

# Eligibility Tips & Tricks For a Successful January

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In anticipation of a busy January, we've put together this comprehensive list of tips and tricks to ensure your practice can efficiently and effectively partner with the Eligibility Team in 2026!

## Last-Minute "Urgent Check" Timeframe = 40 Minutes

January's higher volumes and longer carrier hold times lead to increased eligibility check completion times. To minimize the impact this may have on your practice, it's essential to obtain and pre-populate patient insurance information as early as possible to avoid same-day urgent checks.

### Key Reminders:

- Insurance info added **LESS THAN 2 HOURS BEFORE** the exam, is an **Urgent Check**.
- For more information about our eligibility services and the Service Level Agreements (SLAs - turnaround times) we hold ourselves accountable to during these peak times, [CLICK HERE](#).

## Tips For Avoiding Same Day Urgent Checks

We work diligently to return same-day urgent checks within a 40-minute timeframe. However, during peak seasons such as January, higher volumes and longer carrier hold times may increase eligibility check completion times.

- Obtain patient insurance information **as early as possible**.
- January exams will **NOT** be verified until January 2026.

## Why is obtaining insurance information ahead of time important?

When OrthoFi has insurance information at least **TWO OR MORE DAYS PRIOR** to the exam date:

- Getting this info while scheduling the exam and during confirmation calls ensures we can populate accurate information before the patient's visit.
- Over 98% of checks can be completed ahead of time, providing your TCs with accurate patient responsibility details for every consultation.

OrthoFi's top-performing practices average an **urgent check rate of LESS THAN 5%**!

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## Best Practices For Mitigating Urgent Checks

- **Gather insurance information during the new patient phone call.**
    - If the patient doesn't have their information available, let them know they'll receive an email from OrthoFi with the new patient forms.
    - Ask them to complete their forms at least **TWO OR MORE DAYS PRIOR** to their exam.
  - **Use confirmation calls** to remind patients to complete their forms and provide insurance information in advance.
    - Remind patients they'll receive email and text reminders when forms are sent by OrthoFi.
  - **If a patient arrives without completed forms:** Collect and upload their insurance information into OrthoFi before having them complete their new patient forms.
  - **If a patient arrives earlier** than their exam time: Update their patient file to reflect the earlier time so the OrthoFi Eligibility Team is notified and can complete the verification in a timely manner.
  - **If a patient arrives late** without completing their forms, or if there's concern the check won't be completed during the exam: Compile and upload the information to the Insurance Summary Page in OrthoFi.
  - **Benefits can be overridden** in the treatment details after the treatment plan is built. **DO NOT let the patient leave without presenting fees!**
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## Insurance Summary Page (ISP)

The ISP is a one-stop shop for all things insurance-related. This page contains:

- Benefit information added.
- Verification status.
- Eligibility estimates.
- Notes related to the patient's plan.

### Key Features of the ISP:

- **Alerts:** Indicators such as waiting period, age limits, or pre-authorization requirements.
- **Verification Status:** Updated every 20 minutes during verification attempts.
- **Timeline:** Includes eligibility, remittance, and other policy information.
- **Activity Log:** Tracks changes to the patient's policy over time.

**Important Note:** When practice staff leave a note on the ISP Timeline or set a "Next Action," **the OrthoFi Eligibility Team is not notified.** These are for documentation purposes only.

## 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 didn't complete them before the exam.
  - **GRAY:** No insurance on file
  - **YELLOW:** Unchecked - Insurance is on file and in the SLA queue category. NOTE: all insurance updates need to be added to the most recent exam/new exam.
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### "Unable to Verify" (UTV)

**UTV** is selected by our Eligibility Team after we have exhausted all resources to 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.

### Addressing a UTV with a "3rd Party Denial"

- **Reason and Action:** If the UTV is marked as 3rd Party Denial, it indicates we could not obtain benefit information. You will need to provide correct information or override the status.
- **Timeline Notes:** Look for additional notes left on the Insurance Summary Timeline detailing what information was obtained or needed. This minimizes confusion and prevents extra work for all parties.

### Using the 'EDIT POLICY' Button

- The **EDIT POLICY** button is located below the UTV message on the Insurance Summary Page.
- Review and update any fields for accuracy before selecting **'SAVE.'**
- If no changes are needed, selecting **'SAVE'** will automatically return the check to our queue for re-review.

### After Updating UTV Information

- The check will return to **Unchecked (YELLOW icon)** status and move to the appropriate SLA queue.
- For certain UTV cases, the FRP will receive a text message notification and can update their information via smartphone or mobile device.
- Practice staff members will also see the UTV in their **'Needs Attention' Dashboard.**

## How to Navigate UTV Challenges with Metlife and Delta Dental

### MetLife

- **Subscriber ID:** MetLife policies always use the subscriber's Social Security Number (SSN) as the Subscriber ID. Ensure this is a 9-digit number.
- **Missing/Incorrect Information:** Incomplete or incorrect SSN information must be updated by the patient or practice staff to proceed. Without a valid SSN, the verification cannot be completed.

### Delta Dental

- **Administrator Selection:** Delta Dental operates through over 40 separate administrators in the U.S., which may lead to verification challenges.
- **Process:**
  - If an incorrect administrator is selected, our team will attempt the eligibility check once.
  - If unsuccessful, we manually review various carrier websites to identify the correct administrator.
  - After updating and saving the policy details, our team will finalize the verification to provide accurate estimates.

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## Pre-Authorization & Pre-Determination

### Pre-Authorization

- A plan requirement that recommended treatment be approved before services are rendered for benefit payment.
- Mandatory: Submit pre-authorization requests before treatment begins.

### Pre-Determination

- A recommendation (not a requirement) to submit treatment details to the carrier before services to determine exact benefits and patient responsibility.
- Benefits will still apply even if a pre-determination is not filed.

### OrthoFi Process

1. Files requiring pre-authorization or pre-determination will be marked with a PURPLE icon.
2. If not applicable or not required, you can override this status:
3. Go to the Insurance Summary Page.
4. Select 'Complete Pre-Auth.'
5. Enter the benefit amount, upload required documentation, and click 'Save.'
6. The icon will turn **GREEN** (Complete), and benefits will appear on the slider.

**Note:** If treatment was recommended before the check's completion, you may need to recalculate benefits on the Treatment Details page for them to display correctly.

## When to Request a Recheck

### Criteria for Rechecking

- New benefit year (e.g., request 2026 rechecks on or after January 1st, 2026).
- If significant time (6+ months) has passed since the last appointment and the contract is unsigned.
- When timeline notes, PDFs, or eligibility details don't match ISP entries.
- Suspected errors due to prior treatment or other inconsistencies.

### How to Request a Recheck

1. Navigate to the Insurance Summary Page > Eligibility Box.
2. Click the three dots and select 'Request Recheck.'
3. Choose the most applicable reason, and enter any relevant details in the notes box.
4. Click 'Request Recheck.' The request will enter the appropriate SLA queue.

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## Our Internal Workflow: Web-Check, Fax, Call

Do you ever wonder why we may be calling when information is located online? Well, we have done extensive research and have protocols for each coordinator to follow to get the most accurate information for you and your patients.

- **Web-check First:** We prioritize online verification where available, as it is the quickest method.
- **Call Protocols:**
  - Calls are made only if information is unavailable online, the website is unreliable, or the policy involves a complex group or new plan year.
  - This ensures long-term efficiency, reduces claim denials, and streamlines future verifications with carriers like Cigna, Aetna, and Delta Dental (calls often required only once).

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## Benefits of Linking Patients

- **Purpose:** Linking patient files during exam creation allows cross-referencing for accurate verification.
- **Advantage:** Particularly helpful for complex checks requiring extended hold times.
- **Guidance:** Contact your Practice Advocate for instructions on linking patients.

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## Work in Progress (WIP) Policies

When a work in progress policy is added to a patient file, it will land in that specific queue category per SLA document.

During peak seasons, such as January, return timelines may exceed the standard **5 business days**.

## ONE FINAL NOTE

Please inform your OrthoFi Practice Advocate or OSM immediately of any Network Fee Changes for in-network carriers. Why?

- Updated fees ensure eligibility estimates populate correctly and prevent over/underpayments.
  - You can also send updates to [support@orthofi.com](mailto:support@orthofi.com).
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## Thank you!

Thank you for your continued partnership with OrthoFi! If you have any questions, contact your Practice Advocate Team at **(877) 766-5220**.

We look forward to a successful year with all our OrthoFi practices!