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# ELIGIBILITY SERVICES



In the 1970's, most insurance plans were simple: 80% was paid to the hospital; the patient owed 20% with a \$100.00 deductible. The economy was different and we could usually depend on our patients to pay their part fairly quickly. Thirty years later, that picture has changed dramatically.

Insurance plans have co-pays, co-insurance fees, higher deductibles and ever-changing percentages. Patients who were covered by one insurance provider last month might not be covered by the same carrier this month. Verification of eligibility and benefits is important today in a way that we never dreamed especially when you look at the overall health of a facility.

Hospitals use a variety of ways to verify eligibility, including phone calls and visits to web sites. These can be time-intensive processes requiring lengthy waits on phone calls, accessing multiple web sites, and requiring manual intervention by staff. Pre-certification, eligibility and verification of benefits takes place in the fast-paced, dynamic setting of hospital registration.

**Real-time access to real-time benefits is essential to eliminate wait times, reduce denials and send correct information to outside offices.**

## **ELECTRONIC ELIGIBILITY**

270/271 insurance verification answers the need for real-time access. 270 requests are sent directly to insurance companies and 271 responses are received within seconds. The responses are posted to the admissions record and are accessible for the life of the account. Patients immediately know what their portion will be and hospitals have an electronic record of the responses.

With decades of experience in the Meditech environment, our consultants can provide 270/271 Eligibility Implementation Services for your facility. CPEOPLE will evaluate your current process, maximize the effectiveness of electronic verification, reduce the valuable time necessary and establish up-front collection policies.



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**CALL TO SPEAK TO ONE OF OUR EXPERTS TODAY 469-948-4000**