

Validation Feature

Last Modified on 10/25/2024 4:12 pm EDT

Version 14.19

Path: Clinical, Practice Management, or Billing tab > Patient Chart > Insurance

About

Below you'll learn how to validate Insurance from the Patient Chart. If your office is contracted for Full HIPAA Services and has also contracted with your clearinghouse to check patient eligibility, you will have access to the **Validate** button. Once Insurance is validated using the Validate button, the **Medical Benefits** tab may be reviewed to see additional policy details as provided by the Payer. The extent of the information provided varies by Payer.

What does OP look to in the 271 file to populate the PCP into the Capitation Office field on the Medical Benefits

tab? OP looks for a **13** (Contracted Service Provider), **GP** (Gateway Provider), or **P3** (Primary Care Provider) on the 271 file. If one of those is present that is what gets pulled into the Capitation Office field on the Medical Benefits tab. If there are multiple P3 segments, which has happened before, OP will populate the field based on the **last P3 segment**.

Validate Insurance from the Patient Chart

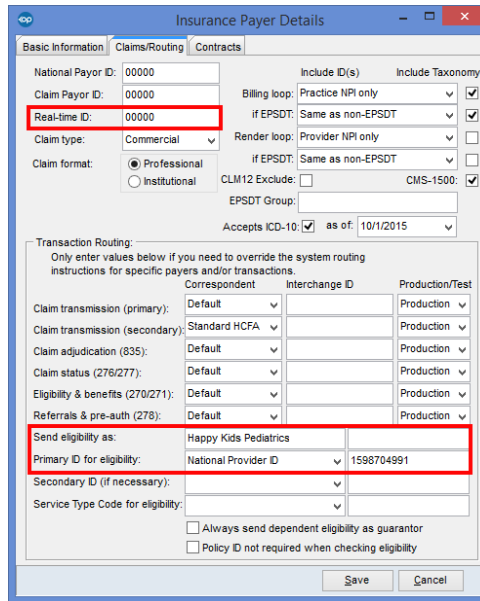
1. Navigate to the Insurance section of the patient's chart by following the path above.
2. Select the insurance payer that needs to be validated.
3. Click on the **Validate** button in the upper right corner of the window. If validation is successful, the **Validated Date** will populate.

Unsuccessful Validation

On occasion, a clearinghouse will have an 'outage' for particular payers during which time validation will not be working. You may receive notification from your clearinghouse about the outage and subsequent restoration of the ability to validate specific payers.

If validation is unsuccessful, and it is not related to an outage, review the following fields in the Insurance Payer Details window for the specific payer. If edits are necessary, be sure to save your changes and retry validation.

- **Real-time ID:** Ensure the correct Real-Time Payer Eligibility number is entered. This can be supplied by the clearinghouse.
- **Send Eligibility as:** Ensure the entry here is what has been contracted with your clearinghouse.
- **Primary ID for eligibility:** Ensure either a Provider's Individual NPI or Practice Group NPI is entered depending on your contract with the clearinghouse.



The screenshot shows the 'Insurance Payer Details' window with the following fields and values:

- National Payer ID: 00000
- Claim Payer ID: 00000
- Real-time ID: 00000 (highlighted)
- Claim type: Commercial
- Claim format: Professional (selected)
- Include ID(s): Practice NPI only (checked)
- if EPSTD: Same as non-EPSTD (checked)
- Render loop: Provider NPI only (checked)
- if EPSTD: Same as non-EPSTD (checked)
- CLM12 Exclude:
- CMS-1500:
- EPSTD Group:
- Accepts ICD-10: as of: 10/1/2015

Transaction Routing section:

	Correspondent	Interchange ID	Production/Test
Claim transmission (primary):	Default		Production
Claim transmission (secondary):	Standard HCFA		Production
Claim adjudication (835):	Default		Production
Claim status (276/277):	Default		Production
Eligibility & benefits (270/271):	Default		Production
Referrals & pre-auth (278):	Default		Production

Send eligibility as: Happy Kids Pediatrics

Primary ID for eligibility: National Provider ID (dropdown) | 1598704991 (field) (highlighted)

Secondary ID (if necessary):

Service Type Code for eligibility:

Always send dependent eligibility as guarantor
 Policy ID not required when checking eligibility

Note: If you are still having validation problems with this payer after you have reviewed the above fields, contact your clearinghouse to determine how they want transactions identified when validating for this specific payer. If your clearinghouse directs you to enter a secondary ID for this payer, you can enter the **Secondary ID** by clicking on the drop-down arrow to select the Service Provider ID, National Provider ID, Federal Tax ID, or Provider SSN. Then, enter the corresponding ID in the field to the right of this dropdown box.


