Visit	Applied to 21008000000439468	01-13-21	06-15-21	B	OT001	Medicaid of NC	20365000000500998	88.00	40.00
+	04-27-21	OT001	V5STT	Visit	Applied to 21008000000439468	06-16-21	11-30-21	B	OT001	Medicaid of NC	1799310	96.00	96.00
+	04-27-21	ST001	V5STT	Visit	Applied to 20365000000500998								
+	04-27-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	04-29-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-04-21	OT001	V5STT	Visit	Applied to 20365000000500998								
+	05-04-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-06-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-11-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-13-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-18-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-20-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-25-21	OT001	V5STT	Visit	Applied to 20365000000500998								
+	05-25-21	ST001	V5STT	Visit	Applied to 21008000000439468								
+	05-27-21	ST001	V5STT	Visit	Applied to 21008000000439468								
-	06-08-21	OT001	V5STT	Visit	Applied to 20365000000500998								
	06-08-21	OT001	97530-GO	Therapeutic Activities [4]	Applied to 21008000000439468								

Remove Requirement Set as Exempted Set Required/Missing Link to Selected

Insurance Balance 488.30 Patient Balance 0.00 Total Balance 488.30 Insurance Unapplied 0.00 Patient Unapplied 0.00

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 displays the 'Authorization Dashboard' interface. At the top, there's a navigation bar with tabs like 'BTConn...', 'Provider ...', 'All Clinics ...', 'Service I...', 'Sign ...', 'Case L...', 'Open T...', 'Closed T...', 'Posting Re...', 'End of ...', 'Review Pt P...', 'Eligibility Verific...', 'Fina...', 'Auth', and 'Patient F...'. Below this, there are filters for 'User / Owner', 'Location', 'Fin. Class', and a date range 'End from: 03-12-21, End to: 03-12-21, Status: Pending'. A 'More Filters' button is also present. The main section is titled 'Authorizations' and shows a table with 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. The table contains one row for 'Efrain Smith' with a status of 'Pending'. Below the table, there are several report links: 'Authorization Report', 'Authorization Exception Report', 'Future Appts Missing Auth Report', 'Pending Authorization Usage', 'Max Benefits Limits', 'Authorization Visits Report', and 'Owner Routing'. A legend at the bottom indicates the status of the authorizations: 'Next activity date not due' (green), 'Remaining visit count negative or next activity date due' (red), 'Pending Auth' (yellow), 'Expired Auth' (grey), and 'Active Auth' (white).

Patient Name	BC	Payor	Case	Eff. Date	Sub-Status	Req. Date	Allow	Rem.	Next Visit	Last Visit	R.Task	R.Task Owner	Document	Owner	NAD
Efrain Smith	A	UMR-Unit...	00000	01-01-21			3	3	10-12-21	10-05-21					_BL

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

