

PSYCHIATRIC HOSPITAL -- ADMINISTRATION/FISCAL

INSURANCE VERIFICATION OPERATIONAL PROCEDURE

April, 1989 (rv 7/93, 6/96, rv 4/99, 9/02, 9/05, 3/08, 10/12)

Policy Ref: 110-06

Reviewed/Revised: November, 2013

Procedure: 705-02

A. <u>PURPOSE</u>:

To provide a mechanism which insures that individuals with third party coverage receive all benefits applicable under their policy and that the conditions of the policy are met, thereby ensuring that the Hospital receives appropriate payment for services rendered to third party covered individuals.

B. PROCEDURE:

- I. Insurance coverage shall be verified for all individuals claiming such coverage prior to or at the time of admission to the Hospital.
- II. All insurance shall be checked for pre-certification requirements.
 - a) If required, pre-certification must be obtained prior to time of admission by the Patient Accounts Clerk in conjunction with the Utilization Review Coordinator and/or Emergency Evaluator, or in some cases the attending physician, as required by the carrier.
 - b) If pre-certification is not obtained at the time of admission, this may result in a payment penalization by the insurance company; therefore possibly resulting in disciplinary action of the staff member who did not obtain precertification.
- III. Applicable insurance information shall be obtained by the Patient Accounts Clerk or Emergency Evaluator. All phone contacts and information obtained are to be recorded in TIER and printed out. Information to be obtained includes, but is not limited to:
 - a) Individual name, address, social security number, birth date, and employer and employer's address and phone number.
 - b) Insured's name, address, social security number, birth date and employer, if different than individual.
 - c) Relationship of insured to individual.
 - d) Insurance carrier, group name, policy number.
 - e) Billing address and phone number of insurance company.
 - f) Full name of person confirming benefits from the insurance agency.

- IV. Insurance benefits shall be assigned to the Hospital, as applicable.
- V. Insurance coverage shall be verified as follows:
 - a) <u>Medicare</u> If the individual has a Medicare card, this shall be adequate evidence of coverage. If the individual does not have their card, the admissions clerk shall obtain a signature on the Consent for Disclosure Form (GEN:502E). The Admission Clerk shall contact Medicare to confirm the number of psychiatric inpatient days remaining.
 - b) <u>Medicaid</u> A Medicaid card validated by accessing Med E. If there is no card available, coverage will be verified by entering the Medicaid number, social security number or individual's name along with other identifying information into the Med E. NOTE: Medicaid shall not be considered evidence of coverage for the purposes of Hospital Per Diem charges. Verification is required for proof of coverage.
 - c) <u>Medicaid HMO</u> A valid Medicaid HMO identification card shall be evidence of coverage, but verification at the time of admission is still required for proof of coverage. The "Managed Care - Yes" field of the Medicaid Verification printout shall also serve as evidence of coverage.
 - d) <u>Blue Cross of Florida</u> A valid Blue Cross identification card shall be evidence of coverage, but verification at the time of admission is still required for proof of coverage. If the individual does not have a valid card at the time of admission the Admission Clerk or Emergency Evaluator shall contact Blue Cross of Florida by phone to obtain identification numbers. Benefits, coverage, and limitations of coverage should be obtained at the time of phone contact.
 - e) <u>Blue Cross (Out of State)</u> A valid Blue Cross identification card shall be evidence of insurance. But verification is still required for proof of coverage. The Admission Clerk or Emergency Evaluator shall obtain pre-certification at the time of admission by following the guidelines listed on the identification card.
 - f) <u>Tri Care</u> A valid Tri Care card will be evidence of insurance. The Admission Clerk or Emergency Evaluator shall obtain pre-certification at the time of admission.
 - g) <u>Veteran's Administration</u> Any individual who has a 100% service connected disability, is eligible for full coverage.
 - h) <u>Commercial Insurance and Managed Care/PPO's</u> A valid insurance card identifying the carrier and a contact number shall be evidence of insurance. Insurance pre-certification at the time of admission by the Admission Clerk or Emergency Evaluator is still required for proof of coverage. Benefits, coverage and limitations of coverage will be verified by phoning the carrier.

VI. If, upon contacting the insurance company, you are told to call back during regular business hours, the packet shall be left on the day shift Admission Clerk's desk to be followed-up on for timely pre-certification.

PROCEDURE APPROVED:

QI/RM Director

Date