

# axiUm Training

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University of Kentucky  
College of Dentistry

## Insurance Maintenance Module

Insurance Maintenance – June 15, 2006 – Lori Bruelheide



# Session Highlights

- Processes for entering, verifying and maintaining medical and dental insurance plans
  - Overview
  - Demonstration/Questions
  - Practice
- Session Length: 1.5 Hours
- Notebook Materials:
  - Slides
  - Notes
  - Flow Chart
- Advisor:
  - Lori Bruelheide, Insurance Manager

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## Why Axium:

- Path to electronic patient record
- Used in 24 other U.S. dental schools
- Provides greater educational exposure for students and residents.
- State-of-the-art Technology for staff , faculty students/residents recruiting
- Increased efficiency
- Improved reporting
- More user-friendly
- EPR will permit view all patient encounters across clinics.

# Insurance Maintenance

□ Review Existing Information in Patient Card

The screenshot shows a 'Patient Card' window with the following data:

Code	Date	Time	Clinic	Provider #	Provider	Status	Reason
2HR	10/05/05	12:00p - 2:00p	DMD	SSP12	K. Shelton	Check...	
1HR	10/05/05	4:00p - 5:00p	DMD	SSP12	K. Shelton	Check...	
2HR	10/05/05	9:00a - 11:00a	DMD	SSP12	K. Shelton	Active	
1HR	10/07/05	9:00a - 10:00a	DMD	SSP12	K. Shelton	Active	
30MIN	11/02/05	1:00p - 1:30p	Faculty Practice	S0628	G. Jarboe	Active	

Amount due from Insurance, but not yet received, including age of balance

Amount currently due from patient



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Basic Insurance information for a specific patient may be viewed within the **Patient Card**.

A snapshot of outstanding, but expected Insurance payments can also be viewed from this location.

# Insurance Maintenance

## View/Add/Change Insurance Information

Terminated plans may be seen by checking this box

Policy effective date

Information about the Plan is available here

We will not be using these accumulators

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To view additional Insurance information or to make changes, access the **Patient Info** window and select the **Insurance Tab**.

This screen shows the basic information, but also displays the effective date of the policy and if the College of Dentistry accepts Assignment for the specified Insurance carrier.

- If the College accepts assignment, a contractual adjustment will be made to the expected reimbursement amount of the claim.
- If the College does not accept assignment, there is no “Participating Contract” between the College and the Insurer. No contractual adjustments are made and amounts not covered by the Insurer are expected from the patient.

# Insurance Maintenance

## □ Review/Confirm Policy Holder Information

This is the Policy ID#. It carries forward to the Insurance Tab

Relationship to the Patient

Policy Holder indicator

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Name	Relation	Address	City	Telephone	P.Holder	Primary
Patient, Resparty	Spouse	9999 Nine Street	Lexington	(859)999-9999	Yes	Yes
Patient, New	Self	9999 Nine Street	Lexington	(859)999-9999	Yes	No

Policy Holder information may be viewed on the **Responsible Party Tab**.

# Insurance Maintenance

## □ Updating Information

This is the Add New button

This is the Modify button. Use it to save changes.

Click this button to save all additions and modifications

Terminate a policy by putting a date in this field.

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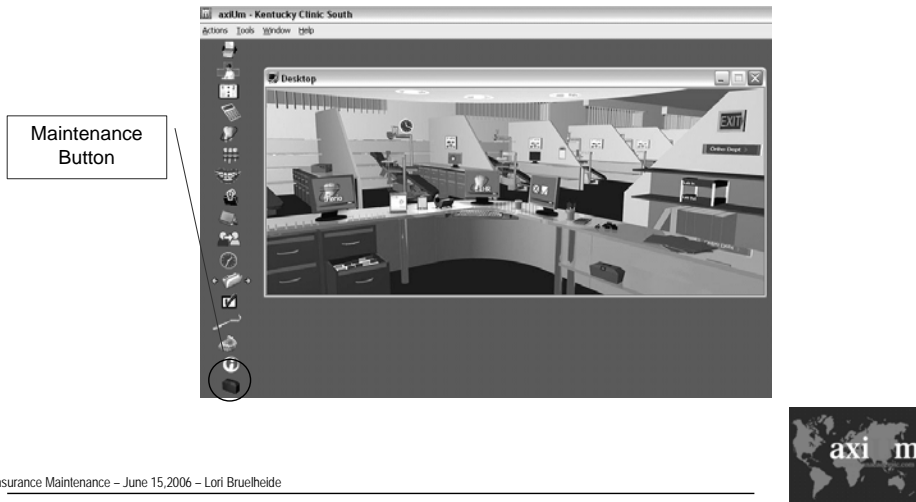
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Changes may be made to policy information in the **Insurance Tab**.

- If the change is a correction or addition to the current policy (e.g. policy number correction, address correction) make the change to the current policy and **Save** using the “**Modify**” button.
- If the change is significant (e.g. addition of another policy, termination of a policy, change of insurer, change of coverage type) terminate the current policy by placing the date of the change in the “**End-Date**” field.
  - Save this termination by clicking the “**Modify**” button.
  - Then add a new policy with the updated information. Save the new policy by clicking the “**Add New**” button.
  - When changes are complete save all work, by clicking the “**Save**” button.

