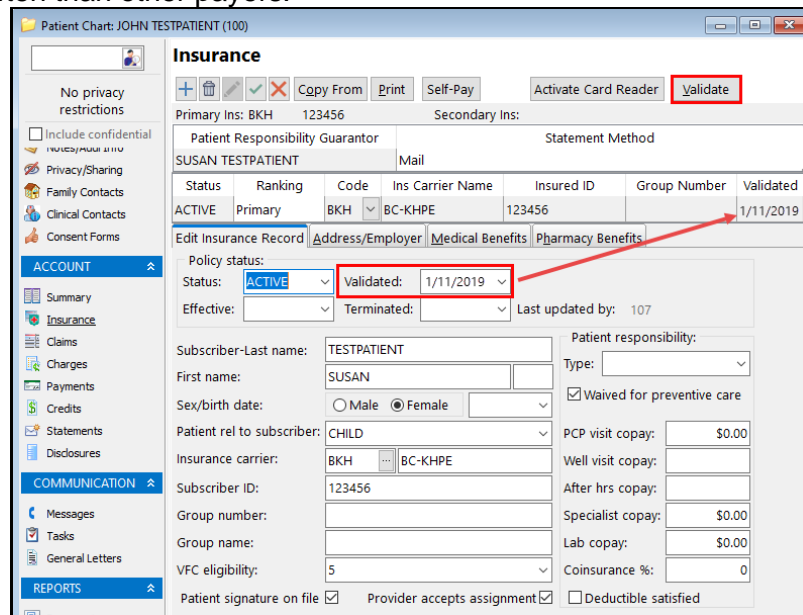# Eligibility

Quick Reference Guide for RCM Clients

Unfortunately, eligibility is one of those things that takes a backseat in many practices. It is important for office managers and providers to understand that this is how you get paid! By having accurate eligibility up front, you are more likely to get paid within the first 30 days after the patient's visit. Please see below tips for ensuring that you get paid for the services you provide.
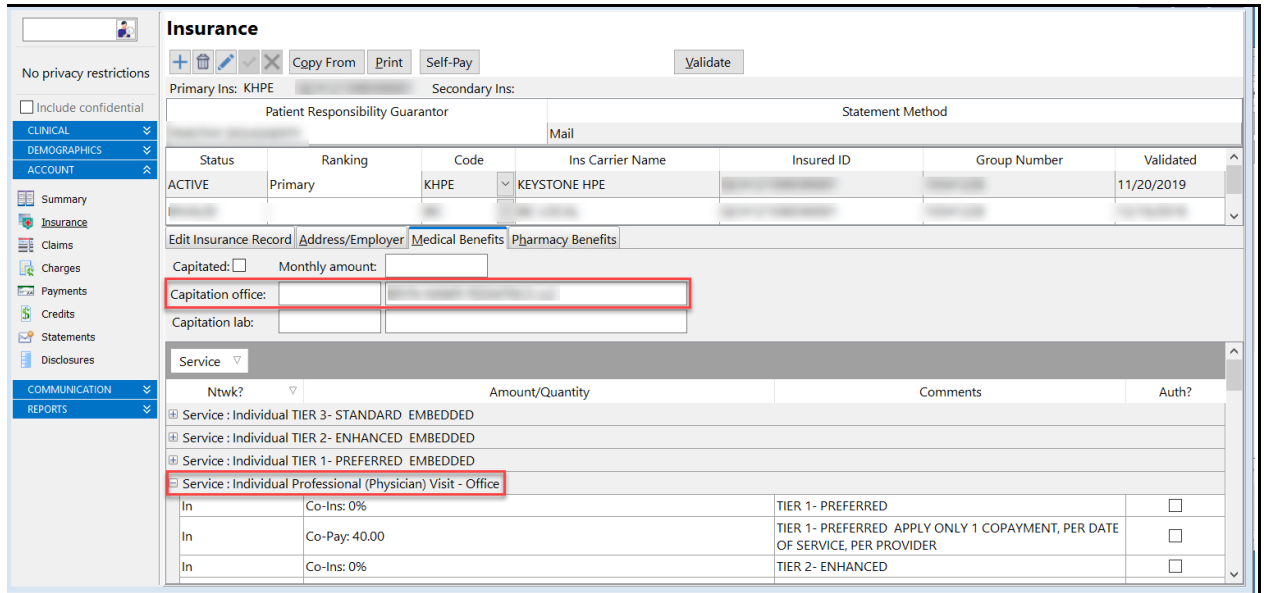
When scheduling and checking a patient in:

1. Ask the patient for a copy of their insurance card. Make a copy of it for your records and scan it into the patient's chart. If you already have it scanned in, ensure that the info scanned in matches identically to the card in front of you.

2. Click "Validate" in OP (via the schedule or the patient's chart). If you get a dark green response, you have confirmed that the patient is active. Some insurances will not offer real time eligibility through OP. For these insurances, you must check the website or call the insurance to confirm active eligibility for the patient. If you get a yellow response, this requires additional follow-up. If you get a red response, the patient's insurance is INACTIVE and must be corrected (return to step 1).

    Quick Tip: Validation through real time eligibility is 70-80% accurate. It relies on the payer updating their eligibility server (which is different than updating their website) on a consistent basis. Some payers update these servers much more often than other payers.

3. If the patient has a Medicaid or Medicaid Managed Care plan, you will need to verify their information on the Medicaid website. Validation through OP **only** checks if the patient is active with Medicaid, not if they are active with the specific MCO plan that you have chosen. Ensure that you are verifying that the patient is still active with the specific MCO plan you have chosen.

Quick Tip: Some Medicaid and MCO plans require that the patient select a PCP as well. This is particularly important if you are capitated with that plan. You can find this information on the Medicaid website or under the Medical Benefits tab in OP.
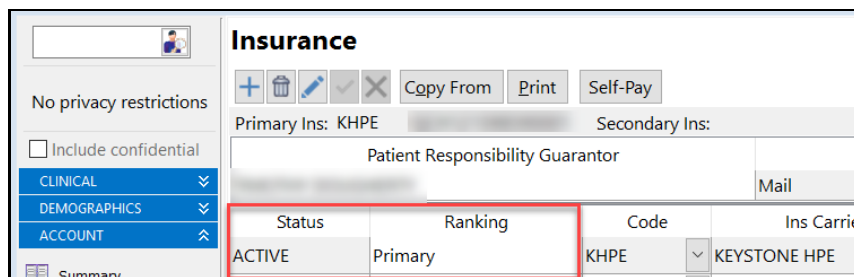

4.   If the patient has Cigna or another plan that requires that they are the subscriber, ensure that the relationship in OP is set to SELF. This will make sure that you are pulling back the correct ID (which may have a suffix to the subscriber's ID) when you validate within OP.

5.   Once you have confirmed the insurance, ensure that you are marking that insurance as "Active" and ranking it as "Primary" in the patient's account. If you do not do this, the patient will show as self-pay and will potentially receive a bill for your services (plus it doesn't get to the insurance payer!).

Other Resources:
Validation Error Help: https://op.knowledgeowl.com/help/validation-errors