

Eligibility evidence checklist

Mark Complete, Open or N/A. Use this blank tool for process review; keep patient data in approved systems.

Queue _____ Review period _____ Owner _____

01 Patient and subscriber

Match the patient, subscriber relationship and member identifier to the approved record.

02 Date of service

Request coverage for the planned service date and retain the inquiry date separately.

03 Plan and coverage dates

Record the actual plan, effective date and any reported end date.

04 Provider and location

Check the relevant provider, facility and location against the plan response.

05 Payer order

Record other coverage and assign unresolved coordination-of-benefits questions.

06 Planned service

Use the intended service details supplied by the responsible clinical or coding team.

07 Relevant benefits

Record whether the response addresses the planned service and any unresolved exclusions.

08 Cost sharing

Capture reported copay, deductible, coinsurance and accumulator information with the response date.

09 Limits

Record reported visit, unit or frequency limits and any uncertainty about remaining benefits.

10 Referral

Record whether a referral is required and whether the relevant referral is on file.

11 Authorization

Track the requirement and current status, including applicable service, dates and units.

12 Source

Keep the payer or approved intermediary, response reference and method used.

13 Evidence

Retain the response in the approved system and identify the staff member completing the check.

14 Unresolved questions

Assign an owner, next action and deadline to every material gap.

15 Patient communication

Pass validated information to the authorized team and clearly label any estimate.

16 Recheck

Set the next review trigger when the appointment, plan, service or response changes.

An active policy alone does not establish payment. Apply the practice's current procedure.

Verification exception handoff

Use for workflow design and training. Retain operational evidence in the approved client system.

What question remains unresolved

What evidence is needed and who can provide it

Responsible owner and next review date

Choose the administrative disposition

- ☐ Evidence complete
- ☐ Information missing
- ☐ Payer clarification needed
- ☐ Practice decision needed

Payer call prompts

1. Confirm the planned service context using the approved record.
2. Ask the specific question missing from the electronic response.
3. Confirm which service, dates, units and provider the answer covers.
4. Retain the source reference, answer, remaining gap and next action.

Recheck when the appointment, plan, provider, service or material response changes. A task status does not authorize, cancel or delay clinical care.

Original Actigy BPO checklist and handoff model. Source definitions and the aggregate workload calculator are linked from the article.