

**UCLA Health Ambulatory Practices
Revenue Policy and Procedure**

Policy Name: Insurance Verification		
Policy #: 004	Developed Date: April 2014	Approved Date:
Approved By:	Revision Date: March 2016	Revised By:

I. Purpose

To verify the insurance information provided by the patient is accurate and up-to-date at all times and is selected and entered properly within the CareConnect system.

II. Policy

To ensure that claims are submitted to insurance companies accurately, electronic insurance verification (through RTE) must be processed in advance of the scheduled visit with advance notification to patients when the insurance on file fails to meet eligibility requirements. Lack of verification may result in the patient being financially responsible for services rendered.

004 Insurance Verification Policy Standard Operating Procedure

Procedure

A. Criteria for Insurance Verification:

1. Insurance has not been verified in the last 30 days
2. The patient reported a change of insurance during (or since) scheduling
3. The patient is insured by a State Assistance Program (Medicaid)
4. The patient is 65 years old or more, or qualifying disability, or diagnosed with End Stage Renal Disease, and/or Medicare is not listed as primary insurance. **MSPQ Form must be completed for all patients with Medicare each visit**
5. The patient is new to the practice.

B. Verify Insurance Coverage at Least 48 Hours in Advance of Date of Service:

1. Insurance must be verified 48 hours in advance of a patient visit
2. Automated Patient Verification: Eligibility can be verified electronically utilizing the following verification methods:
 - RTE- Real Time Eligibility Verification
 - MC-Managed Care Eligibility Verification
 - Connect to the applicable carrier websites. *If a carrier cannot be accessed online, contact the carrier via telephone*
3. Verify all insurance information in CareConnect system (RTE response) matches the information on the carrier website and correct any information that is not a direct match with the carrier's website (also applies to information verified via telephone)
4. Confirm the eligibility status as active or not active and add a comment in the appointment notes
5. Scan insurance card and upload scanned copy into ICAP

C. Verify Appointments Scheduled Same Day and Next Day:

1. Immediately after scheduling same day and next day appointments, the scheduler or designated staff will verify eligibility on all insurances
2. For walk-in visits, verify eligibility at the time of registration

D. If Unable to Verify Insurance:

1. If the patient is not on file with the insurance company as eligible, contact the patient and request the following:
 - Name of the Insurance, claims mailing address
 - Subscriber's name
 - Patient's name
 - Policy number
 - Group number
 - Co-payment
2. Verify the information with the carrier

3. If eligibility cannot be verified, and the patient states he/she does not have insurance, or if you cannot reach the patient, change the patient status to “self- pay” and document in CareConnect system
4. Advise the patient of his/her payment responsibility and have the patient sign the **Self-Pay Acknowledgement Form**