



Objectives & Goals – Insurance Carrier & Plan Setup

- Setup Insurance Carrier
- Setup Insurance Plans
- Assign Proper Carrier to Plan
- Columnar View

Hot Keys

Ctrl + N - Add a New record

Ctrl + E - Edit a record

Ctrl + S - Save a record

Ctrl + L - Cancel a record

Ctrl + R - Retrieve all records

Ctrl + H - Search a record

TAB – Toggles between entry fields

TAB + Shift – Toggles backwards between entry fields

General Information

Many of the Carrier and Plan fields are the same. For example, Co-pay Type and Co-pay fields are in both records. The system will pull information from the Plan first since it is more specific then the carrier.

Also, some fields in the Insurance Carrier and Insurance Plan are specific to various parts of the US and may not pertain to your location.

Entering an Insurance Carrier

Insurance Carrier Master Screen opens to enter General Details, Address Details, Contact Details, Claim related Details and Insurance Carrier related Other Details.

From the menu, click **Setup>> Payer>> Insurance Carrier**.

Insurance Carriers are setup first, allowing users to setup various Plans linked to the main carrier.

Example: Blue Cross

You will setup Blue Cross as a main carrier and then you can create multiple Blue Cross Plans.

NOTES:



The following Insurance Carrier information is displayed:

General Details

Code: Insurance Carrier Code – Assign a code to help you search for the Carrier.

Type: Insurance Carrier Type (It can be Medicare, Medicaid, Workers Comp, Other etc.)

Quick Code: A code to help you search for the carrier quickly from Column View. You can leave this blank.

Payer ID: Insurance Payer ID given by the clearinghouse for claims submission.

Name: Insurance Carrier's Name

Send Claims: Check this box if you are going to send claims to this Carrier

Active: Check this box if the carrier is an active carrier. Uncheck if this carrier becomes inactive.

Address Details

Street: Street address of the Insurance Carrier

Zip: Zip code of the Insurance Carrier office

Contact Details

Phone Number: Contact Phone Numbers of the Insurance Carrier

Fax Number: Fax Number of the Insurance Carrier

Website: Website of the Insurance Carrier. You will be able to use this link from the patient master to go directly to the website for future reference.

Claim Related Details

Claim By: How claims are to be sent to this Insurance Carrier (by Paper, by EMC, or None)?

EMC Format: If Claim type is EMC, then which EMC Format are you going to use from the available list? This will normally be ENS format unless your carrier has a specific format.

EMC Format:	ENS Format	HCFA F
Payment Days:	BCBS OF TENNESSEE	
Copay Type:	BLUE SHIELD NEWYORK	
r. Sign on File:	ENS Format	
Accept Assign:	MD NON-PARTICIPATING CLAIM	
	MD PAPER CLAIM	

NOTES:



HCFA Format: If Claim type is HCFA, then which HCFA Format are you going to use for the Carrier to send paper claims? This will usually be default template unless your carrier has a specific format.

HCFA Format:	(N) Default Template (With NF) <input type="button" value="v"/>
Write-Off:	Default Template
Copay:	(N) Default Template (With NPI)
Ref ID Required:	
Reporting Type:	

Payment Days: In how many days payment will be made by the Insurance Carrier? (Can be left blank. You would fill this in for reporting or aging options)

Write-off Code: If you would like to setup a certain default Code used by the Insurance Carrier for Adjustment / Write-off.

Copay Type: Copay can be collected in Amount or Fix Percentage of the amount. This can be left blank or entered on specific plans instead of the carrier.

Copay Amt / %: Amount or Percentage of Copay (as per the type selected).

Dr. Sign on File: If it is required to print the doctor's signature on HCFA Form (column 31), then check this Check box here -- THIS IS NORMALLY CHECKED AS THE PHYSICIAN'S SIGNATURE ON FILE IS REQUIRED FOR ELECTRONIC CLAIMS. Paper claims however, the Physician may wish to sign the claim form.

Ref. Provider ID Required (Pre-Claim Check): If this checkbox is checked and you are charging for the Patient's Insurance Plan belonging to this Insurance Carrier then the system checks whether Provider ID has been assigned to Referral Doctor by this Insurance Carrier.

Accept Assign: Doctor or Provider Group may have signed agreement contracts with Insurance companies. This would normally be checked unless the Provider status is "non-participating" for this carrier.

