

Create an Insurance Payer and Plan

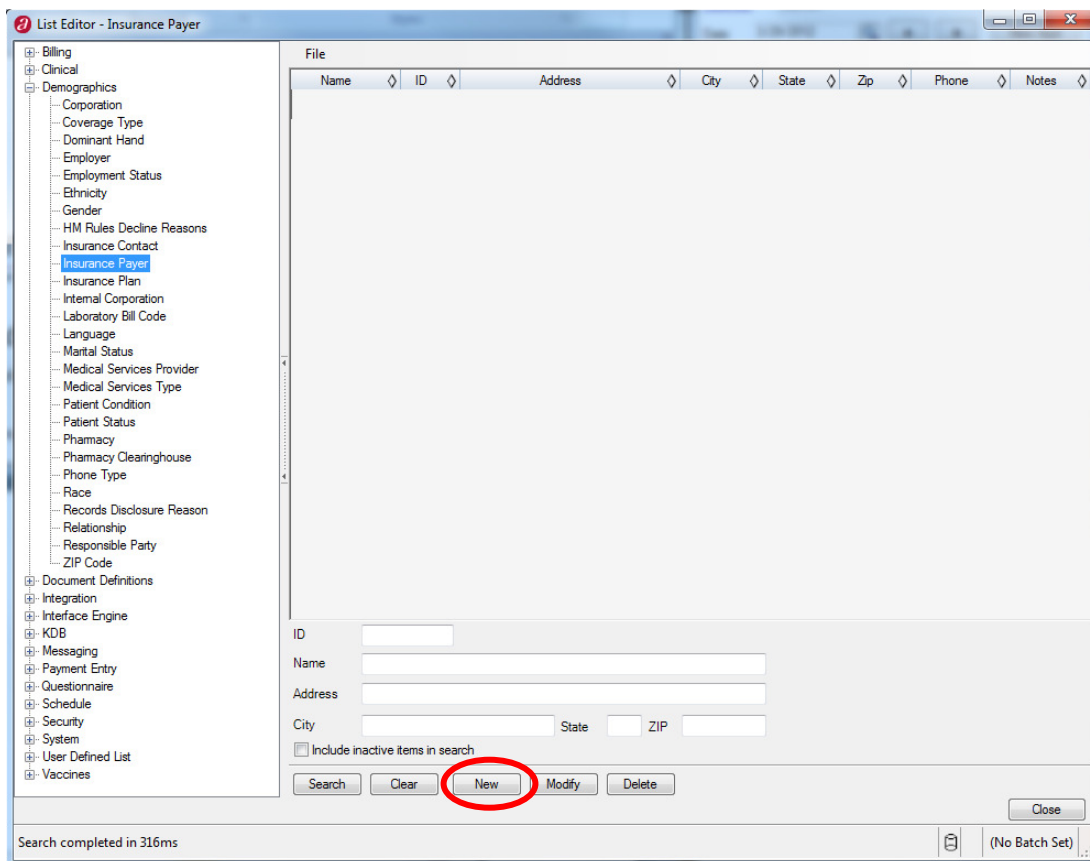
List Editor >> Demographics >> Insurance Payer >> Insurance Plan

Create an Insurance Payer

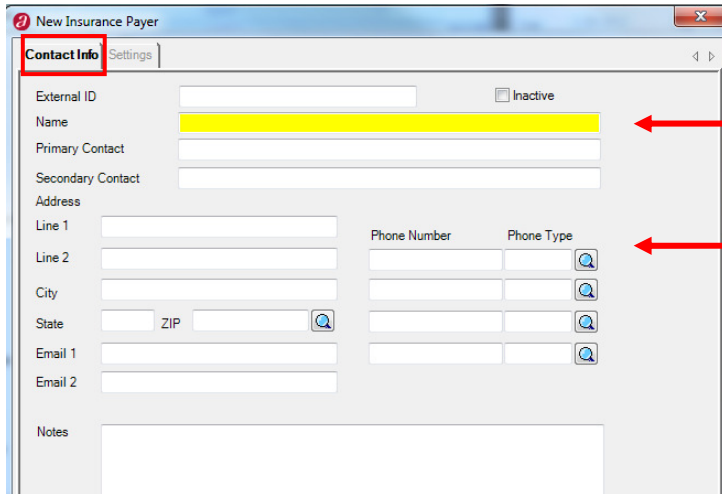
You should create only one insurance payer per insurance carrier. The carrier is the entity that distributes payments. You will enter multiple insurance plans that are then associated with this payer. You should only create a second insurance payer for a carrier when the electronic payer ID is different.

Before creating an insurance payer, perform a search to be sure that payer doesn't already exist in the database. If the payer already exists in your database, confirm whether the new payer you're creating has a different payer ID. If the payer doesn't already exist, or has a new electronic payer ID, proceed with creating the new insurance payer.

In the Insurance Payer window, click "New."



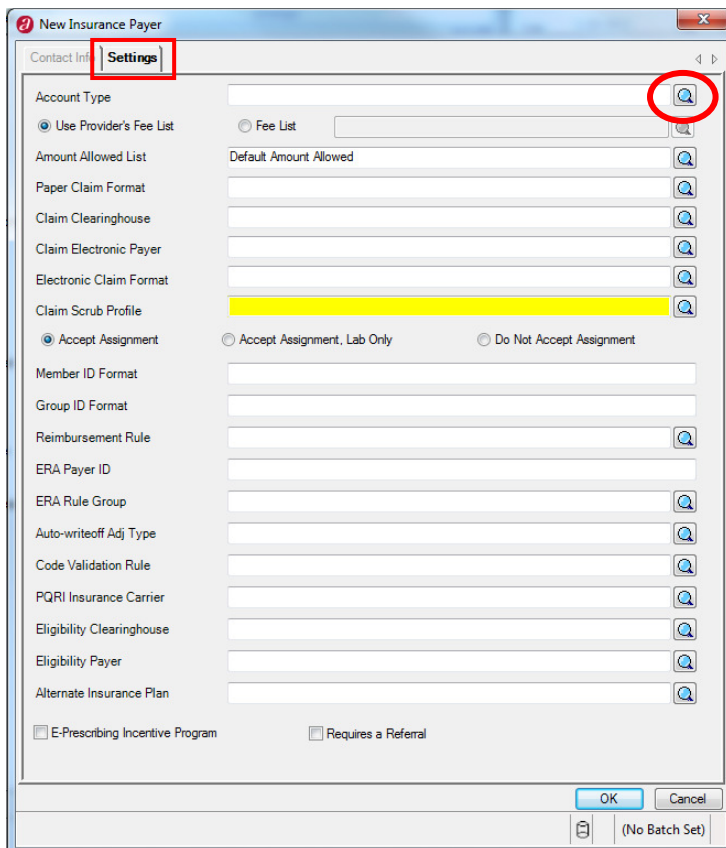
On the Contact Info Tab, enter the Payer Name, address and telephone information.