# Insurance Maintenance

## □ Creating a New Insurance Plan

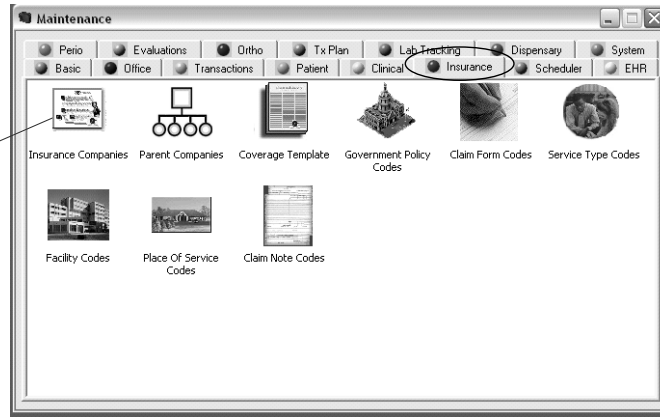


To set up an Insurance Plan that does not already exist in the database, access the **Maintenance** window by clicking the icon from the **Desktop**.

# Insurance Maintenance

## □ Maintenance Screen

A new company may be added using this icon



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Choose the **Insurance Tab** and select **Insurance Companies**.



# Insurance Maintenance

## Enter Plan Demographics

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Assign a code to the new company using a few letters from the name and numbers if necessary.

- Plans transferred from QSI will have the QSI Plan # as their Code.
- Codes must be unique for each Plan.

Complete the Plan demographic information, including the **Type of Coverage** (Medical or Dental) and the form that should be sent to this carrier.

# Insurance Maintenance

## □ Electronic Claims Information

If the Payor accepts electronic claims and the Submitter Code is known, select “Participating” then add the EDI Code

Insurance Company		EDI	
Code	NP1	EDI Claims	Participating
EDI Code		EDI Version	N/A
Name	New Insurance Plan	Transactions	No
Address	123 Main Street		

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If electronic claims may be submitted to the carrier and the **EDI Code** for the carrier is known, mark the company as “**Participating**” and enter the **EDI Code** above the address of the company.

A listing of **EDI Codes** is available from the Insurance Manager.

Note: The EDI Claims box must be marked as “Participating” before the EDI Code box will become available.

# Insurance Maintenance

## □ Assignment of Contracts

Always check with the Insurance Manager before marking this item “Yes”

Assignment	No	▼
Gov't Code		...
Service Type		...
Default Fee	F	...
Pmt Processing	Auto transfer	▼
Adjust Code	TB	⊞
Co-pay Amt	0.00	

This field will not be used since multiple copays may occur for any one Plan.



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**Assignment** should always be “**No**” unless a valid Participating Provider Agreement/Contract exists.

If the **Assignment** field is “**No**” then select **Auto Transfer** for the **Pmt Processing** field, and the **Adjust Code** should be “**TB**”. This will transfer non-covered charges to the patient’s balance.

**Gov’t Code** should be blank for all non-Medicare/Medicaid/Welfare payors.

**Service Type** should always be blank.

The **Default Fee** should always be “**F**” for faculty fees. If another provider type renders services to be billed to this Plan, the poster will manually change the Fee Type.

# Insurance Maintenance

## Additional Plan Information

“Signature Required” will automatically be checked.

Do **not** check any other boxes.

<input checked="" type="checkbox"/> Signature Required
<input type="checkbox"/> Use Alt. Procedure Code
<input type="checkbox"/> Consolidate Labs
<input type="checkbox"/> Write Off
<input type="checkbox"/> Over Charge
<input type="checkbox"/> Round-up Amts
<input type="checkbox"/> Complete all tx(s) with same pre-auth # prior to submitting claim
<input type="checkbox"/> Limited Visits: <input type="text" value="0"/> (per year)
<input type="checkbox"/> Print Treating Doctor's Id in box 24K (HCFA, only)



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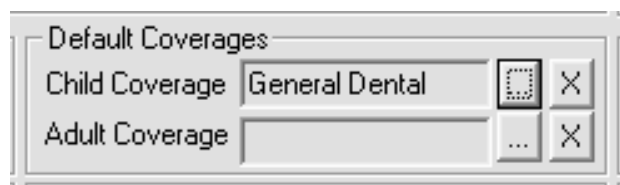
**Signature Required** should always be unchecked. If this box is checked the claim will not print “Signature on File” for the Authorization for Payment portion of the claim form(s).

**Consolidate Labs, Write Off, Over Charge, Round-Up Amts and Complete all Tx** should always remain unchecked.

# Insurance Maintenance

## □ Coverage Templates

- If the plan is a “contracted” plan, attach one **adult** template and one **child** template per plan (they may be the same or different)
- If the plan is not “contracted” leave this area **blank**.



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Attach a **Coverage Template** to each new plan, unless the Assignment for the Plan is “No”, then leave this area blank.

- One Child Template and One Adult Template must be attached to each Participating plan. The Child and Adult Templates may be the same, but both fields must be populated.
- Coverage Templates may need to be specific to the Plan. See the Insurance Manager for more details.

If the **Assignment** is “Yes”, “**Billing No**” may be set up to store individual, plan-specific provider numbers.

“**Pre-Auth**” may be set up to allow warning messages about Pre-Auth requirements.

# Insurance Maintenance

## □ Orthodontic Billing Cycle

The screenshot shows two overlapping windows. The background window is titled 'Insurance Company' and contains fields for Code (NP1), EDI Code, Office Id (NDCD), Name (New Insurance Plan), Address (123 Main Street), City (Lexington), State (KY), County (Fayette), and Phone# (502 257-1494). A button labeled 'Ortho' is circled in red. The foreground window is titled 'Ortho Billing Information' and contains the following fields: Insurance code (NP1), Description (New Insurance Plan), Billing cycle (Quarterly), Initial fee (D8660), and Regular fee (D8670). The 'Ortho' button in the background window is circled in red, and a line points from this circle to the 'Ortho Billing Information' window.

These are the codes that will appear on the Ortho claims.



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Click the **Ortho** button to indicate the frequency of Orthodontic claims filed to this payor. Choose the initial and periodic codes to be billed for Ortho.