Version 14.8

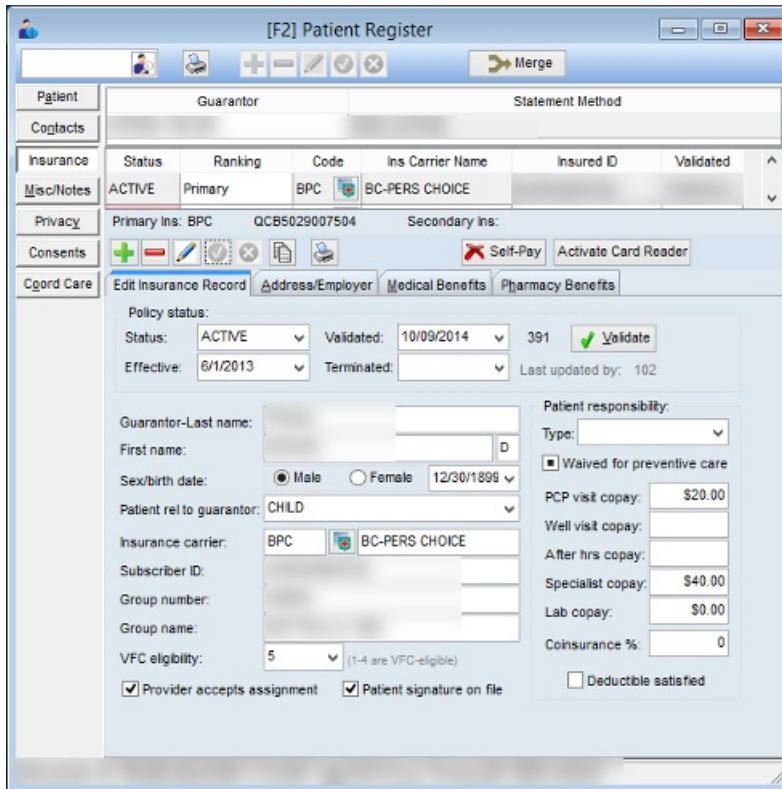
Path: Smart Toolbar > Insurance button > Validation button

Overview

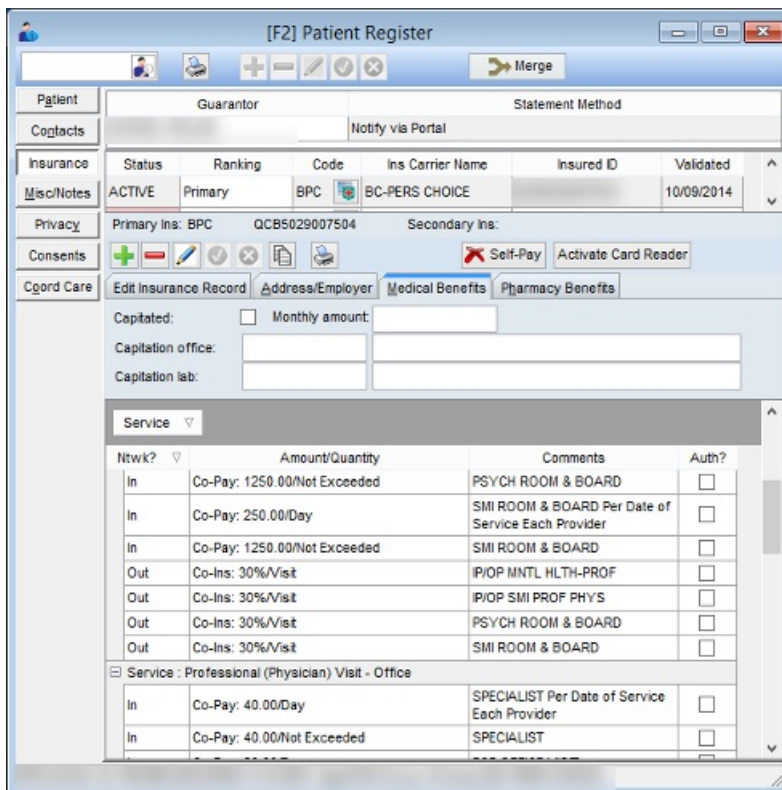
This page will instruct you on how to validate insurance and troubleshoot validation errors. If your office is contracted for Full HIPAA Services, and have also contracted with your clearinghouse to check patient eligibility, you will have access to the **Validate** button.

