Insurance and Registration

This information has been copied from the document “attaching insurances”

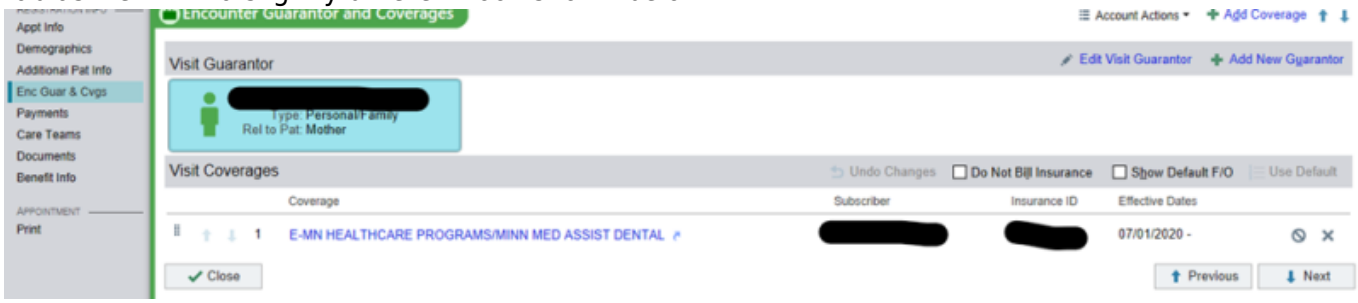
When looking at a patient’s chart under the registration for a specific appointment, there are several things to look for to confirm that we have the insurance added to the appointment for them! Below we will discuss what you should look for, both when checking a patient in and when an appointment is being made.

When checking in a patient

When in the check in registration, you will see multiple tabs that shows a LARGE amount of patient information. One of those tabs is “Encounter Guarantor and Coverages.” When you are looking at that tab, you will see the following information.



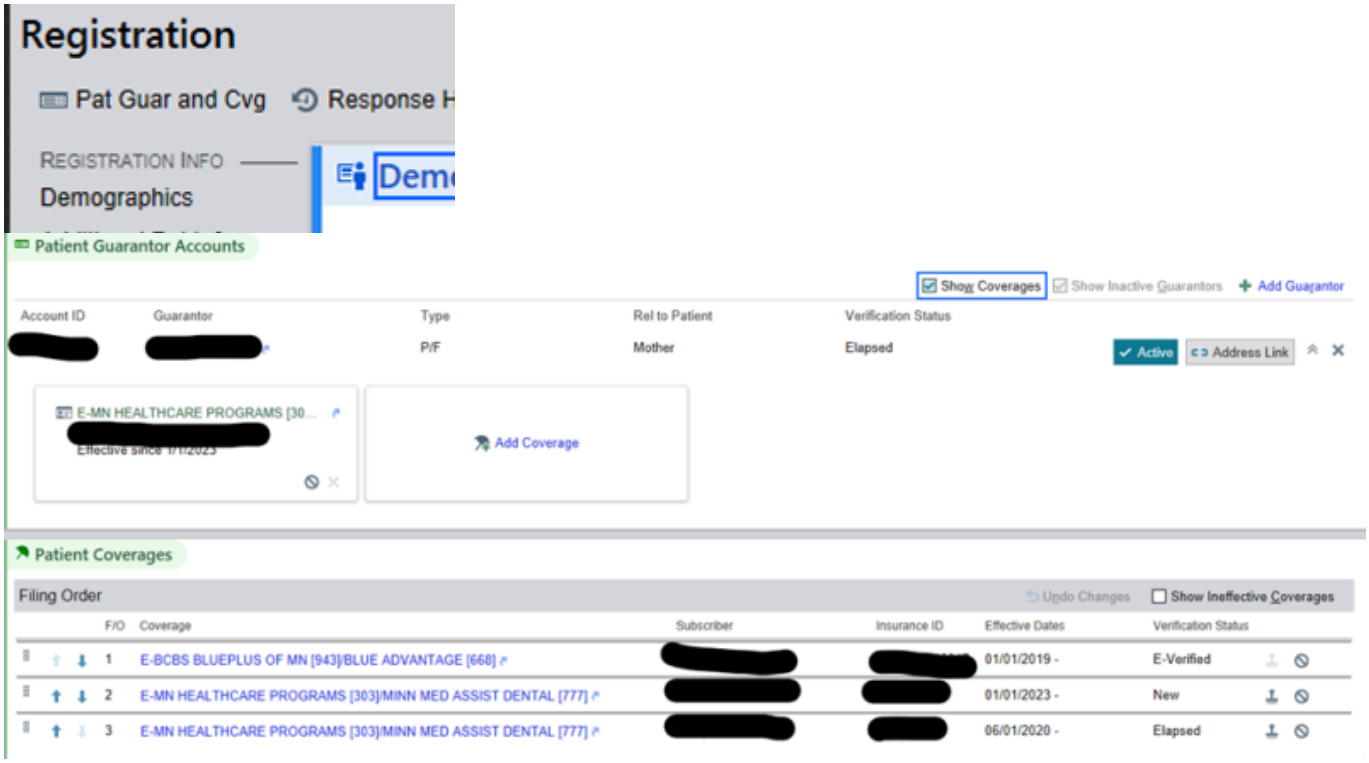
As you can see, it indicates that there is an insurance that is displayed. That MNMA insurance is showing up here to show that it is attached to this visit specifically. You can see that if you select the tab as well with a slightly different look shown below.



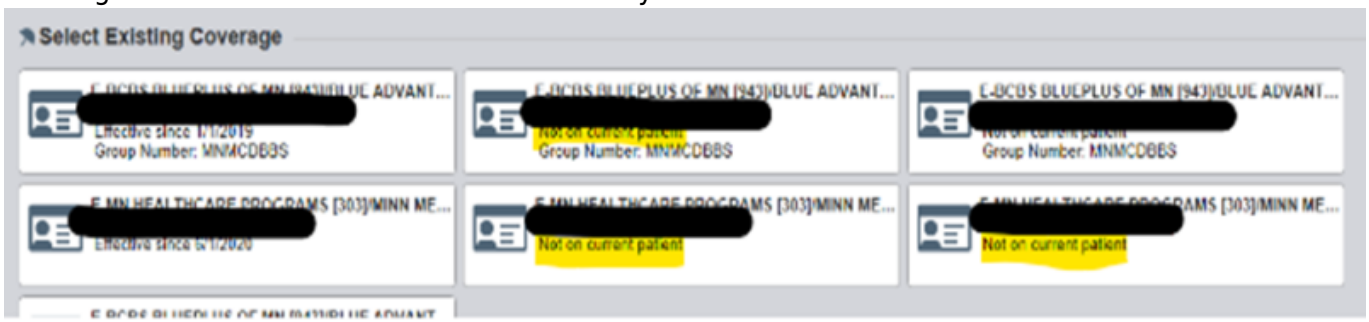
You can tell that the insurance is attached to the visit here as it is listed under “Visit Coverages.”

Appointment Registration

To start, let’s define “appointment registration.” Appointment registration is the view of the registration you see when you go to the appointment in the DAR or Snapboard and enter the registration from there directly rather than going to the appointment desk then the registration. When in the appointment registration, you will see the same view as the examples from the check in process, but you will have access to another view under the “Pat Guar and Cvg” button on the top left of the menu.



From this screen, you see a couple of things that are new. The above boxes attached to the guarantor show insurances that are attached to the guarantor and can be automatically attached to any visit for the billing team. What you see below those boxes are insurances attached to the PATIENT account. These coverages are a part of the patient account because they have been added at another clinic that is not Spectra Health. These insurances can be selected so that they can be added quickly to a guarantor account for billing by hitting the “Add Coverage” option in the empty box and selecting the coverage from the list shown in that menu that you wanted to add.



You will see many more options that are attached to other patients that the guarantor is attached to. It is best practice to double check all the names, and whether the insurance is on current patient of not as highlighted above, to ensure we are adding the correct insurance to the correct patient.

Adding a new insurance

1. Click **Cvg & Add’l Info** under the **Guarantor Accounts** folder
2. Click “**Add**”
3. Search the insurance type (NDMA, MNMA, etc.)
4. Once selected, complete and submit the RTE query by clicking “**Send**,” or if it can’t be e-verified, enter the Subscriber ID, Group Number (if available), Covered Through, Effective Date (if unknown, use the first of the current month), and set as **Verified by Patient**.
5. After the insurance has been added, return to **Visit Info** under the **Demographics** folder. Be

sure it shows up under **Visit Coverages**. If it is still listed under **Unused Coverages** and needs to be attached to this visit, click the green "+" sign to the right.

Attaching an existing insurance

1. Click **Cvg & Add'l Info** under the **Guarantor Accounts** folder
2. Select the coverage you want to add underneath **Select an Existing Coverage**
3. After the insurance has been added, return to "**Visit Info**" under the "**Demographics**" folder. Be sure it shows up under "**Visit Coverages**." If it is still listed under "**Unused Coverages**" and needs to be attached to this visit, click the green "+" sign to the right.

In both instances, you will need to make sure the patient has a guarantor account.

Registration

- Make sure addresses are in all caps with no punctuation marks.
- If you enter the zip code under "**City**" - The state, zip code, county, and country will all automatically populate.
- Please add Social Security Number if the patient/parent knows it.
- Please list at least 1 emergency contact unless the patient refuses, then enter "**REFUSED**."
- Please enter patient Employment Info. If they aren't employed, select "Not Employed" under Employment Status, and enter "**Child**," "**Student**," or "**Unemployed**" under Occupation.
- If the Guarantor and/or Subscriber is "**Self**," please make sure to link the demographics.

Minnesota Medicaid (MNMA) Dental Insurances

This information has been copied from the document "MNMA Dental Plans".

Minnesota Medicaid (MNMA) has a variety of different plans. As of 7/1/19, most claims will need to be filed directly with MNMA regardless of the plan the patient presents with. You will need to use the patient's 8-digit PMI/MNMA number. The number will be listed on their insurance card regardless of the plan and will always start with a 0. Below is a list of insurances patients will have that need to be billed directly to MNMA.

If the patient has:

- BCBS BLUEPLUS OF MN/BLUE ADVANTAGE
- HEALTHPARTNERS (MEDICAID)
- UCARE CONNECT/UCARE MINNESOTA/UCARE MSHO/UCARE SENIOR CARE
- MINN MED ASSIST
- MEDICA CHOICE CARE (MEDICAID)/MEDICA DUAL SOLUTIONS
- PRIME WEST HEALTH PLAN
- SOUTH COUNTRY HEALTH
- METROPOLITAN HEALTHPLAN
- ITASCA MEDICAL CARE

Then, their dental insurance will be:

- MINN MED ASSIST DENTAL

But…

As with all things related to Medicaid, it can't be that simple. A very small number of patients will have an **MNMA** plan that we would still bill to **DELTA DENTAL MN (MEDICAID)** or **HEALTH PARTNERS (MEDICAID) DENTAL**. You don't have to worry about adding those dental plans.

If you see a patient that already has one of those dental plans added, just look under "**Group name**" and if you see BB, FF, or LL, you can leave it how it is. If you don't see anything under "Group name," simply type the last day of the previous month under "**Member eff to**" and add **MINN MED ASSIST DENTAL** with a "**Member eff from**" date of the first day of the current month.

You do not need to worry about trying to e-verify the **MNMA** dental because it will ALWAYS come back with "**Plan Mismatch**" or "**Data Mismatch**." To avoid having Epic mess up the insurances, you can use the "**Override Query**" function, then enter the ID and effective date on the next screen.

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