

Eligibility User Guide & Best Practices

Table of Contents (Click to Jump to Section)

1. [Overview](#)
2. [How OrthoFi Verifies Eligibility](#)
3. [Eligibility Icon Color Definitions](#)
4. [Urgent Checks](#)
5. [Unable To Verify](#)
6. [Verification Challenges for Metlife and Delta Dental](#)
7. [Pre-Authorization & Pre-Determination](#)
8. [Rechecks: How and When to Request a Recheck](#)
9. [Linking Patients](#)
10. [Work in Progress \(WIP\)](#)
11. [Network Fee Changes](#)

Overview

This guide provides an overview of OrthoFi's eligibility services, designed to optimize your practice's workflow and ensure accurate insurance verification. It outlines system functionalities, key definitions, and actionable steps to efficiently manage patient eligibility.

How OrthoFi Verifies Eligibility

Our goal is to use the most efficient method available to complete your eligibility checks, saving you time and effort.

1. **Web-Check (Quickest Method):** We first check the carrier's website. Our system has extensive notes on various insurance groups, which often allows us to complete the check without a phone call.
2. **Fax or Automated System:** If a web-check isn't possible, we use a fax or automated system to get the required information.
3. **Call:** We will only call as a last resort. We do this when a web-check isn't an option, or if we are dealing with a complex group that requires direct communication to verify information.

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), required action from the practice
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 must be added to the most recent exam.

Urgent Check

Last-Minute “Urgent Check” – 40-Minute Timeframe

What qualifies as an Urgent Check:

Any insurance information added **less than 2 hours** before the scheduled exam is considered an Urgent Check.

Why it matters:

- During peak periods (**e.g., January and Summer Break**), higher patient volumes and longer carrier hold times can increase eligibility check completion times.
- To reduce same-day delays, it's crucial to obtain and pre-populate insurance information as early as possible.

Learn more:

For details on our eligibility services and the Service Level Agreements (SLAs) we maintain during peak times, [CLICK HERE](#).

What Qualifies As Unable To Verify:

- **Unable to Verify (UTV)** is selected by the Eligibility Team when all resources have been exhausted and a patient's insurance verification cannot be completed.
- The eligibility icon will turn **ORANGE**, and a message with the reason for the UTV will appear on the Insurance Summary Page.

Special Case – 3rd Party Denial:

- If the UTV reason is **3rd Party Denial**, benefit information could not be obtained.
- You must provide the correct information or override as necessary.

Updating Information:

- On the Insurance Summary Page (ISP), locate the **EDIT POLICY** button below the UTV message.
- Review and update any fields to help the Eligibility Team successfully complete the check.
- Click **SAVE** when finished:
 - If changes were made, the check will return to Unchecked status (**YELLOW icon**) and enter the applicable queue per OrthoFi's SLA.
 - If no changes are needed, clicking **SAVE** still places the check back in the queue for re-review.

Notifications:

- Whenever UTV is marked, the **FRP (Financially Responsible Party)** will receive a text message and can update information directly from a smartphone or mobile device.
- Practice staff members will also be notified of the UTV within their 'Needs Attention' Dashboard.
- **Helpful Resources:** [Unable To Verify Insurance Texts Job Aid](#)

Verification Challenges For Metlife And Delta Dental

At OrthoFi, we recognize that verifying MetLife and Delta Dental policies can sometimes be tricky. This guide provides practical steps to make the process smoother.

MetLife:

- The **Subscriber ID** for MetLife policies is always the subscriber's **Social Security Number (SSN)**.
- Ensure the SSN or Subscriber ID entered is a **valid 9-digit number**.
- If the information is incomplete or incorrect, it must be updated by you or the patient.
- Without a valid 9-digit SSN, the Eligibility Team cannot complete the verification.

Delta Dental:

- Delta Dental has over **47 separate administrators** nationwide.
- Selecting the wrong administrator in OrthoFi can cause verification issues.
- If an incorrect administrator is chosen:
 - **Edit the policy details** to select the correct administrator.
 - This will trigger an **automatic eligibility check** by the OrthoFi team.
 - If the issue persists, a team member will **manually investigate** using carrier websites to identify the correct administrator.
- Once updated and saved, the Eligibility Team reviews the information to complete the estimate accurately.

Pre-Authorization & Pre-Determination

Definitions:

- **Pre-Authorization:** Required prior to treatment. This is an approval from the insurance plan to guarantee benefits will be paid for the recommended treatment. You must submit this before starting treatment.
- **Pre-Determination:** Optional but recommended. This is a request to the insurance carrier to determine the exact benefit and the patient's responsibility before treatment begins. Benefits will still be paid even if you don't file a pre-determination.

OrthoFi Workflow

OrthoFi marks a patient's file with a **purple icon** when either a pre-authorization or pre-determination is needed.

How to Complete the Process

- Click **Complete Pre-Auth.**
- Enter the benefit amount.
- Upload any necessary documentation.
- Click **Save.**

Completing these steps will change the icon to **green**, indicating the process is complete.

Overriding the Selection

If a pre-authorization or pre-determination is not applicable or you choose not to submit one, you can override this on the bottom left of the **Insurance Summary Page.**

Note: If you recommended treatment before completing the pre-authorization or pre-determination, you may need to recalculate benefits on the Treatment Details page to ensure the correct benefit amount is shown.

Helpful Job Aids:

- [Pre-Authorization & Pre-Determination Job Aid Link](#)
- [Video Link to Pre-Authorization & Pre-Determination Workflow](#)

When to Request a Recheck

You can request a recheck after an initial eligibility check has been completed but before the patient's contract is signed.

Examples of when to request a recheck:

- **New Benefit Year:** Request rechecks for any changes on or after January 1st.
- **Time Lapse:** If 60-90 days have passed since the last appointment, it is recommended to have a recheck every six months.
- **Inconsistent Information:** The information on the Timeline/PDFs does not match the ISP page.
- **Suspected Errors:** You believe the verification is incorrect due to a previous treatment or another reason.

How to Request a Recheck

- Navigate to the **Insurance Summary Page (ISP)**.
- In the **Eligibility** box, click the three dots (...).
- Select **Request Recheck**.
- Choose the most applicable reason.
- Enter any helpful information for the agents in the text box.
- Click **Request Recheck**. Once requested, the verification will be sent to the appropriate SLA queue.

Helpful Job Aids: [How to Request a Recheck Video](#)

Linking Patients

Linking patient files when creating exams helps us cross-reference information and ensure accurate verification. This is especially useful for complex checks that involve long hold times on the phone. For instructions on how to link patients, please contact our Support Team.

Work In Progress (Wip)

When a "work in progress" policy is added to a patient file, it is placed in a specific queue. During peak seasons, like January, the typical 5-business-day turnaround time may be extended.

Network Fee Changes

Please inform your OSM of any new or updated Network Fee Changes for your in-network carriers. Accurate fees are vital for correct eligibility estimates, helping to prevent over- or underpayments.

You can also send updates to support@orthofi.com.