CERTIFY HEALTH

Eligibility & Denial Prevention Checklist

Use this checklist to review late coverage checks, missing insurance details, and avoidable front-end denials — and identify the workflow gaps worth fixing first.

How to use this:

Work through each section before or after your workflow review. Check items your team has covered. Flag gaps for follow-up. This is an audit tool, not a pass/fail test.

1. Eligibility Timing

- ☐ Verify coverage at least 24–48 hours before the scheduled visit.
- ☐ Re-verify eligibility for patients with a gap since their last visit.
- ☐ Confirm eligibility for walk-ins and same-day appointments before check-in is completed.
- ☐ Review your current average time between eligibility check and the visit.

2. Insurance Card Capture

- ☐ Capture front and back of the insurance card digitally at intake.
- ☐ Confirm the captured card matches the payer and plan used for eligibility verification.
- ☐ Flag patients who have not updated their insurance information in the last 12 months.
- ☐ Ensure secondary insurance is captured and verified where applicable.

3. Patient Responsibility Review

- ☐ Communicate the estimated patient responsibility before the visit, not at checkout.
- ☐ Confirm copay, deductible status, and coinsurance amounts are reviewed at eligibility.
- ☐ Document the patient responsibility estimate in the visit record.
- ☐ Confirm your team has a process for collecting known balances at time of service.

4. Denial-Risk Handoffs

- ☐ Identify the handoff point between eligibility verification and the clinical or billing team.
- ☐ Confirm eligibility exceptions and coverage flags are documented before the patient reaches check-in.
- ☐ Review your denial rate for front-end eligibility reasons in the last 90 days.
- ☐ Confirm staff know what to do when eligibility verification returns a coverage gap.

5. Follow-Up Ownership

- ☐ Assign a named owner for following up on unresolved eligibility issues before each day's schedule.
- ☐ Set a daily cut-off time for resolving open eligibility flags before appointments begin.
- ☐ Confirm your team has a process for re-submitting claims denied for eligibility reasons.
- ☐ Track the resolution rate for eligibility-related denials month over month.