

axiUm Training

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:

Patient Information:
 Patient: New
 01/21/1995
 9999 Nine Street
 Legend: NY
 40536

Insurance Information (circled in red):
 Insurance 1: BGFH
 Employer: [blank]
 Subscriber #: 999999999
 Group: [blank]
 Holder: Patient, New
 Cvg: [blank]

Financial Summary Table:

	Current	> 30	> 60	> 90	> 120	Total
Patient	-15.00	0.00	0.00	0.00	0.00	-15.00
Print Plan	0.00	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00	0.00
Total Due	-15.00	Next Recal	N/A	0.00	Now Due	-15.00

Appointment Schedule:

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.

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View/Add/Change Insurance Information

The screenshot shows the 'Patient Info - Patient, New' window with the following callouts:

- Terminated plans may be seen by checking this box:** Points to the 'Show Deleted' checkbox.
- Information about the Plan is available here:** Points to the 'Ins. Details...' button.
- Policy effective date:** Points to the 'Start Date' field, which is set to 10/05/2005.
- We will not be using these accumulators:** Points to the 'Family Deductible' and 'Family Balance' fields.

The window contains the following information:

Holder: Patient, New (U50) | Insurance Co.: BGFH | Patient Copay Amt: 0.00 | Deductible Limit: 0.00 | Forms To: Insurance | Year End: 12 Day 31

Subscriber #: 999999999 | Gov't Code: | Fee Schedule: | Plan Type: Commercial | Start Date: 10/05/2005 | End Date: | Change Date: 10/05/2005

Dependents... | Coverage... | Assignment | Write Off | Signature

Subscriber #	Name	Ins. Co.	Employer	Group	Division
999999999	Patient, New	BGFH			

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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.

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□ Review/Confirm Policy Holder Information

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

Name	Relation	Address	City	Telephone	P.Holder	Primary
Patient, Resparty	Spouse	9999 Nine Street	Lexington	(853)999-9999	Yes	Yes
Patient, New	Self	9999 Nine Street	Lexington	(853)999-9999	Yes	No

Relationship to the Patient

Policy Holder indicator

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

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Updating Information

The screenshot shows the 'Patient Info - Patient, New' window with the 'Insurance' tab selected. The window contains various fields for insurance information, including Holder, Subscriber#, Group, Division, Coverage, Insurance Co., Gov't Code, Fee Schedule, Employer, Plan Type, Start Date, End Date, Copay Amt, Deductible, Limit, Forms To, Year End, Family Deductible, and Family Limit. There are also checkboxes for Assignment, Write Off, and Signature, and a Change Date field. A table at the bottom lists existing policies with columns for Subscriber #, Name, Ins. Co., Employer, Group, and Division.

Callouts in the image:

- This is the Add New button**: Points to the 'Add New' button (a green plus sign) in the top toolbar.
- This is the Modify button. Use it to save changes.**: Points to the 'Modify' button (a yellow pencil) in the top toolbar.
- Click this button to save all additions and modifications**: Points to the 'Save' button in the top right corner.
- Terminate a policy by putting a date in this field.**: Points to the 'End Date' field.

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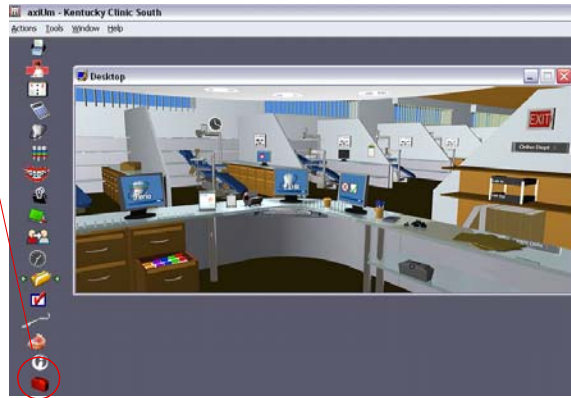
Changes may be made to policy information in the **Insurance Tab**.

- 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.

