Financial Clearance Tip Sheet

If any of the below are inaccurate at the time Financial Clearance reviews the account, it will potentially result in a denial, therefore requiring a payment agreement or rescheduling of the patient.

Correct Date (For Inpatient Admissions: start date of admission, not surgery date)	Correct facility name, address, NPI, and TIN
Correct service type (outpatient facility, hospital, surgical, etc.)	Correct status/class (inpatient, outpatient, etc.)
All CPT codes are included and match the case request (including any codes that do not require authorization)	Correct Surgeon's name, address, NPI, and TIN

Payor Specific Situations

The table below does **not** include all situations but *common* processes via specific payor.

Situation	Process
Commercial Payers & Medicare Advantage Plans	Can proceed with payment agreements for pending or inaccurate authorizations if the patient wishes. Financial Clearance will contact the patient to discuss and answer any questions/concerns.
Medicaid	Patients are unable to sign payment agreements and must be rescheduled unless it is a life-threatening situation.
Medicare A&B or Alignment	Pending authorizations for this situation are always effective for the date the payor renders the decision, not the date it was requested. Based on this, we advise they reschedule rather than sign a payment agreement so the patient does not end up with a balance.
Out-of-Network (OON) Insurances Non-Contracted Payer Policy v.3 (navexone.com)	For patients with *primary* OON insurance, the WakeMed Non-Contracted Payer Policy will apply. Generally, the patient will sign a payment agreement and pay a $1,000 deposit if they choose to proceed. **For OON patients, it is in the best interest of the patient to seek care at an In-Network (INN) facility, unless it meets WakeMed's standard of Continuity of Care. If patient will proceed with WakeMed, then INN authorization/exception should be obtained.*

Communication Needs

- **Replying to Emails** - Utilize "Reply All" on emails regarding patient authorizations. It is essential everyone stays in the loop and does not get left behind. This also helps avoid any duplication.
- **Time Limits** - All authorization issues must be resolved by 3pm on a normal business day and 11am when the office closes early. Financial Clearance will call all patients by 3:30pm. Any cancellations or reschedules must be communicated to Operating Room (OR) Scheduling and Financial Clearance by 4pm at the latest.

Email Points

Please be sure to address all points below in responses to Financial Clearance as applicable.

- Obtained authorization via portal, phone, or fax and Authorization #
- Screenshot/documentation of authorization
    - Utilize the "Check for Authorization for Accuracy" above and make sure all those items are included in your screenshot.
- Is the patient aware of the payment agreement and willing to sign if authorization is not secured/accurate?
    - *If Medicaid*, is the patient aware of the need to reschedule due to the authorization not being secured/accurate?
    - *If Medicare A&B or Alignment*, is the patient aware of the need to reschedule due to the authorization not being secured/accurate?
- Is the patient aware of the Out-of-Network policy as applicable and willing to pay a $1,000 deposit? (This does not apply if the patient has any Medicaid coverage.)

If you have any questions about situations not included in this tip sheet, please email Financial Clearance Leadership (Melanie Grant & Julia Weinberg).