Formulary: Formulary is required if any drug is not covered or requires special instructions or a prior authorization is required by this Insurance Carrier. Select from the drop down list.
Note: You can create Formulary for Insurance Carriers under Setup>> Prescription>> Formulary. Formulary is required if any drug is Not Covered or requires Special Instructions or a Prior Authorization is required for it. The Insurance Company decides this.

UDS Reporting Type: The Uniform Data System (UDS) is an annual reporting system used by all federally-funded health centers to report data on utilization, patient demographics, insurance status, managed care, parental care and birth outcomes, diagnoses, and financing. Select from the available UDS reporting types. This field can be left blank.

Eligibility Payer ID: If you have a specific ID assigned by the insurance company for checking online eligibility you can enter it here.

NOTES:



Is Participated: If you have participated in an online patient eligibility checking program then you would check this box.

Resend Provider Info (2310B): Will send referring provider information electronically. This is usually checked.

Send Provider Info (2010AA): Will send rendering provider information electronically. This is usually checked.

Insurance ID: Whether Insurance Carrier is using Patient's SSN as Insurance ID or following its own format. This should always be none unless you have a specific format or the insurance uses a patient SSN.

Max Claims: This denotes the maximum number of claims to be sent per carrier. This is usually left blank.

Cover Page: Covering Letter for an Insurance Statement (used with Worker's Comp cases). This will default unless otherwise specified.

Note: Any note of the record

Other Details (Icons on your right)

Insurance Plan: View / Add / Edit / Delete Insurance Plans under the Carrier

Fee Schedule: You can View / Add / Delete Fee Schedules for the Insurance Carrier (see fee schedule setup section). Usually, Fee Schedule is provided by an Insurance Carrier for a specific period for some set of CPT Codes. Here you can select the Fee Schedule Template created in Setup > Bill > Fee Schedule. You can add more than one Template.

CPT Parameter: You can set various parameters for one or more CPT codes specific for the Insurance Carrier. This will be covered in your CPT/Billing Setup section. When a patient's bill is posted, the Carrier level CPT Parameters detail is used if such CPT parameters are entered for the patient's Insurance Carrier (provided CPT Parameters are not configured at Insurance Plan level). If you have configured CPT Parameters in Setup > Bill > CPT Code Master, then the system will not consider those parameters but consider parameters mentioned here.

Not Covered: You can Add / Delete CPTs not covered by the Insurance Carrier.

Alt POS: Some Insurance Carriers use different codes for same Place of Services. If the Insurance Carrier uses any such alternate code for any POS, then enter its detail here.

Alt. TOS: Some Insurance Carriers use different codes for same Type of Services. If the Insurance Carrier uses any such alternate code for any TOS, then enter its detail here.

Crossover: If the Insurance Carrier is forwarding Claims to the Secondary Insurance of the patients by default, then you can specify those Insurance Carriers and Insurance Plans here. If this is setup then you will not create claims for the secondary.

CHDP: You can View/Add/Delete Fee Schedules for the Insurance Carrier (related to CHDP). For California only.

Provider Number & Group Number: Insurance companies provide Provider IDs and Group Ids for Doctors and Practice Groups. If your insurance required that these ID numbers are listed on your claims you would enter the numbers here.

NOTES:



Website List: List of Websites related to the Insurance Carrier listed by type. For easy reference and quick link use.

Group Number: Enter Provider Group Number provided by the Insurance Carrier based on different office locations

Columnar View: You can View/Edit all information related to all Insurance Carrier's from one screen.

Sr. #	Active	Carrier Code*	Quick Code	Name*	Address	Payer ID	Claim By	EMC Format	HCFA Format	IP	FS	PI	PG
>>	<input checked="" type="checkbox"/>	C0001		America Life insured	street ins 23		EMC	ENS Forma	Default Tem				
2.	<input checked="" type="checkbox"/>	C002	12	CIGNA	21, Abraham Blvd.		Paper		Default Tem				
3.	<input checked="" type="checkbox"/>	00000		List of employers, whom we bill			Paper		Default Tem				
4.	<input checked="" type="checkbox"/>	008	008	Life Insurance Corporation Of India	44		EMC	MD PAPEF	Default Tem				
5.	<input checked="" type="checkbox"/>	234	345	AETNA	333		Paper		Default Tem				

In this area you can search for the Insurance Carrier by "Quick Code". Notice the icons at the bottom of this screen:

IP= insurance Plans linked to the specific chosen carrier

FS = Fee Schedule linked to this carrier

PI = Provider IDs linked to this carrier

PG = Provider Group IDs linked to this carrier

Entering an Insurance Plan

Insurance Plan Master Screen opens to enter General Details, Address Details, Contact Details, Claim related Details and Insurance Carrier related Other Details.