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□ Creating a New Insurance Plan

Maintenance Button



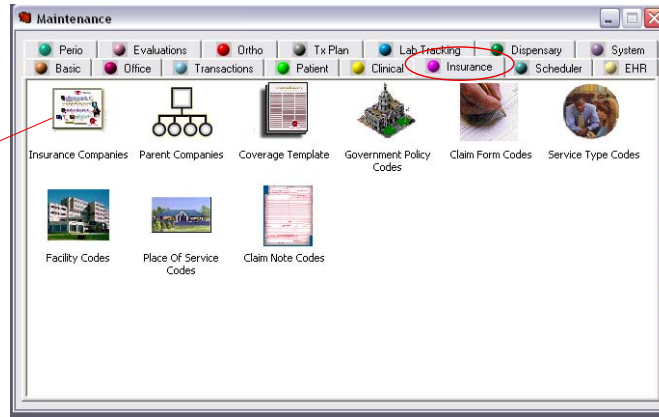
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To set up an Insurance Plan that does not already exist in the database, access the **Maintenance** window by clicking the icon from the **Desktop**.

Insurance Maintenance

□ Maintenance Screen

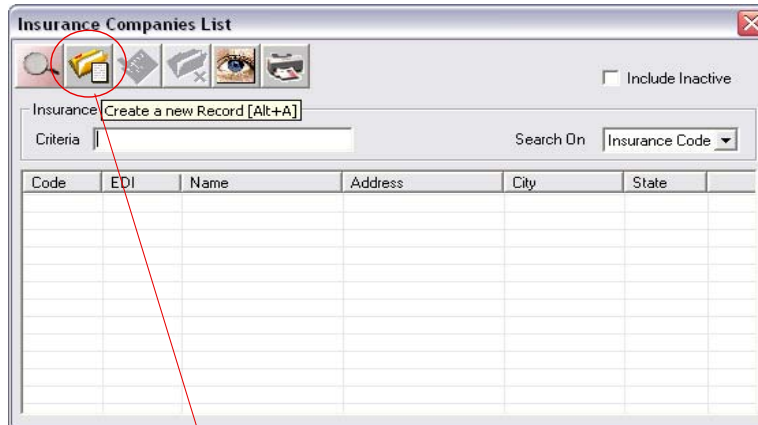
A new company may be added using this icon



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

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Create New Button



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Add a new plan by clicking the **“Create New”** button.

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Enter Plan Demographics

The screenshot shows a software window titled "Insurance Company" with the following fields and options:

- Code:** NPI
- EDI Code:** (empty)
- Name:** New Insurance Plan
- Address:** 123 Main Street
- City:** Lexington
- State:** KY
- Zip:** 40504
- County:** Fayette
- Phone#:** 659-257-1494
- Default Coverages:** Child Coverage, Adult Coverage
- Assignment:** No
- Gov't Code:** (empty)
- Service Type:** (empty)
- Default Fee:** F
- Plan Processing:** None
- Adjust Code:** (empty)
- Co-pay Amt:** (empty)
- Claim Form:** ADA02
- Type of Cvg:** Dental
- Plan Type:** Commercial
- Medical Type:** (empty)
- Gov't Billing:** Gov't Fees (Always), Office Fees (Up to the Gov't Fees)
- Signature Required:** (checked)
- Use Alt. Procedure Code:** (checked)
- Consolidate Jobs:** (checked)
- Write Off:** (checked)
- Dupe Charge:** (checked)
- Round-up Amt:** (checked)
- Complete all tx's with same pre-adj # prior to submitting claim:** (checked)
- Limited Visits:** 0 (per year)
- Print Treating Doctor's Id in box 24K (HCFSA only):** (checked)

Type of Coverage

Select a form type that matches the coverage type

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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.

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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.

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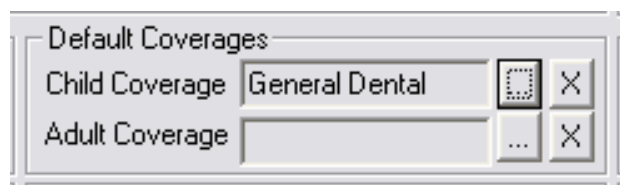
Signature Required should always be unchecked. If this box is checked the claim will not print “Signature on File” for the Authorization for Payment portion of the claim form(s).

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

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□ 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.

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Orthodontic Billing Cycle

The screenshot shows two overlapping windows. The background window is titled "Insurance Company" and contains various fields for company information, including Code (NP1), Name (New Insurance Plan), Address (123 Main Street), City (Lexington), State (KY), and County (Fayette). A red circle highlights the "Ortho" button in the top right corner of this window. The foreground window is titled "Ortho Billing Information" and contains fields for:

- Insurance code: NP1
- Description: New Insurance Plan
- Billing cycle: Quarterly (circled in red)
- Initial fee: D8660 (circled in red)
- Regular fee: D8670 (circled in red)

 A red arrow points from the text box below to the "Ortho" button in the background 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.