



March 26, 2018

Insurance Coverage and Decision Support Tool's Expanded Capabilities

We introduced our newest application in 2017 – an Insurance Coverage and Decision Support Tool, designed to provide Payor and Plan-related information to healthcare organizations' patient-facing staff.

Since then, we have been hard at work expanding its capabilities. Our latest version provides health system employees with quick and easy access to a variety of insurance coverage specifics, including (but not limited to):

Each Plan's network status, by facility

- Plan-specific scripts and workflows that guide patient scheduling and communications
- Insurance ID card gallery
- Up-to-date Payor and Plan alerts, visible via software and through automated email push notifications
- Insurance-specific document and announcement repositories
- Lead time required by each Payor to obtain pre-certification, by modality
- Pre-determination and third-party provider pre-certification guidance, by Payor and modality
- Provider contact information, as well as credentialing and privileging status and key dates

And enables healthcare organizations to:

- Accurately inform patients, at the point of scheduling, to their current network status and financial obligations
- Minimize financial and operational risks of unknowingly treating out-of-network patients
- Identify a Plan using the patient's insurance ID card
- Eliminate manual alerts to the entire organization for each Payor change
- Schedule patients with the appropriate lead time to obtain prior-authorizations
- Create transparency into Provider credentialing and privileging status, and proactively alert the Medical Staff and Managed Care teams to Provider information changes that require updates to Payors

To learn more about our Managed Care Decision Support Tool or to request a demo, please contact us at [312-884-9054](tel:312-884-9054) or info@carminaticonsulting.com.