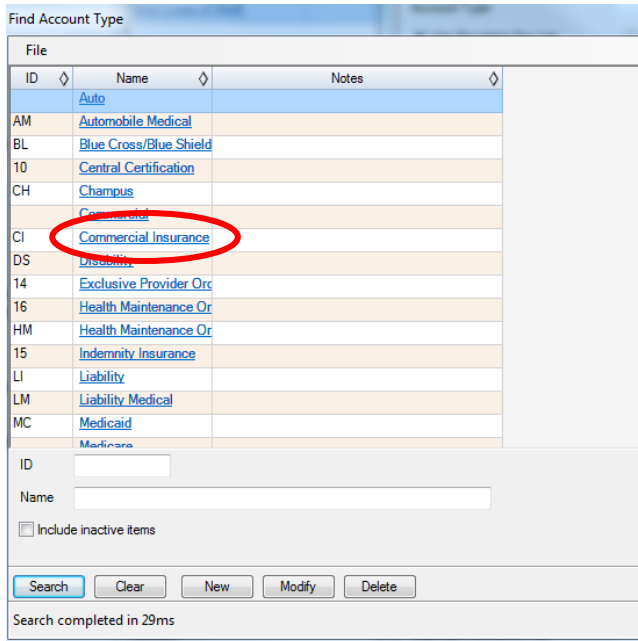
Insurance payer name is a required field.

Enter the claims mailing address and telephone number.

On the Settings tab, first choose an account type. This is a required field, and will prevent claims from being transmitted if not populated appropriately. Click the magnifying glass next to the Account Type field.



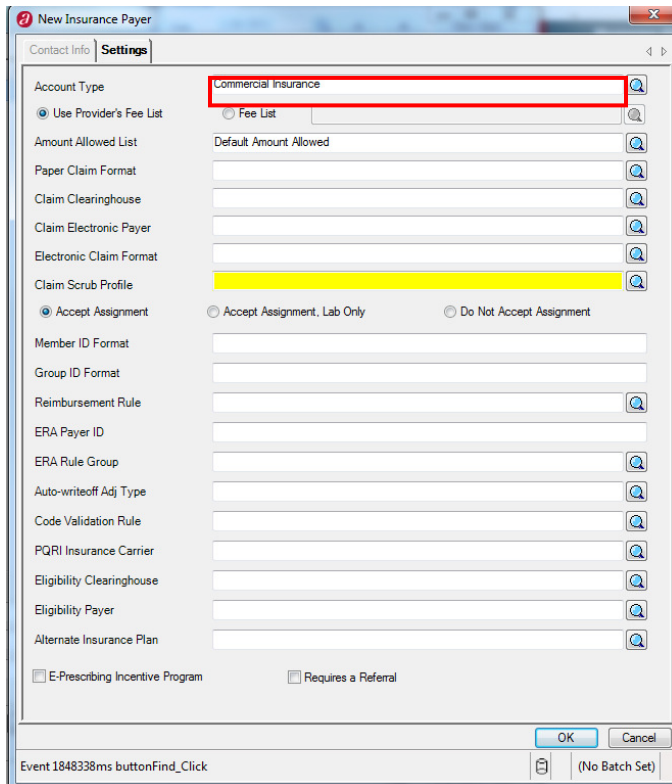
Click on the appropriate account type.



ID	Name	Notes
	Auto	
AM	Automobile Medical	
BL	Blue Cross/Blue Shield	
10	Central Certification	
CH	Champus	
	Commercial	
CI	Commercial Insurance	
DS	Disability	
14	Exclusive Provider Org	
16	Health Maintenance Or	
HM	Health Maintenance Or	
15	Indemnity Insurance	
LI	Liability	
LM	Liability Medical	
MC	Medicaid	
	Medicare	

Search completed in 29ms

The account type selected will automatically populate the Account Type Field



Account Type: Commercial Insurance

Use Provider's Fee List (selected) / Fee List

Amount Allowed List: Default Amount Allowed

Paper Claim Format

Claim Clearinghouse

Claim Electronic Payer

Electronic Claim Format

Claim Scrub Profile

Accept Assignment (selected) / Accept Assignment, Lab Only / Do Not Accept Assignment

Member ID Format

Group ID Format

Reimbursement Rule

ERA Payer ID

ERA Rule Group

Auto-writeroff Adj Type

Code Validation Rule

PQRI Insurance Carrier

Eligibility Clearinghouse

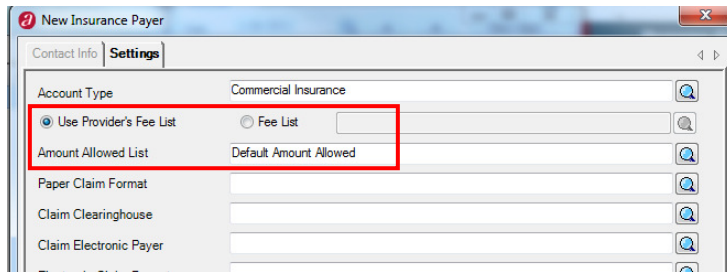
Eligibility Payer

Alternate Insurance Plan

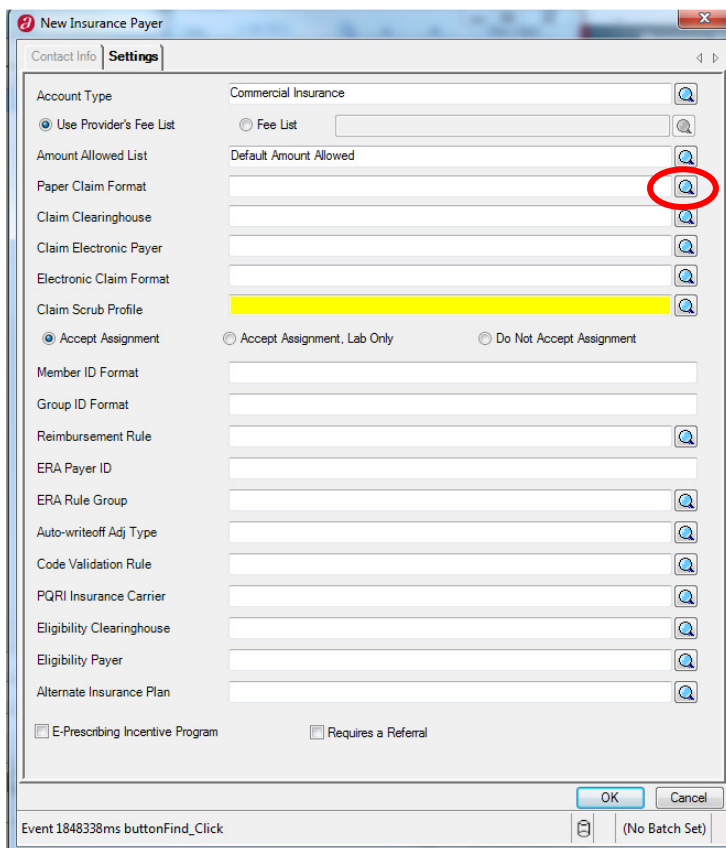
E-Prescribing Incentive Program (checkbox)

