

Green Mountain Surgery Center

Chapter Name: 3 - Administration and Human Resources	Policy # 3.10	Date Implemented: 3/2019
Title: Benefits Verification		Reviewed/Revised:

Policy Statement

As a service to our patients, the Business Office will verify benefits for both primary and secondary insurance carriers. Benefits will be verified prior to the surgery date. Same day and next day add-ons will be given priority and verified as soon as possible.

In advance of their surgery, patients shall be informed of their benefits, the total price of their surgery, and any monies that will be due to the surgery center subsequent to the verification of benefits and calculation of the patient financial responsibility. Patients shall be offered the opportunity to receive this information in writing in advance of their surgery either via email, first class mail, or printed out on the day of their procedure.

The surgery center will make every reasonable attempt to secure any pre-certification, authorization, referrals and/or second surgical opinions as mandated by any ACO or insurance carrier care management/policy stipulations. The surgery center may choose to re-schedule cases if any policy and/or care management requirements have not been secured 24 hours prior to the surgery date. If payer authorization is not secured within 24 hours of surgery, the surgery center or patient may choose to reschedule, or with patient consent, the surgery center may proceed with the case.

Procedures

- I. The staff person responsible for verifying benefits will produce an Admit/Billing Schedule daily, which shows the status of benefits verification for patients scheduled for future surgeries. This report facilitates the tracking of work that has or has not been completed. The Business Office Manager will also produce a Pending Procedure Report and review any potential problems with the Administrator.