

SOP: Verification of Insurance and Eligibility Status

This SOP details the process for **verification of insurance and eligibility status**, including checking insurance coverage, confirming patient eligibility, validating policy details, coordinating with insurance providers, updating records accurately, and ensuring compliance with regulatory requirements. The goal is to guarantee accurate billing, avoid claim denials, and facilitate smooth patient service delivery by verifying all necessary insurance and eligibility information promptly and efficiently.

1. Purpose

To establish a standardized process for verifying patient insurance and eligibility status prior to delivering services, ensuring accurate billing and compliance with regulations.

2. Scope

This procedure applies to all staff involved in patient registration, billing, and revenue cycle management.

3. Responsibilities

- **Front Desk Staff:** Collect insurance information from patients and initiate verification.
- **Billing Team:** Confirm eligibility and insurance details, and resolve discrepancies.
- **Supervisors:** Ensure adherence to SOP and provide training as needed.

4. Procedure

1. **Collect Insurance Information:**
Obtain insurance details (policy number, group number, provider name, etc.) from the patient during registration or appointment scheduling.
2. **Check Insurance Coverage:**
Use eligibility verification tools (web portals, clearinghouses, or direct provider portals) to verify coverage.
3. **Confirm Patient Eligibility:**
Ensure the policy is:
 - Active as of the service date
 - Applicable for the planned services/procedures
 - Under the patient's name
4. **Validate Policy Details:**
Verify patient demographics and confirm:
 - Primary and secondary payer information
 - Authorization or referral requirements
 - Co-pay, deductible, out-of-pocket information
5. **Coordinate with Insurance Providers:**
If discrepancies or authorization is required, contact the insurer by phone, email, or portal as necessary.
6. **Update Patient Records:**
Record all verified details in the practice management/EHR system, including any eligibility screenshots or correspondence.
7. **Ensure Regulatory Compliance:**
Adhere to HIPAA and related policies regarding the management of patient health and insurance information.
8. **Notify Patient:**
Inform the patient of any insurance issues, coverage limitations, or required actions before service delivery.

5. Documentation

- Maintain all eligibility verifications and communications in patient records.
- Archive documents per organizational policy and regulatory standards.

6. References

- HIPAA Privacy & Security Rule
- CMS Guidelines on Insurance Eligibility
- Organization's Privacy Policy

Effective Date: [Enter Date]
Version: 1.0
Prepared by: [Enter Name/Title]