Requires a Referral (checkbox)

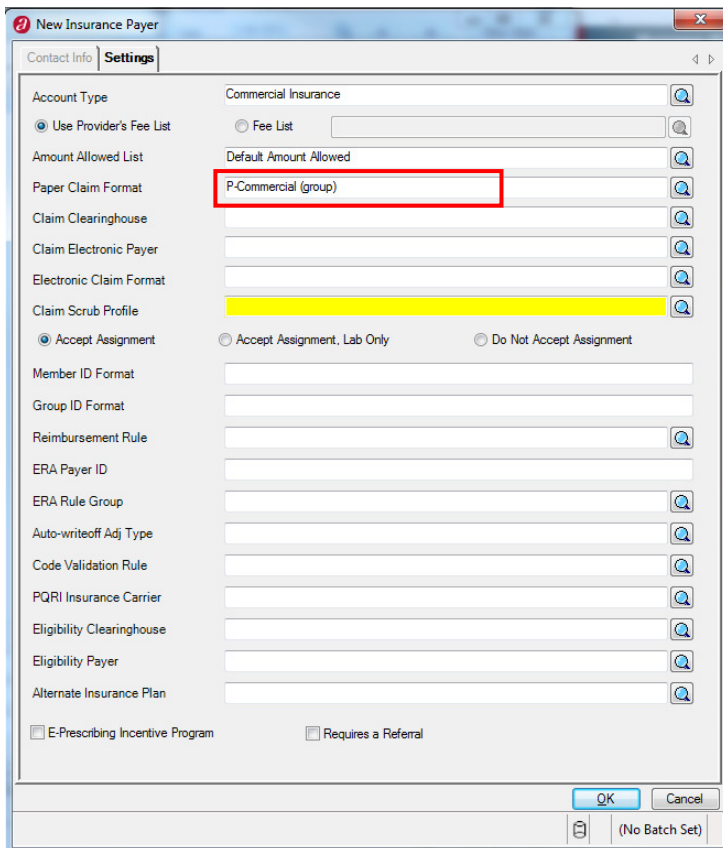
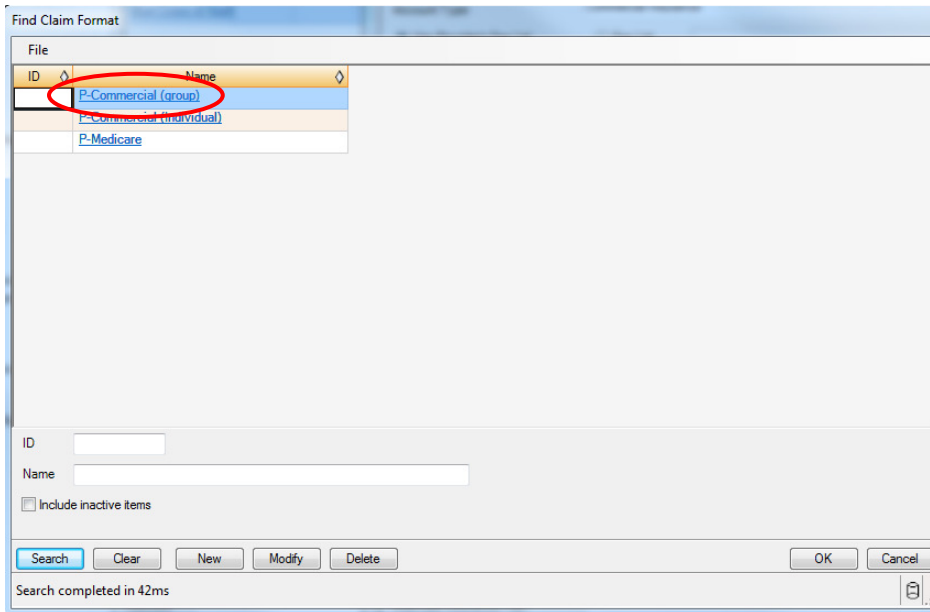
If you have specific fee lists and amount allowed schedules for this particular payer, you can adjust the Fee List radio button and Amount Allowed fields accordingly. If the practice's standard set of fees will be billed for charges to this payer, leave the radio button on Provider's Fee List. If no amount allowed schedule has been built or imported for this payer, let the Amount Allowed List field remain populated with Default Amount Allowed.



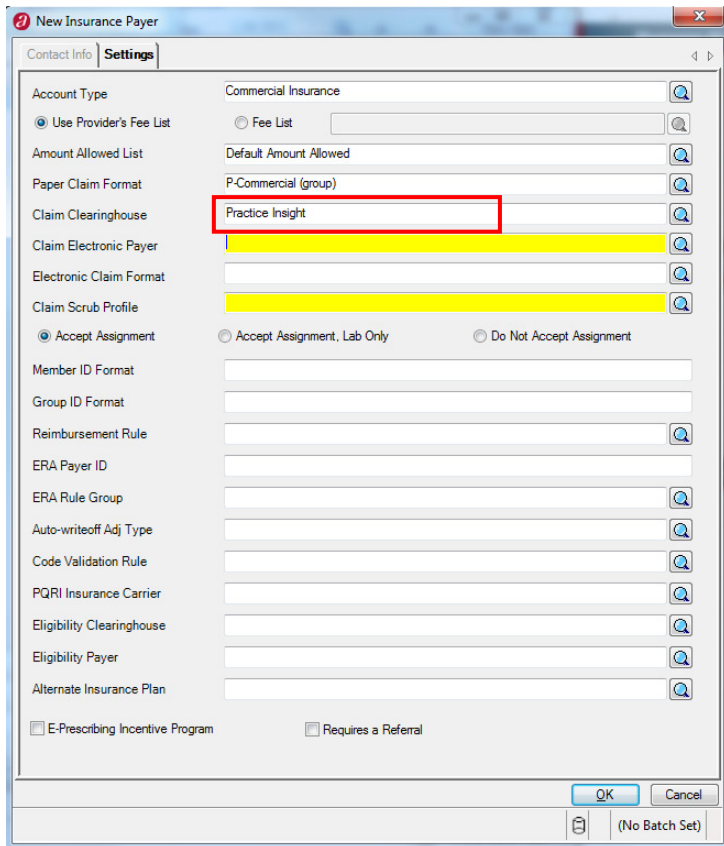
Use the magnifying glass to search for your Paper Claim Format. This field defines what information will be printed on paper claim forms, for charges billed to this payer.



Click on the appropriate claim format, and it will populate the Paper Claim Format field.

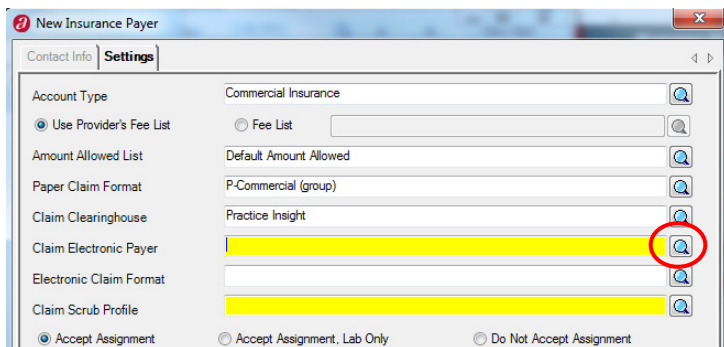


Enter your claim clearinghouse in the Claim Clearinghouse field. You may type a partial, or entire clearinghouse name, and use the Tab key to move to the next field. Or, you can use the magnifying glass to search for and select your clearinghouse. When you select a claim clearinghouse, to transmit claims electronically, the Claim Electronic Payer field becomes a required field.



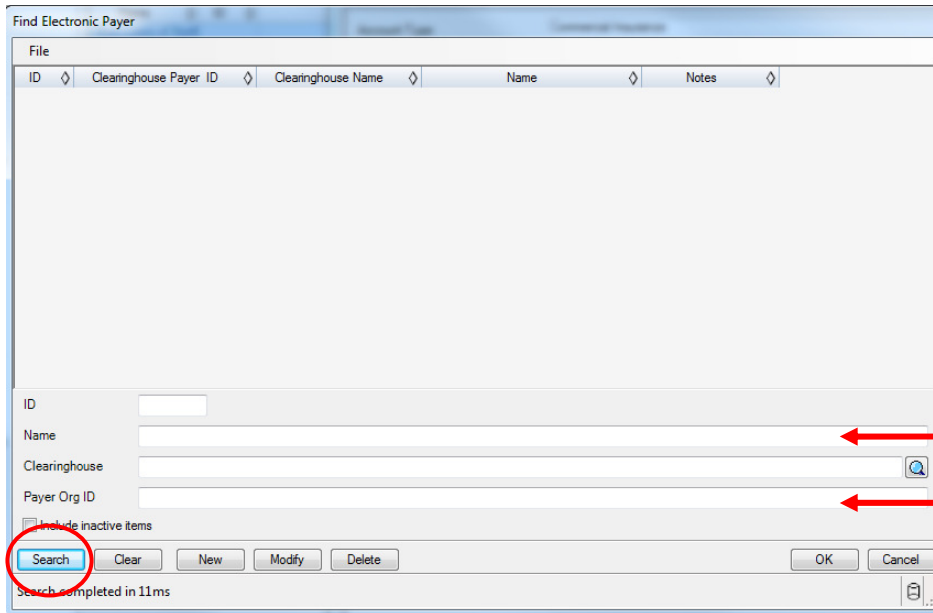
The screenshot shows the 'New Insurance Payer' dialog box with the 'Settings' tab selected. The 'Claim Clearinghouse' field is highlighted with a red box and contains the text 'Practice Insight'. The 'Claim Electronic Payer' field is highlighted in yellow. Other fields include 'Account Type' (Commercial Insurance), 'Amount Allowed List' (Default Amount Allowed), 'Paper Claim Format' (P-Commercial (group)), 'Electronic Claim Format', 'Claim Scrub Profile', and various radio buttons for assignment and referral requirements. The 'OK' and 'Cancel' buttons are at the bottom right.

Click the magnifying glass next to the Claim Electronic Payer field to search for and populate the electronic payer ID.



This screenshot is identical to the previous one, but the magnifying glass icon next to the 'Claim Electronic Payer' field is circled in red, indicating the next step in the process.

In the new window, called Find Electronic Payer, you can enter criteria to search for the claim electronic payer. Type either the partial payer name, or the 5-digit electronic payer ID number and click “Search.”

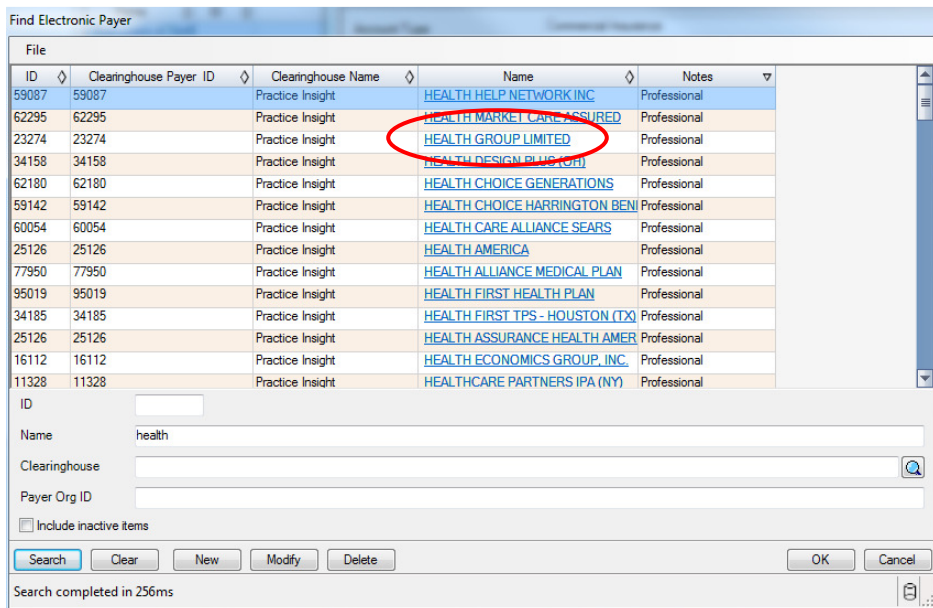


The screenshot shows the 'Find Electronic Payer' window with the following fields and controls:

- File** menu
- Table with columns: ID, Clearinghouse Payer ID, Clearinghouse Name, Name, Notes
- Search criteria fields: ID, Name, Clearinghouse, Payer Org ID
- Include inactive items
- Buttons: Search, Clear, New, Modify, Delete, OK, Cancel
- Status bar: Search completed in 11ms

Search by name, or by the 5-digit electronic payer ID, if known.

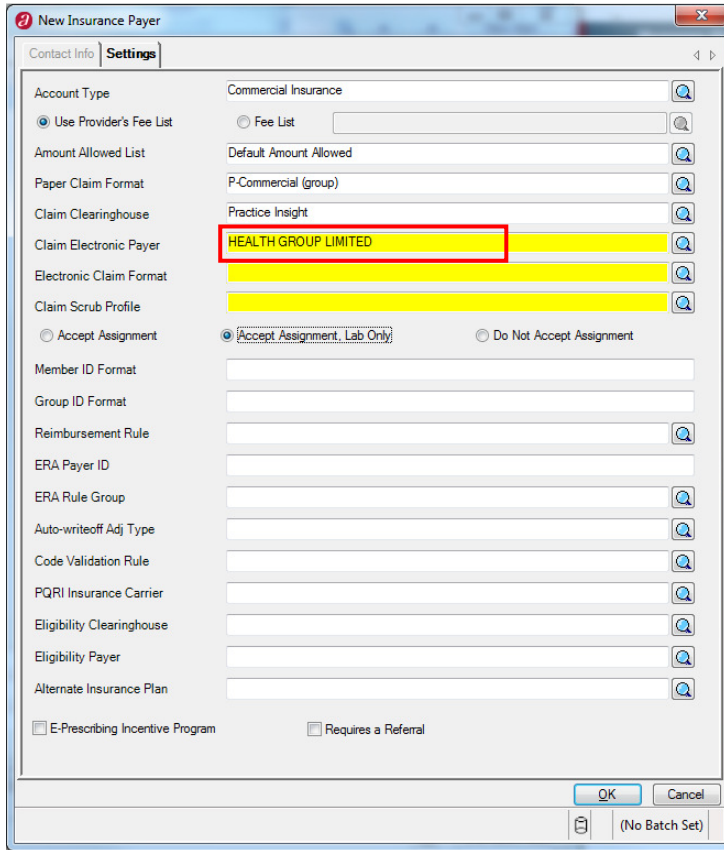
Click on the name of the payer, and it will populate the Claim Electronic Payer field.



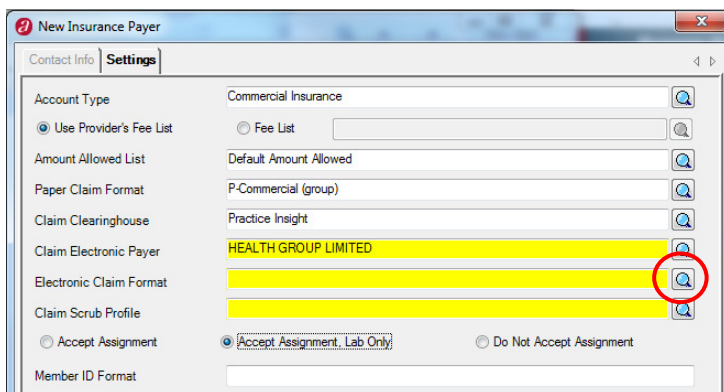
The screenshot shows the 'Find Electronic Payer' window with a list of payers. The 'Name' column contains the following entries:

ID	Clearinghouse Payer ID	Clearinghouse Name	Name	Notes
59087	59087	Practice Insight	HEALTH HELP NETWORK INC	Professional
62295	62295	Practice Insight	HEALTH MARKET CARE ASSURED	Professional
23274	23274	Practice Insight	HEALTH GROUP LIMITED	Professional
34158	34158	Practice Insight	HEALTH DESIGN PLUS (OH)	Professional
62180	62180	Practice Insight	HEALTH CHOICE GENERATIONS	Professional
59142	59142	Practice Insight	HEALTH CHOICE HARRINGTON BEN	Professional
60054	60054	Practice Insight	HEALTH CARE ALLIANCE SEARS	Professional
25126	25126	Practice Insight	HEALTH AMERICA	Professional
77950	77950	Practice Insight	HEALTH ALLIANCE MEDICAL PLAN	Professional
95019	95019	Practice Insight	HEALTH FIRST HEALTH PLAN	Professional
34185	34185	Practice Insight	HEALTH FIRST TPS - HOUSTON (TX)	Professional
25126	25126	Practice Insight	HEALTH ASSURANCE HEALTH AMER	Professional
16112	16112	Practice Insight	HEALTH ECONOMICS GROUP, INC.	Professional
11328	11328	Practice Insight	HEALTHCARE PARTNERS IPA (NY)	Professional

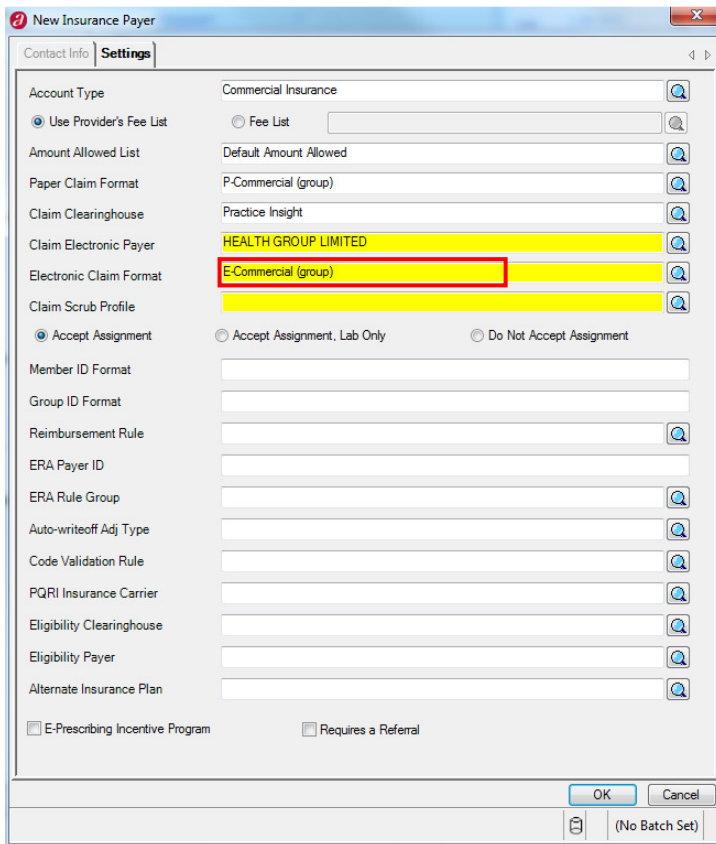
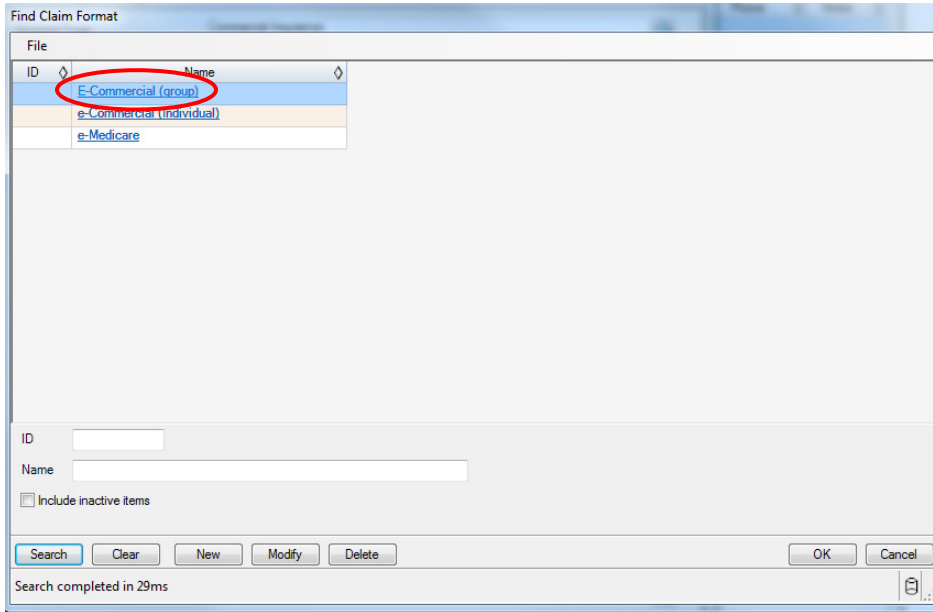
The 'Name' field in the search criteria section is populated with 'health'. The 'Search' button is highlighted.



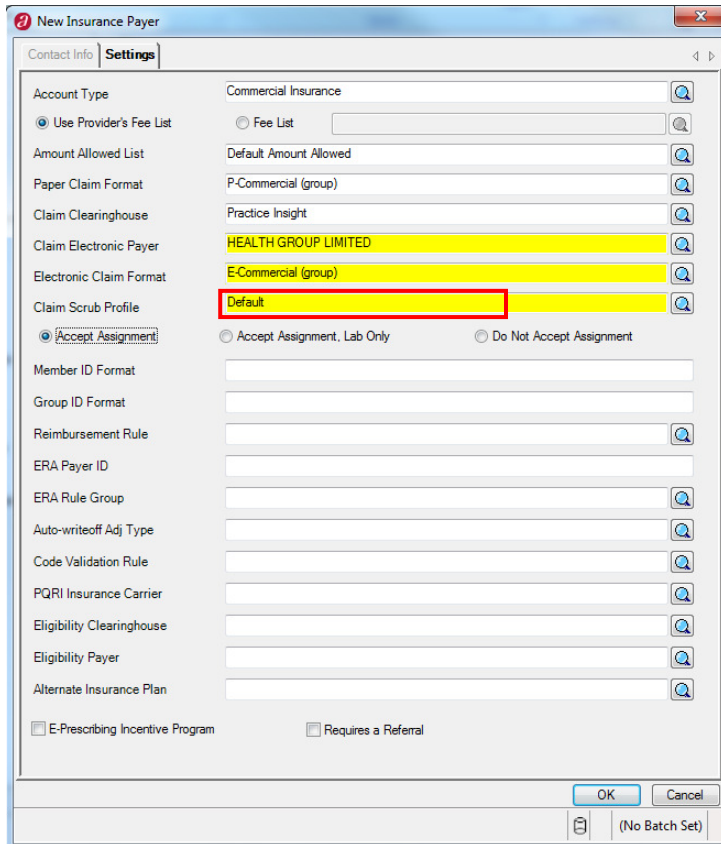
Use the magnifying glass to search for your Electronic Claim Format. This field defines what information will be transmitted on electronic claims, for charges billed to this payer.



Click on the appropriate claim format, and it will populate the Paper Claim Format field.

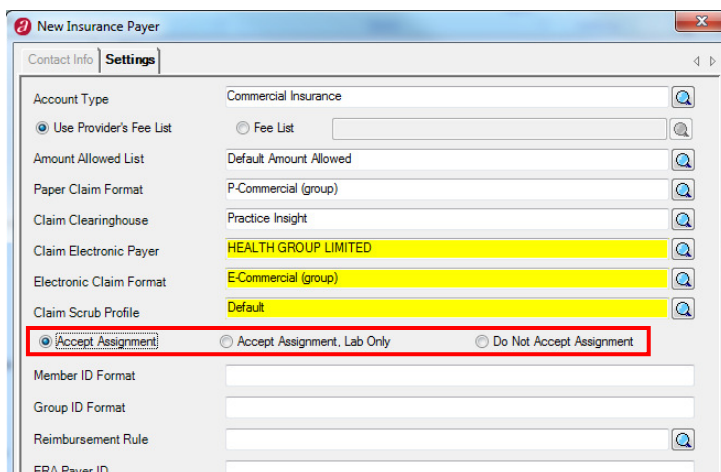


Enter your claim scrub profile in the Claim Scrub Profile field. (This is generally left at the default setting.) You may type a partial, or entire profile name, and use the Tab key to move to the next field. Or, you can use the magnifying glass to search for and select your profile.



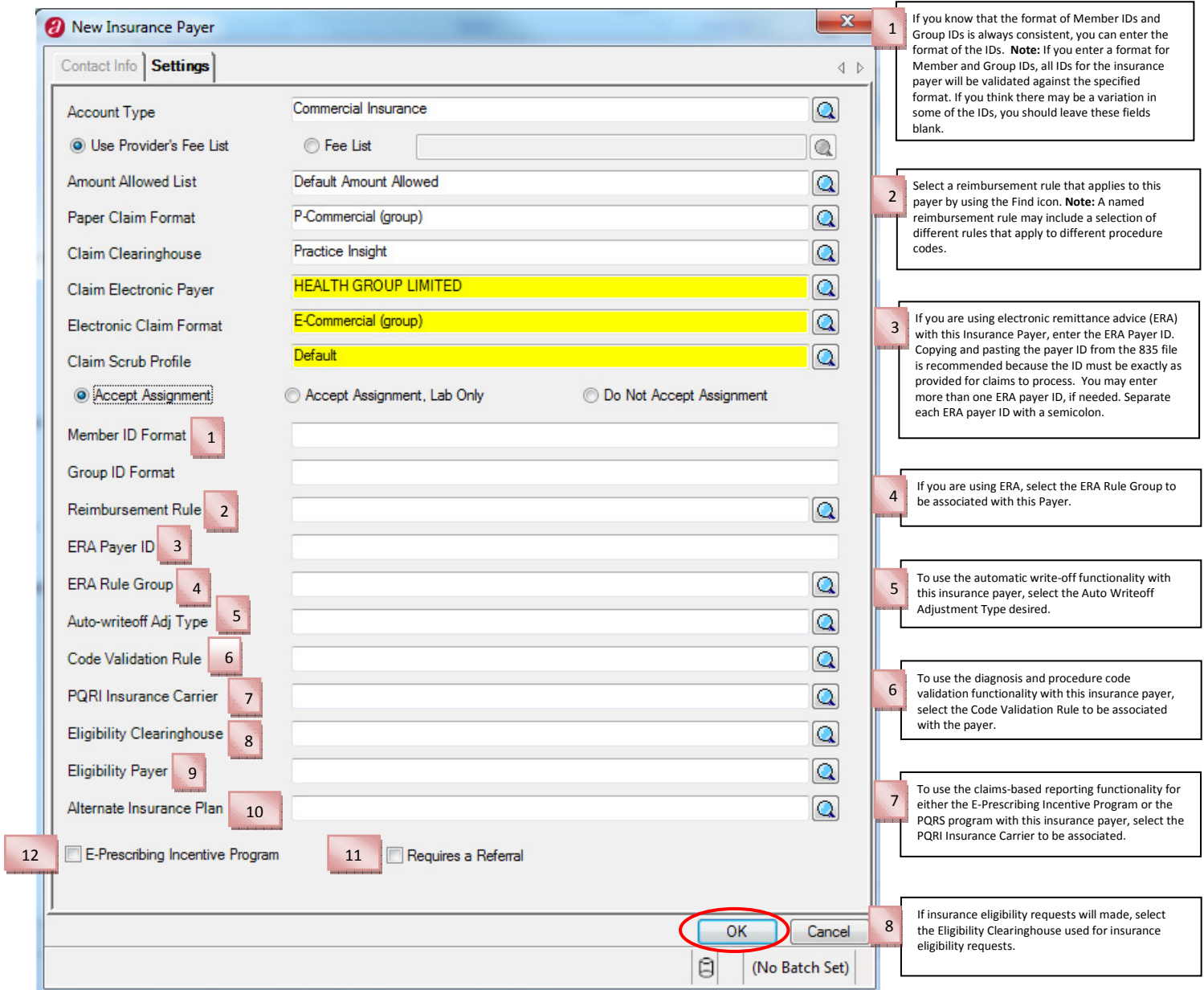
The screenshot shows the 'New Insurance Payer' window with the 'Settings' tab active. The 'Claim Scrub Profile' dropdown menu is highlighted in yellow and has a red rectangular box around it, indicating the 'Default' option is selected. Other dropdowns like 'Claim Electronic Payer' and 'Electronic Claim Format' are also highlighted in yellow. The 'Accept Assignment' radio button is selected.

Check the appropriate Accept Assignment radio button: Accept Assignment, Accept Assignment Lab Only, or Do Not Accept Assignment.



This screenshot is similar to the previous one, but the 'Accept Assignment' radio button is highlighted with a red rectangular box. The 'Claim Scrub Profile' dropdown is still highlighted in yellow.

The fields on the top portion of this window must be populated correctly in order to save an insurance payer in your database, and to send claims to that payer. The fields on the lower portion, may, or may not be populated depending on another of other factors. The diagram below explains when and how the fields at the bottom portion of this window should be populated. When all applicable information has been entered, click “OK” to save the insurance payer in your database.



1 If you know that the format of Member IDs and Group IDs is always consistent, you can enter the format of the IDs. **Note:** If you enter a format for Member and Group IDs, all IDs for the insurance payer will be validated against the specified format. If you think there may be a variation in some of the IDs, you should leave these fields blank.

2 Select a reimbursement rule that applies to this payer by using the Find icon. **Note:** A named reimbursement rule may include a selection of different rules that apply to different procedure codes.

3 If you are using electronic remittance advice (ERA) with this Insurance Payer, enter the ERA Payer ID. Copying and pasting the payer ID from the 835 file is recommended because the ID must be exactly as provided for claims to process. You may enter more than one ERA payer ID, if needed. Separate each ERA payer ID with a semicolon.

4 If you are using ERA, select the ERA Rule Group to be associated with this Payer.

5 To use the automatic write-off functionality with this insurance payer, select the Auto Writeoff Adjustment Type desired.

6 To use the diagnosis and procedure code validation functionality with this insurance payer, select the Code Validation Rule to be associated with the payer.

7 To use the claims-based reporting functionality for either the E-Prescribing Incentive Program or the PQRS program with this insurance payer, select the PQRI Insurance Carrier to be associated.

8 If insurance eligibility requests will be made, select the Eligibility Clearinghouse used for insurance eligibility requests.

9 If insurance eligibility requests will be made, select the Eligibility Payer ID used for insurance eligibility requests.

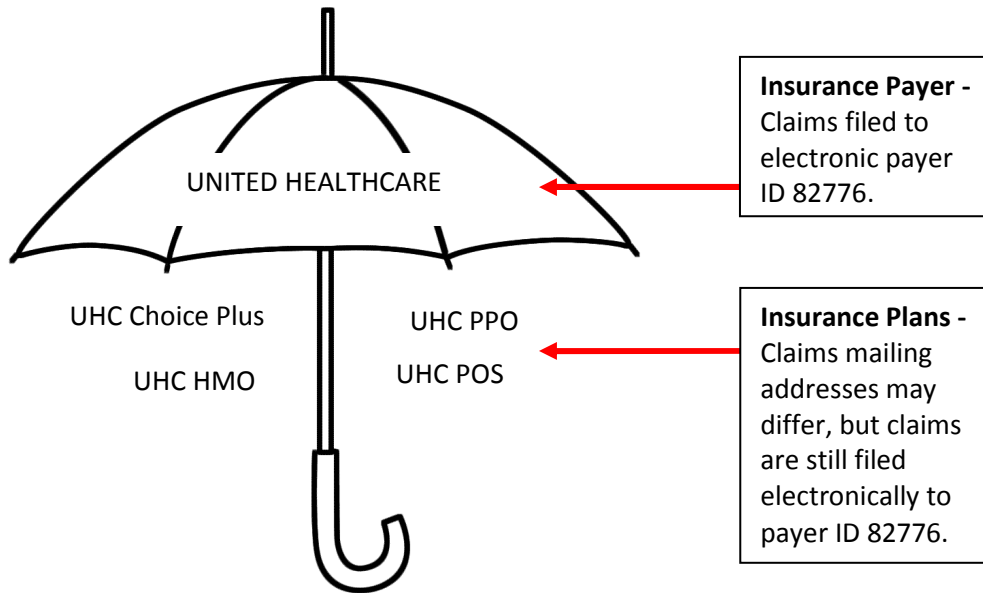
10 In the Alternate Insurance Plan field, select the alternate insurance payer and plan if appropriate.

11 If the insurance payer requires a referral by a primary physician, select the Requires a Referral checkbox. This will cause a popup message to be displayed scheduling an appointment for a patient with this insurance payer.

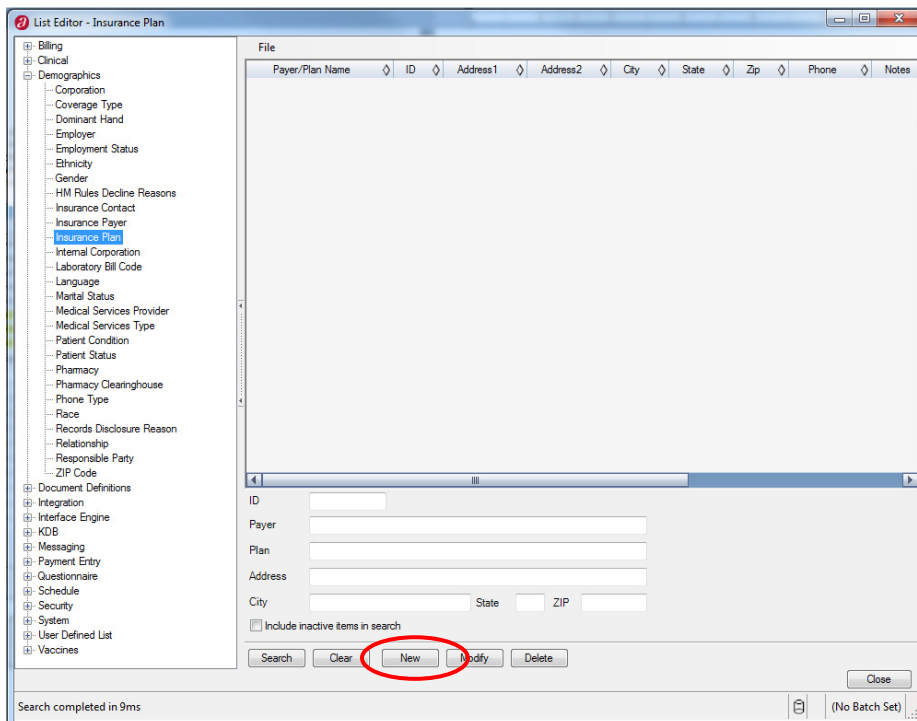
12 Select the checkbox for 'E-Prescribing Incentive Program' if you want to report to this insurance payer that you are using electronic prescribing and the SureScripts pharmacy clearinghouse. This is appropriate for Medicare payers and Medicare's E- Prescribing Incentive Program.

Create an Insurance Plan

The insurance plan window allows you to define plans offered by different insurance payers. Though you will only have one insurance payer per insurance carrier, you may have multiple plans associated with each insurance payer.



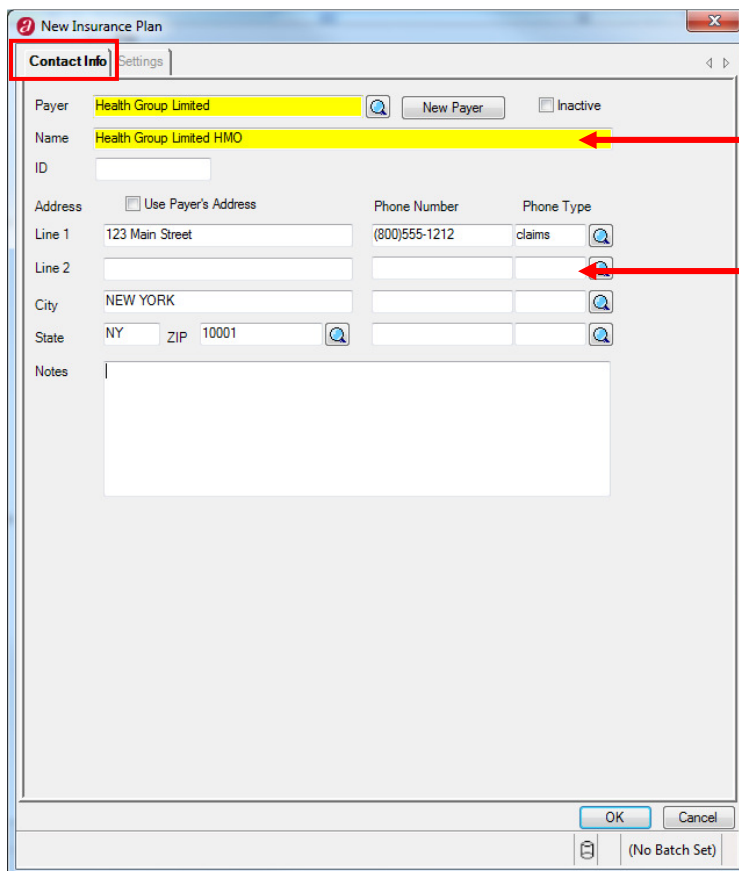
In the Insurance Plan Window, click “New.”



On the Contact Info tab, start by populating the required fields, which are highlighted. Enter the payer name with which the plan is associated. You may either type the payer name, or click the magnifying glass icon to search for the payer name from a list of all payers in your database.

In the Name field, type the name of the plan, as indicated on the member’s ID card.

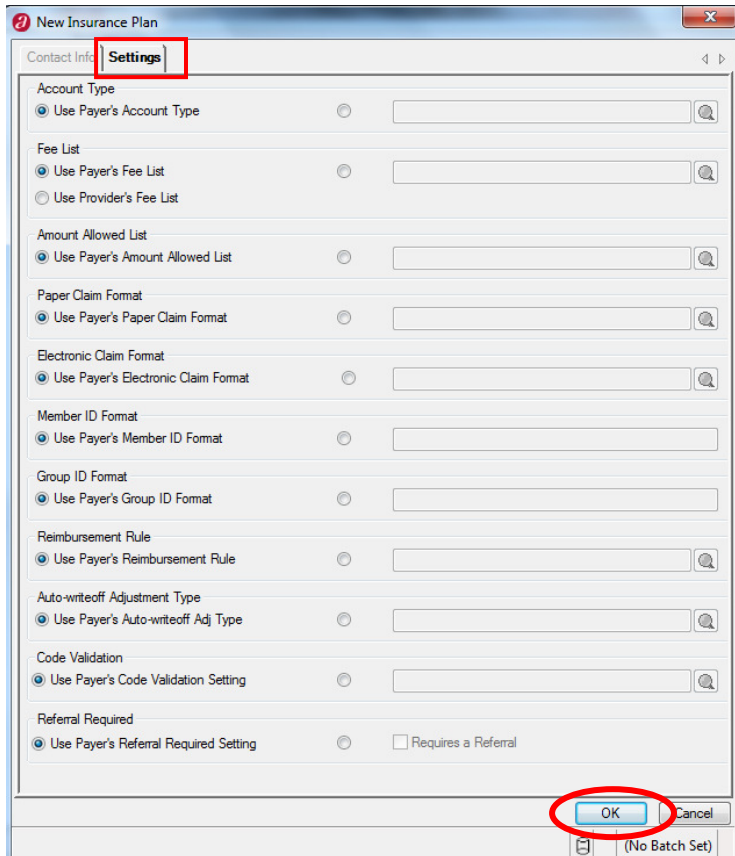
Determine whether claims should go to the same mailing address as the payer, or not. If the claims mailing address is the same as the payer’s, then check the box labeled “Use Payer’s Address.” If the plan claims mailing address is different, uncheck the box and enter the address and telephone number as indicated on the member’s ID card.



Specify the plan name in a way that it will be easy to distinguish from similar plan names/types.

Pay particular attention to the claims mailing address, as this will print on paper claims. Deselect the checkbox and enter the correct address, if need be.

On the Settings tab, all of the radio buttons are defaulted to the payer settings. As a general rule, this tab will not require any changes. Click “Ok” to save the insurance plan you’ve just created.



Repeat all of the steps above, for any additional insurance payers and plans which need to be added to your database.