From the menu, click **Setup>> Payer>> Insurance Plan**.

Many of these field descriptions are listed above in the carrier information. However, you would enter the same information here if it was plan specific and different than the carrier.

The fields that were not listed under Insurance Carrier and are only under Insurance Plan are listed below:

Plan Code: Insurance Carrier Code – Assign a code to help you search for the Carrier.

Payer Sub ID: Insurance Sub Payer ID given for claims submission specific to this plan. Will use carrier Id for claim submission unless something is entered here. This field will usually be blank.

Quick Code: A code to help you search for the carrier quickly from Column View. You can leave this blank.

NOTES:



Name: Insurance Plan Name

Carrier: List the carrier that this plan will be connected to. Use ? to search for a specific plan.

Plan Type: Choose Fee for Service or Pre-paid.

Not Billable: Check this box if you not going to bill claims for this insurance.

Active: Check this box if the carrier is an active carrier. Uncheck if this carrier becomes inactive.

Address & Contact Details

Same fields as insurance carrier. See above if more explanation is needed.

Claim Related Details

Items that are the same fields as insurance carrier do not need to be filled out unless they are plan specific and differ from the Insurance Carrier.

Plan Specific Fields:

Balance Due: Choose how you want balance due calculated for co-insurance claims. You can also choose a HCFA default or leave this blank.

Min Chars: (for Patient Ins. ID): If you want to require a minimum number of characters be entered in the patient insurance id field you can enter that requirement here.

Vaccine Eligibility: If your insurance plan has specific vaccine eligibility requirements you would select that here.

Payer ID: If differs from the Carrier code

Write-Off: Also under insurance carrier, but if your plan has a specific write-off code that varies from the carrier you can enter it here.

Expected Src of Payment: Enter in an expected source of payment for this insurance. This field is also used for reporting purposes.

Ins. Statement: Choose if you want insurance statements to have a single patient or multiple patients.

Insurance ID: choose none unless you want this to default to patients SSN.

Health Plan Code: If your plan has a specific Health plan code you would enter that here.

Other Details (Icons on your right)

Same fields as insurance carrier, but these are plan specific and will override carrier defaults. See above if more explanation is needed.

Columnar View

NOTES:



Sr. #	Active	Plan Code*	Quick Code	Name*	Address	Payor ID	Carrier*	FS
>>	<input checked="" type="checkbox"/>	AAR00		AARP	P O BOX 740819		AARP HEALTH - AAR00 A4	
2.	<input checked="" type="checkbox"/>	AAR00		AARP HEALTH	UNITED HEALTHCARE, PO BOX 7		AARP HEALTH - AAR00 A4	
3.	<input type="checkbox"/>	ACE00		ACE	3 TERRI LANE STE 1		ACE ACE00	
4.	<input type="checkbox"/>	ADM00		ADMINISTRATIVE CONCEPTS	997 OLD EAGLE SCHOOL RD, STE		ADMINISTRATIVE CONCEPT	

This window will display the list of all the Plans, click on any option to modify details. In this area you can search for the Insurance Plan by "Quick Code". Notice the icon at the bottom of this screen for FS = Fee Schedule linked to this plan.

TIPS

1. Every insurance carrier must have an insurance plan linked to in and vice versa. Upon creating a new carrier you will be prompted to create a plan with that same information. If you say yes it will auto populate the fields with the same information as the carrier.
2. Once a plan or carrier has been used in any part of the system it cannot be deleted, To show a plan or carrier as inactive you would uncheck the active button on the insurance screen.
3. Don't forget to hit the retrieve button when trying to view or edit all entered insurance plans and carriers. Or you can use the search button to find a specific plan or carrier.

Parameter Settings

Under Setup>> System Parameters>>

Bill General – various defaults for POS, TOS, copays, statements, and billing

Insurance Claim – various defaults and information to be sent on electronic and paper claims

Under Setup>> User Parameters>>

Billing>> settings for patient, co-insurance and insurance payments

NOTES:
