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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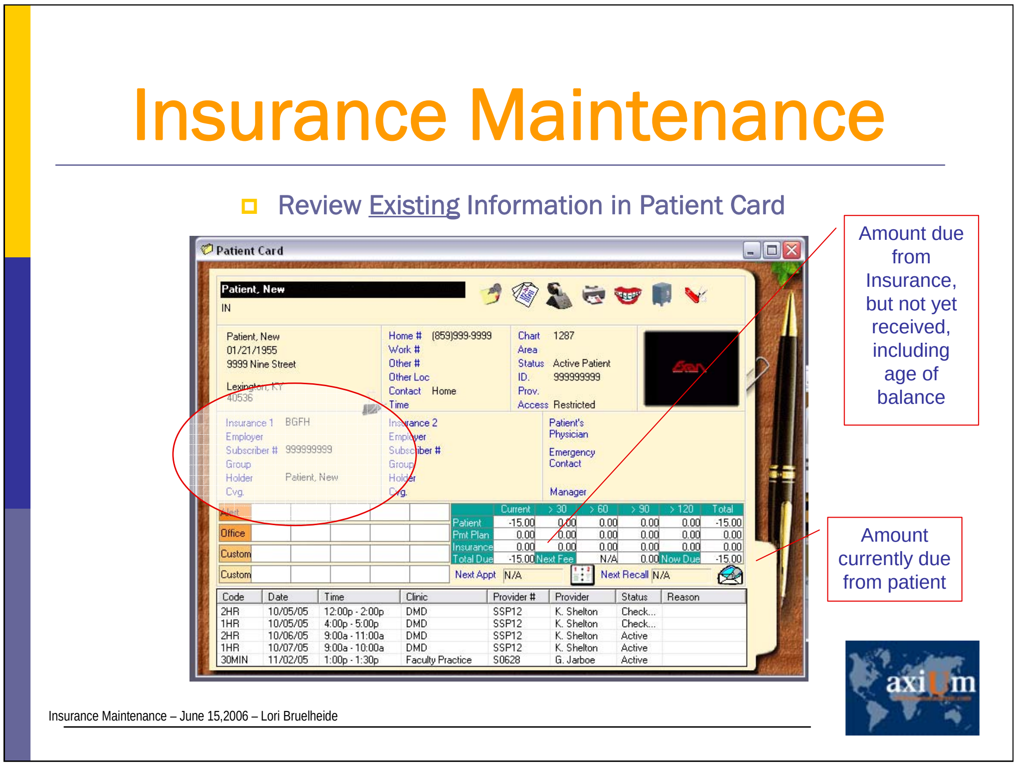
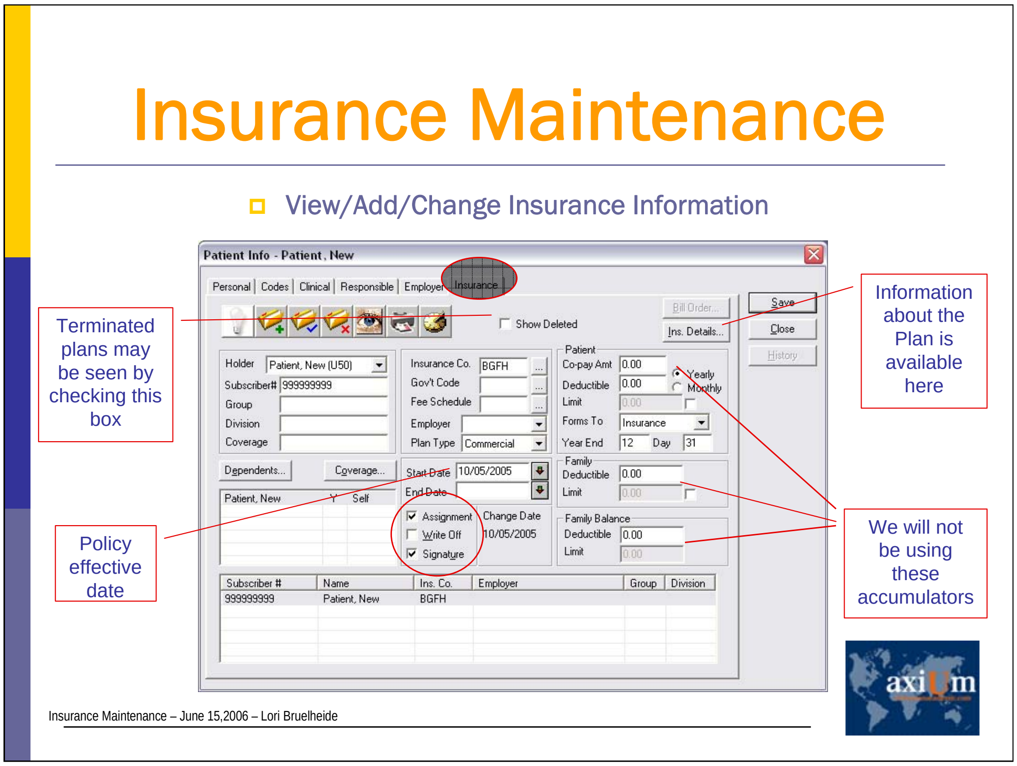
Why Axium:

- 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.



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

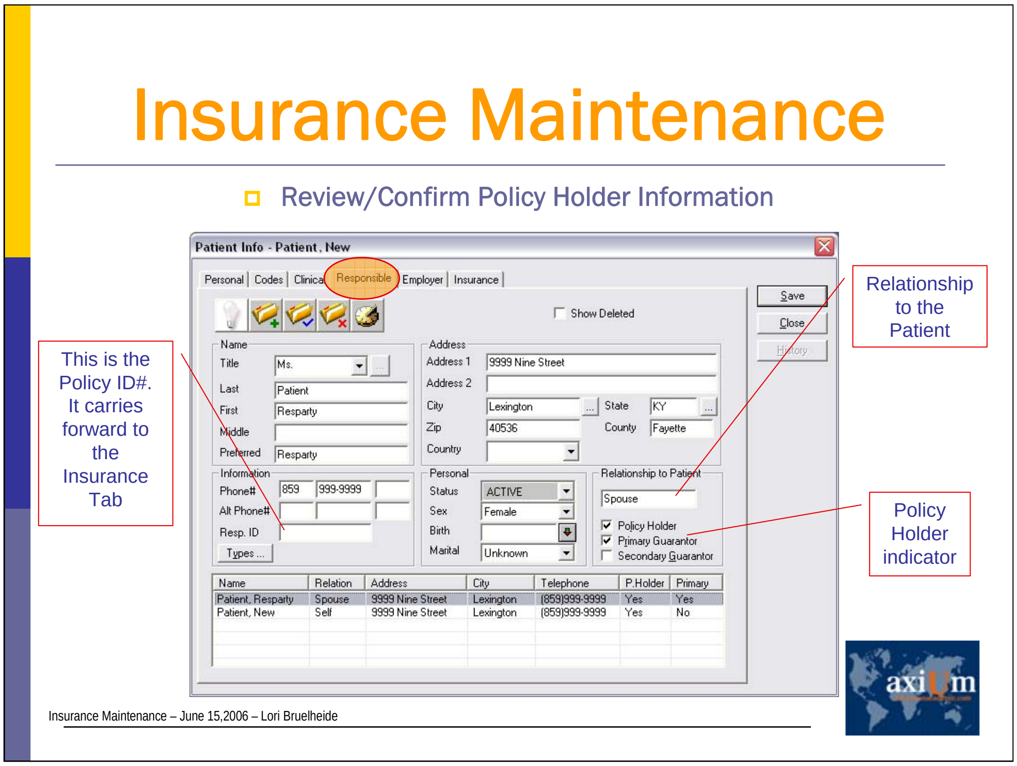
A snapshot of outstanding, but expected Insurance payments can also be viewed from this location.



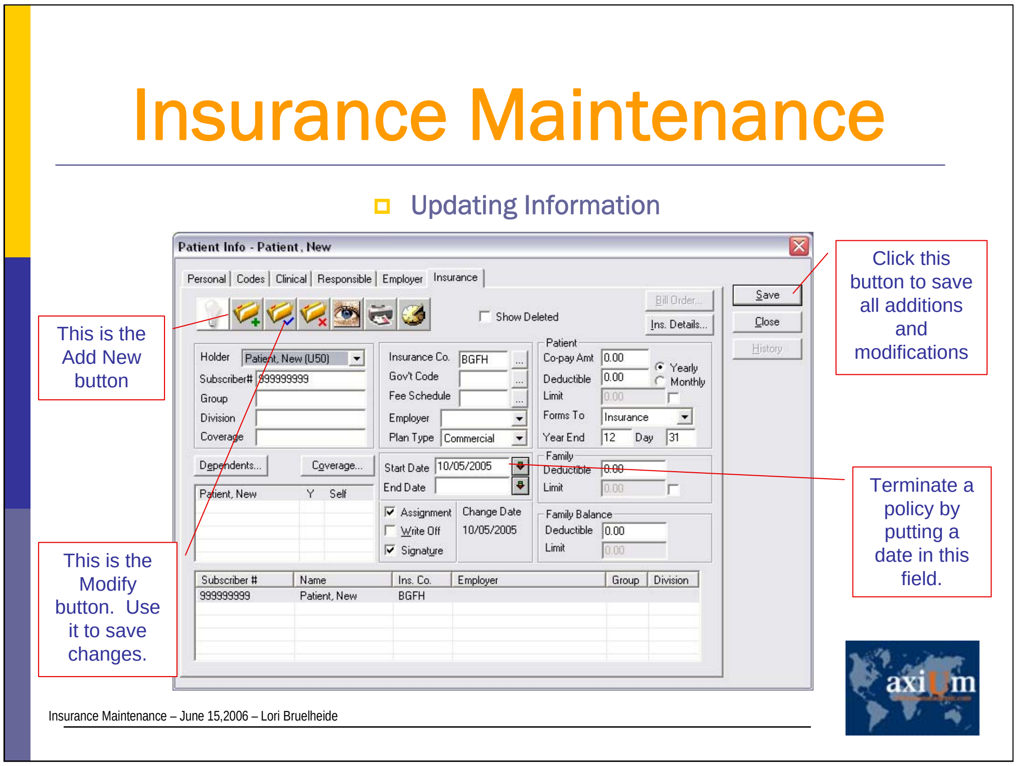
To view additional Insurance information or to make changes, access the **Patient Info** window and select the **Insurance Tab**.

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.

a. If the College accepts assignment, a contractual adjustment will be made to the expected reimbursement amount of the claim.
b. 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.



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

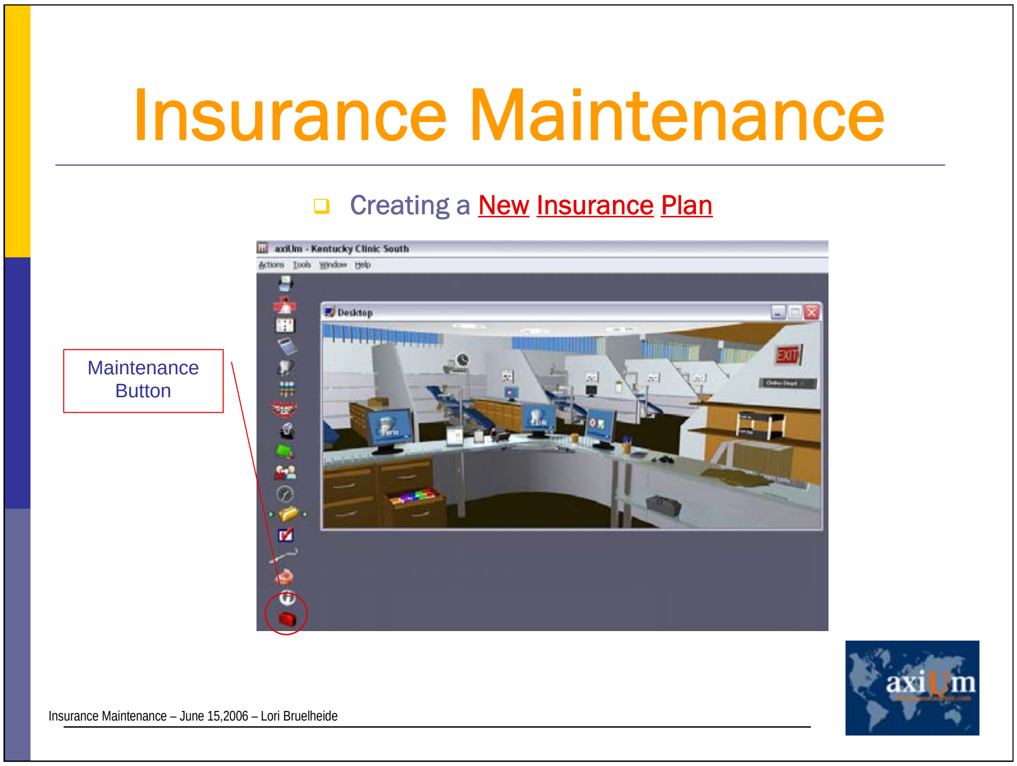


Changes may be made to policy information in the **Insurance Tab**.

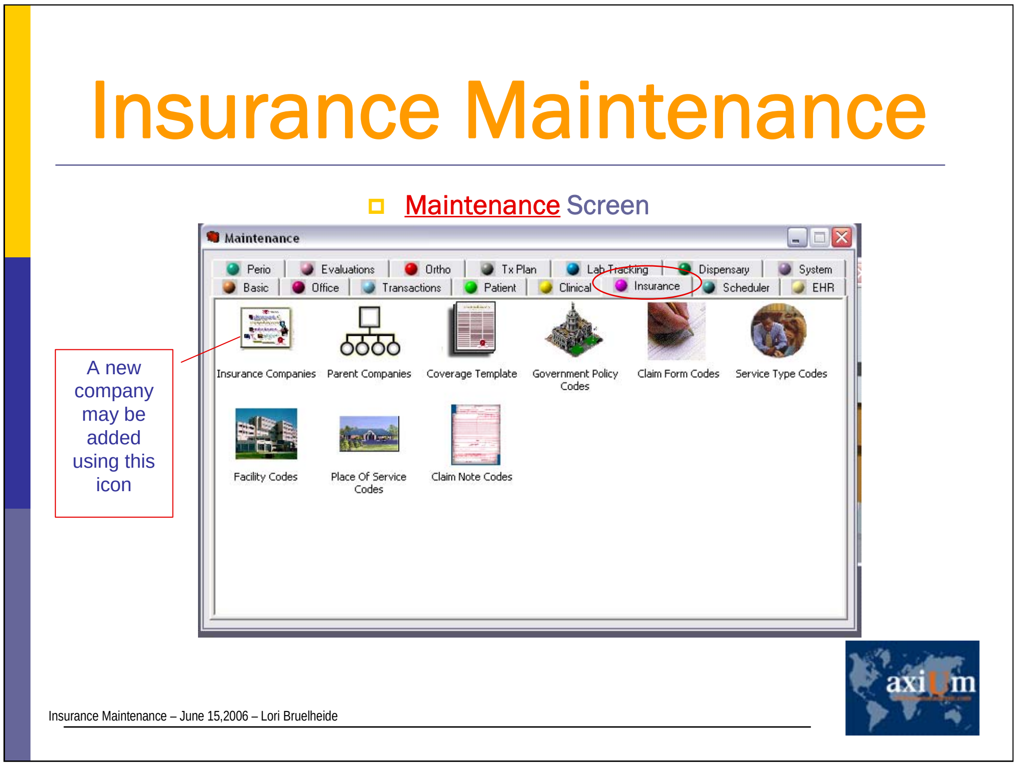
a. If the change is a correction or addition to the current policy (e.g. policy number correction, address correction) make the change to the current policy and **Save** using the **"Modify"** button.

b. 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.

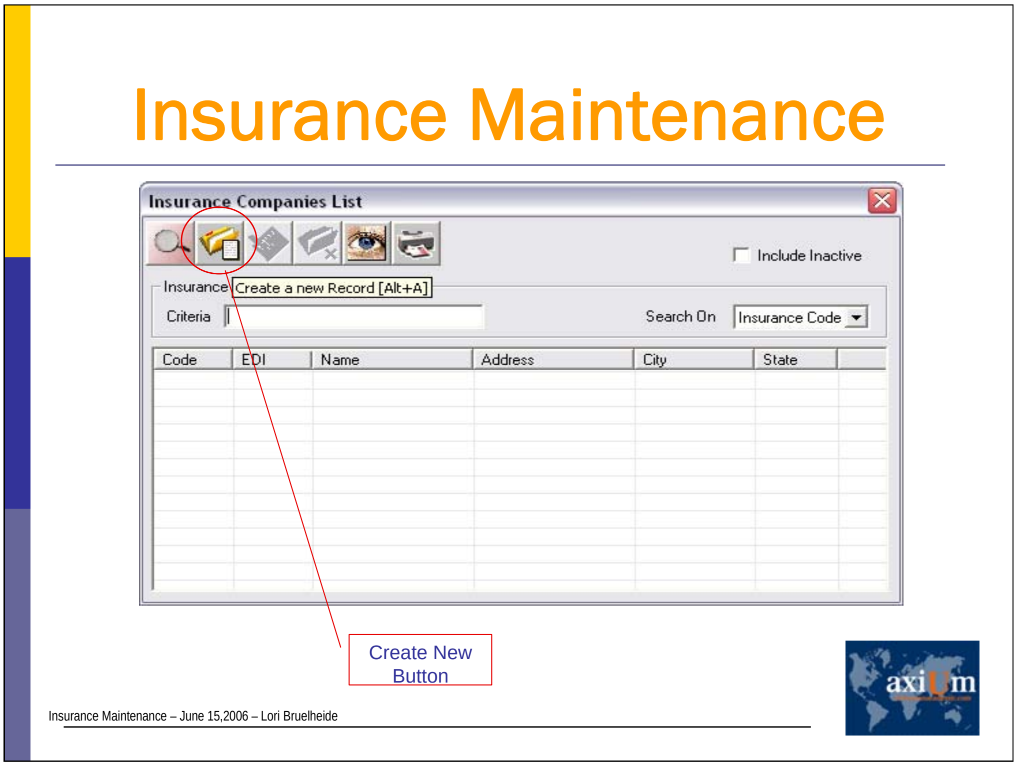
- Save this termination by clicking the **"Modify"** button.
- Then add a new policy with the updated information. Save the new policy by clicking the **"Add New"** button.
- When changes are complete save all work, by clicking the **"Save"** button.



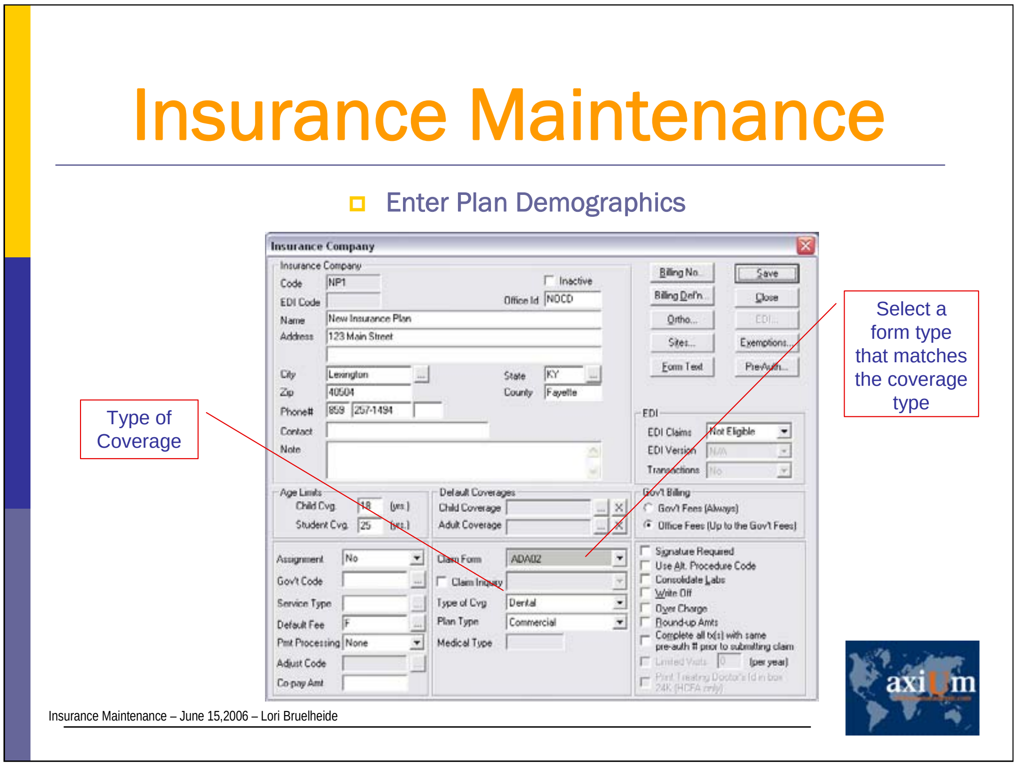
To set up an Insurance Plan that does not already exist in the database, access the **Maintenance** window by clicking the icon from the **Desktop**.



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



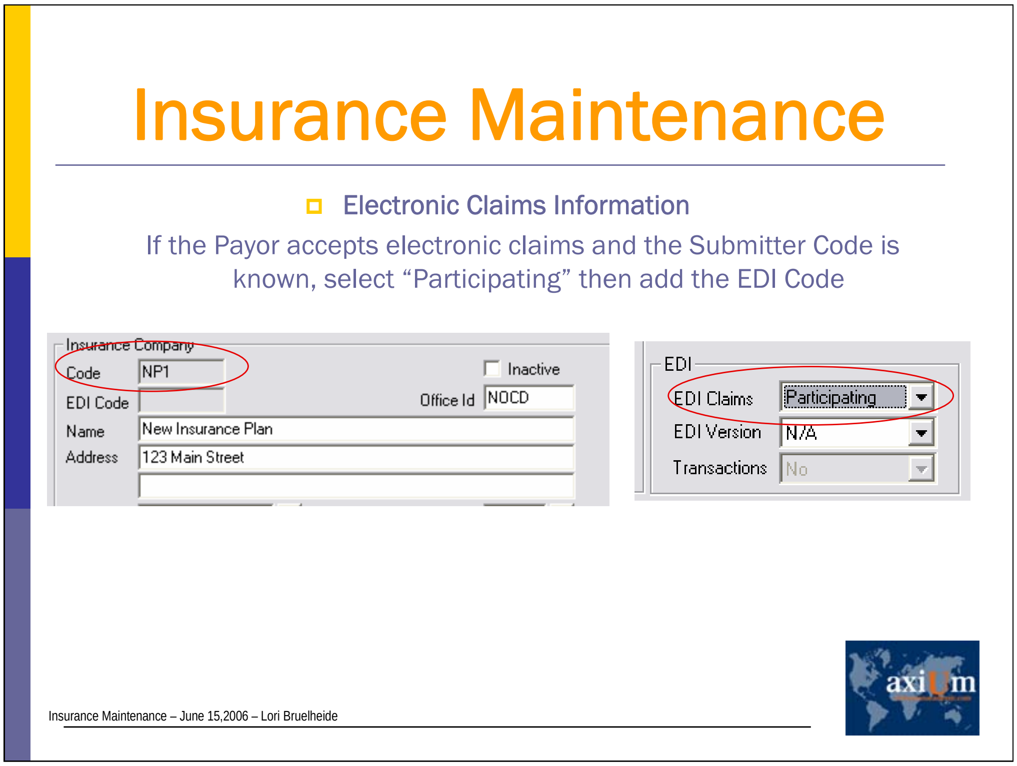
Add a new plan by clicking the **“Create New”** button.



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.

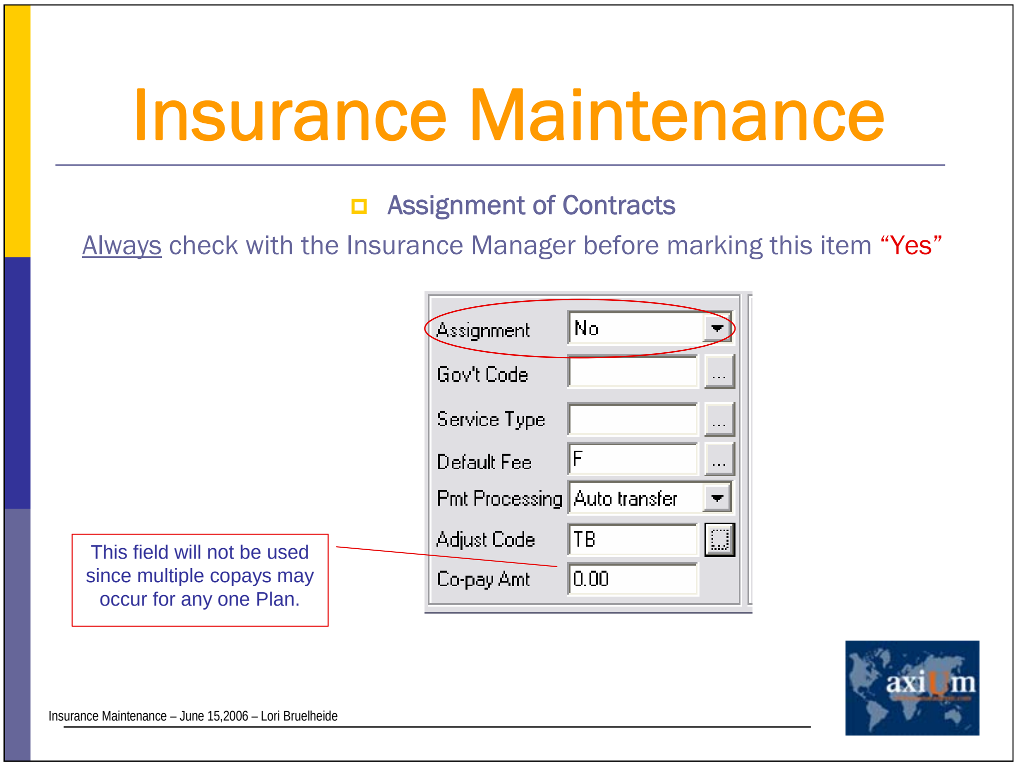
Complete the Plan demographic information, including the **Type of Coverage** (Medical or Dental) and the form that should be sent to this carrier.



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.



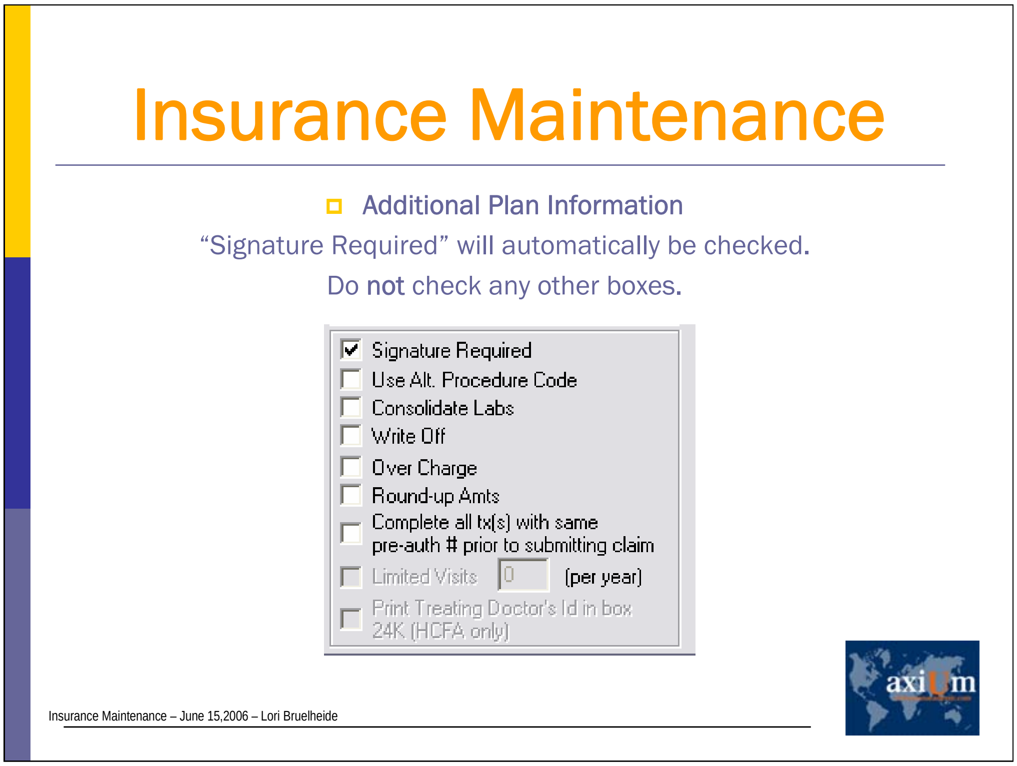
Assignment should always be **"No"** unless a valid Participating Provider Agreement/Contract exists.

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 <u>blank</u> for all non-Medicare/Medicaid/Welfare payors.

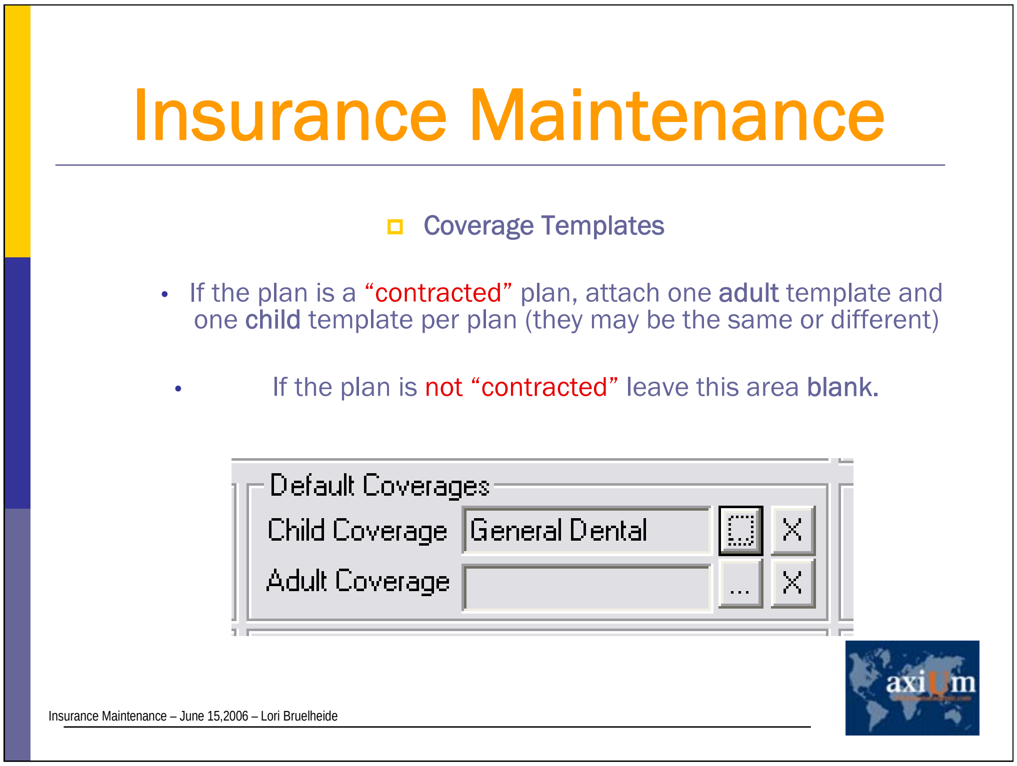
Service Type should always be <u>blank.</u>

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.



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 <u>unchecked</u>.



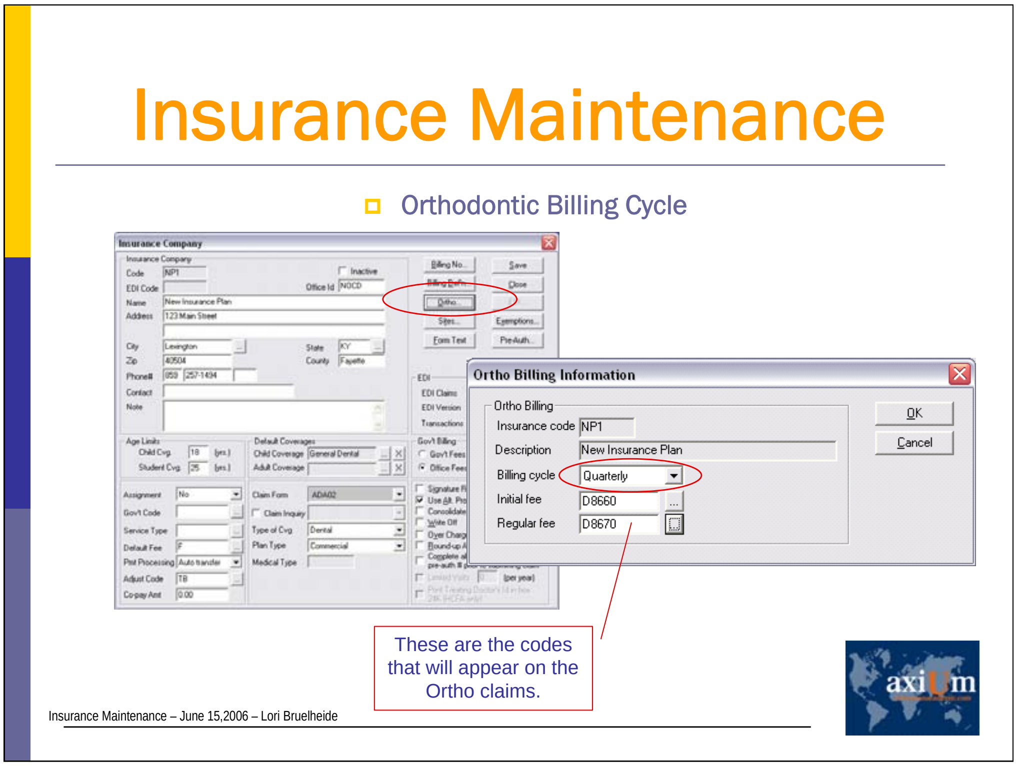
Attach a **Coverage Template** to each new plan, unless the Assignment for the Plan is "No", then leave this area blank.

- 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.



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.