

OrthoFi Eligibility Services Helpful Tips and Tricks

What's New?

We have introduced several enhancements to our Eligibility Services, including a more intuitive user interface, color-coded eligibility icons, and streamlined workflows. These updates are designed to make the insurance verification process more efficient and user-friendly for your practice.

Why are we doing this?

Our primary goal is to provide you with the most effective tools and actionable insights for seamless insurance verification. This comprehensive guide is meticulously crafted to help you understand and navigate the complexities of insurance verification, thereby strengthening your partnership with OrthoFi.

Last Minute 'Urgent Check' Timeframe = 40 Minutes

January and the Summer Break create higher volumes and longer carrier hold times lead to an increase in eligibility check completion time. To minimize the impact this may have on your practice, **it's important to obtain and pre-populate patient insurance information as early as possible to avoid same-day urgent checks.**

- As a reminder, **any time insurance information is added LESS THAN 2 HOURS BEFORE the exam time, it is considered an 'Urgent Check'**. For more information about our eligibility services and the Service Level Agreements (SLAs) we hold ourselves accountable to during these peak times, **[CLICK HERE](#)**.

Eligibility Icon Color Definitions

- **BLUE** - In Progress. A coordinator is currently inside the check working on completing the verification.
- **GREEN** - Complete
- **PURPLE** - Pre-Authorization or Pre-Determination
- **ORANGE** - Unable to Verify (UTV) - (needs action)
- **RED** - Patient started forms, but did not complete them by the exam time.
- **GRAY** - No insurance on file
- **YELLOW** - Unchecked. Insurance is on file and in the applicable SLA queue category.
 - **NOTE: all insurance updates need to be added to the most recent exam.**

Unable To Verify

- Unable to Verify, or UTV, is selected by our Eligibility Team after we have exhausted all resources to successfully complete a patient's insurance verification. This will turn the eligibility icon ORANGE and a message will be posted on the Insurance Summary page listing the reason for the UTV. If the UTV is listed as 3rd Party Denial, we are unable to obtain benefit information and will require you to obtain and provide us with the correct information or override as necessary. We currently do not have a streamlined approach with these but are piloting a one-off note for select carriers to look out for.
 - An 'EDIT POLICY' button is located on the ISP Page below the Unable to Verify messaging, with the applicable reason for the UTV status to update any information that will help OrthoFi's Eligibility Team successfully complete the check. Please review all fields for accuracy before selecting 'SAVE'. If there is nothing to change in any field, selecting 'SAVE' will also place the check back in our queues to re-review the benefits.
- Once the information is updated, it will return to 'Unchecked' status (YELLOW icon) and be sent to the applicable queue per OrthoFi's SLA document.
 - Any time 'UTV' is marked by our team, the FRP will also receive a text message notification and they can update their information directly from their smartphone or mobile device.

- [Unable To Verify Insurance Texts Job Aid](#)
- Practice staff members will also be notified of the UTV within their 'Needs Attention' Dashboard.

How to Navigate Unable to Verify Challenges with Metlife and Delta Dental

- At OrthoFi, we understand that UTV verification can be particularly challenging when dealing with MetLife and Delta Dental policies. Our aim with this guide is to empower you with actionable insights and practical steps to make this process as seamless as possible.
- **Metlife:**
 - The Subscriber ID for MetLife policies is always the patient's Social Security Number (SSN). To ensure a smooth verification process, please make sure that the SSN or Subscriber ID entered is a 9-digit number. If you notice that the entered information is incomplete or incorrect, either you or the patient will need to update it. Without a valid 9-digit SSN, our team at OrthoFi will be unable to complete the eligibility check on behalf of the patient.
- **Delta Dental:**
 - Delta Dental operates through over 47 separate administrators across the United States. This often leads to challenges when the correct administrator is not selected in OrthoFi. If you encounter this issue, please update the policy to reflect the correct administrator.
 - If an incorrect administrator is initially chosen please edit the policy details. This will trigger the OrthoFi team to automatically attempt the eligibility check once. Should the issue persist, an OrthoFi team member will manually investigate by checking various carrier websites to identify the correct administrator for the policy in question. Once you've updated and saved the policy details, an OrthoFi team member will review the information with the aim of identifying the correct administrator, thereby enabling us to complete the estimate as you desire.

Pre-Authorization & Pre-Determination

- **Pre-Authorization:** A requirement that recommended treatment must first be approved by the plan before the treatment is rendered in order for the plan to pay benefits. ***THIS IS REQUIRED to be submitted prior to treatment starting.***
- **Pre-Determination:** A recommendation from the carrier to submit recommended treatment prior to providing services to determine the exact benefit and patient responsibility. This is NOT required, benefits will still be allowed if a pre-determination is not filed.
 - OrthoFi will mark a patient's file with a PURPLE icon when either of the above reasons apply. If a pre-authorization or pre-determination is not applicable, or you wish not to submit one, you can override this selection on the bottom left of the Insurance Summary Page.
 - Select 'Complete Pre-Auth' > Enter benefit amount > Upload any required documentation and click 'Save'.
 - This will turn the icon GREEN (to complete status) and the benefit information will show up on the slider.
 - PLEASE NOTE: If treatment was recommended prior to when the check is completed, you may need to recalculate benefits on the Treatment Details page in order for the benefit to show up correctly.
- **Helpful Job Aids:**
 - **[Pre-Authorization & Pre-Determination Job Aid Link](#)**
 - **[Video Link to Pre-Authorization & Pre-Determination Workflow](#)**

When to Request a Recheck

- Anytime we have already completed an eligibility check and it is prior to the contract being signed you can request a recheck request.
 - From the ISP page > Eligibility box > click the 3 dots > select "Request Recheck" > select the most applicable reason for the recheck > enter any pertinent information in the text box that may be helpful for our Agents to be privy to when rechecking > select Request Recheck. Once requested the verification will land in the applicable SLA queue.

- Examples of when to request a recheck:
 - New benefit year (please request all rechecks for 2023 changes on January 1st or thereafter).
 - Significant time (60-90 Days) has gone by since the patient's last appointment, we recommend having verification checked every 6 months that have passed as long as the contract is not signed even if insurance may have not changed.
 - Information eligibility posted on the Timeline or any PDFs attached does not match what is entered onto the ISP page.
 - Verification may be incorrect due to previous treatment or another reason you may notice.
- **Helpful Job Aids:**
 - [How to Request a Re-check Video](#)

Our Internal Workflow: Web-check, fax, call

- This is the quickest and most efficient method. We have extensive group notes that allow us to complete checks quicker without a required call on a per-group basis. We will make a call if we do not have the necessary information on file if there is no website available, or if it is a complex group.

Benefit of Linking Patients

- Linking applicable patient files when exams are created allows us to cross-reference to ensure the verification is accurate. This is especially helpful if there is a complex check that would require a call, which requires longer hold times. Please ask your Practice Advocate on how to link patients.

Work In Progress (WIP)

- When a work in progress policy is added to a patient file, it will land in that specific queue category per SLA document. In peak seasons such as January, the timeline is subject to change outside of the 5 business day return.

ONE FINAL NOTE

- Please inform your OrthoFi Practice Advocate if you receive any applicable Network Fee Changes for those carriers you are In-Network with. Having updated Network Fees is very important to our partnership. Making sure these network fees are accurate and updated will help our eligibility estimate populate correctly and avoid over or underpayments that happen due to these fees being incorrect in our system. You can also send these updates to support@orthofi.com.
- As always, thank you for your continued partnership with OrthoFi! If you have any questions please contact your Practice Advocate Team at (877) 766-5220.