Validating


1. Click on the **Validate** button  in the upper right corner of the form.
2. If validation is successful, the validated date will populate.


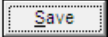


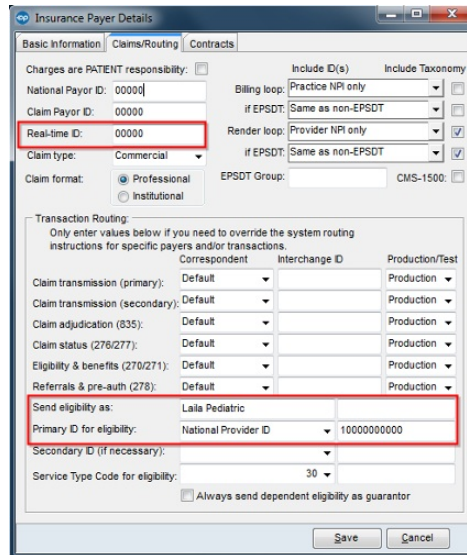
3. Click on the **Medical Benefits** tab Edit Insurance Record Address/Employer **Medical Benefits** Pharmacy Benefits to see additional policy details as provided by the payer. The information provided will vary by payer.



Troubleshooting

 If validating is unsuccessful make sure the clearinghouse supports validation for this payer by referencing their payer list.

1. Click on the Insurance button  next to the insurance Code.
2. The **Claims/Routing** tab will open.
3. Check to see that a Real-time ID is listed, if not enter here. *This code is found on the clearinghouse payer list.*
4. Check the **Send Eligibility as** and **Primary ID for eligibility** fields are complete.
5. Click the **Save** button .



The screenshot shows the 'Insurance Payer Details' window with the 'Claims/Routing' tab selected. The 'Real-time ID' field is highlighted with a red box. Below it, the 'Send eligibility as' field is set to 'Lala Pediatric' and the 'Primary ID for eligibility' field is set to 'National Provider ID' with the value '10000000000'. The 'Save' button is visible at the bottom right.

6. Try validating again.

Note: If you are still having validation problems with this payer after you have attempted all combinations of the **Send eligibility as** field and the **Primary ID for eligibility** fields, contact your clearinghouse to determine how they want you to identify yourself when validating for this specific payer. If your clearinghouse directs you to enter a secondary ID for this payer, you can enter the **Secondary ID** by clicking on the dropdown arrow to select the Service Provider ID, National Provider ID, Federal Tax ID, or Provider SSN. Then, enter the corresponding ID in the field to the right of this dropdown box.

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Version 14.10

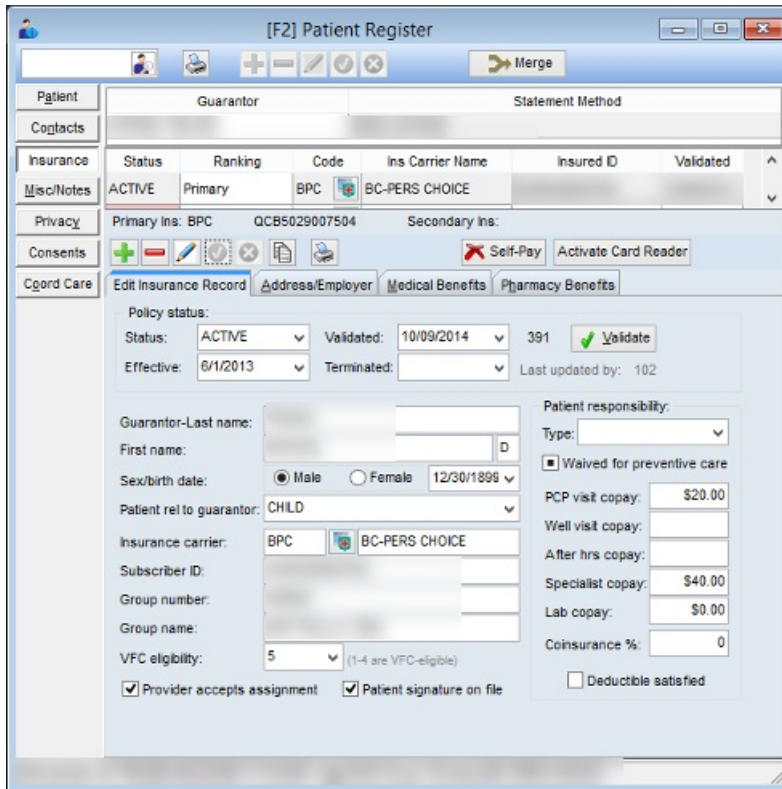
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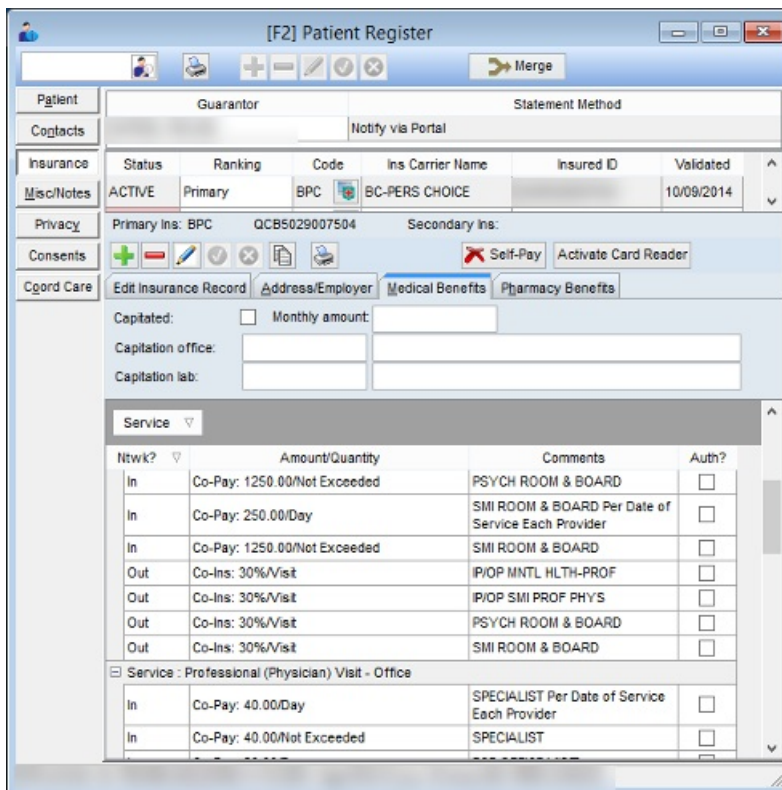
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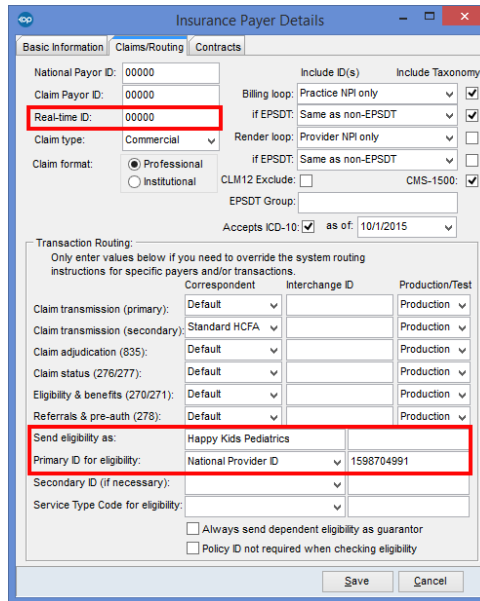
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1. Click on the Insurance button  next to the insurance Code. The **Claims/Routing** tab will open.
2. Check to see that a Real-time ID is listed, if not enter here. This code is found on the clearinghouse payer list.
3. Check the **Send Eligibility as** and **Primary ID for eligibility** fields are complete.
4. Click the **Save** button  .



The screenshot shows the 'Insurance Payer Details' window with the 'Claims/Routing' tab selected. The 'Real-time ID' field is highlighted in red. Below it, the 'Send eligibility as' field is set to 'Happy Kids Pediatrics' and the 'Primary ID for eligibility' field is set to 'National Provider ID' with the value '1598704991'.

5. Try validating again.



Note: If you are still having validation problems with this payer after you have attempted all combinations of the **Send eligibility as** field and the **Primary ID for eligibility** fields, contact your clearinghouse to determine how they want you to identify yourself when validating for this specific payer. If your clearinghouse directs you to enter a secondary ID for this payer, you can enter the **Secondary ID** by clicking on the dropdown arrow to select the Service Provider ID, National Provider ID, Federal Tax ID, or Provider SSN. Then, enter the corresponding ID in the field to the right of this dropdown box.



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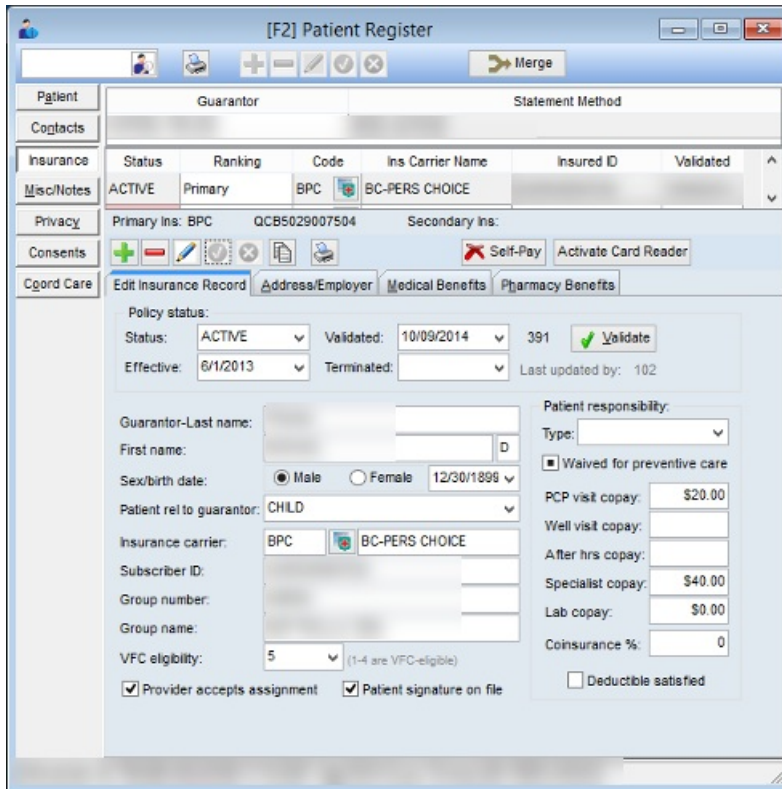
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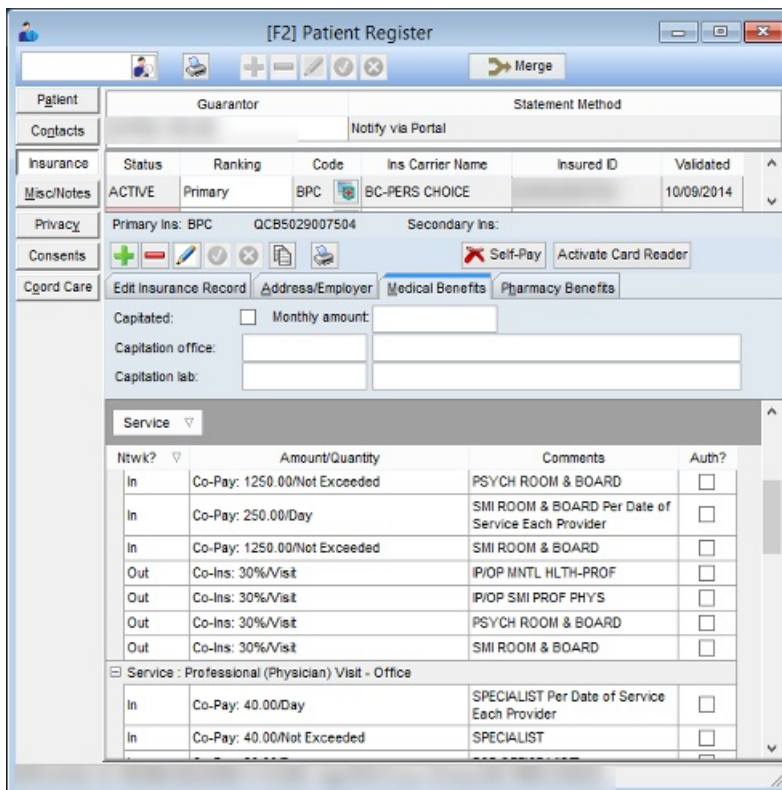
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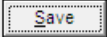


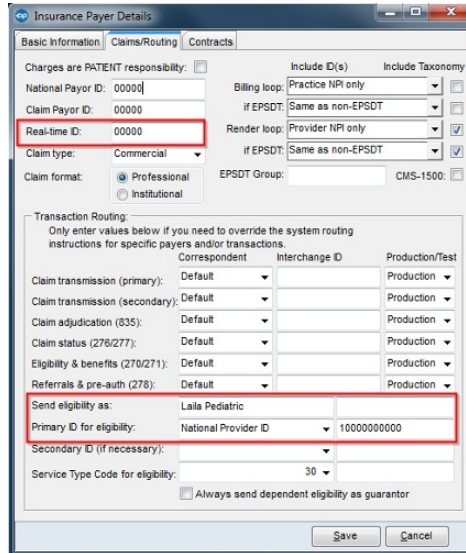
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2. The **Claims/Routing** tab will open.
3. Check to see that a Real-time ID is listed, if not enter here. *This code is found on the clearinghouse payer list.*
4. Check the **Send Eligibility as** and **Primary ID for eligibility** fields are complete.
5. Click the **Save** button  .



Insurance Payer Details

Basic Information | Claims/Routing | Contracts

Charges are PATIENT responsibility:

National Payer ID: 00000

Claim Payer ID: 00000

Real-time ID: 00000

Claim type: Commercial

Claim format: Professional Institutional

Include ID(s) Include Taxonomy

Billing loop: Practice NPI only

if EPSDT: Same as non-EPSDT

Render loop: Provider NPI only

if EPSDT: Same as non-EPSDT

EPSDT Group: CMS-1500:

Transaction Routing:
Only enter values below if you need to override the system routing instructions for specific payers and/or transactions.

	Correspondent	Interchange ID	Production/Test
Claim transmission (primary):	Default		Production
Claim transmission (secondary):	Default		Production
Claim adjudication (835):	Default		Production
Claim status (276/277):	Default		Production
Eligibility & benefits (270/271):	Default		Production
Referrals & pre-auth (278):	Default		Production
Send eligibility as:	Lala Pediatric		
Primary ID for eligibility:	National Provider ID	10000000000	
Secondary ID (if necessary):			
Service Type Code for eligibility:		30	

Always send dependent eligibility as guarantor

Save Cancel

6. Try validating again.



Note: If you are still having validation problems with this payer after you have attempted all combinations of the **Send eligibility as** field and the **Primary ID for eligibility** fields, contact your clearinghouse to determine how they want you to identify yourself when validating for this specific payer. If your clearinghouse directs you to enter a secondary ID for this payer, you can enter the **Secondary ID** by clicking on the dropdown arrow to select the Service Provider ID, National Provider ID, Federal Tax ID, or Provider SSN. Then, enter the corresponding ID in the field to the right of this dropdown box.



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